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THIRD COURT OF APPEALS
AUSTIN, TEXAS
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Nos. 03-22-00420-CV & 03-22-00587-CV

IN THE COURT OF APPEALS
FOR THE THIRD DISTRICT OF TEXAS AT AUSTIN

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JEFFREY D. KYLE
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JAIME MASTERS, in her official capacity as Commissioner of the Texas Department of Family and Protective Services; and TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES,

Appellants,

v.

PFLAG, INC.; MIRABEL VOE, individually and as parent and next friend of ANTONIO VOE, a minor; WANDA ROE, individually and as parent and next friend of TOMMY ROE, a minor; ADAM BRIGGLE and AMBER BRIGGLE, individually and as parents and next friends of M.B., a minor,

Appellees.

On Appeal from the 201st Judicial District of Travis County, Texas
Cause No. D-1-GN-22-002569, Hon. Amy Clark Meachum

BRIEF OF *AMICI CURIAE* AMERICAN ACADEMY OF PEDIATRICS AND ADDITIONAL NATIONAL AND STATE MEDICAL AND MENTAL HEALTH ORGANIZATIONS IN SUPPORT OF APPELLEES

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STATEMENT OF INTEREST OF *AMICI CURIAE*

Amici curiae are the American Academy of Pediatrics, the Academic Pediatric Association, the American Academy of Child & Adolescent Psychiatry, the Association of American Medical Colleges, the American Academy of Family Physicians, the American Academy of Nursing, the American Association of Physicians for Human Rights, Inc. d/b/a GLMA: Health Professionals Advancing LGBTQ Equality, the American College of Obstetricians and Gynecologists, the American College of Osteopathic Pediatricians, the American College of Physicians, the American Medical Association, the American Pediatric Society, the Association of American Medical Colleges, the Association of Medical School Pediatric Department Chairs, the Endocrine Society, the National Association of Pediatric Nurse Practitioners, the Pediatric Endocrine Society, the Ray E. Helfer Society, the Society for Adolescent Health and Medicine, the Society for Pediatric Research, the Society of Pediatric Nurses, the Societies for Pediatric Urology, the Texas Pediatric Society (the Texas Chapter of the American Academy of Pediatrics), and the World Professional Association for Transgender Health (collectively, "*amici*").[1]

Amici are professional medical and mental health organizations seeking to ensure that all adolescents, including those with gender dysphoria, receive the

[1] *Amici* affirm that no person other than *amici*, their staff, or their counsel made any monetary contributions intended to fund the preparation or submission of this brief. Tex. R. App. P. 11(c).

optimal medical and mental health care they need and deserve. *Amici* represent thousands of healthcare providers who have specific expertise with the issues raised in this brief. The Court should consider *amici*'s brief because it provides important expertise and addresses misstatements about the treatment for transgender adolescents.

INTRODUCTION

On February 18, 2022, Attorney General Paxton released Opinion No. KP-0401 ("Paxton Opinion"), incorrectly concluding that certain evidence-based medical treatments that are critical for many adolescents with gender dysphoria constitute "child abuse."[2] In a letter dated February 22, 2022, incorporating the Paxton Opinion, Governor Abbott directed the Texas Department of Family and Protective Services ("DFPS") to investigate "any reported instances" of the use of those treatments as child abuse ("Abbott Letter").[3] On the same day, DFPS announced that it would comply with the Abbott Letter.[4] In actuality, the medical treatments characterized as "child abuse" in the Abbott Letter are part of the widely accepted treatment guidelines for adolescents with gender dysphoria, and are supported by the best available scientific evidence. Denying these treatments to adolescents who need them would irreparably harm their health. Additionally, the Abbott Letter and DFPS announcement place healthcare providers in Texas in an

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[2] Ken Paxton et al., *Re: Whether Certain Medical Procedures Performed on Children Constitute Child Abuse* (RQ-0426-KP), Opinion No. KP-0401, at 1 (Feb. 18, 2022), https://texasattorneygeneral.gov/sites/default/files/global/KP-0401.pdf.

[3] Greg Abbott, Letter to Hon. Jaime Masters, Commissioner, Tex. Dep't of Fam. & Protective Servs., at 1 (Feb. 22, 2022), https://gov.texas.gov/uploads/files/press/O-MastersJaime202202221358.pdf.

[4] *See* Isaac Windes, *Texas AG says trans healthcare is child abuse. Will Fort Worth schools have to report?*, Fort Worth Star-Telegram (Feb. 23, 2022), https://www.star-telegram.com/news/local/crossroads-lab/article258692193.html.

impossible position. These providers are required to falsely report adolescent patients receiving these treatments as victims of child abuse even though such reporting would inflict serious harm on their patients, thereby violating these providers' professional codes of ethics. On the other hand, if Texas providers do not report their patients, they face severe legal consequences, including potential civil and criminal penalties and the loss of their professional licenses.[5] Thus, if the temporary injunctions are not upheld, action taken pursuant to the Abbott Letter and DFPS announcement will irreparably harm both transgender adolescents and healthcare providers in Texas.

Below, *amici* provide the Court with an accurate description of the relevant treatment guidelines for gender dysphoria, including the medical treatments mischaracterized by the Abbott Letter; summarize the scientific evidence supporting gender-affirming medical care for adolescents; analyze inaccurate claims the State makes to support the Abbott Letter and DFPS announcement; and detail the severe consequences that patients and providers will face if action is taken pursuant to the Abbott Letter and DFPS announcement.[6]

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[5] *See* Abbott, Letter to Hon. Jaime Masters, *supra* note 3, at 1.

[6] In this brief, the term "gender-affirming medical care" refers to the use of gonadotropin-releasing hormone (GnRH) analogues and/or hormone therapy to treat gender dysphoria. Because this brief focuses primarily on adolescents, it does not discuss surgeries that are typically available to transgender adults.

