

**Subject:** FW: DELIBERATIVE - draft FL letter

**Date:** 2022/09/16 16:40:09

**Priority:** Normal

**Type:** Note

(b)(5)

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

Senior Advisor to the Director

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

Email: (b)(6)

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

**Sent:** Sunday, September 11, 2022 5:48 PM

**To:** Rainer, Melanie Fontes (OS/OCR) <Melanie.Rainer@hhs.gov>

**Cc:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>

**Subject:** DELIBERATIVE - draft FL letter

Hi Melanie,

(b)(5)

Thanks,

(b)(6)

(b)(6) Esq., MSW (she/her) | Senior Advisor to the Director

Office for Civil Rights

U.S. Department of Health & Human Services

(b)(6)

Washington, D.C. 20201

Phone (b)(6)

Email (b)(6)

(b)(6)

**Sent Date:** 2022/09/16 16:21:50

**Delivered Date:** 2022/09/16 16:40:09

**Message Flags:** Unsent

(b)(5)





(b)(5)

<b>From:</b>	Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9597596B8C4D4B8D9FAF4922101A611B-HUGGINS, MI <Michael.Huggins@hhs.gov>
<b>To:</b>	Rainer, Melanie Fontes (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9c7242f10a494d45bab72c452ecd9f80-Rainer, Mel <Melanie.Rainer@hhs.gov>
	Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren <Lauren.Jee1@hhs.gov>; (b)(6) (b)(6) (b)(6) (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0bdec12ad0974eacababe032f2b37c91 (b)(6)
<b>CC:</b>	(b)(6) McLean, Rogelyn (CMS/CCIIO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b3063a31c945488cbacd479c115a6ac3-MWQD <Rogelyn.McLean@hhs.gov.onmicrosoft.com>; Clemencia, LaTanya (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ddcb1a258a28428e80db417c431ed29d-Clemencia, <LaTanya.Clemencia@hhs.gov>
<b>Subject:</b>	RE: Re-Up 9/19 Clearance Items
<b>Date:</b>	2022/09/19 09:41:14
<b>Due Date:</b>	2022/09/18 20:00:00
<b>Priority:</b>	Normal
<b>Type:</b>	Note

Thanks so much, Melanie! We will follow-up and get back to you on your additional requests and suggestions.

Thanks again!

**Michael Huggins, Esq., M.P.P. (he/him/his)**  
Senior Advisor to the Director  
Office for Civil Rights  
U.S. Department of Health and Human Services

---

**From:** Rainer, Melanie Fontes (OS/OCR) <Melanie.Rainer@hhs.gov>  
**Sent:** Monday, September 19, 2022 9:39 AM  
**To:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>  
**Cc:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>; (b)(6) (b)(6) (b)(6) (HHS/OCR) (b)(6) McLean, Rogelyn (CMS/CCIIO) <Rogelyn.McLean@hhs.gov.onmicrosoft.com>; Clemencia, LaTanya (HHS/OCR) <LaTanya.Clemencia@hhs.gov>  
**Subject:** RE: Re-Up 9/19 Clearance Items

I think I am caught up here.

(b)(5)

**From:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>  
**Sent:** Monday, September 19, 2022 9:19 AM  
**To:** Rainer, Melanie Fontes (OS/OCR) <Melanie.Rainer@hhs.gov>  
**Cc:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>; (b)(6) (b)(6) (HHS/OCR) (b)(6)  
McLean, Rogelyn (CMS/CCIIO)  
<Rogelyn.McLean@hhs.gov.onmicrosoft.com>; Clemencia, LaTanya (HHS/OCR)  
<LaTanya.Clemencia@hhs.gov>  
**Subject:** Re-Up 9/19 Clearance Items

Hi Melanie,

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

**Michael Huggins, Esq., M.P.P. (he/him/his)**  
Senior Advisor to the Director  
Office for Civil Rights  
U.S. Department of Health and Human Services

**Sender:** Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9597596B8C4D4B8D9FAF4922101A611B-HUGGINS, MI <Michael.Huggins@hhs.gov>

Rainer, Melanie Fontes (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9c7242f10a494d45bab72c452ecd9f80-Rainer, Mel <Melanie.Rainer@hhs.gov>;

Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren <Lauren.Jee1@hhs.gov>;

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

McLean, Rogelyn (CMS/CCIIO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b3063a31c945488cbacd479c115a6ac3-MWQD <Rogelyn.McLean@hhs.gov.onmicrosoft.com>;

Clemencia, LaTanya (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ddcb1a258a28428e80db417c431ed29d-Clemencia, <LaTanya.Clemencia@hhs.gov>

**Sent Date:** 2022/09/19 09:41:11

**Delivered Date:** 2022/09/19 09:41:14



**From:** Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9597596B8C4D4B8D9FAF4922101A611B-HUGGINS, MI <Michael.Huggins@hhs.gov>

**To:** Rainer, Melanie Fontes (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9c7242f10a494d45bab72c452ecd9f80-Rainer, Mel <Melanie.Rainer@hhs.gov>;  
Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren <Lauren.Jee1@hhs.gov>

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

**CC:** McLean, Rogelyn (CMS/CCIO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=930d79f4ebde4ab1ac67dbf1fed783a8-rogelyn.mcl <Rogelyn.McLean@cms.hhs.gov>;  
Clemencia, LaTanya (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ddcb1a258a28428e80db417c431ed29d-Clemencia, <LaTanya.Clemencia@hhs.gov>

**Subject:** RE: Updated - 9/20 Clearance Items

**Date:** 2022/09/20 09:18:40

**Priority:** Normal

**Type:** Note

Hi Melanie,

I believe this is the only email we received from Pam regarding Avery's workgroups. But if there is something in particular you're looking for I can check-in with Pam.

Thanks again!

**Michael Huggins, Esq., M.P.P. (he/him/his)**  
Senior Advisor to the Director  
Office for Civil Rights  
U.S. Department of Health and Human Services

---

**From:** Rainer, Melanie Fontes (OS/OCR) <Melanie.Rainer@hhs.gov>

**Sent:** Tuesday, September 20, 2022 9:01 AM

**To:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>; Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>

**Cc:** (b) (b)(6) (b)(6) (HHS/OCR) (b)(6) McLean, Rogelyn (CMS/CCIO) <Rogelyn.McLean@cms.hhs.gov>; Clemencia, LaTanya (HHS/OCR) <LaTanya.Clemencia@hhs.gov>

**Subject:** RE: Updated - 9/20 Clearance Items

Ah, are we sure there isn't another?

---

**From:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>  
**Sent:** Tuesday, September 20, 2022 8:58 AM  
**To:** Rainer, Melanie Fontes (OS/OCR) <Melanie.Rainer@hhs.gov>; Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>  
**Cc:** (b) (b)(6) (b)(6) (HHS/OCR) (b)(6) McLean, Rogelyn (CMS/CCIO) <Rogelyn.McLean@cms.hhs.gov>; Clemencia, LaTanya (HHS/OCR) <LaTanya.Clemencia@hhs.gov>  
**Subject:** RE: Updated - 9/20 Clearance Items

Hi Melanie,

I believe this is the email.

<< Message: Avery's Current Workgroups >>

---

**From:** Rainer, Melanie Fontes (OS/OCR) <Melanie.Rainer@hhs.gov>  
**Sent:** Tuesday, September 20, 2022 8:55 AM  
**To:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>  
**Cc:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>; (b) (b)(6) (b)(6) (HHS/OCR) (b)(6) McLean, Rogelyn (CMS/CCIO) <Rogelyn.McLean@cms.hhs.gov>; Clemencia, LaTanya (HHS/OCR) <LaTanya.Clemencia@hhs.gov>  
**Subject:** RE: Updated - 9/20 Clearance Items

Last, Pam's materials note that Avery sent an email to her with suggestions, etc.

Lauren can you get this email for us please?

---

**From:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>  
**Sent:** Monday, September 19, 2022 8:29 PM  
**To:** Rainer, Melanie Fontes (OS/OCR) <Melanie.Rainer@hhs.gov>  
**Cc:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>; (b) (b)(6) (b)(6) (HHS/OCR) (b)(6) McLean, Rogelyn (CMS/CCIO) <Rogelyn.McLean@cms.hhs.gov>; Clemencia, LaTanya (HHS/OCR) <LaTanya.Clemencia@hhs.gov>  
**Subject:** Updated - 9/20 Clearance Items

Hi Melanie,

I hope you're doing well! Here are some items for your review. Unfortunately, IT is still working on fixing our Sharepoint sites, but as soon as that is fixed we can move this over to Sharepoint. In the meantime, I have made a few changes to the chart below to make it more of a tracker. If you have any additional questions, concerns, or adjustments, then I would be happy to address them.

Thanks so much!

Michael

(b)(5)

(b)(5)

(b)(5)

**Michael Huggins, Esq., M.P.P. (he/him/his)**  
Senior Advisor to the Director  
Office for Civil Rights  
U.S. Department of Health and Human Services

**Sender:** Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9597596B8C4D4B8D9FAF4922101A611B-HUGGINS, MI <Michael.Huggins@hhs.gov>

Rainer, Melanie Fontes (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9c7242f10a494d45bab72c452ecd9f80-Rainer, Mel <Melanie.Rainer@hhs.gov>;

Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren <Lauren.Jee1@hhs.gov>;

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

McLean, Rogelyn (CMS/CCIIO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=930d79f4ebde4ab1ac67dbf1fed783a8-rogelyn.mcl <Rogelyn.McLean@cms.hhs.gov>;

Clemencia, LaTanya (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ddcb1a258a28428e80db417c431ed29d-Clemencia, <LaTanya.Clemencia@hhs.gov>

**Sent Date:** 2022/09/20 09:18:39

**Delivered Date:** 2022/09/20 09:18:40

**Message Flags:** Unread

(b)(5)

(b)(5)



(b)(5)

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(b)(5)

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

Huggins, Michael (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group  
**To:** (FYDIBOHF23SPDLT)/cn=Recipients/cn=9597596b8c4d4b8d9faf4922101a611b-Huggins, Mi <Michael.Huggins@hhs.gov>

Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group  
**CC:** (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren <Lauren.Jee1@hhs.gov>

**Subject:** Re: CLEARANCE EMAIL - FL letter - DELIBERATIVE

**Date:** 2022/09/16 17:58:43

**Priority:** Normal

**Type:** Note

Yes please! I sent it to her Sunday but she hasn't reviewed yet so figured I'd try transmitting this way :)

(b)(6) (b)(6) (b)(6) (she/her)  
(b)(6)

**From:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>

**Sent:** Friday, September 16, 2022 5:50:46 PM

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

**Cc:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>

**Subject:** RE: CLEARANCE EMAIL - FL letter - DELIBERATIVE

Hi (b)(6)

Would you like this to go in the clearance email? I just want to make sure I'm not missing anything?  
hahahaha

**Michael Huggins, Esq., M.P.P. (he/him/his)**

Senior Advisor to the Director

Office for Civil Rights

U.S. Department of Health and Human Services

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

**Sent:** Friday, September 16, 2022 4:54 PM

**To:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>

**Cc:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>

**Subject:** CLEARANCE EMAIL - FL letter - DELIBERATIVE

Return to me ☺

(b)(5)

(b)(5)

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

Senior Advisor to the Director

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=08DEC12AD0974EACABABE032F2B37C91 (b)(6) (b)(6)

Huggins, Michael (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9597596b8c4d4b8d9faf4922101a611b-Huggins, Mi  
<Michael.Huggins@hhs.gov>;

**Recipient:** Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren  
<Lauren.Jee1@hhs.gov>

**Sent Date:** 2022/09/16 17:58:43

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

Huggins, Michael (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9597596b8c4d4b8d9faf4922101a611b-Huggins, Mi  
<Michael.Huggins@hhs.gov>;  
**To:** Rainer, Melanie Fontes (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9c7242f10a494d45bab72c452ecd9f80-Rainer, Mel  
<Melanie.Rainer@hhs.gov>  
Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren  
<Lauren.Jee1@hhs.gov>;  
**CC:** McLean, Rogelyn (CMS/CCIO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b3063a31c945488cbacd479c115a6ac3-MWQD  
<Rogelyn.McLean@hhs.gov.onmicrosoft.com>;  
Clemencia, LaTanya (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ddcb1a258a28428e80db417c431ed29d-Clemencia,  
<LaTanya.Clemencia@hhs.gov>

**Subject:** Re: 9/19 Clearance Items

**Date:** 2022/09/16 20:39:06

**Priority:** Normal

**Type:** Note

UPDATE: The OMBJ is due **MONDAY** (9/19) back to ASFR.

(b)(6) (b)(6) (b)(6) (she/her)  
(b)(6)

**From:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>  
**Sent:** Friday, September 16, 2022 8:23 PM  
**To:** Rainer, Melanie Fontes (OS/OCR) <Melanie.Rainer@hhs.gov>  
**Cc:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>; (b)(6) (b)(6) (b)(6) (HHS/OCR)  
(b)(6) McLean, Rogelyn (CMS/CCIO)  
<Rogelyn.McLean@hhs.gov.onmicrosoft.com>; Clemencia, LaTanya (HHS/OCR)  
<LaTanya.Clemencia@hhs.gov>  
**Subject:** 9/19 Clearance Items

Hi Melanie,

I hope you're doing well! Here are items for your review. If you have any questions or concerns, then feel free to contact us.

Thanks so much!

Michael

(b)(5)

(b)(5)



(b)(5)

(b)(5)

**Michael Huggins, Esq., M.P.P. (he/him/his)**  
Senior Advisor to the Director  
Office for Civil Rights  
U.S. Department of Health and Human Services

**Sender:** (b) (b)(6) (b)(6) (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=08DEC12AD0974EACABABE032F2B37C91 (b)(6)  
(b)(6)

**Recipient:** Huggins, Michael (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group

(FYDIBOHF23SPDLT)/cn=Recipients/cn=9597596b8c4d4b8d9faf4922101a611b-Huggins, Mi  
<Michael.Huggins@hhs.gov>;  
Rainer, Melanie Fontes (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group  
(FYDIBOHF23SPDLT)/cn=Recipients/cn=9c7242f10a494d45bab72c452ecd9f80-Rainer, Mel  
<Melanie.Rainer@hhs.gov>;  
Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group  
(FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren  
<Lauren.Jee1@hhs.gov>;  
McLean, Rogelyn (CMS/CCIO) /o=ExchangeLabs/ou=Exchange Administrative Group  
(FYDIBOHF23SPDLT)/cn=Recipients/cn=b3063a31c945488cbacd479c115a6ac3-MWQD  
<Rogelyn.McLean@hhs.gov.onmicrosoft.com>;  
Clemencia, LaTanya (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group  
(FYDIBOHF23SPDLT)/cn=Recipients/cn=ddcb1a258a28428e80db417c431ed29d-Clemencia,  
<LaTanya.Clemencia@hhs.gov>

**Sent Date:** 2022/09/16 20:39:05

**Delivered Date:** 2022/09/16 20:39:06

**From:** (b) (6) (b) (6) (HHS/OCR) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=08DEC12AD0974EACABABE032F2B37C91-(b) (6)>

Huggins, Michael (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group

**To:** (FYDIBOHF23SPDLT)/cn=Recipients/cn=9597596b8c4d4b8d9faf4922101a611b-Huggins, Mi <Michael.Huggins@hhs.gov>

**Subject:** RE: 9/21 Clearance Items

**Date:** 2022/09/20 21:28:00

**Priority:** Normal

**Type:** Note

Thanks!

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

Senior Advisor to the Director

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

Email: (b) (6)

---

**From:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>

**Sent:** Tuesday, September 20, 2022 9:28 PM

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

**Subject:** RE: 9/21 Clearance Items

You did! I just sent in an updated email. Thanks for the flag!

**Michael Huggins, Esq., M.P.P. (he/him/his)**

Senior Advisor to the Director

Office for Civil Rights

U.S. Department of Health and Human Services

---

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

**Sent:** Tuesday, September 20, 2022 9:21 PM

**To:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>

**Subject:** RE: 9/21 Clearance Items

Hi Michael – I think I sent the Online tracker bulletin too?

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

Senior Advisor to the Director

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

Email: (b)(6)

---

**From:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>

**Sent:** Tuesday, September 20, 2022 8:40 PM

**To:** Rainer, Melanie Fontes (OS/OCR) <Melanie.Rainer@hhs.gov>

**Cc:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>; (b)(6) (b)(6) (b)(6) (HHS/OCR)

(b)(6) McLean, Rogelyn (CMS/CCIO)

<Rogelyn.McLean@hhs.gov.onmicrosoft.com>; Clemencia, LaTanya (HHS/OCR)

<LaTanya.Clemencia@hhs.gov>

**Subject:** 9/21 Clearance Items

Hi Melanie,

I hope you're doing well! Please see the items for your review, and thank you for your patience on this process. I am currently still creating a new format with a tracker. I am also still test running something because I want to make sure it's perfect for you. My goal is to have something more concrete this week. Once again super sorry for the delay on that. If you have any additional questions or concerns, then feel free to contact us.

Thanks again!

Michael

(b)(5)

(b)(5)

(b)(5)

**Michael Huggins, Esq., M.P.P. (he/him/his)**  
Senior Advisor to the Director  
Office for Civil Rights  
U.S. Department of Health and Human Services

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

Huggins, Michael (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group  
**Recipient:** (FYDIBOHF23SPDLT)/cn=Recipients/cn=9597596b8c4d4b8d9faf4922101a611b-Huggins, Mi  
<Michael.Huggins@hhs.gov>

**Sent Date:** 2022/09/20 21:28:06

**Delivered Date:** 2022/09/20 21:28:00



<b>From:</b>	(b) (b)(6) (b)(6) (HHS/OCR) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0BDEC12AD0974EACABABE032F2B37C91-(b)(6)>
<b>To:</b>	Huggins, Michael (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9597596b8c4d4b8d9faf4922101a611b-Huggins, Mi <Michael.Huggins@hhs.gov>
<b>Subject:</b>	RE: 9/26 Clearance Items
<b>Date:</b>	2022/09/27 09:23:00
<b>Priority:</b>	Normal
<b>Type:</b>	Note

I think we're good! I sent edits to Melanie yesterday on the informational memo, so just waiting to hear back from her on that.

(b)(6) (b)(6) (b) (b)(6) Esq., MSW (she/her)  
 Senior Advisor to the Director  
 Phone: (b)(6) (b)(6)  
 Email: (b)(6)

---

**From:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>  
**Sent:** Monday, September 26, 2022 8:36 PM  
**To:** (b) (b)(6) (b)(6) (HHS/OCR) (b)(6)  
**Subject:** RE: 9/26 Clearance Items

Do you have everything that you need for the Language Access Materials? Let me know if you need anything else!

Thanks so much!

**Michael Huggins, Esq., M.P.P. (he/him/his)**  
 Senior Advisor to the Director  
 Office for Civil Rights  
 U.S. Department of Health and Human Services

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**From:** Huggins, Michael (HHS/OCR)  
**Sent:** Friday, September 23, 2022 6:39 PM  
**To:** Rainer, Melanie Fontes (OS/OCR) <Melanie.Rainer@hhs.gov>  
**Cc:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>; (b) (b)(6) (b)(6) (HHS/OCR) (b)(6)  
 'McLean, Rogelyn (CMS/CCIIO)' <rogelyn.mclean@cms.hhs.gov>;

Clemencia, LaTanya (HHS/OCR) <[LaTanya.Clemencia@hhs.gov](mailto:LaTanya.Clemencia@hhs.gov)>  
**Subject:** 9/26 Clearance Items

Hi Melanie,

I hope you're doing well! Please see the attached items for your review. If you have any additional questions or concerns, then feel free to contact us.

Thanks so much!

Michael

(b)(5)



(b)(5)

(b)(5)

(b)(5)

(b)(5)

**Michael Huggins, Esq., M.P.P. (he/him/his)**  
Senior Advisor to the Director  
Office for Civil Rights  
U.S. Department of Health and Human Services

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

Huggins, Michael (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group

**Recipient:** (FYDIBOHF23SPDLT)/cn=Recipients/cn=9597596b8c4d4b8d9faf4922101a611b-Huggins, Mi  
<Michael.Huggins@hhs.gov>

**Sent Date:** 2022/09/27 09:23:21

**Delivered Date:** 2022/09/27 09:23:00

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

Huggins, Michael (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group  
**To:** (FYDIBOHF23SPDLT)/cn=Recipients/cn=9597596b8c4d4b8d9faf4922101a611b-Huggins, Mi  
<Michael.Huggins@hhs.gov>

**Subject:** Re: 9/19 Clearance Items

**Date:** 2022/09/16 20:54:00

**Priority:** Normal

**Type:** Note

Understood, thank you!

(b) (6) (b) (6) (b) (6) (she/her)

(b) (6)

**From:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>

**Sent:** Friday, September 16, 2022 8:51:12 PM

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

**Subject:** RE: 9/19 Clearance Items

I included your update in my updated clearance email. I have noticed that she likes people to reply to the email as a forward so she doesn't have to dig deep and find the documents.

But let me know if the update makes sense! Hope you have a good weekend!

**Michael Huggins, Esq., M.P.P. (he/him/his)**

Senior Advisor to the Director

Office for Civil Rights

U.S. Department of Health and Human Services

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

**Sent:** Friday, September 16, 2022 8:39 PM

**To:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>; Rainer, Melanie Fontes (OS/OCR) <Melanie.Rainer@hhs.gov>

**Cc:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>; McLean, Rogelyn (CMS/CCIIO) <Rogelyn.McLean@hhs.gov.onmicrosoft.com>; Clemencia, LaTanya (HHS/OCR) <LaTanya.Clemencia@hhs.gov>

**Subject:** Re: 9/19 Clearance Items

UPDATE: The OMBJ is due **MONDAY** (9/19) back to ASFR.

(b) (6) (b) (6) (b) (6) (she/her)

(b) (6)

**From:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>

**Sent:** Friday, September 16, 2022 8:23 PM

**To:** Rainer, Melanie Fontes (OS/OCR) <Melanie.Rainer@hhs.gov>  
**Cc:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>; (b) (b)(6) (b)(6) (HHS/OCR)  
(b)(6) McLean, Rogelyn (CMS/CCIO)  
<Rogelyn.McLean@hhs.gov.onmicrosoft.com>; Clemencia, LaTanya (HHS/OCR)  
<LaTanya.Clemencia@hhs.gov>  
**Subject:** 9/19 Clearance Items

Hi Melanie,

I hope you're doing well! Here are items for your review. If you have any questions or concerns, then feel free to contact us.

Thanks so much!