Gender dysphoria is a clinical condition that is marked by distress due to an incongruence between the patient's gender identity (i.e., the innate sense of oneself as being a particular gender) and sex assigned at birth. This incongruence can lead to clinically significant distress and impair functioning in many aspects of the patient's life.[7] If not treated, or treated improperly, gender dysphoria can result in debilitating anxiety, depression, and self-harm, and is associated with higher rates of suicide. As such, the effective treatment of gender dysphoria saves lives.

The widely accepted recommendation of the medical community, including that of the respected professional organizations participating here as *amici*, is that the well-accepted protocol for treating gender dysphoria is "gender-affirming care."[8] Gender-affirming care is care that supports an individual with gender dysphoria as they explore their gender identity—in contrast with efforts to change the individual's gender identity to match their sex assigned at birth, which are known to be

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[7] *See*, *e.g.*, Jason Rafferty, *Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents*, 142(4) PEDIATRICS e20182162, at 2–3, tbl.1 (2018) [hereinafter, "AAP Policy Statement"], https://perma.cc/DB5G-PG44. The American Academy of Pediatrics recently voted to reaffirm the AAP Policy Statement. *See* Alyson Sulaski Wyckoff, Am. Academy of Pediatrics, *AAP Reaffirms Gender-Affirming Care Policy, Authorizes Systematic Review of Evidence to Guide Update* (Aug. 4, 2023), https://perma.cc/XS4B-WBLH. AAP's review and reaffirmation was undertaken as part of its normal procedures to perform such reviews on a five-year basis.

[8] AAP Policy Statement, *supra* note 7, at 10.

ineffective and harmful.[9] For adolescents with persistent gender dysphoria that worsens with the onset of puberty, gender-affirming care may include medical care to align their physiology with their gender identity. Empirical evidence indicates that gender-affirming care, including gender-affirming medical care provided to carefully evaluated patients who meet diagnostic criteria, can alleviate clinically significant distress and lead to significant improvements in the mental health and overall well-being of adolescents with gender dysphoria.[10]

The Abbott Letter, however, disregards this medical evidence by mischaracterizing gender-affirming medical care as child abuse and directing DFPS to investigate healthcare providers who treat adolescent patients with gender dysphoria in accordance with widely accepted treatment guidelines. As such, enforcement of the Abbott Letter and DFPS announcement will prevent healthcare providers from providing critical medical care to adolescent patients. It would also put healthcare providers in the impossible position of either facing civil and criminal penalties for failing to report their clients who receive gender-affirming care; or following the Abbott Letter's flawed directive and thus contravening their ethical

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[9] *See, e.g.*, Christy Mallory et al., *Conversion Therapy and LGBT Youth*, Williams Inst. (June 2019), https://perma.cc/HXY3-UX2J.

[10] *See* Simona Martin et al., *Criminalization of Gender-Affirming Care—Interfering with Essential Treatment for Transgender Children and Adolescents*, 385 NEW ENG. J. MED. 579, 580 (2021), https://perma.cc/BR4F-YLZS (providing an overview of the scientific basis underlying gender-affirming care and its demonstrated effectiveness in "alleviat[ing] gender dysphoria").

obligation to do no harm to patients.[11] It is for these reasons, among others, that pediatricians, endocrinologists, psychiatrists, nurse practitioners, medical experts in diagnosing child abuse and neglect, and other medical professionals practicing in Texas oppose DFPS' enforcement of the Abbott Letter.[12] Accordingly, *amici* support affirmance of the temporary injunctions.

ARGUMENT

This brief first provides background on gender identity and gender dysphoria. It then describes the professionally accepted medical guidelines for treating gender dysphoria as they apply to adolescents, the scientifically rigorous process by which these guidelines were developed, and the evidence that supports the effectiveness of this care for adolescents with gender dysphoria. The brief then corrects multiple

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[11] *See, e.g., AAP, Texas Pediatric Society Oppose Actions in Texas Threatening Health of Transgender Youth*, AAP News Room (Feb. 24, 2022), https://www.aap.org/en/news-room/news-releases/aap/2022/aap-texas-pediatric-society-oppose-actions-in-texas-threatening-health-of-transgender-youth/; *Endocrine Society alarmed at criminalization of transgender medicine*, Endocrine Society News Room (Feb. 23, 2022), https://www.endocrine.org/news-and-advocacy/news-room/2022/endocrine-society-alarmed-at-criminalization-of-transgender-medicine; *APA president condemns Texas governor's directive to report parents of transgender minors*, American Psychological Association Press Room (Feb. 24, 2022), https://www.apa.org/news/press/releases/2022/02/report-parents-transgender-children; *Physicians Oppose Texas Efforts to Interfere in the Patient-Physician Relationship and Criminalize Gender-Affirming Care*, AAP News Room (Feb. 28, 2022), https://www.aap.org/en/news-room/news-releases/aap/2022/physicians-oppose-texas-efforts-to-interfere-in-the-patient-physician-relationship-and-criminalize-gender-affirming-care/; *AACAP Statement Opposing Actions in Texas Threatening the Health, Mental Heather and Well-Being of Transgender and Gender Diverse Youth and Their Families*, AACAP News (Mar. 1, 2022), https://www.aacap.org/AACAP/zLatest_News/AACAP_Statement_Opposing_Actions_in_Texas.aspx.

[12] *See* sources cited *supra* note 11.

inaccuracies regarding the professionally accepted medical guidelines for treating gender dysphoria, and finally explains how action taken pursuant to the Abbott Letter and DFPS statement would irreparably harm both adolescents with gender dysphoria and healthcare providers who treat these adolescents.

I. Understanding Gender Identity and Gender Dysphoria.

A person's gender identity is a person's deep internal sense of belonging to a particular gender.[13] Most people have a gender identity that aligns with their sex assigned at birth.[14] However, transgender people have a gender identity that does not align with their sex assigned at birth.[15] In the United States, it is estimated that approximately 1.4 million individuals are transgender.[16] Of these individuals, approximately 10% are teenagers aged 13 to 17.[17] Individuals often start to understand their gender identity during prepubertal childhood and adolescence.

Today, there is an increasing understanding that being transgender is a normal

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[13] AAP Policy Statement, *supra* note 7, at 2 tbl.1.

[14] *See* Am. Psychological Ass'n, *Guidelines for Psychological Practice with Transgender and Gender Nonconforming People*, 70(9) AMERICAN PSYCHOLOGIST 832, 862 (2015), https://perma.cc/6HR2-9KCM.

[15] *See id.* at 832.

[16] *See* Jody L. Herman et al., *Ages of Individuals Who Identify as Transgender in the United States*, Williams Inst., at 2 (Jan. 2017), https://perma.cc/C4TA-NR25.

[17] *See id.* at 3.

variation of human identity.[18] However, many transgender people suffer from gender dysphoria, a serious medical condition in which the patient experiences significant distress that can lead to "impairment in peer and/or family relationships, school performance, or other aspects of their life."[19] Gender dysphoria is a formal diagnosis under the American Psychiatric Association's Diagnostic and Statistical Manual (DSM-5-TR).[20]

If untreated or inadequately treated, gender dysphoria can cause depression, anxiety, self-harm, and suicidality.[21] Indeed, over 60% of transgender adolescents and young adults reported having engaged in self-harm during the preceding 12 months, and over 75% reported symptoms of generalized anxiety disorder in the preceding two weeks.[22] Even more troubling, more than 50% of this population reported having seriously considered attempting suicide,[23] and more than one in three transgender adolescents reported having attempted suicide in the preceding

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[18] James L. Madara, *AMA to States: Stop Interfering in Healthcare of Transgender Children*, Am. Med. Ass'n (Apr. 26, 2021), https://perma.cc/BKS6-QFQ8; *see also* Am. Psychological Ass'n, *APA Resolution on Gender Identity Change Efforts*, 4 (Feb. 2021), https://perma.cc/M22K-PBUZ.

[19] AAP Policy Statement, *supra* note 7, at 3.

[20] *See* Am. Psychiatric Ass'n, *Diagnostic and Statistical Manual of Mental Disorders: DSM-5-TR* at 512–13 (2022).

[21] *See* Brayden N. Kameg & Donna G. Nativio, *Gender Dysphoria In Youth: An Overview For Primary Care Providers*, 30(9) J. AM. ASSOC. NURSE PRAC. 493 (2018), https://pubmed.ncbi.nlm.nih.gov/30095668.

[22] *See* Amit Paley, *The Trevor Project 2020 National Survey*, at 1, https://perma.cc/JB6T-49XF.

[23] *See id*. at 2.

12 months.[24]

II. The Widely Accepted Guidelines for Treating Adolescents with Gender Dysphoria Provide for Gender-Affirming Medical Care When Indicated.

The widely accepted view of the professional medical community is that gender-affirming care is the appropriate treatment for gender dysphoria and that, for some adolescents, gender-affirming medical care is necessary.[25] This care greatly reduces the negative physical and mental health consequences that result when gender dysphoria is untreated.[26]

A. The Gender Dysphoria Treatment Guidelines Include Thorough Mental Health Assessments and, for Some Adolescents, Gender-Affirming Medical Care.

The treatment protocols for gender dysphoria are laid out in established, evidence-based clinical guidelines: (i) the Endocrine Society Clinical Practice Guideline for Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons, and (ii) the WPATH Standards of Care for the Health of Transgender and

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[24] *See* Michelle M. Johns et al., *Transgender Identity and Experiences of Violence Victimization, Substance Use, Suicide Risk, and Sexual Risk Behaviors Among High School Students–19 States and Large Urban School Districts*, *2017*, U.S. Dep't of Health and Human Servs., Centers for Disease Control & Prevention, 68 MORBIDITY & MORTALITY WKLY. REP. 67, 70 (2019), https://perma.cc/7ZKM-F4SS.

[25] *See, e.g.*, Endocrine Soc'y, *Transgender Health: An Endocrine Society Position Statement* (2020), https://perma.cc/7L4P-VWME.

[26] *See id.*

Gender-Diverse People (together, the "Guidelines").[27] The Guidelines have been developed by expert clinicians and researchers who have worked with patients with gender dysphoria for many years.

The Guidelines provide that all youth with gender dysphoria should be evaluated, diagnosed, and treated by a qualified health care professional ("HCP"). Further, the Guidelines provide that each patient who receives gender-affirming care should receive only evidence-based, medically necessary, and appropriate care that is tailored to the patient's individual needs.

1. The Guidelines Do Not Recommend Gender-Affirming Medical Care for Prepubertal Children.

For prepubertal children with gender dysphoria, the Guidelines provide for mental health care and support for the child and their family, such as through psychotherapy and social transitioning.[28] The Guidelines do *not* recommend that prepubertal children with gender dysphoria receive gender-affirming medical care or surgeries.[29]

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[27] Wylie C. Hembree et al., *Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons*, 102(11) J. CLINICAL ENDOCRINOLOGY & METABOLISM 3869 (Nov. 2017) [hereinafter, "Endocrine Soc'y Guidelines"], https://perma.cc/34KY-2LDF; Eli Coleman et al., *Standards of Care for the Health of Transgender and Gender Diverse People* 23 Int'l J. Transgender Health S1 (8th ed. 2022) [hereinafter, "WPATH Guidelines"], https://perma.cc/7SU3-RPK9.

[28] *See* WPATH Guidelines, *supra* note 27, at S73–S74; Endocrine Soc'y Guidelines, *supra* note 27, at 3877–78.