Michael

(b)(5)

(b)(5)



(b)(5)

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(b)(5)

(b)(5)

**Michael Huggins, Esq., M.P.P. (he/him/his)**  
Senior Advisor to the Director  
Office for Civil Rights  
U.S. Department of Health and Human Services

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

**Recipient:** Huggins, Michael (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9597596b8c4d4b8d9faf4922101a611b-Huggins, Mi  
<Michael.Huggins@hhs.gov>

**Sent Date:** 2022/09/16 20:53:59

**Delivered Date:** 2022/09/16 20:54:00

**From:** Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9597596B8C4D4B8D9FAF4922101A611B-HUGGINS, MI <Michael.Huggins@hhs.gov>

**To:** Rainer, Melanie Fontes (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9c7242f10a494d45bab72c452ecd9f80-Rainer, Mel <Melanie.Rainer@hhs.gov>

Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren <Lauren.Jee1@hhs.gov>;

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

**CC:** McLean, Rogelyn (CMS/CCIIO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b3063a31c945488cbacd479c115a6ac3-MWQD <Rogelyn.McLean@hhs.gov.onmicrosoft.com>; Clemencia, LaTanya (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ddcb1a258a28428e80db417c431ed29d-Clemencia, <LaTanya.Clemencia@hhs.gov>

**Subject:** Re-Up 9/19 Clearance Items

**Date:** 2022/09/19 09:20:40

**Priority:** Normal

**Type:** Note

Hi Melanie,

I hope you're doing well! I just wanted to re-up this in case you wanted to see it at the top of your inbox. Please let me know if you need anything else!

Thanks so much!

Michael

(b)(5)

(b)(5)

(b)(5)

(b)(5)



(b)(5)

**Michael Huggins, Esq., M.P.P. (he/him/his)**  
Senior Advisor to the Director  
Office for Civil Rights  
U.S. Department of Health and Human Services

**Sender:** Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9597596B8C4D4B8D9FAF4922101A611B-HUGGINS, MI <Michael.Huggins@hhs.gov>

Rainer, Melanie Fontes (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9c7242f10a494d45bab72c452ecd9f80-Rainer, Mel <Melanie.Rainer@hhs.gov>;  
Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren <Lauren.Jee1@hhs.gov>;

**Recipient:** (b)(6) (b)(6) (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0bdec12ad0974eacababe032f2b37c91-(b)(6) (b)(6)  
McLean, Rogelyn (CMS/CCIIO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b3063a31c945488cbacd479c115a6ac3-MWQD <Rogelyn.McLean@hhs.gov.onmicrosoft.com>;  
Clemencia, LaTanya (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ddcb1a258a28428e80db417c431ed29d-Clemencia, <LaTanya.Clemencia@hhs.gov>

**Sent Date:** 2022/09/19 09:18:40  
**Delivered Date:** 2022/09/19 09:20:40

**From:** Frohboese, Robinsue (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=57B8853F66DA4CB99818C9E2632F77F8-FROHBOESE, <Robinsue.Frohboese@HHS.GOV>

**To:** Rainer, Melanie Fontes (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9c7242f10a494d45bab72c452ecd9f80-Rainer, Mel <Melanie.Rainer@hhs.gov>;  
McLean, Rogelyn (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ac0c5630a17a4a7a9f4d5a42186312aa-McLean, Rog <Rogelyn.McLean1@hhs.gov>

**CC:** Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren

000053

<Lauren.Jee1@hhs.gov>;

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

**Subject:** Graduate student opportunity for research project September 2022 - May 2023

**Date:** 2022/09/06 17:51:00

**Priority:** Normal

**Type:** Note

Hi Melanie and Rog,

I'm following up on my flag at the Deputies' meeting today of an opportunity for a free graduate student from the U. of MD School of Public Policy to work on a research project between September 2022 and May 2023. The School of Public Policy offers this opportunity to graduate students to get "real-world experience, grappling with current policy questions and the practical needs of policy makers and managers." The attached letter provides more information and identifies possible research projects from cost-benefit analysis, cost-effectiveness analysis, policy analysis, performance measure development, process evaluation, summative evaluation, case study, and research synthesis. Last year, one of the students worked with ASPE and produced a report on "*Implications of Shared Housing: A Systematic Research Review of "Doubled-Up" and Multigenerational Living Arrangements.*"

I shared with the Deputies to see if any Division has a research project related to a regulatory impact analysis or perhaps a research question to help formulate a compliance review. There also could be a front office project, such as looking at OCR's performance measures and comparing them with other federal agency civil rights agencies, which I'd be happy to write up as a proposal. I also forwarded to Krystal in case she may have a need. If there's an interest in getting a student, U. of MD would like research proposals by **Friday, September 16.**

The only down side is that the student has to present the project and findings to the class and their presentation is published on the web so it would rule out working on any sensitive or confidential issue. Thanks, Robinsue

**Sender:** Frohboese, Robinsue (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=57B8853F66DA4CB99818C9E2632F77F8-FROHBOESE, <Robinsue.Frohboese@HHS.GOV>

Rainer, Melanie Fontes (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9c7242f10a494d45bab72c452ecd9f80-Rainer, Mel  
<Melanie.Rainer@hhs.gov>;  
McLean, Rogelyn (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ac0c5630a17a4a7a9f4d5a42186312aa-McLean, Rog  
<Rogelyn.McLean1@hhs.gov>;  
Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren  
<Lauren.Jee1@hhs.gov>;

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

<b>Sent Date:</b>	2022/09/06 17:51:19
<b>Delivered Date:</b>	2022/09/06 17:51:00
<b>From:</b>	Douglas M. Call (b)(6) Frohboese, Robinsue (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group
<b>To:</b>	(FYDIBOHF23SPDLT)/cn=Recipients/cn=57b8853f66da4cb99818c9e2632f77f8-Frohboese, <Robinsue.Frohboese@HHS.GOV>
<b>CC:</b>	Douglas Besharov (b)(6)
<b>Subject:</b>	UMD Policy Engagement Project Course 2022-2023
<b>Date:</b>	2022/08/22 11:29:43
<b>Priority:</b>	Normal
<b>Type:</b>	Note

Dear Robinsue,

I hope you are having a great summer.

We are starting the process of soliciting proposals for the University of Maryland capstone course for the upcoming academic year. I have attached the official invitation from Professor Douglas Besharov that includes our preliminary schedule, list of the kinds of analyses our students can do, and instructions for how to submit a proposal. We are asking that proposals be submitted by **Friday, September 16.**

As always, I am happy to talk about any possible proposals or to answer any questions.

Thanks!

Doug

Douglas Call  
Deputy Director  
Welfare Reform Academy/Center for International Policy Exchanges  
School of Public Policy  
University of Maryland

<b>Sender:</b>	Douglas M. Call (b)(6) Frohboese, Robinsue (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group
<b>Recipient:</b>	(FYDIBOHF23SPDLT)/cn=Recipients/cn=57b8853f66da4cb99818c9e2632f77f8-Frohboese, <Robinsue.Frohboese@HHS.GOV>; Douglas Besharov (b)(6)
<b>Sent Date:</b>	2022/08/22 11:29:09
<b>Delivered Date:</b>	2022/08/22 11:29:43

## DELIBERATIVE

**DATE:** July 22, 2022  
**TO:** Melanie Fontes Rainer, Director, Office for Civil Rights  
**CC:** Dylan de Kervor, Section Chief  
**FROM:** Vatsala Kumar, Intern  
**SUBJECT:** INFORMATION MEMO – Florida Proposed Rule 59G-1.050

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### 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), <https://www.wptv.com/news/lgbtq/lgbtq-advocates-decry-possible-end-of-medicaid-coverage-for-gender-dysphoria-treatments>. 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), [https://ahca.myflorida.com/medicaid/review/General/59G\\_1010\\_Definitions.pdf](https://ahca.myflorida.com/medicaid/review/General/59G_1010_Definitions.pdf). 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), [https://www.ahca.myflorida.com/letkidsbekids/docs/AHCA\\_GAPMS\\_June\\_2022\\_Report.pdf](https://www.ahca.myflorida.com/letkidsbekids/docs/AHCA_GAPMS_June_2022_Report.pdf). 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 universities<sup>1</sup> drafted a report reviewing the Florida Medicaid

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<sup>1</sup> 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

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), [https://medicine.yale.edu/lgbtqi/research/gender-affirming-care/florida%20report%20final%20july%208%202022%20accessible\\_443048\\_284\\_55174\\_v3.pdf](https://medicine.yale.edu/lgbtqi/research/gender-affirming-care/florida%20report%20final%20july%208%202022%20accessible_443048_284_55174_v3.pdf). The Critical Review states that the Florida Medicaid Report “purports to be a review of the scientific 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, inexpert, 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 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), <https://www.palmcoastobserver.com/article/expert-report-condemns-floridas-plan-to-ban-medicaid-coverage-for-transgender-care>.

## **2. Current Status**

### **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), <https://thefloridachannel.org/videos/7-8-22-agency-for-health-care-administration-hearing-on-general-medicaid-policy-rule/>.

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*

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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), [https://medicine.yale.edu/lgbtqi/research/gender-affirming-care/florida%20report%20final%20july%208%202022%20accessible\\_443048\\_284\\_55174\\_v3.pdf](https://medicine.yale.edu/lgbtqi/research/gender-affirming-care/florida%20report%20final%20july%208%202022%20accessible_443048_284_55174_v3.pdf).



*Care*, Penn. Capital-Star (Sept. 15, 2020), <https://www.penncapital-star.com/government-politics/a-texas-judge-ruled-this-doctor-was-not-an-expert-a-pennsylvania-republican-invited-him-to-testify-on-trans-health-care/>. 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., <https://www.splcenter.org/fighting-hate/extremist-files/group/american-college-pediatricians> (last visited July 22, 2022). Dr. Van Mol is also a member. *Andre Van Mol*, Pub. Discourse, <https://www.thepublicdiscourse.com/author/andre-van-mol/> (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), [https://medicine.yale.edu/lgbtqi/research/gender-affirming-care/alstott%20et%20al%20full%20comment%20proposed%20rule%20re%20gender%20dysphoria\\_443049\\_284\\_55174\\_v3.pdf](https://medicine.yale.edu/lgbtqi/research/gender-affirming-care/alstott%20et%20al%20full%20comment%20proposed%20rule%20re%20gender%20dysphoria_443049_284_55174_v3.pdf). 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, [https://disabilityrightsflorida.org/images/uploads/DRF\\_Gender\\_Affirming\\_Care\\_Comment\\_-\\_Final\\_Signed.pdf](https://disabilityrightsflorida.org/images/uploads/DRF_Gender_Affirming_Care_Comment_-_Final_Signed.pdf). 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

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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. 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), <https://www.endocrine.org/-/media/endocrine/files/advocacy/society-letters/2022/july-2022/response-to-fl-medicaid-nprm.pdf>. 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), <https://www.eqfl.org/proposed-ahca-rule-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), [https://drive.google.com/file/d/11CHjVMOOLi\\_8a1tdaE\\_jKacf-xOK5akA/view](https://drive.google.com/file/d/11CHjVMOOLi_8a1tdaE_jKacf-xOK5akA/view). 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), [https://www.dropbox.com/s/ld9f8yzo61xrxac/FPI\\_gender-affirming-care\\_comments\\_July72022.pdf?dl=0&mc\\_cid=08420fb607&mc\\_eid=6cb16947ac](https://www.dropbox.com/s/ld9f8yzo61xrxac/FPI_gender-affirming-care_comments_July72022.pdf?dl=0&mc_cid=08420fb607&mc_eid=6cb16947ac). 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.*



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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 Fla. (July 8, 2022), <https://bestthingsfl.com/news/cfc-florida-to-testify-in-support-of-desantis-administration-rule-banning-medicaid-funding-for-transgender-surgeries-and-puberty-blockers-31403227-tallahassee-fl.html>.

### 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), <https://www.cbsnews.com/miami/news/lgbtq-groups-fight-florida-medicaid-ban-transgender-treatments/>.

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.<sup>2</sup>

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

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<sup>2</sup> 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.”

## DELIBERATIVE

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”<sup>3</sup> 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

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<sup>3</sup> 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>.

## DELIBERATIVE

“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

## DELIBERATIVE

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).



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the General Counsel

Civil Rights Division  
330 Independence Ave., SW  
Room 4641, Cohen Building  
Washington, DC 20201  
Phone (202) 619-0900  
Fax (202) 260-0550

**TO:**

(b)(6)

Senior Advisor to the Director, Office for Civil Rights

**FROM:**

Aaron Schuham

Associate General Counsel for Civil Rights

Audrey Wiggins

Deputy Associate General Counsel for Civil Rights<sup>1</sup>

**DATE:**

11/04/22

**SUBJECT:**

(b)(5)

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## MEMORANDUM

**To:** Melanie Fontes Rainer, Director, Office for Civil Rights

**Through:** (b)(6) Section Chief, Office for Civil Rights

**From:** Vatsala Kumar, Intern, Office for Civil Rights

**Date:** August 19, 2022

**Re:** (b)(5)

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### I. Action Requested

(b)(5)

### II. Procedural History

(b)(5)

(b)(5)



(b)(5)





(b)(5)



**From:** Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9597596B8C4D4B8D9FAF4922101A611B-HUGGINS, MI <Michael.Huggins@hhs.gov>

**To:** Rainer, Melanie Fontes (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9c7242f10a494d45bab72c452ecd9f80-Rainer, Mel <Melanie.Rainer@hhs.gov>

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**Subject:** 9/23 Clearance Items

**Date:** 2022/09/22 20:19:08

**Priority:** Normal

**Type:** Note

Hi Melanie,

I hope you're doing well! Please see the attached items for your review. If you have any additional questions or concerns, then feel free to contact us.

Thanks so much!

Michael

(b)(5)

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(b)(5)

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**Michael Huggins, Esq., M.P.P. (he/him/his)**  
Senior Advisor to the Director  
Office for Civil Rights  
U.S. Department of Health and Human Services

**Sender:** Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9597596B8C4D4B8D9FAF4922101A611B-HUGGINS, MI <Michael.Huggins@hhs.gov>  
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**Sent Date:** 2022/09/22 20:16:44

**Delivered Date:** 2022/09/22 20:19:08

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**Subject:** 9/19 Clearance Items

**Date:** 2022/09/16 20:23:53

**Priority:** Normal

**Type:** Note

Hi Melanie,

I hope you're doing well! Here are items for your review. If you have any questions or concerns, then feel free to contact us.

Thanks so much!

Michael

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(b)(5)



(b)(5)

(b)(5)

**Michael Huggins, Esq., M.P.P. (he/him/his)**  
Senior Advisor to the Director  
Office for Civil Rights  
U.S. Department of Health and Human Services

<b>Sender:</b>	Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9597596B8C4D4B8D9FAF4922101A611B-HUGGINS, MI <Michael.Huggins@hhs.gov>
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<b>Sent Date:</b>	2022/09/16 20:22:17
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<b>To:</b>	Rainer, Melanie Fontes (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9c7242f10a494d45bab72c452ecd9f80-Rainer, Mel <Melanie.Rainer@hhs.gov>; McLean, Rogelyn (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ac0c5630a17a4a7a9f4d5a42186312aa-McLean, Rog <Rogelyn.McLean1@hhs.gov>
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<b>Subject:</b>	Graduate student opportunity for research project September 2022 - May 2023
<b>Date:</b>	2022/09/06 17:51:00
<b>Priority:</b>	Normal
<b>Type:</b>	Note

Hi Melanie and Rog,

I'm following up on my flag at the Deputies' meeting today of an opportunity for a free graduate student from the U. of MD School of Public Policy to work on a research project between September 2022 and May 2023. The School of Public Policy offers this opportunity to graduate students to get "real-world experience, grappling with current policy questions and the practical needs of policy makers and managers." The attached letter provides more information and identifies possible research projects from cost-benefit analysis, cost-effectiveness analysis, policy analysis, performance measure development, process evaluation, summative evaluation, case study, and research synthesis. Last year, one of the students worked with ASPE and produced a report on "*Implications of Shared Housing: A Systematic Research Review of "Doubled-Up" and Multigenerational Living Arrangements.*"

I shared with the Deputies to see if any Division has a research project related to a regulatory impact analysis or perhaps a research question to help formulate a compliance review. There also could be a front office project, such as looking at OCR's performance measures and comparing them with other federal agency civil rights agencies, which I'd be happy to write up as a proposal. I also forwarded to Krystal in case she may have a need. If there's an interest in getting a student, U. of MD would like research proposals by **Friday, September 16.**

The only down side is that the student has to present the project and findings to the class and their presentation is published on the web so it would rule out working on any sensitive or confidential issue. Thanks, Robinsue

<b>Sender:</b>	Frohboese, Robinsue (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=57B8853F66DA4CB99818C9E2632F77F8-FROHBOESE, <Robinsue.Frohboese@HHS.GOV>
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<b>Sent Date:</b>	2022/09/06 17:51:19
<b>Delivered Date:</b>	2022/09/06 17:51:00
<b>From:</b>	Douglas M. Call (b)(6)
<b>To:</b>	Frohboese, Robinsue (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=57b8853f66da4cb99818c9e2632f77f8-Frohboese, <Robinsue.Frohboese@HHS.GOV>
<b>CC:</b>	Douglas Besharov (b)(6)
<b>Subject:</b>	UMD Policy Engagement Project Course 2022-2023
<b>Date:</b>	2022/08/22 11:29:43
<b>Priority:</b>	Normal
<b>Type:</b>	Note

Dear Robinsue,

I hope you are having a great summer.

We are starting the process of soliciting proposals for the University of Maryland capstone course for the upcoming academic year. I have attached the official invitation from Professor Douglas Besharov that includes our preliminary schedule, list of the kinds of analyses our students can do, and instructions for how to submit a proposal. We are asking that proposals be submitted by **Friday, September 16.**

As always, I am happy to talk about any possible proposals or to answer any questions.

Thanks!

Doug

Douglas Call  
Deputy Director  
Welfare Reform Academy/Center for International Policy Exchanges  
School of Public Policy  
University of Maryland

**Sender:** Douglas M. Call <(b)(6)>  
Frohboese, Robinsue (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group  
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**Recipient:** <Robinsue.Frohboese@HHS.GOV>;  
Douglas Besharov (b)(6)  
**Sent Date:** 2022/08/22 11:29:09  
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## DELIBERATIVE

**DATE:** July 22, 2022

**TO:** Melanie Fontes Rainer, Director, Office for Civil Rights

**THROUGH:** Dylan de Kervor, Section Chief

**FROM:** Vatsala Kumar, Intern

**SUBJECT:** INFORMATION MEMO – Florida Proposed Rule 59G-1.050

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### 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 universities<sup>1</sup> drafted a report reviewing the Florida Medicaid Report (“Critical Review”). See Meredith McNamara et al., (July 8, 2022). The Critical Review

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<sup>1</sup> 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), [https://medicine.yale.edu/lgbtqi/research/gender-affirming-care/florida%20report%20final%20july%208%202022%20accessible\\_443048\\_284\\_55174\\_v3.pdf](https://medicine.yale.edu/lgbtqi/research/gender-affirming-care/florida%20report%20final%20july%208%202022%20accessible_443048_284_55174_v3.pdf).

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states that the Florida Medicaid Report “purports to be a review of the scientific 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

### 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. 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,

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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 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.<sup>2</sup>

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

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<sup>2</sup> 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 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.



## DELIBERATIVE

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

## DELIBERATIVE

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.”

## DELIBERATIVE

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”<sup>3</sup> 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

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<sup>3</sup> 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>.



## DELIBERATIVE

“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).

**From:** Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9597596B8C4D4B8D9FAF4922101A611B-HUGGINS, MI <Michael.Huggins@hhs.gov>

**To:** Rainer, Melanie Fontes (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9c7242f10a494d45bab72c452ecd9f80-Rainer, Mel <Melanie.Rainer@hhs.gov>

Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren <Lauren.Jee1@hhs.gov>;

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**Subject:** FW: UPDATED 9/19 Clearance Items

**Date:** 2022/09/16 20:51:34

**Priority:** Normal

**Type:** Note

Hi Melanie,

Sorry for the last minute updates! But I had a couple more points to add here. The changes are below in red.

**Michael Huggins, Esq., M.P.P. (he/him/his)**

Senior Advisor to the Director

Office for Civil Rights

U.S. Department of Health and Human Services

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**From:** Huggins, Michael (HHS/OCR)

**Sent:** Friday, September 16, 2022 8:22 PM

**To:** Rainer, Melanie Fontes (OS/OCR) <Melanie.Rainer@hhs.gov>

**Cc:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>; (b) (b)(6) (b)(6) (HHS/OCR)

(b)(6) 'McLean, Rogelyn (CMS/CCIIO)' <rogelyn.mclean@cms.hhs.gov>;

Clemencia, LaTanya (HHS/OCR) <LaTanya.Clemencia@hhs.gov>

**Subject:** 9/19 Clearance Items

Hi Melanie,

I hope you're doing well! Here are items for your review. If you have any questions or concerns, then feel free to contact us.

Thanks so much!