[29] *See* WPATH Guidelines, *supra* note 27, at S64, S67; Endocrine Soc'y Guidelines, *supra* note 27, at 3871.

2. A Robust Diagnostic Assessment Is Required Before Gender-Affirming Medical Care Is Provided.

In contrast to prepubertal children, the Guidelines do contemplate the possibility that transgender adolescents with gender dysphoria could receive gender-affirming medical care, provided certain criteria are met. According to the Guidelines, gender-affirming medical care should be provided only after a thorough evaluation by a HCP who: (1) is licensed by their statutory body and holds a master's degree or equivalent in a relevant clinical field; (2) has expertise and received theoretical and evidence-based training in child, adolescent, and family mental health; (3) has expertise and received training in gender identity development, gender diversity in children and adolescents, can assess capacity to consent, and possesses knowledge about gender diversity across the life span; (4) has expertise and received training in autism spectrum disorders and other neurodevelopmental presentations, or collaborates with a developmental disability expert when working with neurodivergent patients; and (5) continues engagement in professional development in areas relevant to gender diverse children, adolescents, and families.[30]

Prior to developing a treatment plan, the HCP should conduct a

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[30] *See* WPATH Guidelines, *supra* note 27, at S49.

"comprehensive biopsychosocial assessment" of the adolescent patient.[31] The HCP conducts this assessment to "understand the adolescent's strengths, vulnerabilities, diagnostic profile, and unique needs," so that the resulting treatment plan is appropriately individualized.[32] This assessment must be conducted collaboratively with the patient and their caregiver(s).[33]

3. In Certain Circumstances, the Guidelines Provide for the Use of Gender-Affirming Medical Care to Treat Adolescents With Gender Dysphoria.

For youths with gender dysphoria that continues into adolescence—after the onset of puberty—the Guidelines provide that, in addition to mental health care, gender-affirming medical care may be indicated. Before an adolescent may receive any gender-affirming medical care for treating gender dysphoria, the Guidelines collectively provide that a qualified HCP must determine that: (1) the adolescent meets the diagnostic criteria of gender dysphoria or gender incongruence according to an established taxonomy;[34] (2) the adolescent has demonstrated a sustained and persistent pattern of gender nonconformity or gender dysphoria; (3) the adolescent has demonstrated the emotional and cognitive maturity required to provide informed

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[31] *Id.* at S50.

[32] *Id.*

[33] *Id.*

[34] Endocrine Soc'y Guidelines, *supra* note 25, at 3876; WPATH Guidelines, *supra* note 25, at S47, S48.

consent for treatment; (4) any coexisting psychological, medical, or social problems that could interfere with diagnosis, treatment, or the adolescent's ability to consent have been addressed; (5) the adolescent has been informed of the reproductive effects of treatment in the context of their stage in pubertal development and discussed fertility preservation options; and (6) the adolescent has reached Tanner stage 2 of puberty to initiate pubertal suppression.[35] Further, a pediatric endocrinologist or other clinician experienced in pubertal assessment must (7) agree with the indication for treatment, (8) confirm the patient has started puberty, and (9) confirm that there are no medical contraindications.[36]

If all of the above criteria are met, and the patient and their parents provide informed consent, gonadotropin-releasing hormone (GnRH) analogues, or "puberty blockers," may be offered beginning at the onset of puberty.[37] The purpose of puberty blockers is to delay pubertal development until adolescents are old enough and have had sufficient time to make more informed decisions about whether to pursue further treatments.[38] Puberty blockers also can make pursuing transition later in life easier, because they prevent irreversible bodily changes such as protrusion of

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[35] WPATH Guidelines, *supra* note 27, at S59–65.

[36] Endocrine Soc'y Guidelines, *supra* note 27, at 3878 tbl.5.

[37] WPATH Guidelines, *supra* note 27, at S64; Martin, *supra* note 10, at 2..

[38] WPATH Guidelines, *supra* note 27, at S112.

the Adam's apple or breast growth.[39] Puberty blockers have well-known efficacy and side-effect profiles.[40] Their effects are generally reversible, and when a patient discontinues their use, the patient resumes endogenous puberty.[41] In fact, puberty blockers have been used by pediatric endocrinologists for more than 40 years for the treatment of precocious puberty.[42] The risks of any serious adverse effects from puberty blockers are exceedingly rare when provided under clinical supervision.[43]

Later in adolescence—and if the criteria below are met—hormone therapy may be used to initiate puberty consistent with the patient's gender identity.[44] Hormone therapy involves using gender-affirming hormones to allow adolescents to develop secondary sex characteristics consistent with their gender identity.[45] Hormone therapy is only prescribed when a qualified mental health professional has

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[39] *See* AAP Policy Statement, *supra* note 7, at 5.

[40] *See* Martin, *supra* note 10, at 2.

[41] *See id.*

[42] *See* F. Comite et al., *Short-Term Treatment of Idiopathic Precocious Puberty with a Long-Acting Analogue of Luteinizing Hormone-Releasing Hormone — A Preliminary Report*, 305 NEW ENG. J. MED. 1546 (1981).

[43] *See, e.g.*, Annemieke S. Staphorsius et al., *Puberty Suppression and Executive Functioning: An Fmri-Study in Adolescents with Gender Dysphoria*, 6 PSCYHONEUROENDOCRINOLOGY 190 (2015), https://pubmed.ncbi.nlm.nih.gov/25837854 (no adverse impact on executive functioning); Ken C. Pang et al., *Long-term Puberty Suppression for a Nonbinary Teenager*, 145(2) PEDIATRICS e20191606 (2019), https://perma.cc/VP47-UA9M (exceedingly low risk of delayed bone mineralization from hormone treatment).

[44] Martin, *supra* note 10, at 2.