Michael

(b)(5)



(b)(5)

(b)(5)

(b)(5)

**Michael Huggins, Esq., M.P.P. (he/him/his)**  
Senior Advisor to the Director  
Office for Civil Rights  
U.S. Department of Health and Human Services

Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP  
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	<p>Rainer, Melanie Fontes (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9c7242f10a494d45bab72c452ecd9f80-Rainer, Mel &lt;Melanie.Rainer@hhs.gov&gt;;</p> <p>Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren &lt;Lauren.Jee1@hhs.gov&gt;;</p> <p>(b) (b)(6) (b)(6) (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0bdec12ad0974eacababe032f2b37c91-(b)(6)</p> <p>McLean, Rogelyn (CMS/CCIIO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b3063a31c945488cbacd479c115a6ac3-MWQD &lt;Rogelyn.McLean@hhs.gov.onmicrosoft.com&gt;;</p> <p>Clemencia, LaTanya (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ddcb1a258a28428e80db417c431ed29d-Clemencia, &lt;LaTanya.Clemencia@hhs.gov&gt;</p>
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<b>Sent Date:</b>	2022/09/16 20:50:04
<b>Delivered Date:</b>	2022/09/16 20:51:34
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<b>To:</b>	<p>Rainer, Melanie Fontes (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9c7242f10a494d45bab72c452ecd9f80-Rainer, Mel &lt;Melanie.Rainer@hhs.gov&gt;;</p> <p>McLean, Rogelyn (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ac0c5630a17a4a7a9f4d5a42186312aa-McLean, Rog &lt;Rogelyn.Mclean1@hhs.gov&gt;</p>
<b>CC:</b>	<p>Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren &lt;Lauren.Jee1@hhs.gov&gt;;</p> <p>(b) (b)(6) (b)(6) (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0bdec12ad0974eacababe032f2b37c91-Dekervor, D (b)(6)</p>
<b>Subject:</b>	Graduate student opportunity for research project September 2022 - May 2023
<b>Date:</b>	2022/09/06 17:51:00
<b>Priority:</b>	Normal
<b>Type:</b>	Note

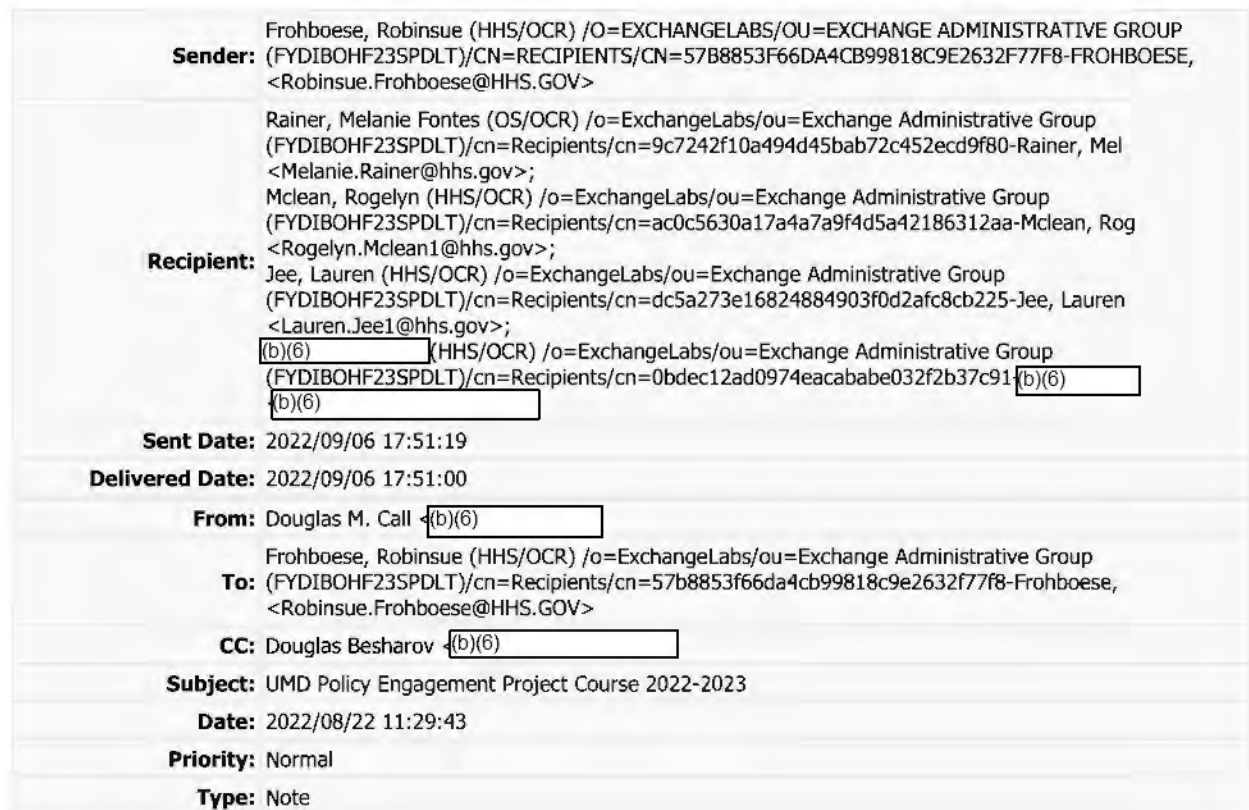
Hi Melanie and Rog,

I'm following up on my flag at the Deputies' meeting today of an opportunity for a free graduate student from the U. of MD School of Public Policy to work on a research project between September 2022 and May 2023. The School of Public Policy offers this opportunity to graduate students to get "real-world experience, grappling with current policy questions and the practical needs of policy makers and managers." The attached letter provides more information and identifies possible research projects from cost-benefit analysis, cost-effectiveness analysis, policy analysis, performance measure development, process evaluation, summative evaluation, case study, and research synthesis. Last year, one of the students worked with ASPE and produced a report on "*Implications of Shared Housing: A Systematic Research Review of "Doubled-Up" and Multigenerational Living Arrangements.*"

I shared with the Deputies to see if any Division has a research project related to a regulatory impact analysis or perhaps a research question to help formulate a compliance review. There also could be a

front office project, such as looking at OCR's performance measures and comparing them with other federal agency civil rights agencies, which I'd be happy to write up as a proposal. I also forwarded to Krystal in case she may have a need. If there's an interest in getting a student, U. of MD would like research proposals by **Friday, September 16.**

The only down side is that the student has to present the project and findings to the class and their presentation is published on the web so it would rule out working on any sensitive or confidential issue. Thanks, Robinsue



Dear Robinsue,

I hope you are having a great summer.

We are starting the process of soliciting proposals for the University of Maryland capstone course for the upcoming academic year. I have attached the official invitation from Professor Douglas Besharov that includes our preliminary schedule, list of the kinds of analyses our students can do, and instructions for how to submit a proposal. We are asking that proposals be submitted by **Friday, September 16.**

As always, I am happy to talk about any possible proposals or to answer any questions.

Thanks!

Doug

Douglas Call  
Deputy Director  
Welfare Reform Academy/Center for International Policy Exchanges  
School of Public Policy  
University of Maryland

**Sender:** Douglas M. Call <(b)(6)>

Frohboese, Robinsue (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group  
(FYDIBOHF23SPDLT)/cn=Recipients/cn=57b8853f66da4cb99818c9e2632f77f8-Frohboese,  
**Recipient:** <Robinsue.Frohboese@HHS.GOV>;  
Douglas Besharov <(b)(6)>

**Sent Date:** 2022/08/22 11:29:09

**Delivered Date:** 2022/08/22 11:29:43

**From:** Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9597596B8C4D4B8D9FAF4922101A611B-HUGGINS, MI <Michael.Huggins@hhs.gov>

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**CC:** (b)(6)  
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Clemencia, LaTanya (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ddcb1a258a28428e80db417c431ed29d-Clemencia, <LaTanya.Clemencia@hhs.gov>

**Subject:** Updated - 9/21 Clearance Items

**Date:** 2022/09/20 21:32:34

**Priority:** Normal

**Type:** Note

Hi Melanie,

I hope you're doing well! Please see the items for your review, and thank you for your patience on this process. I am currently still creating a new format with a tracker. I am also still test running something because I want to make sure it's perfect for you. My goal is to have something more concrete this week. Once again super sorry for the delay on that. If you have any additional questions or concerns, then feel free to contact us.

Thanks again!

Michael

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**Michael Huggins, Esq., M.P.P. (he/him/his)**  
Senior Advisor to the Director  
Office for Civil Rights  
U.S. Department of Health and Human Services

**Sender:** Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9597596B8C4D4B8D9FAF4922101A611B-HUGGINS, MI <Michael.Huggins@hhs.gov>  
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**Sent Date:** 2022/09/20 21:27:19

**Delivered Date:** 2022/09/20 21:32:34

## **Summary of Dekker et al. v. Marsteller<sup>1</sup>**

### **Plaintiffs**

There are four plaintiffs: August Dekker, Brit Rothstein, Susan Doe (a minor) and her parents Jane and John Doe, and K.F. (a minor) and his parent Jade Ladue.

- August is a 28-year-old transgender man. He was diagnosed with gender dysphoria and receives hormone therapy. As someone who receives Supplemental Security Income payments, he is unable to afford his medically necessary hormone therapy as a result of the Exclusion. Additionally, he suffered physical effects when previously having to stop hormone therapy for a period of time. These physical effects, in turn, lead to many people misgendering him thus causing great discomfort and anguish.
- Brit is a 20-year-old transgender man who has been diagnosed with gender dysphoria, receives hormone therapy, and has chest surgery scheduled in December 2022 which was pre-authorized by Medicaid. He is a college student from a low-income family, which qualifies him to receive coverage through Medicaid and means he and his family cannot afford his medically necessary care.
- Susan is a 12-year-old transgender girl who has been diagnosed with gender dysphoria and receives medically necessary puberty delaying medication. She was adopted at the age of 2 out of medical foster care, meaning she is eligible for Medicaid coverage until the age of 18. Her endocrinologist anticipates she will start hormone therapy in a year or two. She was scheduled to have her next injection of her puberty delaying medication on October 3<sup>rd</sup>, 2022, which will not be covered by Medicaid. Without the injections, Susan's mental and physical health would likely suffer. Her parents are unable to add her to their plan until open enrollment. They are considering moving out of state in order to protect Susan.
- K.F. is a 12-year-old transgender boy who has been diagnosed with gender dysphoria and receives medically necessary puberty delaying medication. His parents are low-income and have been enrolled in Medicaid since they moved into the state. He received an implant to delay puberty in 2020 while the family was still living in Massachusetts. He received his second implant in April 2022 in Florida, which was fully covered by Medicaid. His provider has concerns about the effectiveness of the current implant and he has an appointment to check in with his provider at the end of October 2022. If the implant is not working, the other option would be to switch an injection which will cost between \$1,000 to \$2,000 out of pocket. His providers also said that starting hormone therapy will likely be medically indicated within the next year. His parents are concerned about his mental health should he not be able to access medically necessary gender affirming care. The family is considering moving to get K.F. the care he needs.

### **Defendants**

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<sup>1</sup> [https://www.lambdalegal.org/in-court/legal-docs/dekker\\_fl\\_20220907\\_complaint](https://www.lambdalegal.org/in-court/legal-docs/dekker_fl_20220907_complaint)

The Plaintiffs are suing Simone Marstiller, the Secretary of the Florida Agency for Health Care Administration (AHCA) and the AHCA to challenge a rule they adopted prohibiting Medicaid coverage of services for the treatment of gender dysphoria.

**Plaintiff's Arguments include:**

- The rule threatens the health and wellbeing of transgender Medicaid beneficiaries.
- The denial of coverage categorically denies access to medically necessary care for thousands of Floridians.
- The rule will have immediate dire physical, emotional, and psychological consequences for Florida Medicaid beneficiaries who are transgender.
- The rule is unlawful for several reasons which support preliminarily and permanently enjoining the rule:
  - It violates the equal protection clause of the 14<sup>th</sup> Amendment.
  - It violates Section 1557 of the ACA.
  - It violates the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) provisions of the Medicaid Act, which requires the Medicaid program to arrange for services that are necessary to correct or ameliorate a health condition for beneficiaries under 21.
- Treatments used to treat gender dysphoria are used to treat other diagnoses or conditions that are not excluded from Medicaid coverage when used to treat those other diagnoses or conditions. There is also no difference in terms of inherent risk.

**Under the Medicaid Act, states are required to:**

- Designate a single state agency in charge of administering or supervising their Medicaid program. This agency is responsible for ensuring compliance with the Act.
- Create a comprehensive state plan for medical assistance approved by HHS that describes how the state will affirm the Act and its implementing regulations.
- Provide medical assistance to certain eligibility groups, including minors under age 18 who live in a household with an income below 133% of the federal poverty level, individuals with a disability who receive Supplemental Security Income (SSI) or meet separate disability and financial eligibility standards established by the state.
- States must administer the program in the best interests of recipients.
- Provide certain health care services when medically necessary. These include inpatient and out-patient hospital services and physician services. Other services are optional, but states can include them when medically necessary.
- States are required to provide EPSDT services for beneficiaries under the age of 21. These services include medical, vision, dental, and hearing services. They also must cover other medically necessary services for beneficiaries under 21 even if they are not covered for adults. Plaintiffs argue that since gender-affirming care includes puberty delaying medication, hormone therapy, and surgery that fall within the services described in the Medicaid Act (section 1396d(a)), making

them EPSDT services when necessary to treat gender dysphoria. States are required to initiate EPSDT services timely, no later than 6 months after the date of request.

- Additionally, under the Medicaid Act, any medical assistance made available to one individual should not be less in amount, duration, or scope, than assistance made to any other individual.
- Services must be sufficient to reasonably achieve its purpose.
- States may not deny or reduce the amount, duration, or scope of a service solely due to the diagnosis, illness, or condition.

### **Florida Medicaid and Gender-Affirming Care**

- Florida Medicaid uses several factors to determine whether a service is covered. Namely, it must be consistent with generally accepted medical standards (it cannot be experimental or investigational).
- Until August 21, 2022, FL Medicaid covered a full range of gender-affirming care. After August 21, 2022, Florida excluded the coverage without a corresponding change in Medicaid laws or the standard of care.
- The exclusion occurred after the Florida Department of Health (FDOH) issued “misleading and factually inaccurate set of guidelines titled ‘Treatment of Gender Dysphoria for Children and Adults’” (FDOH Guidelines) which contradict HHS’s guidance.
- On June 2, 2022, the AHCA published a report entitled “Florida Medicaid: Generally Accepted Professional Medical Standards Determination on the Treatment of Gender Dysphoria” (GAPMS Memo) and a website title “Let Kids be Kids” that claimed to fact-check the HHS guidance. It concluded that gender-affirming care does not conform to generally accepted professional medical standards, that they are instead experimental and investigational. It relied on five non-peer-reviewed and unpublished “assessments” from several problematic authors.
- On June 17, 2022, the AHCA issued a Notice of Proposed Rule to amend the Florida Administrative Code to prohibit FL Medicaid from covering services used to treat gender dysphoria, and that the services mentioned do not meet the definition of medical necessity.
- The AHCA received thousands of comments in the 21 days of the comment period (until July 8 when there was also a hearing held).

### **Claims for Relief**

- Count 1: Deprivation of Equal Protection in Violation of the 14<sup>th</sup> Amendment
  - Plaintiffs are seeking declaratory and injunctive relief as well as challenging the adoption and enforcement of the Exclusion Policy.
  - Under the Equal Protection Clause of the 14<sup>th</sup> Amendment, discrimination on the basis of sex is unconstitutional and subject to heightened scrutiny. This includes discrimination on the basis of nonconformity with sex stereotypes, transgender status, gender, gender identity, gender transition, and sex characteristics.

- By adopting this policy, Marsteller is and continues to discriminate against the Plaintiffs on the basis of sex.
- The Exclusion treats Plaintiffs differently than others who are similarly situated.
- Transgender Medicaid beneficiaries requiring gender-affirming care are denied medically necessary care when others who attempt to access the same treatments for a different purpose are able to.
- Without injunctive relief, Plaintiffs will continue to suffer irreparable harm.
- Count 2: Discrimination on the Basis of Sex in violation of Section 1557 of the Affordable Care Act (ACA).
  - AHCA receives federal financial assistance, thus making it a covered entity that is subject to Section 1557 of the ACA. They have published a Notice of Nondiscrimination Policy on their website. This means they cannot provide or administer health care coverage that includes limitations or restrictions that constitute sex discrimination.
  - Plaintiffs have and will continue to suffer harm, AHCA has intentionally violated the ACA which would entitle Plaintiffs to injunctive relief, compensatory and consequential damages, and other relief.
- Count 3: Violation of the Medicaid Act's EPSDT Requirements
  - By refusing to cover services for the treatment of gender dysphoria to Medicaid beneficiaries under the age of 21, the Defendants have violated the Medicaid Act's EPSDT requirements.
- Count 4: Violation of the Medicaid Act's Comparability Requirements
  - By refusing to provide services for the treatment of gender dysphoria to transgender beneficiaries while still covering the same services for people with other diagnoses, they are violating the Medicaid Act's Comparability Requirements.

## **Prayer for Relief**

The Plaintiffs requested:

- Preliminary and permanent injunctions that prohibit the Defendants from enforcing or applying the exclusion and directing them to cover the medically necessary treatment of gender dysphoria.
- A declaratory judgement that the Exclusion violates the Equal Protection Clause of the 14<sup>th</sup> Amendment, Section 1557, the EPSDT Requirements of the Medicaid Act, and the Comparability Requirements of the Medicaid Act.
- Additional requests include:
  - Waiving the posting of a bond of security for the entry of temporary and preliminary relief.
  - Awarding compensatory and consequential damages to Plaintiffs as well as reasonable attorneys' fees, costs, and expenses.

## **Gender-Affirming Care Florida Medicaid Data**

- The number of Medicaid recipients seeking treatment for gender dysphoria almost double between 2018 and 2021 from 593 recipients to 1,209. This number includes people who received behavioral therapy, hormone treatments, and surgery for gender dysphoria.<sup>2</sup>
- Florida's Medicaid program covers almost 5.4 million people and is a \$36.2 billion program.<sup>3</sup>
- There were 12 children and 13 adults who underwent surgical procedures in Fiscal Year (FY) 2021-22 that were reimbursed by Florida Medicaid. Most commonly, they underwent a simple mastectomy.<sup>4</sup>
- During FY 2021-22, there were 1,775 prescriptions for 15 minutes of behavioral therapy services for 233 children, compared to 320 prescriptions written for 33 adults.<sup>5</sup>
- In terms of prescriptions for estrogen, there were 391 written for 151 children in FY 2021-22 compared to 185 prescriptions written for 72 children in FY 2017-18. For adults, there were 688 prescriptions written for 233 adults, compared to 392 prescriptions written for 148 adults in FY 2017-18.<sup>6</sup>
- For testosterone prescriptions, 925 prescriptions were written for 346 children in FY 2021-22 compared to 373 prescriptions that were written for 143 adults. In FY 2017-18, there were 330 prescriptions written for 130 children and 174 prescriptions written for 63 adults.<sup>7</sup>
- Puberty blockers were prescribed to 55 children (a total of 180 prescriptions) in FY 2021-22, increasing from 55 prescriptions for 15 children in FY 2017-18.<sup>8</sup>

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<sup>2</sup> <https://www.politico.com/news/2022/09/03/florida-medicaid-transgender-00054387?cid=apn>

<sup>3</sup> <https://www.politico.com/news/2022/09/03/florida-medicaid-transgender-00054387?cid=apn>

<sup>4</sup> <https://floridapolitics.com/archives/556004-state-data-show-doctors-performed-15-gender-affirming-surgical-procedures-on-florida-children-last-year/>

<sup>5</sup> <https://floridapolitics.com/archives/556004-state-data-show-doctors-performed-15-gender-affirming-surgical-procedures-on-florida-children-last-year/>

<sup>6</sup> <https://floridapolitics.com/archives/556004-state-data-show-doctors-performed-15-gender-affirming-surgical-procedures-on-florida-children-last-year/>

<sup>7</sup> <https://floridapolitics.com/archives/556004-state-data-show-doctors-performed-15-gender-affirming-surgical-procedures-on-florida-children-last-year/>

<sup>8</sup> <https://floridapolitics.com/archives/556004-state-data-show-doctors-performed-15-gender-affirming-surgical-procedures-on-florida-children-last-year/>



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**Subject:** RE: Updated - 9/20 Clearance Items

**Date:** 2022/09/20 08:58:06

**Priority:** Normal

**Type:** Note

Hi Melanie,

I believe this is the email.

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**From:** Rainer, Melanie Fontes (OS/OCR) <Melanie.Rainer@hhs.gov>  
**Sent:** Tuesday, September 20, 2022 8:55 AM  
**To:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>  
**Cc:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>; (b) (b)(6) (b)(6) (HHS/OCR) (b)(6) McLean, Rogelyn (CMS/CCIIO) <Rogelyn.McLean@cms.hhs.gov>; Clemencia, LaTanya (HHS/OCR) <LaTanya.Clemencia@hhs.gov>  
**Subject:** RE: Updated - 9/20 Clearance Items

Last, Pam's materials note that Avery sent an email to her with suggestions, etc.

Lauren can you get this email for us please?

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**From:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>  
**Sent:** Monday, September 19, 2022 8:29 PM  
**To:** Rainer, Melanie Fontes (OS/OCR) <Melanie.Rainer@hhs.gov>  
**Cc:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>; (b) (b)(6) (b)(6) (HHS/OCR) (b)(6) McLean, Rogelyn (CMS/CCIIO) <Rogelyn.McLean@cms.hhs.gov>;



Clemencia, LaTanya (HHS/OCR) <[LaTanya.Clemencia@hhs.gov](mailto:LaTanya.Clemencia@hhs.gov)>

**Subject:** Updated - 9/20 Clearance Items

Hi Melanie,

I hope you're doing well! Here are some items for your review. Unfortunately, IT is still working on fixing our Sharepoint sites, but as soon as that is fixed we can move this over to Sharepoint. In the meantime, I have made a few changes to the chart below to make it more of a tracker. If you have any additional questions, concerns, or adjustments, then I would be happy to address them.

Thanks so much!

Michael

(b)(5)



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<< File: 2022\_09\_21HHS Health Disparities Council Meeting.docx >>

**Michael Huggins, Esq., M.P.P. (he/him/his)**

Senior Advisor to the Director

Office for Civil Rights

U.S. Department of Health and Human Services

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<b>Date:</b>	2022/09/18 22:56:10
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<b>Type:</b>	Note

Hi Carla,

(b)(5)

Please let me know if you have any questions about any of these meetings.

Thank you,

Avery

**Avery S. Jackson**

Office for Civil Rights | Civil Rights Division  
U.S. Department of Health & Human Services  
200 Independence Avenue S.W. | Washington, DC 20201  
Office: (202) 292-2788

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Snowden, Kimberly (CMS/OHI) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02f44472437d4cc69551ea96599b37d1-S2AU <kimberly.snowden@hhs.gov.onmicrosoft.com>;

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 Rachel Singer <Singer-Rachel@norc.org>;  
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 <Skip.Payne@hhs.gov.onmicrosoft.com>;  
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 <ASoliman@ncd.gov>;  
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 Gonzalez Fiol, Margarita <Margarita.GonzalezFiol@fema.dhs.gov>;

Henry Letang, Thora <thora.henryletang@fema.dhs.gov>;  
Lindsay Baran <baran-lindsay@norc.org>;  
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(FYDIBOHF23SPDLT)/cn=Recipients/cn=68592b08f0f74763950e305330432b54-Burgdorf, M  
<Molly.Burgdorf@hhs.gov>

**Subject:** Federal Partners: Health Care Accessibility for People with Disabilities Workgroup

**Date:** 2022/05/19 10:07:05

**Priority:** Normal

**Type:** Appointment

The agenda is forth coming.

CART and ASL will be provided. If you need an additional accommodation to participate in this meeting, please reach out to me by COB on Friday October 6 with your request.

I hope all of you have had a great summer, and look forward to seeing all of you in October.

Meleah

Meleah Jensen is inviting you to a scheduled ZoomGov meeting.

Topic: Federal Partner's MeetingMeleah Jensen's Zoom Meeting

Time: Oct 13, 2022 09:30 AM Eastern Time (US and Canada)

Join ZoomGov Meeting

(b)(6)

Meeting ID: (b)(6)

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**Sender:** Jensen, Meleah (CMS/OMH) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F0D8E22EC6A0439DAFB95931B8A6C026-JRR1 <Meleah.Jensen@hhs.gov.onmicrosoft.com>

Jensen, Meleah (CMS/OMH) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f0d8e22ec6a0439dafb95931b8a6c026-JRR1 <Meleah.Jensen@hhs.gov.onmicrosoft.com>;

Bryden, Alexandra T. (CMS/OMH) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a83c9b097e724792bcb7bf0bfdebcd-S974 <Alexandra.Bryden@hhs.gov.onmicrosoft.com>;

Graves, Darci L. (CMS/OMH) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=136e1bb0fba84f8293ee40ff02af8630-GXY0 <Darci.Graves@hhs.gov.onmicrosoft.com>;

Finch, Wanda (CMS/OMH) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=59265f4f899342edbb800e9609305d38-FSXZ <Wanda.Finch@hhs.gov.onmicrosoft.com>;

McIver, LaShawn (CMS/OMH) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c50447c6cc5640a7a4b30118add9d728-MXPU <LaShawn.McIver@hhs.gov.onmicrosoft.com>;

Davis, Daniel (ACL) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a41e4306041242e89d717405b60dd80a-Davis, Dani <Daniel.Davis@acl.hhs.gov>;

**Recipient:** Bothwell, Lisa (ACL) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2d7f60aaadab48f0932857ac73b2f6a7-Bothwell, L <Lisa.Bothwell@acl.hhs.gov>;

Lewis, Elizabeth (CMS/CTR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=88b1a801ed7d41c4a317ca46139bc7a1-L9NC <Elizabeth.Lewis1@hhs.gov.onmicrosoft.com>;

Callaway, Shawn (ACL) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f749db8326a74b8199ad24fe1db1db55-Callaway, S <Shawn.Callaway@acl.hhs.gov>;

CMS Workplace Task Assistance /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=194ab98945ae433b84ee57ad8b048736-CMS Workpla <WorkplaceTaskAssistance@hhs.gov.onmicrosoft.com>;

Overton, Yvette (CMS/OMH) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=672d7a5a25864d929570dbe53362962f-OTKJ <Yvette.Overton@hhs.gov.onmicrosoft.com>;

Bane, Thomas M.(CMS/OPOLE) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1034bd99cc0d4027811a00d04cdc0c83-B5KS <Thomas.Bane@hhs.gov.onmicrosoft.com>;

<ATorresDavis@ncd.gov>;

Snowden, Kimberly (CMS/OHI) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02f44472437d4cc69551ea96599b37d1-S2AU <kimberly.snowden@hhs.gov.onmicrosoft.com>;

Levine, Cheryl (OS/ASPR/EMMO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8c496822c9fb482cb961da78416ff7ef-Levine, Che <Cheryl.Levine@hhs.gov>;

Jackson, Avery (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=57b5475a3bdb45e19a670a69c8adbc10-Jackson, Av <Avery.Jackson@hhs.gov>;

Cropper, Avareena E. (CMS/OMH) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6a9618d925de4b5c96f2f869a1790101-CNVR <Avareena.Cropper@hhs.gov.onmicrosoft.com>;

Ilana Dickman (she/her) <Dickman-Ilana@norc.org>;

Rachel Singer <Singer-Rachel@norc.org>;

Tabitha Pyatt <pyatt-tabitha@norc.org>;

CMS Interpreter Services /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3c6720a557bf4ed6b7f1ac75b340b5c6-CMS Interpr <InterpreterServices@hhs.gov.onmicrosoft.com>;

Payne, Skip (CMS/EPRO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=94ba9f17f14149b7b9d64b4b481059fa-PU1K <Skip.Payne@hhs.gov.onmicrosoft.com>;

Wiltshire Petersen, Derval <derval.wiltshirepetersen@fema.dhs.gov>;

Balbus, John MD, MPH (OS/OASH/OCCHE) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e8ec6cdd4b094cdfb6d36d72aba61bc8-Balbus, Joh <John.Balbus@hhs.gov>;

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<Mark.Goeller@va.gov>;

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Williams-Rohr, Leone <leone.williams-rohr@fema.dhs.gov>;

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<Molly.Burgdorf@hhs.gov>

**Sent Date:** 2022/05/19 10:07:05

**From:** Jackson, Avery (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP  
(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=57B5475A3BDB45E19A670A69C8ADBC10-JACKSON, AV  
<Avery.Jackson@hhs.gov>

**To:** Freeman, William (Bill) (AHRQ/OERP) /o=ExchangeLabs/ou=Exchange Administrative Group  
(FYDIBOHF23SPDLT)/cn=Recipients/cn=f67640c3720341e7adcfb94e78169966-Freeman, Wi  
<William.Freeman@AHRQ.hhs.gov>

**Subject:** Last IHEC Data Workgroup Meeting

**Date:** 2022/09/13 17:14:00

**Priority:** Normal

**Type:** Note

Hi Bill,

I hope you're well. I heard you say on yesterday's call that (b)(6) I'm sorry  
to hear that and I hope (b)(6)

I just wanted to touch base to let you know that today was my last IHEC Data Workgroup  
meeting. I'm leaving HHS next week and Thursday, September 22<sup>nd</sup> will be my last day in the  
office. Our office is extremely short staffed right now and I don't know if OCR leadership will  
be able to backfill my spot on this Workgroup, but I know @Johnson, Kenneth D. (HHS/OCR)  
and @Todd, Karmen (HHS/OCR) participate in the larger IHEC meetings.

Thank you for your leadership in this group and it's been a pleasure working with you these past  
few months. Please feel free to reach out to Karmen or Ken if you believe it'll be especially  
helpful to have OCR's input on anything the Data Workgroup is working on. At the very least, I  
think some people will be interested in attending the roundtable the group is planning, so please  
do pass it along to Karmen and Ken when the group has finalized the details.

Regards,

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**Recipient:** Freeman, William (Bill) (AHRQ/OEREP) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f67640c3720341e7adcfb94e78169966-Freeman, Wi  
<William.Freeman@AHRQ.hhs.gov>

**Sent Date:** 2022/09/13 17:14:45

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**From:** Peddicord-Austin, Ashley O. (CMS/OMH) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FF7DDF0DF19E4B6E8351FCCEF59AECAC-P5ZM <Ashley.Peddicord-Austin@hhs.gov.onmicrosoft.com>

Peddicord-Austin, Ashley O. (CMS/OMH) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ff7ddf0df19e4b6e8351fccef59aecac-P5ZM <Ashley.Peddicord-Austin@hhs.gov.onmicrosoft.com>;

Abrahams, Dara R. (CMS/CCIIO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3b7260329b014f4c91016decc2f40335-A606 <Dara.Abrahams@hhs.gov.onmicrosoft.com>;

Applebaum, Bethany (HRSA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3bfba6400bfe46309c6aebb6ca220ed5-bethany.app <BAApplebaum@hrsa.gov>;

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10: Borden, Valerie (HHS/OASH) /o=ExchangeLabs/ou=Exchange Administrative Group  
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<Valerie.Borden@hhs.gov>;

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<NBrangan@hrsa.gov>;

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<Brice-Smith, Angela M. (CMS/COISCO)>;

Briss, Peter (CDC/DDNID/NCCDPHP/OD) PXB5;

Bryant, Deborah (CMS/CCIIIO) Bryant, Deborah (CMS/CCIIIO);

Bui, Juliet (OS/OASH) Juliet.Bui.os;

Burkhalter, Jermaine (CMS/OC) <吳曉明>

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 國腸口伏<sup>ㄅ</sup>枋補兩蔭繡低舛鶯口銜聲 <Burkhalter, Jermaine (CMS/OC)>;

<d>;  
 <d>;  
 Casale, Cecilia (AHRQ/OEREP) Casale, Cecilia (AHRQ/OEREP) < >;  
 Chaves, Karen H. (AHRQ) karen.Chaves.AHRQ < >;  
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□格遠徑桂們臉以驛翁ZXX襪□伯平□啐乔A

**Subject:** C2C Federal Workgroup Bimonthly Meeting

**Date:** 2022/04/20 12:01:18

**Priority:** Normal

**Type:** Appointment

Ashley Peddicord-Austin is inviting you to a scheduled ZoomGov meeting.

**Join ZoomGov Meeting**

(b)(6)

Meeting ID: (b)(6)

Password: (b)(6)

**One tap mobile**

(b)(6)

US (San Jose)

US (New York)

**Dial by your location**

(b)(6)

US (San Jose)

US (New York)

(b)(6)

US Toll-free

Meeting ID: (b)(6)

Find your local number: (b)(6)

**Join by SIP**

Password: (b)(6)

(b)(6)

This meeting may be recorded. The host is responsible for maintaining any official recordings/transcripts of this meeting. If recorded, this meeting becomes an official record and shall be retained by the host in their files for 3 years or if longer needed for agency business. If a recording intends be fully transcribed or is being captured for the purpose of creating meeting minutes, the host shall retain the record in their files for 3 years or if no longer needed for agency business, whichever is later.

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厖穰醢伏仇畚筴代恁い洵肭牒□≡悛;  
<Lou.Burton@hhs.gov>;  
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**Type:** OLE.CLASS.{00061055-0000-0000-C000-000000000046}

Ashley Peddicord-Austin is inviting you to a scheduled ZoomGov meeting.

#### Join ZoomGov Meeting

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Meeting ID: (b)(6)

Password: (b)(6)

#### One tap mobile

(b)(6)

US (San Jose)

US (New York)

#### Dial by your location

(b)(6)

(San Jose)

(New York)

(b)(6)

US Toll-free

Meeting ID: (b)(6)

Find your local number: (b)(6)

#### Join by SIP

Password: (b)(6)

(b)(6)

This meeting may be recorded. The host is responsible for maintaining any official recordings/transcripts of this meeting. If recorded, this meeting becomes an official record and shall be retained by the host in their files for 3 years or if longer needed for agency business. If a recording intends be fully transcribed or is being captured for the purpose of creating meeting minutes, the host shall retain the record in their files for 3 years or if no longer needed for agency business, whichever is later.

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Marcoe, Darlene (ACF) Darlene.Marcoe.ACF <>;  
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**Subject:** 9/27 Clearance Items

**Date:** 2022/09/26 23:00:34

**Priority:** Normal

**Type:** Note

Hi Melanie,

I hope you're doing well! Please see the attached items for your review. I apologize for the delay. We had a few late breaking items, and I wanted to make sure everything got in for the email. If you have any additional questions or concerns, then feel free to contact us.

Thanks so much!

Michael

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**Michael Huggins, Esq., M.P.P. (he/him/his)**  
Senior Advisor to the Director  
Office for Civil Rights  
U.S. Department of Health and Human Services

**Sender:** Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9597596B8C4D4B8D9FAF4922101A611B-HUGGINS, MI <Michael.Huggins@hhs.gov>

Rainer, Melanie Fontes (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9c7242f10a494d45bab72c452ecd9f80-Rainer, Mel <Melanie.Rainer@hhs.gov>;

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

McLean, Rogelyn (CMS/CCIIO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b3063a31c945488cbacd479c115a6ac3-MWQD

<Rogelyn.McLean@hhs.gov.onmicrosoft.com>;  
Clemencia, LaTanya (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group  
(FYDIBOHF23SPDLT)/cn=Recipients/cn=ddcb1a258a28428e80db417c431ed29d-Clemencia,  
<LaTanya.Clemencia@hhs.gov>

**Sent Date:** 2022/09/26 22:57:27

**Delivered Date:** 2022/09/26 23:00:34

**From:** Judy Ringholz (b)(6)

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

**To:** (FYDIBOHF23SPDLT)/cn=Recipients/cn=12eb3ee8ced84516902ac690558270ef-Noonan, Tim  
<Timothy.Noonan@hhs.gov>

**Subject:** Invitation/Request to Speak at the Healthcare Enforcement Compliance Conference

**Date:** 2022/09/08 13:25:54

**Priority:** Normal

**Type:** Note

Good afternoon, Timothy.

You and I first met when I was serving as Chief Compliance Officer for Jackson Health System and participating on the planning committee for HCCA's Healthcare Enforcement Compliance Conference (HECC). I retired from Jackson in July; however, I continue to serve on the Board for HCCA/SCCE and on the planning committee for the HECC.

This year's HECC will be virtual, and we are hoping you will accept our invitation to present "Cybersecurity in Healthcare Privacy" with Cory Hall, Information Security Officer at Nicklaus Children's Hospital, on Tuesday, November 8, from 1:45-2:45 PM CT / 2:45-3:45 PM ET. Please let me know if you are interested in speaking.

Kind regards,

Judy Ringholz

**Sender:** Judy Ringholz (b)(6)

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

**Recipient:** (FYDIBOHF23SPDLT)/cn=Recipients/cn=12eb3ee8ced84516902ac690558270ef-Noonan, Tim  
<Timothy.Noonan@hhs.gov>

**Sent Date:** 2022/09/08 13:10:51

**Delivered Date:** 2022/09/08 13:25:54

**From:** Chelsea Arnone <carnone@chimecentral.org>

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

**To:** (FYDIBOHF23SPDLT)/cn=Recipients/cn=12eb3ee8ced84516902ac690558270ef-Noonan, Tim  
<Timothy.Noonan@hhs.gov>

Greg Garcia <greg.garcia@healthsectorcouncil.org>;

**CC:** 'Allison Burke' <allison.burke@healthsectorcouncil.org>;  
Mari Savickis <mari.savickis@chimecentral.org>

**Subject:** RE: Invitation to joint HSCC / CHIME webinar for Cybersecurity Awareness month

**Date:** 2022/09/22 19:31:11

**Priority:** Normal

**Type:** Note

Absolutely, thanks so much for letting us know!

So, we have invited Dr. Suzanne Schwartz, Director – Office of Strategic Partnerships & Technology Innovation (OST) Center for Devices & Radiological Health (CDRH), FDA, as well as Ryan Mehm, an attorney in the FTC's Division of Privacy and Identity Protection.

I think what we'd like to do is have a moderated discussion around privacy and security including implications of so much data held outside of the walls of HIPAA for both providers and Americans, some medical device manufacturers who hold PHI but refuse to sign business associate agreements, where you and the others see privacy heading, what this means to threats for cybersecurity, etc.

Dr. Schwartz has informed us the only time she is free is Oct. 27th at 3pm. Ryan has also confirmed that date/time. Would that work for you? If so, I will fill out the speaker request form.

Thank you so much in advance for your time, and please don't hesitate to reach out if you need additional information in the meantime.

Chelsea

**Chelsea Arnone**  
**Director, Federal Affairs**  
**Washington, DC**

College of Healthcare Information Management Executives (CHIME)  
[chimecentral.org](http://chimecentral.org) | o: 734.492.0051 | c: (b)(6)

*\*Attend our 30<sup>th</sup> Anniversary Celebration at CHIME22 Fall Forum, Nov. 7-10!*

---

**From:** Noonan, Timothy (OS/OCR)  
**Sent:** Thursday, September 22, 2022 6:37 PM  
**To:** Chelsea Arnone  
**Cc:** Greg Garcia; 'Allison Burke'; Mari Savickis  
**Subject:** RE: Invitation to joint HSCC / CHIME webinar for Cybersecurity Awareness month

Hi Chelsea,

This looks like something we would want to do. Can you provide more information? The speaker request form should be sufficient. Thanks.

---

**From:** Chelsea Arnone <carnone@chimecentral.org>  
**Sent:** Friday, September 16, 2022 2:51 PM  
**To:** Noonan, Timothy (OS/OCR) <Timothy.Noonan@hhs.gov>  
**Cc:** Greg Garcia <greg.garcia@healthsectorcouncil.org>; 'Allison Burke' <allison.burke@healthsectorcouncil.org>; Mari Savickis <mari.savickis@chimecentral.org>  
**Subject:** Invitation to joint HSCC / CHIME webinar for Cybersecurity Awareness month

Happy Friday Tim – I am reaching out on behalf of CHIME and the HSCC to invite you to participate in a webinar focused on the nexus of cybersecurity and privacy for the month of October. We are looking at the following dates:

Weds., Oct. 26 – after 1pm

Thurs., Oct. 27 – 1pm or 3pm

Can you please let me know if you would be willing to do this and how these dates look? I can of course submit a speaker request form.

Chelsea

**Chelsea Arnone**  
**Director, Federal Affairs**  
**Washington, DC**

College of Healthcare Information Management Executives (CHIME)  
[chimecentral.org](http://chimecentral.org) | o: 734.492.0051 | c: (b)(6)

*\*Attend our 30<sup>th</sup> Anniversary Celebration at CHIME22 Fall Forum, Nov. 7-10!*

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**Sender:** Chelsea Arnone <carnone@chimecentral.org>

Noonan, Timothy (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=12eb3ee8ced84516902ac690558270ef-Noonan, Tim

**Recipient:** <Timothy.Noonan@hhs.gov>;  
Greg Garcia <greg.garcia@healthsectorcouncil.org>;  
'Allison Burke' <allison.burke@healthsectorcouncil.org>;  
Mari Savickis <mari.savickis@chimecentral.org>

**Sent Date:** 2022/09/22 19:30:52

**Delivered Date:** 2022/09/22 19:31:11

**From:** Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9597596B8C4D4B8D9FAF4922101A611B-HUGGINS, MI <Michael.Huggins@hhs.gov>

**To:** Rainer, Melanie Fontes (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9c7242f10a494d45bab72c452ecd9f80-Rainer, Mel <Melanie.Rainer@hhs.gov>

Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren <Lauren.Jee1@hhs.gov>;

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

**CC:** (b)(6)  
McLean, Rogelyn (CMS/CCIIO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b3063a31c945488cbacd479c115a6ac3-MWQD <Rogelyn.McLean@hhs.gov.onmicrosoft.com>;  
Clemencia, LaTanya (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ddcb1a258a28428e80db417c431ed29d-Clemencia, <LaTanya.Clemencia@hhs.gov>

**Subject:** RE: 9/22 Clearance Items

**Date:** 2022/09/22 09:31:12

**Priority:** Normal

**Type:** Note

Hi Melanie,

I will reach out to Leslie now! Thanks!

**Michael Huggins, Esq., M.P.P. (he/him/his)**

Senior Advisor to the Director

Office for Civil Rights

U.S. Department of Health and Human Services

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**From:** Rainer, Melanie Fontes (OS/OCR) <Melanie.Rainer@hhs.gov>

**Sent:** Thursday, September 22, 2022 9:21 AM

**To:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>

**Cc:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>; (b) (b)(6) (b)(6) (HHS/OCR)

(b)(6) McLean, Rogelyn (CMS/CCIIO)

<Rogelyn.McLean@hhs.gov.onmicrosoft.com>; Clemencia, LaTanya (HHS/OCR)

<LaTanya.Clemencia@hhs.gov>

**Subject:** RE: 9/22 Clearance Items

Hi there,

(b)(5)

Thanks,  
Melanie

---

**From:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>  
**Sent:** Wednesday, September 21, 2022 8:03 PM  
**To:** Rainer, Melanie Fontes (OS/OCR) <Melanie.Rainer@hhs.gov>  
**Cc:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>; (b) (b)(6) (b)(6) (HHS/OCR)  
(b)(6) McLean, Rogelyn (CMS/CCIO)  
<Rogelyn.McLean@hhs.gov.onmicrosoft.com>; Clemencia, LaTanya (HHS/OCR)  
<LaTanya.Clemencia@hhs.gov>  
**Subject:** 9/22 Clearance Items

Hi Melanie,

I hope you're doing well! Please see the attached link for your clearance email tracker. When you open it up, you'll see two tabs for "Cleared" and "Completed." When you have designated something is good to go, I will make sure to transfer it over to the completed section. If there are any parts of it that you would like improved, then let me know. I would be happy to make some adjustments.

Thanks so much!

Michael

(b)(5)

(b)(5)

(b)(5)



(b)(5)

Senior Advisor to the Director  
Office for Civil Rights  
U.S. Department of Health and Human Services

**Sender:** Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9597596B8C4D4B8D9FAF4922101A611B-HUGGINS, MI <Michael.Huggins@hhs.gov>  
Rainer, Melanie Fontes (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9c7242f10a494d45bab72c452ecd9f80-Rainer, Mel <Melanie.Rainer@hhs.gov>;  
Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren <Lauren.Jee1@hhs.gov>;  
**Recipient:** (b) (6) (b) (6) (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0bdec12ad0974eacababe032f2b37c91-(b) (6) (b) (6)  
McLean, Rogelyn (CMS/CCIIO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b3063a31c945488cbacd479c115a6ac3-MWQD <Rogelyn.McLean@hhs.gov.onmicrosoft.com>;  
Clemencia, LaTanya (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ddcb1a258a28428e80db417c431ed29d-Clemencia, <LaTanya.Clemencia@hhs.gov>  
**Sent Date:** 2022/09/22 09:31:10  
**Delivered Date:** 2022/09/22 09:31:12  
**Message Flags:** Unread

## DELIBERATIVE

**DATE:** July 22, 2022 (updated August 1, 2022)  
**TO:** Melanie Fontes Rainer, Director, Office for Civil Rights  
**CC:** Dylan de Kervor, Section Chief  
**FROM:** Vatsala Kumar, Intern  
**SUBJECT:** INFORMATION MEMO – Florida Proposed Rule 59G-1.050

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### 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 universities<sup>1</sup> 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

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<sup>1</sup> 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, inexperienced, 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](#)

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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.<sup>2</sup>

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

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<sup>2</sup> 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 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”<sup>3</sup> 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

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<sup>3</sup> 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

## DELIBERATIVE

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).

<b>From:</b>	Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9597596B8C4D4B8D9FAF4922101A611B-HUGGINS, MI <Michael.Huggins@hhs.gov>
<b>To:</b>	McLean, Rogelyn (CMS/CCIIO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=930d79f4ebde4ab1ac67dbf1fed783a8-rogelyn.mcl <Rogelyn.McLean@cms.hhs.gov>
<b>CC:</b>	Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren <Lauren.Jee1@hhs.gov>; McLean, Rogelyn (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ac0c5630a17a4a7a9f4d5a42186312aa-McLean, Rog <Rogelyn.McLean1@hhs.gov>
<b>Subject:</b>	RE: Re-Up 9/19 Clearance Items
<b>Date:</b>	2022/09/19 14:26:42
<b>Due Date:</b>	2022/09/18 20:00:00
<b>Priority:</b>	Normal
<b>Type:</b>	Note

Hey Rog,

Yes that works for me! I will send a quick invite!

Thanks again!

**Michael Huggins, Esq., M.P.P. (he/him/his)**

Senior Advisor to the Director

Office for Civil Rights

U.S. Department of Health and Human Services

---

**From:** McLean, Rogelyn (CMS/CCIIO) <Rogelyn.McLean@cms.hhs.gov>

**Sent:** Monday, September 19, 2022 2:25 PM

**To:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>

**Cc:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>; McLean, Rogelyn (HHS/OCR) <Rogelyn.McLean1@hhs.gov>

**Subject:** RE: Re-Up 9/19 Clearance Items

Hey Michael,

Do you have time to talk at 3 today after our FO meeting?

Rog.

---

**From:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>

**Sent:** Monday, September 19, 2022 10:58 AM

**To:** McLean, Rogelyn (CMS/CCIIO) <Rogelyn.McLean@hhs.gov>

**Cc:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>

**Subject:** FW: Re-Up 9/19 Clearance Items

Hi Rog,

I hope you're doing well! Any chance you might have some time today to discuss this and the oversight process? I am generally free today, so let me know if something works.

Thanks so much!

**Michael Huggins, Esq., M.P.P. (he/him/his)**  
Senior Advisor to the Director  
Office for Civil Rights  
U.S. Department of Health and Human Services

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**From:** Huggins, Michael (HHS/OCR)  
**Sent:** Monday, September 19, 2022 9:29 AM  
**To:** Rainer, Melanie Fontes (OS/OCR) <Melanie.Rainer@hhs.gov>  
**Cc:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>; (b) (b)(6) (b)(6) (HHS/OCR)  
(b)(6) McLean, Rogelyn (CMS/CCIO)  
<Rogelyn.McLean@hhs.gov.onmicrosoft.com>; Clemencia, LaTanya (HHS/OCR)  
<LaTanya.Clemencia@hhs.gov>  
**Subject:** RE: Re-Up 9/19 Clearance Items

Hi Melanie,

I can work on that!