[45] *See* AAP Policy Statement, *supra* note 7, at 6.

confirmed the persistence of the patient's gender dysphoria, the patient's mental capacity to consent to the treatment, and that any coexisting problems have been addressed.[46] A pediatric endocrinologist or other clinician experienced in pubertal induction must also agree with the indication, and the patient and their parents or guardians must be informed of the potential effects and side effects and give their informed consent.[47] Although some of the changes caused by hormone therapy become irreversible after those secondary sex characteristics are fully developed, others are partially reversible if the patient discontinues use of the hormones.[48]

The Guidelines contemplate that the prescription of puberty blockers and/or hormone therapy be coupled with education on the safe use of such medications and close monitoring to mitigate any potential risks.[49] Decisions regarding the appropriate treatment for each patient with gender dysphoria are made in consultation with the patient, their parents or guardians, and the medical and mental health care team. There is "no one-size-fits-all approach to this kind of care."[50]

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[46] Endocrine Soc'y Guidelines, *supra* note 27, at 3878 tbl.5.

[47] *See id*.

[48] *See* AAP Policy Statement, *supra* note 7, at 5–6.

[49] *See* Endocrine Soc'y Guidelines, *supra* note 27, at 3871, 3876.

[50] Martin, *supra* note 10, at 1.

B. The Guidelines for Treating Gender Dysphoria Were Developed Through a Robust and Transparent Process, Employing the Same Scientific Rigor That Underpins Other Medical Guidelines.

The Guidelines are the product of careful and robust deliberation following the same types of processes—and subject to the same types of rigorous requirements—as other guidelines promulgated by *amici* and other medical organizations.

For example, the Endocrine Society's Guidelines were developed following a 26-step, 26-month drafting, comment, and review process.[51] The Endocrine Society imposes strict evidentiary requirements based on the internationally recognized Grading of Recommendations Assessment, Development and Evaluation (GRADE) system.[52] That GRADE assessment is then reviewed, re-reviewed, and reviewed again by multiple, independent groups of professionals.[53] Reviewers are subject to strict conflict of interest rules, and there is ample opportunity for feedback and debate through the years-long review process.[54] Further, the Endocrine Society continually reviews its own guidelines and recently determined that the 2017

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[51] *See, e.g.*, Endocrine Soc'y Guidelines, *supra* note 27, at 3872–73 (high-level overview of methodology).

[52] *See* Gordon Guyatt et al., *GRADE Guidelines: 1. Introduction - GRADE Evidence Profiles and Summary of Findings Tables*, 64 J. CLINICAL EPIDEMIOLOGY 383 (2011), https://perma.cc/66FA-6MT6; Gordon H. Guyatt et al., *GRADE: An Emerging Consensus on Rating Quality of Evidence and Strength of Recommendations*, 336 BMJ 924 (2008), https://perma.cc/4J7F-3Z62.

[53] Endocrine Soc'y, *Guideline Methodology*, https://perma.cc/9NK4-HNNX.

[54] *See id*.

transgender care guidelines continue to reflect the best, most up-to-date available evidence.

First published in 1979, the WPATH Standards of Care are currently in their 8th Edition. The current Standards of Care are the result of a robust drafting, comment, and review process that collectively took five years.[55] The draft guidelines went through rigorous review and were publicly available for discussion and debate, receiving a total of 2,688 comments.[56] 119 authors were ultimately involved in the final draft, including feedback from experts in the field as well as from transgender individuals and their families.[57]

C. Scientific Evidence Indicates the Effectiveness of Treating Gender Dysphoria According to the Guidelines.

Multiple studies indicate that adolescents with gender dysphoria who receive gender-affirming medical care experience improvements in their overall well-being.[58] A number of studies have been published that investigated the use of puberty blockers on adolescents with gender dysphoria,[59] and/or the use of hormone

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[55] *See* WPATH Guidelines, *supra* note 27, at S247-51.

[56] *See id*.

[57] *See id.*

[58] *See* Martin, *supra* note 10, at 2.

[59] *See, e.g.*, Christal Achille et al., *Longitudinal Impact of Gender-Affirming Endocrine Intervention on The Mental Health and Wellbeing of Transgender Youths: Preliminary Results*, 8 INT'L J PEDIATRIC ENDOCRINOLOGY 1–5 (2020), https://perma.cc/K5SR-EE3G; Polly Carmichael (continued…)

therapy to treat adolescents with gender dysphoria.[60] These studies find positive mental health outcomes for those adolescents who received puberty blockers or hormone therapy, including statistically significant reductions in anxiety,

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et al., *Short-Term Outcomes of Pubertal Suppression in a Selected Cohort of 12 to 15 Year Old Young People With Persistent Gender Dysphoria in the UK*, 16(2) PLoS ONE e0243894 (2021), https://doi.org/10.1371/journal.pone.0243894; Rosalia Costa et al., *Psychological Support, Puberty Suppression, and Psychosocial Functioning in Adolescents with Gender Dysphoria*, 12(11) J. SEXUAL MED. 2206–2214 (2015), https://pubmed.ncbi.nlm.nih.gov/26556015; Annelou L.C. de Vries et al., *Puberty Suppression In Adolescents With Gender Identity Disorder: A Prospective Follow-Up Study*, 8(8) J. SEXUAL MED. 2276–2283 (2011), https://pubmed.ncbi.nlm.nih.gov/20646177; Annelou L.C. de Vries et al., *Young Adult Psychological Outcome After Puberty Suppression And Gender Reassignment*, 134(4) PEDIATRICS 696–704 (2014), https://pubmed.ncbi.nlm.nih.gov/25201798; Laura E. Kuper, et al., *Body Dissatisfaction and Mental Health Outcomes of Youth on Gender-Affirming Hormone Therapy*, 145(4) PEDIATRICS e20193006 (2020), https://perma.cc/2HAT-GGFV; Jack L. Turban et al., *Pubertal Suppression For Transgender Youth And Risk of Suicidal Ideation*, 145(2) PEDIATRICS e20191725 (2020), https://perma.cc/B2UZ-YR3Q; Anna I.R. van der Miesen, *Psychological Functioning in Transgender Adolescents Before and After Gender-Affirmative Care Compared With Cisgender General Population Peers*, 66(6) J. ADOLESCENT HEALTH 699–704 (2020); Diana M. Tordoff et al., *Mental Health Outcomes In Transgender And Nonbinary Youths Receiving Gender-Affirming Care*, 5(2) JAMA NETWORK OPEN e220978 (2022), https://perma.cc/SBF4-B4D4.

[60] *See, e.g.*, Achille, *supra* note 59, at 1–5; Luke R. Allen et al., *Well-Being and Suicidality Among Transgender Youth After Gender-Affirming Hormones*, 7(3) CLINICAL PRAC. PEDIATRIC PSYCH. 302 (2019), https://psycnet.apa.org/record/2019-52280-009; Diane Chen et al., *Psychosocial Functioning in Transgender Youth after 2 Years of Hormones*, 388(3) NEW ENG. J. MED 240-50 (2023), https://www.nejm.org/doi/10.1056/NEJMoa2206297; Diego Lopez de Lara et al., *Psychosocial Assessment in Transgender Adolescents*, 93(1) ANALES DE PEDIATRIA 41–48 (English ed. 2020), https://perma.cc/AQ4G-YJ85; de Vries, *Young Adult Psychological Outcome After Puberty Suppression and Gender Reassignment*, *supra* note 59; Rittakerttu Kaltiala et al., *Adolescent Development And Psychosocial Functioning After Starting Cross-Sex Hormones For Gender Dysphoria*, 74(3) NORDIC J. PSYCHIATRY 213 (2020), https://doi.org/10.1080/08039488.2019.1691260; Kuper, *supra* note 59; Amy E. Green et al., *Association of Gender-Affirming Hormone Therapy with Depression, Thoughts of Suicide, and Attempted Suicide Among Transgender and Nonbinary Youth*, J. ADOLESCENT HEALTH (2021), https://doi.org/10.1016/j.jadohealth.2021.10.036; Jack L. Turban et al., *Access To Gender-Affirming Hormones During Adolescence and Mental Health Outcomes Among Transgender Adults*, J. PLOS ONE (2022), https://doi.org/10.1371/journal.pone.0261039.

depression, and suicidal ideation.[61]

For example, a 2020 study analyzed survey data from 89 transgender adults who had access to puberty blockers while adolescents and from more than 3,400 transgender adults who did not.[62] The study found that those who received puberty blocking treatment had lower odds of lifetime suicidal ideation than those who wanted puberty blocking treatment but did not receive it, even after adjusting for demographic variables and level of family support.[63] Approximately *nine in ten* transgender adults who wanted puberty blocking treatment but did not receive it reported lifetime suicidal ideation.[64] Additionally, a longitudinal study of nearly 50 transgender adolescents found that suicidality was decreased by a statistically significant degree after receiving gender-affirming hormone treatment.[65] A study published in January 2023, following 315 participants age 12 to 20 who received gender-affirming hormone treatment, found that the treatment was associated with decreased symptoms of depression and anxiety.[66]

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[61] The data likewise indicates that adults who receive gender-affirming care experience positive mental health outcomes. *See, e.g.*, Zoe Aldridge et al., *Long Term Effect of Gender Affirming Hormone Treatment on Depression and Anxiety Symptoms in Transgender People: A Prospective Cohort Study*, 9 ANDROLOGY 1808–1816 (2021), https://perma.cc/543U-HL5P.

[62] *See* Turban, *supra* note 59.

[63] *See id*.

[64] *See id.*

[65] *See* Allen, *supra* note 60.

[66] *See* Chen et al., *supra* note 60.

As another example, a prospective two-year follow-up study of adolescents with gender dysphoria published in 2011 found that treatment with puberty blockers was associated with decreased depression and improved overall functioning.[67] A six-year follow-up study of 55 individuals from the 2011 study found that subsequent treatment with hormone therapy followed by surgery in adulthood was associated with a statistically significant decrease in depression and anxiety.[68] "Remarkably, this study demonstrated that these transgender adolescents and young adults had a sense of well-being that was equivalent or superior to that seen in age-matched controls from the general population."[69]

As scientists and researchers, *amici* always welcome more research, including on this crucial topic. However, the available data indicate that the gender-affirming medical care mischaracterized by the Abbott Letter is effective for the treatment of gender dysphoria. For these reasons, and consistent with the clinical experience of healthcare providers, the use of the gender-affirming medical care specified in the

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[67] *See* de Vries, *Puberty Suppression in Adolescents with Gender Identity Disorder: A Prospective Follow-Up Study*, *supra* note 59.

[68] de Vries, *Young Adult Psychological outcome After Puberty Suppression and Gender Reassignment*, *supra* note 59.

[69] Stephen M. Rosenthal, *Challenges in the Care of Transgender and Gender-Diverse Youth: An Endocrinologist's View*, 17(10) NATURE REV. ENDOCRINOLOGY 581, 586 (Oct. 2021), https://pubmed.ncbi.nlm.nih.gov/34376826.