**Michael Huggins, Esq., M.P.P. (he/him/his)**  
Senior Advisor to the Director  
Office for Civil Rights  
U.S. Department of Health and Human Services

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**From:** Rainer, Melanie Fontes (OS/OCR) <Melanie.Rainer@hhs.gov>  
**Sent:** Monday, September 19, 2022 9:22 AM  
**To:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>  
**Cc:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>; (b) (b)(6) (b)(6) (HHS/OCR)  
(b)(6) McLean, Rogelyn (CMS/CCIO)  
<Rogelyn.McLean@hhs.gov.onmicrosoft.com>; Clemencia, LaTanya (HHS/OCR)  
<LaTanya.Clemencia@hhs.gov>  
**Subject:** RE: Re-Up 9/19 Clearance Items

This format is hard to follow, can we get a tracker on this stuff? Like on share point?

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**From:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>  
**Sent:** Monday, September 19, 2022 9:19 AM  
**To:** Rainer, Melanie Fontes (OS/OCR) <Melanie.Rainer@hhs.gov>  
**Cc:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>; (b) (6) (b) (6) (HHS/OCR)  
(b) (6) McLean, Rogelyn (CMS/CCIO)  
<Rogelyn.McLean@hhs.gov.onmicrosoft.com>; Clemencia, LaTanya (HHS/OCR)  
<LaTanya.Clemencia@hhs.gov>  
**Subject:** Re-Up 9/19 Clearance Items

Hi Melanie,

I hope you're doing well! I just wanted to re-up this in case you wanted to see it at the top of your inbox.  
Please let me know if you need anything else!

Thanks so much!

Michael

(b)(5)





(b)(5)

(b)(5)

(b)(5)

**Michael Huggins, Esq., M.P.P. (he/him/his)**  
Senior Advisor to the Director  
Office for Civil Rights  
U.S. Department of Health and Human Services

**Sender:** Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9597596B8C4D4B8D9FAF4922101A611B-HUGGINS, MI <Michael.Huggins@hhs.gov>

McLean, Rogelyn (CMS/CCIIO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=930d79f4ebde4ab1ac67dbf1fed783a8-rogelyn.mcl <Rogelyn.McLean@cms.hhs.gov>;

**Recipient:** Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren <Lauren.Jee1@hhs.gov>;

McLean, Rogelyn (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ac0c5630a17a4a7a9f4d5a42186312aa-McLean, Rog <Rogelyn.McLean1@hhs.gov>

**Sent Date:** 2022/09/19 14:26:40

**Delivered Date:** 2022/09/19 14:26:42

**Message Flags:** Unread

**From:** Rainer, Melanie Fontes (OS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9C7242F10A494D45BAB72C452ECD9F80-RAINER, MEL <Melanie.Rainer@hhs.gov>

**To:** Huggins, Michael (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9597596b8c4d4b8d9faf4922101a611b-Huggins, Mi <Michael.Huggins@hhs.gov>

Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren <Lauren.Jee1@hhs.gov>;

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

**CC:** (b)(6)  
McLean, Rogelyn (CMS/CCIIO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b3063a31c945488cbacd479c115a6ac3-MWQD <Rogelyn.McLean@hhs.gov.onmicrosoft.com>;  
Clemencia, LaTanya (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ddcb1a258a28428e80db417c431ed29d-Clemencia, <LaTanya.Clemencia@hhs.gov>

**Subject:** RE: Re-Up 9/19 Clearance Items

**Date:** 2022/09/19 09:22:07

**Priority:** Normal

**Type:** Note

This format is hard to follow, can we get a tracker on this stuff? Like on share point?

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**From:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>

**Sent:** Monday, September 19, 2022 9:19 AM

**To:** Rainer, Melanie Fontes (OS/OCR) <Melanie.Rainer@hhs.gov>

**Cc:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>; (b) (b)(6) (b)(6) (HHS/OCR)

(b)(6) McLean, Rogelyn (CMS/CCIIO)

<Rogelyn.McLean@hhs.gov.onmicrosoft.com>; Clemencia, LaTanya (HHS/OCR)

<LaTanya.Clemencia@hhs.gov>

**Subject:** Re-Up 9/19 Clearance Items

Hi Melanie,

I hope you're doing well! I just wanted to re-up this in case you wanted to see it at the top of your inbox. Please let me know if you need anything else!

Thanks so much!

Michael

(b)(5)

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(b)(5)

**Michael Huggins, Esq., M.P.P. (he/him/his)**  
Senior Advisor to the Director  
Office for Civil Rights  
U.S. Department of Health and Human Services

**Sender:** Rainer, Melanie Fontes (OS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9C7242F10A494D45BAB72C452ECD9F80-RAINER, MEL  
<Melanie.Rainer@hhs.gov>



Huggins, Michael (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group  
(FYDIBOHF23SPDLT)/cn=Recipients/cn=9597596b8c4d4b8d9faf4922101a611b-Huggins, Mi  
<Michael.Huggins@hhs.gov>;

Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group  
(FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren  
<Lauren.Jee1@hhs.gov>;

**Recipient:** (b) (b)(6) (b)(6) (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group  
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McLean, Rogelyn (CMS/CCIIO) /o=ExchangeLabs/ou=Exchange Administrative Group  
(FYDIBOHF23SPDLT)/cn=Recipients/cn=b3063a31c945488cbacd479c115a6ac3-MWQD  
<Rogelyn.McLean@hhs.gov.onmicrosoft.com>;

Clemencia, LaTanya (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group  
(FYDIBOHF23SPDLT)/cn=Recipients/cn=ddcb1a258a28428e80db417c431ed29d-Clemencia,  
<LaTanya.Clemencia@hhs.gov>

**Sent Date:** 2022/09/19 09:22:06

**Delivered Date:** 2022/09/19 09:22:07

## DELIBERATIVE

**DATE:** July 22, 2022

**TO:** Melanie Fontes Rainer, Director, Office for Civil Rights

**THROUGH:** Dylan de Kervor, 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 universities<sup>1</sup> drafted a report reviewing the Florida Medicaid Report (“Critical Review”). *See* Meredith McNamara et al., (July 8, 2022). The Critical Review

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<sup>1</sup> 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), [https://medicine.yale.edu/lgbtqi/research/gender-affirming-care/florida%20report%20final%20july%202022%20accessible\\_443048\\_284\\_55174\\_v3.pdf](https://medicine.yale.edu/lgbtqi/research/gender-affirming-care/florida%20report%20final%20july%202022%20accessible_443048_284_55174_v3.pdf).

## DELIBERATIVE

states that the Florida Medicaid Report “purports to be a review of the scientific 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, inexpert, 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 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

### 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. 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,



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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 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.<sup>2</sup>

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

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<sup>2</sup> 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”<sup>3</sup> 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

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<sup>3</sup> 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>.



## DELIBERATIVE

“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

## DELIBERATIVE

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).

**From:** Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9597596B8C4D4B8D9FAF4922101A611B-HUGGINS, MI <Michael.Huggins@hhs.gov>

**To:** Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren <Lauren.Jee1@hhs.gov>

**Subject:** RE: Flag RE: 9/27 Clearance Items

**Date:** 2022/09/27 11:57:41

**Priority:** Normal

**Type:** Note

Hey Lauren! Would it be possible to chat on the phone when you have a moment?

I came back from my doctor's appointment late after some delays with getting labs done, and I noticed we needed to get some additional edits on a couple of pieces. I was able to get a hold of the people to get the edits done so there was back and forth. No one turned in anything late, and I wasn't waiting on anything. But I just wanted to make sure the clearance email was complete rather than incomplete. I also wanted to make sure the people who were supposed to review some things reviewed them before going to Melanie. I'm the only one to take blame for it being late. I really am sorry.

**Michael Huggins, Esq., M.P.P. (he/him/his)**

Senior Advisor to the Director

Office for Civil Rights

U.S. Department of Health and Human Services

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**From:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>

**Sent:** Tuesday, September 27, 2022 11:35 AM

**To:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>

**Subject:** RE: Flag RE: 9/27 Clearance Items

Which items were you waiting on?

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**From:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>

**Sent:** Tuesday, September 27, 2022 9:00 AM

**To:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>

**Subject:** RE: Flag RE: 9/27 Clearance Items

Of course! I suspect this was really a one off, and it wasn't anyone's fault. There were still some edits going back and forth on a couple of things. Given that some of the due dates were approaching I just wanted to make sure she got it last night, so I waited. I deeply apologize for the delay.

**Michael Huggins, Esq., M.P.P. (he/him/his)**  
Senior Advisor to the Director  
Office for Civil Rights  
U.S. Department of Health and Human Services

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**From:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>  
**Sent:** Tuesday, September 27, 2022 8:55 AM  
**To:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>  
**Subject:** Flag RE: 9/27 Clearance Items

Michael, this clearance email should never go out this late. We've spoken before about having a drop dead deadline of 6pm- with some cushion- maybe 30-45 mins, but never 4-5 hours.

Which items were you waiting on?

Lauren

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**From:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>  
**Sent:** Monday, September 26, 2022 10:57 PM  
**To:** Rainer, Melanie Fontes (OS/OCR) <Melanie.Rainer@hhs.gov>  
**Cc:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>; (b) (b)(6) (b)(6) (HHS/OCR) (b)(6) McLean, Rogelyn (CMS/CCIIO) <Rogelyn.McLean@hhs.gov.onmicrosoft.com>; Clemencia, LaTanya (HHS/OCR) <LaTanya.Clemencia@hhs.gov>  
**Subject:** 9/27 Clearance Items

Hi Melanie,

I hope you're doing well! Please see the attached items for your review. I apologize for the delay. We had a few late breaking items, and I wanted to make sure everything got in for the email. If you have any additional questions or concerns, then feel free to contact us.

Thanks so much!

Michael

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(b)(5)

(b)(5)



(b)(5)

**Michael Huggins, Esq., M.P.P. (he/him/his)**  
Senior Advisor to the Director  
Office for Civil Rights  
U.S. Department of Health and Human Services

**Sender:** Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9597596B8C4D4B8D9FAF4922101A611B-HUGGINS, MI <Michael.Huggins@hhs.gov>

**Recipient:** Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren <Lauren.Jee1@hhs.gov>

**Sent Date:** 2022/09/27 11:57:40

**Delivered Date:** 2022/09/27 11:57:41

**From:** Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9597596B8C4D4B8D9FAF4922101A611B-HUGGINS, MI <Michael.Huggins@hhs.gov>

**To:** Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren <Lauren.Jee1@hhs.gov>

**Subject:** FW: 9/22 Clearance Items

**Date:** 2022/09/22 08:43:56

**Priority:** Normal

**Type:** Note

Hi Lauren,

I hope you're doing well! We have a few clearance items that are starting to build up, and I just wanted to make sure Melanie didn't need anything else to get these moving?

**Michael Huggins, Esq., M.P.P. (he/him/his)**

Senior Advisor to the Director

Office for Civil Rights

U.S. Department of Health and Human Services

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**From:** Huggins, Michael (HHS/OCR)

**Sent:** Wednesday, September 21, 2022 8:03 PM

**To:** Rainer, Melanie Fontes (OS/OCR) <Melanie.Rainer@hhs.gov>

**Cc:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>; (b) (b)(6) (b)(6) (HHS/OCR)

(b)(6) 'McLean, Rogelyn (CMS/CCIIO)' <rogelyn.mclean@cms.hhs.gov>;

Clemencia, LaTanya (HHS/OCR) <LaTanya.Clemencia@hhs.gov>

**Subject:** 9/22 Clearance Items

Hi Melanie,

I hope you're doing well! Please see the attached link for your clearance email tracker. When you open it up, you'll see two tabs for "Cleared" and "Completed." When you have designated something is good to go, I will make sure to transfer it over to the completed section. If there are any parts of it that you would like improved, then let me know. I would be happy to make some adjustments.

Thanks so much!

Michael

[MFR Clearance Tracker.xlsx](#)

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(b)(5)

(b)(5)



**The documents attached are:**

**Michael Huggins, Esq., M.P.P. (he/him/his)**

Senior Advisor to the Director

Office for Civil Rights

U.S. Department of Health and Human Services

Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP  
**Sender:** (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9597596B8C4D4B8D9FAF4922101A611B-HUGGINS, MI  
<Michael.Huggins@hhs.gov>

Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group  
**Recipient:** (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren  
<Lauren.Jee1@hhs.gov>

**Sent Date:** 2022/09/22 08:41:03

**Delivered Date:** 2022/09/22 08:43:56

**Message Flags:** Unread

**From:** Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9597596B8C4D4B8D9FAF4922101A611B-HUGGINS, MI <Michael.Huggins@hhs.gov>

**To:** Rainer, Melanie Fontes (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9c7242f10a494d45bab72c452ecd9f80-Rainer, Mel <Melanie.Rainer@hhs.gov>

Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren <Lauren.Jee1@hhs.gov>;

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

**CC:** McLean, Rogelyn (CMS/CCIIO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=930d79f4ebde4ab1ac67dbf1fed783a8-rogelyn.mcl <Rogelyn.McLean@cms.hhs.gov>;

Clemencia, LaTanya (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ddcb1a258a28428e80db417c431ed29d-Clemencia, <LaTanya.Clemencia@hhs.gov>

**Subject:** Updated - 9/20 Clearance Items

**Date:** 2022/09/19 20:31:21

**Priority:** Normal

**Type:** Note

Hi Melanie,

I hope you're doing well! Here are some items for your review. Unfortunately, IT is still working on fixing our Sharepoint sites, but as soon as that is fixed we can move this over to Sharepoint. In the meantime, I have made a few changes to the chart below to make it more of a tracker. If you have any additional questions, concerns, or adjustments, then I would be happy to address them.

Thanks so much!

Michael

(b)(5)





(b)(5)

**Michael Huggins, Esq., M.P.P. (he/him/his)**  
Senior Advisor to the Director  
Office for Civil Rights  
U.S. Department of Health and Human Services

**Sender:** Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9597596B8C4D4B8D9FAF4922101A611B-HUGGINS, MI <Michael.Huggins@hhs.gov>

Rainer, Melanie Fontes (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9c7242f10a494d45bab72c452ecd9f80-Rainer, Mel <Melanie.Rainer@hhs.gov>;  
Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren <Lauren.Jee1@hhs.gov>;  
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McLean, Rogelyn (CMS/CCIIO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=930d79f4ebde4ab1ac67dbf1fed783a8-rogelyn.mcl <Rogelyn.McLean@cms.hhs.gov>;  
Clemencia, LaTanya (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ddcb1a258a28428e80db417c431ed29d-Clemencia, <LaTanya.Clemencia@hhs.gov>

**Sent Date:** 2022/09/19 20:29:07  
**Delivered Date:** 2022/09/19 20:31:21

**From:** Jackson, Avery (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=57B5475A3BDB45E19A670A69C8ADBC10-JACKSON, AV <Avery.Jackson@hhs.gov>

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

**CC:** Barron, Pamela (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d55f83440f074842ac94e1f27f11fa9e-Barron, Pam <Pamela.Barron@hhs.gov>

**Subject:** Avery's Current Workgroups  
**Date:** 2022/09/18 22:56:10  
**Priority:** Normal  
**Type:** Note

Hi Carla,

(b)(5)

(b)(5)


Please let me know if you have any questions about any of these meetings.

Thank you,

Avery

**Avery S. Jackson**

Office for Civil Rights | Civil Rights Division  
U.S. Department of Health & Human Services  
200 Independence Avenue S.W. | Washington, DC 20201  
Office: (202) 292-2788  
[www.hhs.gov](http://www.hhs.gov) | [www.hhs.gov/ocr](http://www.hhs.gov/ocr)

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**Sender:** Jackson, Avery (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=57B5475A3BDB45E19A670A69C8ADBC10-JACKSON, AV <Avery.Jackson@hhs.gov>

**Recipient:** Carter, Carla (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user71ef86df <Carla.Carter@HHS.GOV>; Barron, Pamela (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d55f83440f074842ac94e1f27f11fa9e-Barron, Pam <Pamela.Barron@hhs.gov>

**Sent Date:** 2022/09/18 22:56:08

**Delivered Date:** 2022/09/18 22:56:10

**From:** Jensen, Meleah (CMS/OMH) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F0D8E22EC6A0439DAFB95931B8A6C026-JRR1 <Meleah.Jensen@hhs.gov.onmicrosoft.com>

Jensen, Meleah (CMS/OMH) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f0d8e22ec6a0439dafb95931b8a6c026-JRR1 <Meleah.Jensen@hhs.gov.onmicrosoft.com>;

Bryden, Alexandra T. (CMS/OMH) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a83c9b097e724792bcb7bf0bfdebcd-S974 <Alexandra.Bryden@hhs.gov.onmicrosoft.com>;

Graves, Darci L. (CMS/OMH) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=136e1bb0fba84f8293ee40ff02af8630-GXY0 <Darci.Graves@hhs.gov.onmicrosoft.com>;

Finch, Wanda (CMS/OMH) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=59265f4f899342edbb800e9609305d38-FSXZ <Wanda.Finch@hhs.gov.onmicrosoft.com>;

McIver, LaShawn (CMS/OMH) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c50447c6cc5640a7a4b30118add9d728-MXPU <LaShawn.McIver@hhs.gov.onmicrosoft.com>;

**To:** Davis, Daniel (ACL) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a41e4306041242e89d717405b60dd80a-Davis, Dani <Daniel.Davis@acl.hhs.gov>;

Bothwell, Lisa (ACL) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2d7f60aaadab48f0932857ac73b2f6a7-Bothwell, L <Lisa.Bothwell@acl.hhs.gov>;

Lewis, Elizabeth (CMS/CTR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=88b1a801ed7d41c4a317ca46139bc7a1-L9NC <Elizabeth.Lewis1@hhs.gov.onmicrosoft.com>;

Callaway, Shawn (ACL) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f749db8326a74b8199ad24fe1db1db55-Callaway, S <Shawn.Callaway@acl.hhs.gov>;

CMS Workplace Task Assistance /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=194ab98945ae433b84ee57ad8b048736-CMS Workpla

<WorkplaceTaskAssistance@hhs.gov.onmicrosoft.com>;  
 Overton, Yvette (CMS/OMH) /o=ExchangeLabs/ou=Exchange Administrative Group  
 (FYDIBOHF23SPDLT)/cn=Recipients/cn=672d7a5a25864d929570dbe53362962f-OTKJ  
 <Yvette.Overton@hhs.gov.onmicrosoft.com>;  
 Bane, Thomas M.(CMS/OPOLE) /o=ExchangeLabs/ou=Exchange Administrative Group  
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 <Thomas.Bane@hhs.gov.onmicrosoft.com>;  
 <ATorresDavis@ncd.gov>;  
 Snowden, Kimberly (CMS/OHI) /o=ExchangeLabs/ou=Exchange Administrative Group  
 (FYDIBOHF23SPDLT)/cn=Recipients/cn=02f44472437d4cc69551ea96599b37d1-S2AU  
 <kimberly.snowden@hhs.gov.onmicrosoft.com>;  
 Levine, Cheryl (OS/ASPR/EMMO) /o=ExchangeLabs/ou=Exchange Administrative Group  
 (FYDIBOHF23SPDLT)/cn=Recipients/cn=8c496822c9fb482cb961da78416ff7ef-Levine, Che  
 <Cheryl.Levine@hhs.gov>;  
 Jackson, Avery (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group  
 (FYDIBOHF23SPDLT)/cn=Recipients/cn=57b5475a3bdb45e19a670a69c8adbc10-Jackson, Av  
 <Avery.Jackson@hhs.gov>;  
 Cropper, Avareena E. (CMS/OMH) /o=ExchangeLabs/ou=Exchange Administrative Group  
 (FYDIBOHF23SPDLT)/cn=Recipients/cn=6a9618d925de4b5c96f2f869a1790101-CNVR  
 <Avareena.Cropper@hhs.gov.onmicrosoft.com>;  
 Ilana Dickman (she/her) <Dickman-Ilana@norc.org>;  
 Rachel Singer <Singer-Rachel@norc.org>;  
 Tabitha Pyatt <pyatt-tabitha@norc.org>;  
 CMS Interpreter Services /o=ExchangeLabs/ou=Exchange Administrative Group  
 (FYDIBOHF23SPDLT)/cn=Recipients/cn=3c6720a557bf14c75b340b5c6-CMS Interpr  
 <InterpreterServices@hhs.gov.onmicrosoft.com>;  
 Payne, Skip (CMS/EPRO) /o=ExchangeLabs/ou=Exchange Administrative Group  
 (FYDIBOHF23SPDLT)/cn=Recipients/cn=94ba9f17f14149b7b9d64b4b481059fa-PU1K  
 <Skip.Payne@hhs.gov.onmicrosoft.com>;  
 <Mark.Goeller@va.gov>;  
 <ASoliman@ncd.gov>;  
 Shipps, Ian (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group  
 (FYDIBOHF23SPDLT)/cn=Recipients/cn=3c2fa90a6ba94947afdf8defa37032d8-Shipps, Ian  
 <Ian.Shipps@hhs.gov>;  
 Thompson, John (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group  
 (FYDIBOHF23SPDLT)/cn=Recipients/cn=2652054984864c61b6720c9fb1c9334d-Thompson, J  
 <John.Thompson@hhs.gov>;  
 Plourde, Emma (OS/ASPE) /o=ExchangeLabs/ou=Exchange Administrative Group  
 (FYDIBOHF23SPDLT)/cn=Recipients/cn=9102a687ca814318ac33a57086cef5a2-Plourde, Em  
 <Emma.Plourde@hhs.gov>;  
 Cargill-Willis, Katherine (ACL) /o=ExchangeLabs/ou=Exchange Administrative Group  
 (FYDIBOHF23SPDLT)/cn=Recipients/cn=bc49980962cc42babf021fb368538205-Cargill-Wil  
 <Katherine.Cargill-Willis@acl.hhs.gov>;  
 Sudsawad, Pimjai (ACL) /o=ExchangeLabs/ou=Exchange Administrative Group  
 (FYDIBOHF23SPDLT)/cn=Recipients/cn=2cd0a1ca20684804bcf3e26b60665751-Sudsawad, P  
 <Pimjai.Sudsawad@acl.hhs.gov>;  
 Raymond, Meredith (ACL) /o=ExchangeLabs/ou=Exchange Administrative Group  
 (FYDIBOHF23SPDLT)/cn=Recipients/cn=e1c6f1a062dd452188b3899fd387bafd-Raymond, Me  
 <Meredith.Raymond@acl.hhs.gov>;  
 Sarkar, Debi (HRSA) /o=ExchangeLabs/ou=Exchange Administrative Group  
 (FYDIBOHF23SPDLT)/cn=Recipients/cn=6c24f14e535c44118e688c67bc558939-debi.sarkar  
 <DSarkar@hrsa.gov>;  
 Archeval, Anthony (HRSA) /o=ExchangeLabs/ou=Exchange Administrative Group  
 (FYDIBOHF23SPDLT)/cn=Recipients/cn=3af28ae39fd34c828aecd41be1671dc5-anthony.arc  
 <AArcheval@hrsa.gov>;  
 Lollar, Ralph F. (CMS/CMCS) /o=ExchangeLabs/ou=Exchange Administrative Group  
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 <Chandler.Coggins@samhsa.hhs.gov>

CC: Wiltshire Petersen, Derval <derval.wiltshirepetersen@fema.dhs.gov>;  
 Balbus, John MD, MPH (OS/OASH/OCCHE) /o=ExchangeLabs/ou=Exchange Administrative Group

(FYDIBOHF23SPDLT)/cn=Recipients/cn=e8ec6cdd4b094cdfb6d36d72aba61bc8-Balbus, Joh  
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<gould.caitlin@epa.gov>;  
Williams-Rohr, Leone <leone.williams-rohr@fema.dhs.gov>;  
Gonzalez Fiol, Margarita <Margarita.GonzalezFiol@fema.dhs.gov>;  
Henry Letang, Thora <thora.henryletang@fema.dhs.gov>;  
Lindsay Baran <baran-lindsay@norc.org>;  
Berger, Mitchell (SAMHSA/OIEA) /o=ExchangeLabs/ou=Exchange Administrative Group  
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<Molly.Burgdorf@hhs.gov>

**Subject:** Federal Partners: Health Care Accessibility for People with Disabilities Workgroup

**Date:** 2022/05/19 10:07:05

**Priority:** Normal

**Type:** Appointment

The agenda is forth coming.