Guidelines is supported by all mainstream pediatric organizations.[70] As the president of the Texas Pediatric Society explained, "[e]vidence-based medical care for transgender and gender diverse children is a complex issue that pediatricians are uniquely qualified to provide."[71]

III. The State Makes Factually Inaccurate Claims To Support the Abbott Letter and DFPS Statement

The State makes a number of inaccurate claims to support the Abbott Letter and DFPS Statement. Contrary to the State's assertion that gender dysphoria is often outgrown, the evidence indicates that an adolescent with gender dysphoria will very likely be a transgender adult. The State also calls into question the quality of evidence supporting gender-affirming medical care while ignoring that the available evidence supports that such care is effective. Finally, the State incorrectly suggests that there is international support for its assertion that gender-affirming medical care

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[70] *See, e.g.*, AMA, *Advocating for the LGBTQ community*, https://www.ama-assn.org/delivering-care/population-care/advocating-lgbtq-community (American Medical Association stating "Improving access to gender-affirming care is an important means of improving health outcomes for the transgender population"); *An Endocrine Society Position Statement*, *supra* note 25 (Endocrine Society and Pediatric Endocrine Society position paper stating "Youth who are able to access gender-affirming care […] experience significantly improved mental health outcomes over time, similar to their cis-gender peers"); *AACAP Statement Responding to Efforts to ban Evidence-Based Care for Transgender and Gender Diverse Youth*, (Nov. 8, 2019), https://www.aacap.org/AACAP/Latest_News/AACAP_Statement_Responding_to_Efforts-to_ban_Evidence-Based_Care_for_Transgender_and_Gender_Diverse.aspx ("The American Academy of Child and Adolescent Psychiatry (AACAP) supports the use of current evidence-based clinical care with minors.").

[71] *AAP, Texas Pediatric Society Oppose Actions in Texas Threatening Health of Transgender Youth*, *supra* note 11.

is harmful, but countries around the world provide youth with access to this medical care.

A. The Vast Majority of Adolescents Diagnosed with Gender Dysphoria Will Persist Through Adulthood.

The State asserts that "children with gender dysphoria 'outgrow this condition in 61% to 98% of cases by adulthood.'"[72] However, the State improperly conflates prepubertal children with adolescents, which is an important distinction. Prepubertal children are *not* eligible under the Guidelines for any of the gender-affirming medical care prohibited by the Abbott Letter and DFPS announcement.[73] The Guidelines endorse the use of gender-affirming medical care only to treat *adolescents* and *adults* with gender dysphoria, and only when the relevant criteria are met.[74] There are *no* studies to support the proposition that adolescents with gender dysphoria are likely to later identify as their sex assigned at birth, whether

[72] Appellants' Br. at 54.

[73] *See* Susan D. Boulware et al., *Biased Science: The Texas and Alabama Measures Criminalizing Medical Treatment for Transgender Children and Adolescents Rely on Inaccurate and Misleading Scientific Claims* 18 (Apr. 28, 2022), https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4102374; Endocrine Soc'y Guidelines, *supra* note 27, at 3871, 3879; WPATH Guidelines, *supra* note 27, at S32, S48 (endorsing the use of medical interventions only to treat adolescents and adults with gender dysphoria, and only when the relevant criteria are met).

[74] *See* Endocrine Soc'y Guidelines, *supra* note 27, at 3871, 3879; WPATH Guidelines, *supra* note 27, at S32, S48.

they receive treatment or not.[75]

On the contrary, "[l]ongitudinal studies have indicated that the emergence or worsening of gender dysphoria with pubertal onset is associated with a very high likelihood of being a transgender adult."[76] Moreover, while detransitioning may occur for many reasons, detransitioning is not the same as regret. An individual who detransitions—the definition of which varies from study to study[77]—does *not* necessarily do so because they have come to identify with their sex assigned at birth. Instead, the most common reported factors that contribute to a person's choice to detransition are pressure from parents and discrimination.[78]

B. The State Mischaracterizes the Scientific Evidence Supporting Gender Affirming Care

The State asserts that *amici* AAP and Endocrine Society "have described the limited research on the effects of the drugs on trans youth as 'low-quality.'"[79] While

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[75] *See, e.g.*, Stewart L. Adelson, *Practice Parameter on Gay, Lesbian, or Bisexual Sexual Orientation, Gender Non-Conformity, and Gender Discordance in Children and Adolescents*, 51 J. AM. ACAD. CHILD & ADOLESCENT PSYCHIATRY 957, 964 (2020), https://perma.cc/S2Z4-DZMG ("In contrast, when gender variance with the desire to be the other sex is present in adolescence, this desire usually does persist through adulthood").

[76] Rosenthal, *supra* note 69, at 585.

[77] Michael S. Irwig, *Detransition Among Transgender and Gender-Diverse People—An Increasing and Increasingly Complex Phenomenon*, J. CLINICAL ENDOCRINOLOGY & METABOLISM 1, 1 (June 2022), https://pubmed.ncbi.nlm.nih.gov/35678284 ("Detransition refers to the stopping or reversal of transitioning which could be social (gender presentation, pronouns), medical (hormone therapy), surgical, or legal.").

[78] *See id.* (discussing "largest study to look at detransition").

[79] Appellants' Reply Br. at 17 n.4.

the Endocrine Society Guidelines rate the evidentiary support for certain recommendations as "low quality," this is a term of art under the GRADE system[80] and results from the nature of the studies that are feasible for adolescents with gender dysphoria.

Under the GRADE system, evidence may be assessed according to different categories, including "high," "moderate," "low," and "very low."[81] To suggest that clinical practice predicated on anything but "high" quality evidence is unsafe and unsupported by best medical practices is misleading at best. Clinical practice across disciplines is commonly guided by evidence that various evidence grading systems might deem "lower quality."[82] In such instances, as here, clinicians rely on the best evidence possible to provide treatment for their patients. As noted above, there are several scientific studies that find positive mental health outcomes for adolescents

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[80] *See* discussion in Section II.B *supra* (describing the GRADE system).

[81] *See* Gordon H. Guyatt et al., *GRADE: What Is "Quality of Evidence" and Why Is It Important to Clinicians?*, 336 BMJ 995, 998 (2008), https://perma.cc/PW8P-98N7; David Atkins et al., *Grading Quality of Evidence and Strength of Recommendations*, 328 BMJ 1490, 1492 (2004), https://perma.cc/SXS3-F85J.