CART and ASL will be provided. If you need an additional accommodation to participate in this meeting, please reach out to me by COB on Friday October 6 with your request.

I hope all of you have had a great summer, and look forward to seeing all of you in October.

Meleah

Meleah Jensen is inviting you to a scheduled ZoomGov meeting.

Topic: Federal Partner's MeetingMeleah Jensen's Zoom Meeting

Time: Oct 13, 2022 09:30 AM Eastern Time (US and Canada)

Join ZoomGov Meeting

(b) (6)

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**Sender:** Jensen, Meleah (CMS/OMH) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F0D8E22EC6A0439DAFB95931B8A6C026-JRR1 <Meleah.Jensen@hhsgov.onmicrosoft.com>

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Bryden, Alexandra T. (CMS/OMH) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a83c9b097e724792bcb7bf0bfdebcd-S974 <Alexandra.Bryden@hhsgov.onmicrosoft.com>;

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Finch, Wanda (CMS/OMH) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=59265f4f899342edbb800e9609305d38-FSXZ <Wanda.Finch@hhsgov.onmicrosoft.com>;

**Recipient:** McIver, LaShawn (CMS/OMH) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c50447c6cc5640a7a4b30118add9d728-MXPU <LaShawn.McIver@hhsgov.onmicrosoft.com>;

Davis, Daniel (ACL) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a41e4306041242e89d717405b60dd80a-Davis, Dani <Daniel.Davis@acl.hhs.gov>;

Bothwell, Lisa (ACL) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2d7f60aaadab48f0932857ac73b2f6a7-Bothwell, L <Lisa.Bothwell@acl.hhs.gov>;

Lewis, Elizabeth (CMS/CTR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=88b1a801ed7d41c4a317ca46139bc7a1-L9NC <Elizabeth.Lewis1@hhsgov.onmicrosoft.com>;

Callaway, Shawn (ACL) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f749db8326a74b8199ad24fe1db1db55-Callaway, S <Shawn.Callaway@acl.hhs.gov>;

CMS Workplace Task Assistance /o=ExchangeLabs/ou=Exchange Administrative Group



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<Thomas.Bane@hhs.gov.onmicrosoft.com>;  
<ATorresDavis@ncd.gov>;  
Snowden, Kimberly (CMS/OHI) /o=ExchangeLabs/ou=Exchange Administrative Group  
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<Avareena.Cropper@hhs.gov.onmicrosoft.com>;  
Ilana Dickman (she/her) <Dickman-Ilana@norc.org>;  
Rachel Singer <Singer-Rachel@norc.org>;  
Tabitha Pyatt <pyatt-tabitha@norc.org>;  
CMS Interpreter Services /o=ExchangeLabs/ou=Exchange Administrative Group  
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<Skip.Payne@hhs.gov.onmicrosoft.com>;  
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Balbus, John MD, MPH (OS/OASH/OCCHE) /o=ExchangeLabs/ou=Exchange Administrative Group  
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<Joseph.McCannon@ahrq.hhs.gov>;  
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 Williams-Rohr, Leone <leone.williams-rohr@fema.dhs.gov>;  
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**Sent Date:** 2022/05/19 10:07:05

**From:** Jackson, Avery (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=57B5475A3BDB45E19A670A69C8ADB10-JACKSON, AV <Avery.Jackson@hhs.gov>

**To:** Freeman, William (Bill) (AHRQ/OEREP) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f67640c3720341e7adcfb94e78169966-Freeman, Wi <William.Freeman@AHRQ.hhs.gov>

**Subject:** Last IHEC Data Workgroup Meeting

**Date:** 2022/09/13 17:14:00

**Priority:** Normal

**Type:** Note

Hi Bill,

I hope you're well. I heard you say on yesterday's call that (b)(6) I'm sorry to hear that and I hope (b)(6)

I just wanted to touch base to let you know that today was my last IHEC Data Workgroup meeting. I'm leaving HHS next week and Thursday, September 22<sup>nd</sup> will be my last day in the office. Our office is extremely short staffed right now and I don't know if OCR leadership will

be able to backfill my spot on this Workgroup, but I know @Johnson, Kenneth D. (HHS/OCR) and @Todd, Karmen (HHS/OCR) participate in the larger IHEC meetings.


Thank you for your leadership in this group and it's been a pleasure working with you these past few months. Please feel free to reach out to Karmen or Ken if you believe it'll be especially helpful to have OCR's input on anything the Data Workgroup is working on. At the very least, I think some people will be interested in attending the roundtable the group is planning, so please do pass it along to Karmen and Ken when the group has finalized the details.

Regards,

Avery

**Avery S. Jackson**

Office for Civil Rights | Civil Rights Division  
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**Sent Date:** 2022/09/13 17:14:45

**Delivered Date:** 2022/09/13 17:14:00

**From:** Peddicord-Austin, Ashley O. (CMS/OMH) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FF7DDF0DF19E4B6E8351FCCEF59AECAC-P5ZM <Ashley.Peddicord-Austin@hhs.gov.onmicrosoft.com>

Peddicord-Austin, Ashley O. (CMS/OMH) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ff7ddf0df19e4b6e8351fccef59aecac-P5ZM <Ashley.Peddicord-Austin@hhs.gov.onmicrosoft.com>;

Abrahams, Dara R. (CMS/CCIIO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3b7260329b014f4c91016decc2f40335-A606 <Dara.Abrahams@hhs.gov.onmicrosoft.com>;

**To:** Applebaum, Bethany (HRSA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3bfba6400bfe46309c6aebb6ca220ed5-bethany.app <BAapplebaum@hrsa.gov>;

Hendrix, Ellen (HRSA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8e88cff8fd1945ad8aeda86cc8085c91-ellen.hendr <EHendrix@hrsa.gov>;

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**CC:**

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David.Meyers@ahrq.hhs.gov Meyers, David (AHRQ/IOD) <sip:david.meyers@ahrq.hhs.gov>;  
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<Owens, Maya (CMS/OC)>;  
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口格遙得桂們臉以譚竊茲XX禮口咄乎口啐乔A

**Subject:** C2C Federal Workgroup Bimonthly Meeting

**Date:** 2022/04/20 12:01:18

**Priority:** Normal

**Type:** Appointment

Ashley Peddicord-Austin is inviting you to a scheduled ZoomGov meeting.

#### Join ZoomGov Meeting

(b)(6)

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(b)(6)

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Find your local number (b)(6)

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Password: (b)(6)

(b)(6)

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Abrahams, Dara R. (CMS/CCIO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3b7260329b014f4c91016decc2f40335-A606 <Dara.Abrahams@hhs.gov.onmicrosoft.com>;

Applebaum, Bethany (HRSA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3bfba6400bfe46309c6aebb6ca220ed5-bethany.app <BAapplebaum@hrsa.gov>;

Hendrix, Ellen (HRSA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8e88cff8fd1945ad8aeda86cc8085c91-ellen.hendr <EHendrix@hrsa.gov>;

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Borden, Valerie (HHS/OASH) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39b1d101f0c142cfbd6627b91f14431c-Borden, Val <Valerie.Borden@hhs.gov>;

Brangan, Normandy (HRSA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=73a14ea6cfdd498987f508c13d52a4be-normandy.br <NBrangan@hrsa.gov>;

(KetchumCMSOMH@ketchum.com) <KetchumCMSOMH@ketchum.com>;

<Brice-Smith, Angela M. (CMS/CQISCO)>;

Briss, Peter (CDC/DDNID/NCCDPHP/OD) PXB5;

Bryant, Deborah (CMS/CCIO) Bryant, Deborah (CMS/CCIO);

Bui, Juliet (OS/OASH) Juliet.Bui.os;

Burkhalter, Jermaine (CMS/OC) <晏\*□筆略□□□>;

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Recipient:

<d>;

<d>;

Casale, Cecilia (AHRQ/OEREP) Casale, Cecilia (AHRQ/OEREP) <>;

Chaves, Karen H. (AHRQ) karen.Chaves.AHRQ <>;

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<??>;

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/ ⑤□伏莖怵純嬪↗箭金膺+□穠鑄P脞↗I;

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壕□滓壕動↗麓稠刊伯添壕動↗麓擅禮义弄剔哟噉[則問□校甜毓輕⑤匿踪叫□乃劍齡偉羣呖□乃竊豎↗  
匪圖匪多玆纂祈穠坩銓↗簦雙□逯↗;

Rashida.Dorsey@hhs.gov <Rashida.Dorsey@hhs.gov>;

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Haddad, Carla (HRSA) CHaddad.HRSA <>;

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匣 撞 臉 伏 仇 鼻 笙 代 怎 以 仙 腸 帖 口 口 保;  
<Lou.Burton@hhs.gov>;  
Martin, Kristi (HHS/OHCR);  
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Matoff-Stepp, Sabrina (HRSA) SMatoff-Stepp.HRSA <'>;  
David.Meyers@ahrq.hhs.gov Meyers, David (AHRQ/IOD) <sip:david.meyers@ahrq.hhs.gov>;  
<Murray, Renard L. (CMS/CQISCO)>;  
<Owens, Maya (CMS/OC)>;  
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口 格 遜 侮 桂 們 膳 以 膳 箭 忍 XX 侵 (b)(6)

**Sent Date:** 2022/04/20 12:01:18

Welch, Anthony (OS/OASH) /o=ExchangeLabs/ou=Exchange Administrative Group  
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**CC:**

<Murray, Renard L. (CMS/CQISCO)>

**Type:** OLE.CLASS.{00061055-0000-0000-C000-000000000046}

**Agenda:**

- • \* Attendance
- • \* Updated Material Review
- • \* Potential New Topics – Poll and Discussion
- • \* Open Discussion and Group Updates

Ashley Peddicord-Austin is inviting you to a scheduled ZoomGov meeting.

**Join ZoomGov Meeting**

(b)(6)

Meeting ID: (b)(6)

Password: (b)(6)

**One tap mobile**

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US (San Jose)

US (New York)

**Dial by your location**

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US (San Jose)

US (New York)

(b)(6)

US Toll-free

Meeting ID: (b)(6)

Find your local number (b)(6)

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Password: (b)(6)

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This meeting may be recorded. The host is responsible for maintaining any official recordings/transcripts of this meeting. If recorded, this meeting becomes an official record and shall be retained by the host in their files for 3 years or if longer needed for agency business. If a recording intends be fully transcribed or is being captured for the purpose of creating meeting minutes, the host shall retain the record in their files for 3 years or if no longer needed for agency business, whichever is later.

Welch, Anthony (OS/OASH) /o=ExchangeLabs/ou=Exchange Administrative Group  
(FYDIBOHF23SPDLT)/cn=Recipients/cn=9037cbbc6c894b968c3d81f0ddcd24a0-Welch, Anth  
<Anthony.Welch@hhs.gov>;

**Recipient:** EX d;  
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轴 纒 乂 他 嬾 箴 蓆 蓆 腰 惠 境 禧 挂 口 禾 嬌;

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/o=ExchangeLabs/ou=Exchange Administrative Group  
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C. (CDC/DDPHSIS/OMHHE/OD) <lcl1@cdc.gov>;

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(FYDIBOHF23SPDLT)/cn=Recipients/cn=04671156e3d243418669209c0b2dd28c-L1R9

<晏\*口率噉口口口>;

Lofton, Beverly A. (CMS/CMCS) Lofton, Beverly A. (CMS/CMCS) <&>;

Lou.Burton@hhs.gov 斜愕 斯問 筠荆 佔 辟 輟 口 付 V;

Marcoe, Darlene (ACF) Darlene.Marcoe.ACF <(>;

Marx, Kitty (CMS/CMCS) <Martin, Kristi (HHS/OHCR)>;

Marx, Kitty (CMS/CMCS) + <晏\*口率噉口口口>;

/o=ExchangeLabs/ou=Exchange Administrative Group  
(FYDIBOHF23SPDLT)/cn=Recipients/cn=fc587fe1315c45bfa73af304e4c273dd-M4R8 Matoff-Stepp,  
Sabrina (HRSA) <SMatoff-Stepp@hrsa.gov>;

<David.Meyers@ahrq.hhs.gov>;

<Murray, Renard L. (CMS/CQISCO)>

**From:** Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9597596B8C4D4B8D9FAF4922101A611B-HUGGINS, MI <Michael.Huggins@hhs.gov>

**To:** Rainer, Melanie Fontes (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9c7242f10a494d45bab72c452ecd9f80-Rainer, Mel <Melanie.Rainer@hhs.gov>

Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren <Lauren.Jee1@hhs.gov>;

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**CC:** McLean, Rogelyn (CMS/CCIIO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b3063a31c945488cbacd479c115a6ac3-MWQD <Rogelyn.McLean@hhs.gov.onmicrosoft.com>; Clemencia, LaTanya (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ddcb1a258a28428e80db417c431ed29d-Clemencia, <LaTanya.Clemencia@hhs.gov>

**Subject:** RE: Re-Up 9/19 Clearance Items

**Date:** 2022/09/19 09:29:09

**Priority:** Normal

**Type:** Note

Hi Melanie,

I can work on that!

**Michael Huggins, Esq., M.P.P. (he/him/his)**

Senior Advisor to the Director

Office for Civil Rights

U.S. Department of Health and Human Services

---

**From:** Rainer, Melanie Fontes (OS/OCR) <Melanie.Rainer@hhs.gov>

**Sent:** Monday, September 19, 2022 9:22 AM

**To:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>

**Cc:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>; (b) (b)(6) (b)(6) (HHS/OCR)

(b)(6) McLean, Rogelyn (CMS/CCIIO)

<Rogelyn.McLean@hhs.gov.onmicrosoft.com>; Clemencia, LaTanya (HHS/OCR)

<LaTanya.Clemencia@hhs.gov>

**Subject:** RE: Re-Up 9/19 Clearance Items

This format is hard to follow, can we get a tracker on this stuff? Like on share point?

---

**From:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>

**Sent:** Monday, September 19, 2022 9:19 AM

**To:** Rainer, Melanie Fontes (OS/OCR) <Melanie.Rainer@hhs.gov>  
**Cc:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>; (b) (b)(6) (b)(6) (HHS/OCR)  
(b)(6) McLean, Rogelyn (CMS/CCIIO)  
<Rogelyn.McLean@hhs.gov.onmicrosoft.com>; Clemencia, LaTanya (HHS/OCR)  
<LaTanya.Clemencia@hhs.gov>  
**Subject:** Re-Up 9/19 Clearance Items

Hi Melanie,

I hope you're doing well! I just wanted to re-up this in case you wanted to see it at the top of your inbox.  
Please let me know if you need anything else!

Thanks so much!

Michael

(b)(5)

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**Michael Huggins, Esq., M.P.P. (he/him/his)**

Senior Advisor to the Director

Office for Civil Rights

U.S. Department of Health and Human Services

**Sender:** Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9597596B8C4D4B8D9FAF4922101A611B-HUGGINS, MI <Michael.Huggins@hhs.gov>

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Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren <Lauren.Jee1@hhs.gov>;

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McLean, Rogelyn (CMS/CCIIO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b3063a31c945488cbacd479c115a6ac3-MWQD <Rogelyn.McLean@hhs.gov.onmicrosoft.com>;

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**Sent Date:** 2022/09/19 09:29:06

**Delivered Date:** 2022/09/19 09:29:09

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**From:** Rainer, Melanie Fontes (OS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9C7242F10A494D45BAB72C452ECD9F80-RAINER, MEL <Melanie.Rainer@hhs.gov>

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**Subject:** RE: Re-Up 9/19 Clearance Items

**Date:** 2022/09/19 09:39:06

**Due Date:** 2022/09/18 20:00:00

**Priority:** Normal

**Type:** Note

I think I am caught up here.

(b)(5)

(b)(5)

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**From:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>  
**Sent:** Monday, September 19, 2022 9:19 AM  
**To:** Rainer, Melanie Fontes (OS/OCR) <Melanie.Rainer@hhs.gov>  
**Cc:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>; (b)(6) (b)(6) (HHS/OCR)  
(b)(6) McLean, Rogelyn (CMS/CCIO)  
<Rogelyn.McLean@hhs.gov.onmicrosoft.com>; Clemencia, LaTanya (HHS/OCR)  
<LaTanya.Clemencia@hhs.gov>  
**Subject:** Re-Up 9/19 Clearance Items

Hi Melanie,

I hope you're doing well! I just wanted to re-up this in case you wanted to see it at the top of your inbox.  
Please let me know if you need anything else!

Thanks so much!

Michael

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**Michael Huggins, Esq., M.P.P. (he/him/his)**  
Senior Advisor to the Director  
Office for Civil Rights  
U.S. Department of Health and Human Services

**Sender:** Rainer, Melanie Fontes (OS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9C7242F10A494D45BAB72C452ECD9F80-RAINER, MEL  
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<LaTanya.Clemencia@hhs.gov>

**Sent Date:** 2022/09/19 09:39:05

**Delivered Date:** 2022/09/19 09:39:06

<b>From:</b>	Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9597596B8C4D4B8D9FAF4922101A611B-HUGGINS, MI <Michael.Huggins@hhs.gov>
<b>To:</b>	McLean, Rogelyn (CMS/CCIIO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b3063a31c945488cbacd479c115a6ac3-MWQD <Rogelyn.McLean@hhs.gov.onmicrosoft.com>
<b>CC:</b>	Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren <Lauren.Jee1@hhs.gov>
<b>Subject:</b>	FW: Re-Up 9/19 Clearance Items
<b>Date:</b>	2022/09/19 10:58:10
<b>Due Date:</b>	2022/09/18 20:00:00
<b>Priority:</b>	Normal
<b>Type:</b>	Note

Hi Rog,

I hope you're doing well! Any chance you might have some time today to discuss this and the oversight process? I am generally free today, so let me know if something works.

Thanks so much!

**Michael Huggins, Esq., M.P.P. (he/him/his)**  
Senior Advisor to the Director  
Office for Civil Rights  
U.S. Department of Health and Human Services

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**From:** Huggins, Michael (HHS/OCR)  
**Sent:** Monday, September 19, 2022 9:29 AM  
**To:** Rainer, Melanie Fontes (OS/OCR) <Melanie.Rainer@hhs.gov>  
**Cc:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>; (b) (6) (b) (6) (HHS/OCR) (b) (6) McLean, Rogelyn (CMS/CCIIO) <Rogelyn.McLean@hhs.gov.onmicrosoft.com>; Clemencia, LaTanya (HHS/OCR) <LaTanya.Clemencia@hhs.gov>  
**Subject:** RE: Re-Up 9/19 Clearance Items

Hi Melanie,

I can work on that!

**Michael Huggins, Esq., M.P.P. (he/him/his)**  
Senior Advisor to the Director  
Office for Civil Rights



U.S. Department of Health and Human Services

---

**From:** Rainer, Melanie Fontes (OS/OCR) <Melanie.Rainer@hhs.gov>  
**Sent:** Monday, September 19, 2022 9:22 AM  
**To:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>  
**Cc:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>; (b) (b)(6) (b)(6) (HHS/OCR) (b)(6)  
<Rogelyn.McLean@hhs.gov.onmicrosoft.com>; Clemencia, LaTanya (HHS/OCR) <LaTanya.Clemencia@hhs.gov>  
**Subject:** RE: Re-Up 9/19 Clearance Items

This format is hard to follow, can we get a tracker on this stuff? Like on share point?

---

**From:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>  
**Sent:** Monday, September 19, 2022 9:19 AM  
**To:** Rainer, Melanie Fontes (OS/OCR) <Melanie.Rainer@hhs.gov>  
**Cc:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>; (b) (b)(6) (b)(6) (HHS/OCR) (b)(6)  
<Rogelyn.McLean@hhs.gov.onmicrosoft.com>; Clemencia, LaTanya (HHS/OCR) <LaTanya.Clemencia@hhs.gov>  
**Subject:** Re-Up 9/19 Clearance Items

Hi Melanie,

I hope you're doing well! I just wanted to re-up this in case you wanted to see it at the top of your inbox. Please let me know if you need anything else!

Thanks so much!

Michael

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(b)(5)

**Michael Huggins, Esq., M.P.P. (he/him/his)**  
Senior Advisor to the Director  
Office for Civil Rights  
U.S. Department of Health and Human Services

**Sender:** Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9597596B8C4D4B8D9FAF4922101A611B-HUGGINS, MI <Michael.Huggins@hhs.gov>

**Recipient:** McLean, Rogelyn (CMS/CCIIO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b3063a31c945488cbacd479c115a6ac3-MWQD <Rogelyn.McLean@hhs.gov.onmicrosoft.com>;  
Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren <Lauren.Jee1@hhs.gov>

**Sent Date:** 2022/09/19 10:58:08

**Delivered Date:** 2022/09/19 10:58:10



**From:** Rainer, Melanie Fontes (OS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9C7242F10A494D45BAB72C452ECD9F80-RAINER, MEL <Melanie.Rainer@hhs.gov>

**To:** Huggins, Michael (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9597596b8c4d4b8d9faf4922101a611b-Huggins, Mi <Michael.Huggins@hhs.gov>

Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren <Lauren.Jee1@hhs.gov>;

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

**CC:** McLean, Rogelyn (CMS/CCIIO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=930d79f4ebde4ab1ac67dbf1fed783a8-rogelyn.mcl <Rogelyn.McLean@cms.hhs.gov>;  
Clemencia, LaTanya (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ddcb1a258a28428e80db417c431ed29d-Clemencia, <LaTanya.Clemencia@hhs.gov>

**Subject:** RE: Updated - 9/20 Clearance Items

**Date:** 2022/09/20 08:55:16

**Priority:** Normal

**Type:** Note

Last, Pam's materials note that Avery sent an email to her with suggestions, etc.

Lauren can you get this email for us please?

---

**From:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>

**Sent:** Monday, September 19, 2022 8:29 PM

**To:** Rainer, Melanie Fontes (OS/OCR) <Melanie.Rainer@hhs.gov>

**Cc:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>; (b) (b)(6) (b)(6) (HHS/OCR)

(b)(6) McLean, Rogelyn (CMS/CCIIO) <Rogelyn.McLean@cms.hhs.gov>;

Clemencia, LaTanya (HHS/OCR) <LaTanya.Clemencia@hhs.gov>

**Subject:** Updated - 9/20 Clearance Items

Hi Melanie,

I hope you're doing well! Here are some items for your review. Unfortunately, IT is still working on fixing our Sharepoint sites, but as soon as that is fixed we can move this over to Sharepoint. In the meantime, I have made a few changes to the chart below to make it more of a tracker. If you have any additional questions, concerns, or adjustments, then I would be happy to address them.

Thanks so much!

Michael





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(b)(5)

**Michael Huggins, Esq., M.P.P. (he/him/his)**  
Senior Advisor to the Director  
Office for Civil Rights  
U.S. Department of Health and Human Services

**Sender:** Rainer, Melanie Fontes (OS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9C7242F10A494D45BAB72C452ECD9F80-RAINER, MEL <Melanie.Rainer@hhs.gov>

Huggins, Michael (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9597596b8c4d4b8d9faf4922101a611b-Huggins, Mi <Michael.Huggins@hhs.gov>;

Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren <Lauren.Jee1@hhs.gov>;

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

McLean, Rogelyn (CMS/CCIIO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=930d79f4ebde4ab1ac67dbf1fed783a8-rogelyn.mcl <Rogelyn.McLean@cms.hhs.gov>;

Clemencia, LaTanya (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ddcb1a258a28428e80db417c431ed29d-Clemencia, <LaTanya.Clemencia@hhs.gov>

**Sent Date:** 2022/09/20 08:55:12

**Delivered Date:** 2022/09/20 08:55:16

<b>From:</b>	Jee, Lauren (HHS/OCR) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=DC5A273E16824884903F0D2AFC8CB225-JEE, LAUREN>
<b>To:</b>	Huggins, Michael (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9597596b8c4d4b8d9faf4922101a611b-Huggins, Mi <Michael.Huggins@hhs.gov>
<b>Subject:</b>	RE: Re-Up 9/19 Clearance Items
<b>Date:</b>	2022/09/19 09:37:00
<b>Priority:</b>	Normal
<b>Type:</b>	Note

Please talk to Rog she will be able to help.

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**From:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>  
**Sent:** Monday, September 19, 2022 9:31 AM  
**To:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>  
**Subject:** FW: Re-Up 9/19 Clearance Items

Hi Lauren,

I can definitely look into this! I don't think I've ever worked with Sharepoint before, so I'll have to see what I can do quickly to get it moving.

**Michael Huggins, Esq., M.P.P. (he/him/his)**  
Senior Advisor to the Director  
Office for Civil Rights  
U.S. Department of Health and Human Services

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**From:** Rainer, Melanie Fontes (OS/OCR) <Melanie.Rainer@hhs.gov>  
**Sent:** Monday, September 19, 2022 9:22 AM  
**To:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>  
**Cc:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>; (b) (b)(6) (b)(6) (HHS/OCR) (b)(6) McLean, Rogelyn (CMS/CCIO) <Rogelyn.McLean@hhs.gov.onmicrosoft.com>; Clemencia, LaTanya (HHS/OCR) <LaTanya.Clemencia@hhs.gov>  
**Subject:** RE: Re-Up 9/19 Clearance Items

This format is hard to follow, can we get a tracker on this stuff? Like on share point?

---

**From:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>

**Sent:** Monday, September 19, 2022 9:19 AM

**To:** Rainer, Melanie Fontes (OS/OCR) <Melanie.Rainer@hhs.gov>

**Cc:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>; (b) (b)(6) (b)(6) (HHS/OCR)

(b)(6) McLean, Rogelyn (CMS/CCIO)

<Rogelyn.McLean@hhs.gov.onmicrosoft.com>; Clemencia, LaTanya (HHS/OCR)

<LaTanya.Clemencia@hhs.gov>

**Subject:** Re-Up 9/19 Clearance Items

Hi Melanie,

I hope you're doing well! I just wanted to re-up this in case you wanted to see it at the top of your inbox.  
Please let me know if you need anything else!

Thanks so much!

Michael

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(b)(5)

**Michael Huggins, Esq., M.P.P. (he/him/his)**  
Senior Advisor to the Director  
Office for Civil Rights  
U.S. Department of Health and Human Services

**Sender:** Jee, Lauren (HHS/OCR) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=DC5A273E16824884903F0D2AFC8CB225-JEE, LAUREN>

**Recipient:** Huggins, Michael (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9597596b8c4d4b8d9faf4922101a611b-Huggins, Mi <Michael.Huggins@hhs.gov>

**Sent Date:** 2022/09/19 09:37:36

**Delivered Date:** 2022/09/19 09:37:00



**From:** Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9597596B8C4D4B8D9FAF4922101A611B-HUGGINS, MI <Michael.Huggins@hhs.gov>

**To:** Rainer, Melanie Fontes (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9c7242f10a494d45bab72c452ecd9f80-Rainer, Mel <Melanie.Rainer@hhs.gov>

Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren <Lauren.Jee1@hhs.gov>;

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

**CC:** McLean, Rogelyn (CMS/CCIIO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b3063a31c945488cbacd479c115a6ac3-MWQD <Rogelyn.McLean@hhs.gov.onmicrosoft.com>;  
Clemencia, LaTanya (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ddcb1a258a28428e80db417c431ed29d-Clemencia, <LaTanya.Clemencia@hhs.gov>

**Subject:** 9/21 Clearance Items

**Date:** 2022/09/20 20:44:26

**Priority:** Normal

**Type:** Note

Hi Melanie,

I hope you're doing well! Please see the items for your review, and thank you for your patience on this process. I am currently still creating a new format with a tracker. I am also still test running something because I want to make sure it's perfect for you. My goal is to have something more concrete this week. Once again super sorry for the delay on that. If you have any additional questions or concerns, then feel free to contact us.

Thanks again!

Michael

(b)(5)

(b)(5)

(b)(5)

**Michael Huggins, Esq., M.P.P. (he/him/his)**  
Senior Advisor to the Director  
Office for Civil Rights  
U.S. Department of Health and Human Services

**Sender:** Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9597596B8C4D4B8D9FAF4922101A611B-HUGGINS, MI

<Michael.Huggins@hhs.gov>

Rainer, Melanie Fontes (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9c7242f10a494d45bab72c452ecd9f80-Rainer, Mel  
<Melanie.Rainer@hhs.gov>;

Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren  
<Lauren.Jee1@hhs.gov>;

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

McLean, Rogelyn (CMS/CCIIO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b3063a31c945488cbacd479c115a6ac3-MWQD  
<Rogelyn.McLean@hhs.gov.onmicrosoft.com>;

Clemencia, LaTanya (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ddcb1a258a28428e80db417c431ed29d-Clemencia,  
<LaTanya.Clemencia@hhs.gov>

**Sent Date:** 2022/09/20 20:40:21

**Delivered Date:** 2022/09/20 20:44:26

<b>From:</b>	Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9597596B8C4D4B8D9FAF4922101A611B-HUGGINS, MI <Michael.Huggins@hhs.gov>
<b>To:</b>	Rainer, Melanie Fontes (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9c7242f10a494d45bab72c452ecd9f80-Rainer, Mel <Melanie.Rainer@hhs.gov>
<b>CC:</b>	Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren <Lauren.Jee1@hhs.gov>; (b) (b)(6) (b)(6) (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0bdec12ad0974eacababe032f2b37c91-Dekervor, D (b)(6)
<b>Subject:</b>	RE: 9/26 Clearance Items
<b>Date:</b>	2022/09/26 19:35:52
<b>Priority:</b>	Normal
<b>Type:</b>	Note

Hi Melanie,

I hope you're doing well! I confirm that OASH took CRFD's suggested language. I highlighted here their two comments. The edit at the very top is in response to your comment. Does that sound good? I would be happy to clear this as soon as possible.

Thanks again!

**Michael Huggins, Esq., M.P.P. (he/him/his)**  
Senior Advisor to the Director  
Office for Civil Rights  
U.S. Department of Health and Human Services

---

**From:** Huggins, Michael (HHS/OCR)  
**Sent:** Friday, September 23, 2022 6:39 PM  
**To:** Rainer, Melanie Fontes (OS/OCR) <Melanie.Rainer@hhs.gov>  
**Cc:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>; (b) (b)(6) (b)(6) (HHS/OCR) (b)(6)  
'McLean, Rogelyn (CMS/CCIIO)' <rogelyn.mclean@cms.hhs.gov>;  
Clemencia, LaTanya (HHS/OCR) <LaTanya.Clemencia@hhs.gov>  
**Subject:** 9/26 Clearance Items

Hi Melanie,

I hope you're doing well! Please see the attached items for your review. If you have any additional questions or concerns, then feel free to contact us.

Thanks so much!

Michael

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(b)(5)

(b)(5)



(b)(5)

Senior Advisor to the Director  
Office for Civil Rights  
U.S. Department of Health and Human Services

**Sender:** Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9597596B8C4D4B8D9FAF4922101A611B-HUGGINS, MI <Michael.Huggins@hhs.gov>

Rainer, Melanie Fontes (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9c7242f10a494d45bab72c452ecd9f80-Rainer, Mel <Melanie.Rainer@hhs.gov>;

**Recipient:** Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren <Lauren.Jee1@hhs.gov>;  
(b) (b)(6) (b)(6) (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0bdec12ad0974eacababe032f2b37c91 (b)(6)  
(b)(6)

**Sent Date:** 2022/09/26 19:35:38

**Delivered Date:** 2022/09/26 19:35:52

**From:** Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9597596B8C4D4B8D9FAF4922101A611B-HUGGINS, MI <Michael.Huggins@hhs.gov>

**To:** Rainer, Melanie Fontes (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9c7242f10a494d45bab72c452ecd9f80-Rainer, Mel <Melanie.Rainer@hhs.gov>

Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren <Lauren.Jee1@hhs.gov>;

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

**CC:** (b)(6)  
McLean, Rogelyn (CMS/CCIIO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b3063a31c945488cbacd479c115a6ac3-MWQD <Rogelyn.McLean@hhs.gov.onmicrosoft.com>;  
Clemencia, LaTanya (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ddcb1a258a28428e80db417c431ed29d-Clemencia, <LaTanya.Clemencia@hhs.gov>

**Subject:** 9/22 Clearance Items

**Date:** 2022/09/21 20:05:11

**Priority:** Normal

**Type:** Note

Hi Melanie,

I hope you're doing well! Please see the attached link for your clearance email tracker. When you open it up, you'll see two tabs for "Cleared" and "Completed." When you have designated something is good to go, I will make sure to transfer it over to the completed section. If there are any parts of it that you would like improved, then let me know. I would be happy to make some adjustments.

Thanks so much!

Michael

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(b)(5)

(b)(5)

Office for Civil Rights  
U.S. Department of Health and Human Services

**Sender:** Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9597596B8C4D4B8D9FAF4922101A611B-HUGGINS, MI <Michael.Huggins@hhs.gov>  
Rainer, Melanie Fontes (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9c7242f10a494d45bab72c452ecd9f80-Rainer, Mel <Melanie.Rainer@hhs.gov>;  
Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren <Lauren.Jee1@hhs.gov>;  
**Recipient:** (b) (b)(6) (b)(6) (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0bdec12ad0974eacababe032f2b37c91-(b)(6) (b)(6)  
McLean, Rogelyn (CMS/CCIIO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b3063a31c945488cbacd479c115a6ac3-MWQD <Rogelyn.McLean@hhs.gov.onmicrosoft.com>;  
Clemencia, LaTanya (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ddcb1a258a28428e80db417c431ed29d-Clemencia, <LaTanya.Clemencia@hhs.gov>

**Sent Date:** 2022/09/21 20:02:43

**Delivered Date:** 2022/09/21 20:05:11

**From:** Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9597596B8C4D4B8D9FAF4922101A611B-HUGGINS, MI <Michael.Huggins@hhs.gov>

**To:** Rainer, Melanie Fontes (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9c7242f10a494d45bab72c452ecd9f80-Rainer, Mel <Melanie.Rainer@hhs.gov>

Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren <Lauren.Jee1@hhs.gov>;

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

**CC:** (b)(6)  
McLean, Rogelyn (CMS/CCIIO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=930d79f4ebde4ab1ac67dbf1fed783a8-rogelyn.mcl <Rogelyn.McLean@cms.hhs.gov>;  
Clemencia, LaTanya (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ddcb1a258a28428e80db417c431ed29d-Clemencia, <LaTanya.Clemencia@hhs.gov>

**Subject:** 9/20 Clearance Items

**Date:** 2022/09/19 20:20:37

**Priority:** Normal

**Type:** Note

Hi Melanie,

I hope you're doing well! Here are some items for your review. Unfortunately, IT is still working on fixing our Sharepoint sites, but as soon as that is fixed we can move this over to Sharepoint. In the meantime, I have made a few changes to the chart below to make it more of a tracker. If you have any additional questions, concerns, or adjustments, then I would be happy to address them.

Thanks so much!

Michael

(b)(5)



(b)(5)

(b)(5)

**Michael Huggins, Esq., M.P.P. (he/him/his)**  
Senior Advisor to the Director  
Office for Civil Rights  
U.S. Department of Health and Human Services

**Sender:** Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9597596B8C4D4B8D9FAF4922101A611B-HUGGINS, MI <Michael.Huggins@hhs.gov>

Rainer, Melanie Fontes (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9c7242f10a494d45bab72c452ecd9f80-Rainer, Mel <Melanie.Rainer@hhs.gov>;

Jee, Lauren (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dc5a273e16824884903f0d2afc8cb225-Jee, Lauren <Lauren.Jee1@hhs.gov>;

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McLean, Rogelyn (CMS/CCIO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=930d79f4ebde4ab1ac67dbf1fed783a8-rogelyn.mcl <Rogelyn.McLean@cms.hhs.gov>;

Clemencia, LaTanya (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ddcb1a258a28428e80db417c431ed29d-Clemencia, <LaTanya.Clemencia@hhs.gov>	
<b>Sent Date:</b>	2022/09/19 20:18:50
<b>Delivered Date:</b>	2022/09/19 20:20:37
<b>From:</b>	Jackson, Avery (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=57B5475A3BDB45E19A670A69C8ADBC10-JACKSON, AV <Avery.Jackson@hhs.gov>
<b>To:</b>	Carter, Carla (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user71ef86df <Carla.Carter@HHS.GOV>
<b>CC:</b>	Barron, Pamela (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d55f83440f074842ac94e1f27f11fa9e-Barron, Pam <Pamela.Barron@hhs.gov>
<b>Subject:</b>	Avery's Current Workgroups
<b>Date:</b>	2022/09/18 22:56:10
<b>Priority:</b>	Normal
<b>Type:</b>	Note

Hi Carla,

Here are the workgroups in which I am an active participant.

- • \* Disability Emerging Issues
  - • \* Meets bi-weekly on Thursdays. The next meeting is Thursday, September 29<sup>th</sup> from 12:00 pm to 1:00 pm. The contact person for this meeting is @Jensen, Meleah (CMS/OMH). Meleah has been made aware that I will no longer join these meetings, but will alert OCR leadership of my attendance at this meeting. I shared with Meleah that I wasn't sure that OCR leadership would be able to backfill my attendance at this workgroup because our team is so understaffed.
  - • \* It is my professional opinion that this workgroup is not an effective use of OCR's time given how understaffed we are. The group typically meets without a planned agenda and is usually an informal conversation discussing issues that are not directly related to OCR's work. I recommend OCR no longer continue to staff this workgroup's bi-weekly meetings.
  - a. • a. Of note, this workgroup occasionally hosts a larger meeting with our federal partners to discuss issues impacting people with disabilities. This workgroup is called Health Care Accessibility for People with Disabilities Workgroup. I recommend someone from OCR continue to attend these meetings. There are no regular schedules for these meetings, but @Jensen, Meleah (CMS/OMH) is the person who also plans these meetings and they attempt to meeting three (3) to four (4) times per year. Meleah requested that OCR present how the 1557 NPRM impacts people with disabilities at the upcoming meeting. The meeting is scheduled for Thursday, October 13<sup>th</sup> from 10:00 am to 11:30 am. Initially, I was going to present the 1557 NPRM to the attendees with (b)(6) attending to answer questions. The objective of this meeting is to share information about federal initiatives to address accessibility barriers in health care for people with mobility,

sensory and intellectual/developmental disabilities and to foster collaboration between and among federal departments and cross-promotion of efforts.

- b. • b. Someone from OCR needs to present the 1557 NPRM at the October 13<sup>th</sup> meeting. I have attached the invite to this email.
- • \* Coverage to Care (C2C) – Meets once every two months and is a readout of what C2C is working on, and can usually be found on their website. I have attached the invite for workgroup.
- • \* IHEC Data Workgroup
  - • • \* This meeting is an offshoot of the larger IHEC workgroup that Karmen attends. This workgroup focuses on health equity data.
  - • • \* I recently sent the attached email title “Last IHEC Data Workgroup Meeting” to the meeting organizer, @Freeman, William (Bill) (AHRQ/OEREP) and shared that he should reach out to Karmen or Ken, who staff the larger IHEC meeting, if having OCR’s input will be helpful on anything in particular since our team is understaffed and may not be able to backfill my attendance at this meeting. Bill responded acknowledging my email and that he will reach out to Karmen and Ken if he needs anything from OCR.
  - • • \* Of note, this group is holding a roundtable about health equity data this fall. The date of the roundtable has not yet been decided, but Karmen will certainly learn about it in the larger IHEC meeting when the date is announced to the larger IHEC team.
- • \* Artificial Intelligence Community of Practice – This group meets once per month and (b)(6) also sits on this workgroup, so OCR is covered here.


Please let me know if you have any questions about any of these meetings.

Thank you,

Avery

**Avery S. Jackson**

Office for Civil Rights | Civil Rights Division  
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200 Independence Avenue S.W. | Washington, DC 20201  
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**Recipient:** Carter, Carla (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user71ef86df <Carla.Carter@HHS.GOV>;

Barron, Pamela (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d55f83440f074842ac94e1f27f11fa9e-Barron, Pam <Pamela.Barron@hhs.gov>

**Sent Date:** 2022/09/18 22:56:08

**Delivered Date:** 2022/09/18 22:56:10

**From:** Jensen, Meleah (CMS/OMH) /o=EXCHANGELABS/ou=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/cn=RECIPIENTS/cn=F0D8E22EC6A0439DAFB95931B8A6C026-JRR1 <Meleah.Jensen@hhs.gov.onmicrosoft.com>

Jensen, Meleah (CMS/OMH) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f0d8e22ec6a0439dafb95931b8a6c026-JRR1 <Meleah.Jensen@hhs.gov.onmicrosoft.com>;

Bryden, Alexandra T. (CMS/OMH) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a83c9b097e724792bcb7bf0bfdebcd-S974 <Alexandra.Bryden@hhs.gov.onmicrosoft.com>;

Graves, Darci L. (CMS/OMH) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=136e1bb0fba84f8293ee40ff02af8630-GXYO <Darci.Graves@hhs.gov.onmicrosoft.com>;

Finch, Wanda (CMS/OMH) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=59265f4f899342edbb800e9609305d38-FSXZ <Wanda.Finch@hhs.gov.onmicrosoft.com>;

McIver, LaShawn (CMS/OMH) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c50447c6cc5640a7a4b30118add9d728-MXPU <LaShawn.McIver@hhs.gov.onmicrosoft.com>;

Davis, Daniel (ACL) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a41e4306041242e89d717405b60dd80a-Davis, Dani <Daniel.Davis@acl.hhs.gov>;

Bothwell, Lisa (ACL) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2d7f60aaadab48f0932857ac73b2f6a7-Bothwell, L <Lisa.Bothwell@acl.hhs.gov>;

Lewis, Elizabeth (CMS/CTR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=88b1a801ed7d41c4a317ca46139bc7a1-L9NC <Elizabeth.Lewis1@hhs.gov.onmicrosoft.com>;

Callaway, Shawn (ACL) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f749db8326a74b8199ad24fe1db1db55-Callaway, S <Shawn.Callaway@acl.hhs.gov>;

**To:** CMS Workplace Task Assistance /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=194ab98945ae433b84ee57ad8b048736-CMS Workpla <WorkplaceTaskAssistance@hhs.gov.onmicrosoft.com>;

Overton, Yvette (CMS/OMH) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=672d7a5a25864d929570dbe53362962f-OTKJ <Yvette.Overton@hhs.gov.onmicrosoft.com>;

Bane, Thomas M. (CMS/OPOLE) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1034bd99cc0d4027811a00d04cdc0c83-B5KS <Thomas.Bane@hhs.gov.onmicrosoft.com>; <ATorresDavis@ncd.gov>;

Snowden, Kimberly (CMS/OHI) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02f44472437d4cc69551ea96599b37d1-S2AU <kimberly.snowden@hhs.gov.onmicrosoft.com>;

Levine, Cheryl (OS/ASPR/EMMO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8c496822c9fb482cb961da78416ff7ef-Levine, Che <Cheryl.Levine@hhs.gov>;

Jackson, Avery (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=57b5475a3bdb45e19a670a69c8adbc10-Jackson, Av <Avery.Jackson@hhs.gov>;

Cropper, Avareena E. (CMS/OMH) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6a9618d925de4b5c96f2f869a1790101-CNVR <Avareena.Cropper@hhs.gov.onmicrosoft.com>;

Ilana Dickman (she/her) <Dickman-Ilana@norc.org>;

Rachel Singer <Singer-Rachel@norc.org>;

Tabitha Pyatt <pyatt-tabitha@norc.org>;

CMS Interpreter Services /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3c6720a557bf4ed6b7f1ac75b340b5c6-CMS Interpr <InterpreterServices@hhs.gov.onmicrosoft.com>;

Payne, Skip (CMS/EPRO) /o=ExchangeLabs/ou=Exchange Administrative Group

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 <Skip.Payne@hhs.gov.onmicrosoft.com>;  
 <Mark.Goeller@va.gov>;  
 <ASoliman@ncd.gov>;  
 Shipps, Ian (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group  
 (FYDIBOHF23SPDLT)/cn=Recipients/cn=3c2fa90a6ba94947afdf8defa37032d8-Shipps, Ian  
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 Thompson, John (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group  
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 Plourde, Emma (OS/ASPE) /o=ExchangeLabs/ou=Exchange Administrative Group  
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 Cargill-Willis, Katherine (ACL) /o=ExchangeLabs/ou=Exchange Administrative Group  
 (FYDIBOHF23SPDLT)/cn=Recipients/cn=bc49980962cc42babf021fb368538205-Cargill-Wil  
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 Raymond, Meredith (ACL) /o=ExchangeLabs/ou=Exchange Administrative Group  
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 Sarkar, Debi (HRSA) /o=ExchangeLabs/ou=Exchange Administrative Group  
 (FYDIBOHF23SPDLT)/cn=Recipients/cn=6c24f14e535c44118e688c67bc558939-debi.sarkar  
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 Archeval, Anthony (HRSA) /o=ExchangeLabs/ou=Exchange Administrative Group  
 (FYDIBOHF23SPDLT)/cn=Recipients/cn=3af28ae39fd34c828aecd41be1671dc5-anthony.arc  
 <AArcheval@hrsa.gov>;  
 Lollar, Ralph F. (CMS/CMCS) /o=ExchangeLabs/ou=Exchange Administrative Group  
 (FYDIBOHF23SPDLT)/cn=Recipients/cn=ce726e876184401d860d68db689fd41e-L48V  
 <Ralph.Lollar@hhs.gov.onmicrosoft.com>;  
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 <tyritta.mosby@hhs.gov.onmicrosoft.com>;  
 Coggins, Chandler (SAMHSA/CMHS) /o=ExchangeLabs/ou=Exchange Administrative Group  
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 Balbus, John MD, MPH (OS/OASH/OCCHE) /o=ExchangeLabs/ou=Exchange Administrative Group  
 (FYDIBOHF23SPDLT)/cn=Recipients/cn=e8ec6cdd4b094cdfb6d36d72aba61bc8-Balbus, Joh  
 <John.Balbus@hhs.gov>;  
 Mccannon, Joseph (AHRQ/IOD) /o=ExchangeLabs/ou=Exchange Administrative Group  
 (FYDIBOHF23SPDLT)/cn=Recipients/cn=63157885dc05437fa3b497210c5132ea-Mccannon, J  
 <Joseph.Mccannon@ahrq.hhs.gov>;  
 Glasgow, Lashanda (CMS/OPOLE) /o=ExchangeLabs/ou=Exchange Administrative Group  
 (FYDIBOHF23SPDLT)/cn=Recipients/cn=9f274b5dec2d486da89159eca042f0fc-GWMS  
 <Lashanda.Glasgow@hhs.gov.onmicrosoft.com>;  
 Gould, Caitlin (EPA) /o=ExchangeLabs/ou=Exchange Administrative Group  
 (FYDIBOHF23SPDLT)/cn=Recipients/cn=8c942f7fd09744f79cd42f1c4d449e33-gould.caitl  
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 Williams-Rohr, Leone <leone.williams-rohr@fema.dhs.gov>;

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 (FYDIBOHF23SPDLT)/cn=Recipients/cn=734eaf090aca415c80b42a2d1622cf95-Berger, Mit  
 <Mitchell.Berger@samhsa.hhs.gov>;  
 Keroack, Jenny (CMS/OL) /o=ExchangeLabs/ou=Exchange Administrative Group  
 (FYDIBOHF23SPDLT)/cn=Recipients/cn=5a1cd6dc4563466794bc9a00fe1ac602-K2DG  
 <Jenny.Keroack@hhs.gov.onmicrosoft.com>;  
 Wilken, Jason@CDPH /o=ExchangeLabs/ou=Exchange Administrative Group  
 (FYDIBOHF23SPDLT)/cn=Recipients/cn=user2752e5e6 <Jason.Wilken@cdph.ca.gov>;  
 Salman, Neelam (HRSA) /o=ExchangeLabs/ou=Exchange Administrative Group  
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 (b) (b)(6) (b)(6) (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group

(FYDIBOHF23SPDLT)/cn=Recipients/cn=0bdec12ad0974eacababe032f2b37c91-(b)(6)  
(b)(6)  
Burgdorf, Molly (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group  
(FYDIBOHF23SPDLT)/cn=Recipients/cn=68592b08f0f74763950e305330432b54-Burgdorf, M  
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**Subject:** Federal Partners: Health Care Accessibility for People with Disabilities Workgroup

**Date:** 2022/05/19 10:07:05

**Priority:** Normal

**Type:** Appointment

The agenda is forth coming.

CART and ASL will be provided. If you need an additional accommodation to participate in this meeting, please reach out to me by COB on Friday October 6 with your request.

I hope all of you have had a great summer, and look forward to seeing all of you in October.

Meleah

Meleah Jensen is inviting you to a scheduled ZoomGov meeting.

Topic: Federal Partner's MeetingMeleah Jensen's Zoom Meeting

Time: Oct 13, 2022 09:30 AM Eastern Time (US and Canada)

Join ZoomGov Meeting

(b)(6)

Meeting ID: (b)(6)

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Jensen, Meleah (CMS/OMH) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f0d8e22ec6a0439dafb95931b8a6c026-JRR1 <Meleah.Jensen@hhs.gov>

Bryden, Alexandra T. (CMS/OMH) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a83c9b097e724792bcbeb7bf0bfdebcd-S974 <Alexandra.Bryden@hhs.gov>

Graves, Darci L. (CMS/OMH) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=136e1bb0fba84f8293ee40ff02af8630-GXY0 <Darci.Graves@hhs.gov>

Finch, Wanda (CMS/OMH) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=59265f4f899342edbb800e9609305d38-FSXZ <Wanda.Finch@hhs.gov>

McIver, LaShawn (CMS/OMH) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c50447c6cc5640a7a4b30118add9d728-MXPU <LaShawn.McIver@hhs.gov>

Davis, Daniel (ACL) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a41e4306041242e89d717405b60dd80a-Davis, Dani <Daniel.Davis@acl.hhs.gov>

Bothwell, Lisa (ACL) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2d7f60aaadab48f0932857ac73b2f6a7-Bothwell, L <Lisa.Bothwell@acl.hhs.gov>

Lewis, Elizabeth (CMS/CTR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=88b1a801ed7d41c4a317ca46139bc7a1-L9NC <Elizabeth.Lewis1@hhs.gov>

Callaway, Shawn (ACL) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f749db8326a74b8199ad24fe1db1db55-Callaway, S <Shawn.Callaway@acl.hhs.gov>

Recipient: CMS Workplace Task Assistance /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=194ab98945ae433b84ee57ad8b048736-CMS Workpla <WorkplaceTaskAssistance@hhs.gov>

Overton, Yvette (CMS/OMH) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=672d7a5a25864d929570dbe53362962f-OTKJ <Yvette.Overton@hhs.gov>

Bane, Thomas M. (CMS/OPOLE) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1034bd99cc0d4027811a00d04cdc0c83-B5KS <Thomas.Bane@hhs.gov>

<ATorresDavis@ncd.gov>

Snowden, Kimberly (CMS/OHI) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02f44472437d4cc69551ea96599b37d1-S2AU <kimberly.snowden@hhs.gov>

Levine, Cheryl (OS/ASPR/EMMO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8c496822c9fb482cb961da78416ffef-Levine, Che <Cheryl.Levine@hhs.gov>

Jackson, Avery (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=57b5475a3bdb45e19a670a69c8adbc10-Jackson, Av <Avery.Jackson@hhs.gov>

Cropper, Avareena E. (CMS/OMH) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6a9618d925de4b5c96f2f869a1790101-CNVR <Avareena.Cropper@hhs.gov>

Ilana Dickman (she/her) <Dickman-Ilana@norc.org>

Rachel Singer <Singer-Rachel@norc.org>

Tabitha Pyatt <pyatt-tabitha@norc.org>

CMS Interpreter Services /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3c6720a557bf4ed6b7f1ac75b340b5c6-CMS Interpr



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 <Skip.Payne@hhs.gov.onmicrosoft.com>;  
 Wiltshire Petersen, Derval <derval.wiltshirepetersen@fema.dhs.gov>;  
 Balbus, John MD, MPH (OS/OASH/OCCHE) /o=ExchangeLabs/ou=Exchange Administrative Group  
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 (FYDIBOHF23SPDLT)/cn=Recipients/cn=63157885dc05437fa3b497210c5132ea-Mccannon, J  
 <Joseph.Mccannon@ahrq.hhs.gov>;  
 <Mark.Goeller@va.gov>;  
 <ASoliman@ncd.gov>;  
 Shipps, Ian (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group  
 (FYDIBOHF23SPDLT)/cn=Recipients/cn=3c2fa90a6ba94947afdf8defa37032d8-Shipps, Ian  
 <Ian.Shipps@hhs.gov>;  
 Thompson, John (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group  
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 <tyritta.mosby@hhs.gov.onmicrosoft.com>;  
 Williams-Rohr, Leone <leone.williams-rohr@fema.dhs.gov>;  
 Gonzalez Fiol, Margarita <Margarita.GonzalezFiol@fema.dhs.gov>;  
 Henry Letang, Thora <thora.henryletang@fema.dhs.gov>;  
 Lindsay Baran <baran-lindsay@norc.org>;  
 Berger, Mitchell (SAMHSA/OIEA) /o=ExchangeLabs/ou=Exchange Administrative Group  
 (FYDIBOHF23SPDLT)/cn=Recipients/cn=734eaf090aca415c80b42a2d1622cf95-Berger, Mit  
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 <Jenny.Keroack@hhs.gov.onmicrosoft.com>;  
 Wilken, Jason@CDPH /o=ExchangeLabs/ou=Exchange Administrative Group  
 (FYDIBOHF23SPDLT)/cn=Recipients/cn=user2752e5e6 <Jason.Wilken@cdph.ca.gov>;  
 Salman, Neelam (HRSA) /o=ExchangeLabs/ou=Exchange Administrative Group  
 (FYDIBOHF23SPDLT)/cn=Recipients/cn=77b62c8eee734977af0129ee54731651-neelam.salm  
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 (FYDIBOHF23SPDLT)/cn=Recipients/cn=3fa318e7705744f482a8bbceb73d8abd-Coggins, Ja

<Chandler.Coggins@samhsa.hhs.gov>;

(b) (b)(6) (b)(6) (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group  
(FYDIBOHF23SPDLT)/cn=Recipients/cn=0bdec12ad0974eacababe032f2b37c91-(b)(6)  
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Burgdorf, Molly (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group  
(FYDIBOHF23SPDLT)/cn=Recipients/cn=68592b08f0f74763950e305330432b54-Burgdorf, M  
<Molly.Burgdorf@hhs.gov>

**Sent Date:** 2022/05/19 10:07:05

**From:** Jackson, Avery (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP  
(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=57B5475A3BDB45E19A670A69C8ADBC10-JACKSON, AV  
<Avery.Jackson@hhs.gov>

**To:** Freeman, William (Bill) (AHRQ/OEREP) /o=ExchangeLabs/ou=Exchange Administrative Group  
(FYDIBOHF23SPDLT)/cn=Recipients/cn=f67640c3720341e7adcfb94e78169966-Freeman, Wi  
<William.Freeman@AHRQ.hhs.gov>

**Subject:** Last IHEC Data Workgroup Meeting

**Date:** 2022/09/13 17:14:00

**Priority:** Normal

**Type:** Note

Hi Bill,

I hope you're well. I heard you say on yesterday's call that (b)(6) I'm sorry to hear that and I hope (b)(6)

I just wanted to touch base to let you know that today was my last IHEC Data Workgroup meeting. I'm leaving HHS next week and Thursday, September 22<sup>nd</sup> will be my last day in the office. Our office is extremely short staffed right now and I don't know if OCR leadership will be able to backfill my spot on this Workgroup, but I know @Johnson, Kenneth D. (HHS/OCR) and @Todd, Karmen (HHS/OCR) participate in the larger IHEC meetings.

Thank you for your leadership in this group and it's been a pleasure working with you these past few months. Please feel free to reach out to Karmen or Ken if you believe it'll be especially helpful to have OCR's input on anything the Data Workgroup is working on. At the very least, I think some people will be interested in attending the roundtable the group is planning, so please do pass it along to Karmen and Ken when the group has finalized the details.

Regards,

Avery

**Avery S. Jackson**

Office for Civil Rights | Civil Rights Division  
U.S. Department of Health & Human Services  
200 Independence Avenue S.W. | Washington, DC 20201  
Office: (202) 292-2788

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**Recipient:** Freeman, William (Bill) (AHRQ/OEREP) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f67640c3720341e7adcfb94e78169966-Freeman, Wi <William.Freeman@AHRQ.hhs.gov>

**Sent Date:** 2022/09/13 17:14:45

**Delivered Date:** 2022/09/13 17:14:00

**From:** Peddicord-Austin, Ashley O. (CMS/OMH) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FF7DDF0DF19E4B6E8351FCCEF59AECAC-P5ZM <Ashley.Peddicord-Austin@hhs.gov>

Peddicord-Austin, Ashley O. (CMS/OMH) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ff7ddf0df19e4b6e8351fccef59aecac-P5ZM <Ashley.Peddicord-Austin@hhs.gov>

Abrahams, Dara R. (CMS/CCIIO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3b7260329b014f4c91016decc2f40335-A606 <Dara.Abrahams@hhs.gov>

Applebaum, Bethany (HRSA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3bfa6400bfe46309c6aebb6ca220ed5-bethany.app <BApplbaum@hrsa.gov>

Hendrix, Ellen (HRSA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8e88cff8fd1945ad8aeda86cc8085c91-ellen.hendr <EHendrix@hrsa.gov>

Berger, Mitchell (SAMHSA/OIEA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=734eaf090aca415c80b42a2d1622cf95-Berger, Mit <Mitchell.Berger@samhsa.hhs.gov>

Borden, Valerie (HHS/OASH) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39b1d101f0c142cfbd6627b91f14431c-Borden, Val <Valerie.Borden@hhs.gov>

Brangan, Normandy (HRSA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=73a14ea6cfd498987f508c13d52a4be-normandy.br <NBrangan@hrsa.gov>

**To:** (KetchumCMSOMH@ketchum.com) <KetchumCMSOMH@ketchum.com>; <Brice-Smith, Angela M. (CMS/CQISCO)>; Briss, Peter (CDC/DDNID/NCCDPHP/OD) PXB5; Bryant, Deborah (CMS/CCIIO) Bryant, Deborah (CMS/CCIIO); Bui, Juliet (OS/OASH) Juliet.Bui.os; Burkhalter, Jermaine (CMS/OC) <吳\*口華嘴口口口>; 蝦口滓蝦勒 八麗稠刊伯添蝦勒 八麗禮禮義 奔剔吻哦[則問口校甜毓輕 國脉叫口乃劍齡偉華呖口乃董此簪 困膳口伏 / 枋福綽綽繼俚軀捷口新鸞 <Burkhalter, Jermaine (CMS/OC)>; <d>; <d>; Casale, Cecilia (AHRQ/OEREP) Casale, Cecilia (AHRQ/OEREP) < >; Chaves, Karen H. (AHRQ) karen.Chaves.AHRQ < >; EX <??>; <??>; 蝦口滓蝦勒 八麗稠刊伯添蝦勒 八麗禮禮義 奔剔吻哦[則問口校甜毓輕 國脉叫口乃劍齡偉華呖口乃董此簪 廿一案份襍恒隨 案襲坑紈紈口勒鑒吃久蔡N 吳\*口華嘴口口口; 蝦口滓蝦勒 八麗稠刊伯添蝦勒 八麗禮禮義 奔剔吻哦[則問口校甜毓輕 國脉叫口乃劍齡偉華呖口乃董此簪 柏 什 福當得屏命繼埠答此福管垠口元毓 /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b138aa3df0ed4c5384ca66b28da9bb65-CQMK; Rashida.Dorsey@hhs.gov <Rashida.Dorsey@hhs.gov>; d < >;

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<Laib, Eric C. (CMS/OACT)>;  
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David.Meyers@ahrq.hhs.gov Meyers, David (AHRQ/IOD) <sjp:david.meyers@ahrq.hhs.gov>;  
<Murray, Renard L. (CMS/CQISCO)>;  
<Owens, Maya (CMS/OC)>;  
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□格逕倂桂們臉ㄟ臍籜ㄟXX襖□佃乎□啐乔A

**Subject:** C2C Federal Workgroup Bimonthly Meeting

**Date:** 2022/04/20 12:01:18

**Priority:** Normal

**Type:** Appointment

Ashley Peddicord-Austin is inviting you to a scheduled ZoomGov meeting.

## Join ZoomGov Meeting

(b)(6)

Meeting ID: (b)(6)

Password: (b)(6)

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### Join by SIP

Password: (b)(6)

(b)(6)

This meeting may be recorded. The host is responsible for maintaining any official recordings/transcripts of this meeting. If recorded, this meeting becomes an official record and shall be retained by the host in their files for 3 years or if longer needed for agency business. If a recording intends be fully transcribed or is being captured for the purpose of creating meeting minutes, the host shall retain the record in their files for 3 years or if no longer needed for agency business, whichever is later.

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**Recipient:** Peddicord-Austin, Ashley O. (CMS/OMH) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ff7ddf0df19e4b6e8351fccef59aecac-P5ZM <Ashley.Peddicord-Austin@hhs.gov.onmicrosoft.com>;  
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(KetchumCMSOMH@ketchum.com) <KetchumCMSOMH@ketchum.com>;  
<Brice-Smith, Angela M. (CMS/CQISCO)>;  
Briss, Peter (CDC/DDNID/NCCDPHP/OD) PXB5;

Bryant, Deborah (CMS/CCIIO) Bryant, Deborah (CMS/CCIIO);  
 Bui, Juliet (OS/OASH) Juliet.Bui.os;  
 Burkhalter, Jermaine (CMS/OC) <吳\*口華喙口口口>;  
 蝦口滓蝦勒 ㄟ 麗稱刊伯添蝦勒 ㄟ 麗瀋禮義 弄剔哟噉[則問口校甜毓輒㊟匿跡叫口乃劍齡偉羣呖口乃薑此簾  
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 Chaves, Karen H. (AHRQ) karen.Chaves.AHRQ < >;  
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**Sent Date:** 2022/04/20 12:01:18

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#### Agenda:

- • \* Attendance
- • \* Updated Material Review
- • \* Potential New Topics – Poll and Discussion
- • \* Open Discussion and Group Updates

Ashley Peddicord-Austin is inviting you to a scheduled ZoomGov meeting.

Join ZoomGov Meeting

<https://cms.zoomgov.com/j/1602056236?pwd=VFF4NldlZHM2TVo5TnJ2UFNUd2ZmUT09>

Meeting ID: 160 205 6236

Password: 363107

One tap mobile



(b)(6) US (San Jose)  
US (New York)

Dial by your location

(b)(6) US (San Jose)  
US (New York)

(b)(6) US Toll-free

Meeting ID: (b)(6)

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Password: (b)(6)

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This meeting may be recorded. The host is responsible for maintaining any official recordings/transcripts of this meeting. If recorded, this meeting becomes an official record and shall be retained by the host in their files for 3 years or if longer needed for agency business. If a recording intends be fully transcribed or is being captured for the purpose of creating meeting minutes, the host shall retain the record in their files for 3 years or if no longer needed for agency business, whichever is later.

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Rashida.Dorsey@hhs.gov 蘇得刺十辦穡膳脚蔡暖較口付V;  
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Marx, Kitty (CMS/CMCS) <Martin, Kristi (HHS/OHCR)>;  
Marx, Kitty (CMS/CMCS) + <吳\*□華喀□□□>;  
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<David.Meyers@ahrq.hhs.gov>;  
<Murray, Renard L. (CMS/CQISCO)>

**From:** Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9597596B8C4D4B8D9FAF4922101A611B-HUGGINS, MI <Michael.Huggins@hhs.gov>

**To:** Rainer, Melanie Fontes (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9c7242f10a494d45bab72c452ecd9f80-Rainer, Mel <Melanie.Rainer@hhs.gov>;  
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**Subject:** RE: Updated - 9/20 Clearance Items

**Date:** 2022/09/20 09:18:40

**Priority:** Normal

**Type:** Note

Hi Melanie,

I believe this is the only email we received from Pam regarding Avery's workgroups. But if there is something in particular you're looking for I can check-in with Pam.

Thanks again!

**Michael Huggins, Esq., M.P.P. (he/him/his)**  
Senior Advisor to the Director  
Office for Civil Rights  
U.S. Department of Health and Human Services

---

**From:** Rainer, Melanie Fontes (OS/OCR) <Melanie.Rainer@hhs.gov>

**Sent:** Tuesday, September 20, 2022 9:01 AM

**To:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>; Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>

**Cc:** (b) (b)(6) (b)(6) (HHS/OCR) (b)(6) McLean, Rogelyn (CMS/CCIO) <Rogelyn.McLean@cms.hhs.gov>; Clemencia, LaTanya (HHS/OCR) <LaTanya.Clemencia@hhs.gov>

**Subject:** RE: Updated - 9/20 Clearance Items

Ah, are we sure there isn't another?

---

**From:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>  
**Sent:** Tuesday, September 20, 2022 8:58 AM  
**To:** Rainer, Melanie Fontes (OS/OCR) <Melanie.Rainer@hhs.gov>; Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>  
**Cc:** (b) (b)(6) (b)(6) (HHS/OCR) (b)(6) McLean, Rogelyn (CMS/CCIO) <Rogelyn.McLean@cms.hhs.gov>; Clemencia, LaTanya (HHS/OCR) <LaTanya.Clemencia@hhs.gov>  
**Subject:** RE: Updated - 9/20 Clearance Items

Hi Melanie,

I believe this is the email.

<< Message: Avery's Current Workgroups >>

---

**From:** Rainer, Melanie Fontes (OS/OCR) <Melanie.Rainer@hhs.gov>  
**Sent:** Tuesday, September 20, 2022 8:55 AM  
**To:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>  
**Cc:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>; (b) (b)(6) (b)(6) (HHS/OCR) (b)(6) McLean, Rogelyn (CMS/CCIO) <Rogelyn.McLean@cms.hhs.gov>; Clemencia, LaTanya (HHS/OCR) <LaTanya.Clemencia@hhs.gov>  
**Subject:** RE: Updated - 9/20 Clearance Items

Last, Pam's materials note that Avery sent an email to her with suggestions, etc.

Lauren can you get this email for us please?

---

**From:** Huggins, Michael (HHS/OCR) <Michael.Huggins@hhs.gov>  
**Sent:** Monday, September 19, 2022 8:29 PM  
**To:** Rainer, Melanie Fontes (OS/OCR) <Melanie.Rainer@hhs.gov>  
**Cc:** Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>; (b) (b)(6) (b)(6) (HHS/OCR) (b)(6) McLean, Rogelyn (CMS/CCIO) <Rogelyn.McLean@cms.hhs.gov>; Clemencia, LaTanya (HHS/OCR) <LaTanya.Clemencia@hhs.gov>  
**Subject:** Updated - 9/20 Clearance Items

Hi Melanie,

I hope you're doing well! Here are some items for your review. Unfortunately, IT is still working on fixing our Sharepoint sites, but as soon as that is fixed we can move this over to Sharepoint. In the meantime, I have made a few changes to the chart below to make it more of a tracker. If you have any additional questions, concerns, or adjustments, then I would be happy to address them.

Thanks so much!

Michael

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<< File: 2022\_09\_21HHS Health Disparities Council Meeting.docx >>

**Michael Huggins, Esq., M.P.P. (he/him/his)**

Senior Advisor to the Director

Office for Civil Rights

U.S. Department of Health and Human Services

**Sender:** Huggins, Michael (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9597596B8C4D4B8D9FAF4922101A611B-HUGGINS, MI <Michael.Huggins@hhs.gov>

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Clemencia, LaTanya (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ddcb1a258a28428e80db417c431ed29d-Clemencia, <LaTanya.Clemencia@hhs.gov>

**Sent Date:** 2022/09/20 09:18:39

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