[82] For example, the American Heart Association's guideline for Pediatric Basic and Advanced Life Support includes 130 recommendations for pediatric care, only one of which is predicated on Level A ("high quality evidence from more than 1 RCT") evidence. Alexis A. Topjian et al., *2020 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care*, 142 Circulation S469–523 (2020), https://perma.cc/RG3A-DSWS. The majority of the recommendations rely on what was deemed Level C-LD ("limited data") evidence. *Id.*

with gender dysphoria who receive puberty blockers or hormone therapy.[83] This evidence supporting gender-affirming medical care is consistent with the type of evidence relied on in other clinical practices throughout the medical community.

C. Gender-Affirming Medical Care Is Provided Internationally.

The State attempts to rely on a report from "one [U.K.] physician" to wrongly suggest that there is international support for its assertion that puberty blockers and hormone therapy "have [a] high risk of harm."[84] However, the State ignores that transgender youth have access to gender-affirming medical care in developed nations across the world, including Australia,[85] Canada,[86] Denmark,[87] Finland,[88]

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[83] *See* discussion in Section II.C *supra.*

[84] Appellants' Br. at 52–53.

[85] *See Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents*, ROYAL CHILDREN'S HOSP. MELBOURNE (Oct. 2021), https://perma.cc/4DXY-7E8Z.

[86] *See* Greta R. Bauer et al., *Transgender Youth Referred to Clinics for Gender-Affirming Medical Care in Canada*, 148(5) PEDIATRICS 1 (2021), https://perma.cc/7Z9B-NKYA.

[87] *See* Vejledning om Sundhedsfaglig Hjælp ved Kønsidentitetsforhold (*Guidelines on Healthcare Concerning Gender Identity Matters*), Danish State Legal Information System (2018), https://perma.cc/6T3E-GZ4Z (in Danish).

[88] *See Medical Treatment Methods for Dysphoria Associated with Variations in Gender Identity in Minors – Recommendation*, Council for Choices in Health Care in Finland (2020), https://perma.cc/J8PH-VSY9.

Germany,[89] Mexico,[90] New Zealand,[91] Norway,[92] Spain,[93] and Sweden,[94] among others including the United Kingdom.[95] Although some of these countries have debated how best to care for transgender patients, none have come close to banning gender-affirming medical care for all minors. Enforcement of the Abbott Letter and DFPS Announcement would make Texas an outlier in the international medical community, not the norm.

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[89] *See Ethics Council Publishes Ad Hoc Recommendation on Transgender Identity in Children and Adolescents*, GERMAN ETHICS COUNSEL (Feb. 20, 2020), https://www.ethikrat.org/en/press-releases/press-releases/2020/ethics-council-publishes-ad-hoc-recommendation-on-transgender-identity-in-children-and-adolescents/.

[90] *See Protocolo para el Acceso sin Discriminación a la Prestación de Servicios de Atención Médica de las Personas Lésbico, Gay, Bisexual, Transexual, Travesti, Transgénero e lntersexual y Guías de Atención Específicas* (*Protocol for Access Without Discrimination to Health Care Services for Lesbian, Gay, Bisexual, Transsexual, Transvestite, Transgender and Intersex Persons and Specific Care Guidelines*), GOV'T OF MEX. (June 15, 2020), https://perma.cc/2DTG-HKQY (in Spanish).

[91] *See Transgender New Zealanders: Children and Young People*, NEW ZEALAND MINISTRY OF HEALTH (2020), https://perma.cc/MBF9-QZ4J.

[92] *See Gender Incongruence*, NORWEGIAN DIRECTORATE OF HEALTH (2021), https://perma.cc/6HQU-P7PN (in Norwegian).

[93] *See* Diego Lopez de Lara et al., *Psychosocial Assessment in Transgender Adolescents*, 93 ANALES DE PEDIATRÍA ENGLISH EDITION 1 (2020), https://perma.cc/AQ4G-YJ85.

[94] *See Care of Children and Adolescents with Gender Dysphoria: Summary*, SWEDISH NAT'L BD. OF HEALTH & WELFARE (2022), https://perma.cc/H7WD-T27P.

[95] Policies vary throughout the countries of the United Kingdom with regard to the circumstances under which gender-affirming medical care may be provided to adolescents. *See, e.g.*, NHS Services, *The Young People's Gender Service*, https://perma.cc/75AL-6KJD (gender-affirming care in Scotland). The National Health Service in England and Wales recently published an *interim* service specification that narrows some of their policies on gender-affirming medical care for adolescents to incorporate research protocols, but the interim specification does not contemplate a categorical ban on such care. *See* NHS Services, *Interim Service Specification for Specialist Gender Incongruence Services for Children and Young People*, https://perma.cc/5LU2-QBWN.

IV. Enforcement of the Abbott Letter and DFPS Announcement Would Irreparably Harm Many Adolescents With Gender Dysphoria By Denying Them the Treatment They Need.

If enforced, the Abbott Letter and DFPS announcement will prevent adolescents with gender dysphoria in Texas from accessing medical care that is designed to improve health outcomes and alleviate suffering, and that is grounded in science and endorsed by the medical community. For example, the Abbott Letter mischaracterizes the use of puberty blockers and hormone therapy as "child abuse."[96] In fact, and as discussed above in Part II.C, research shows that adolescents with gender dysphoria who receive puberty blockers and/or hormone therapy experience less depression, anxiety, and suicidal ideation. Several studies have found that hormone therapy is associated with reductions in the rate of suicide attempts and significant improvement in quality of life.[97] In light of this evidence supporting the connection between lack of access to gender-affirming medical care and lifetime suicide risk, it is not surprising that mental health professionals have attested that, should the Abbott Letter be enforced, "at-risk children [will be put] at

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[96] Abbott, Letter to Hon. Jaime Masters, *supra* note 3.

[97] *See* M. Hassan Murad et al., *Hormonal Therapy and Sex Reassignment: A Systematic Review and Meta-Analysis of Quality of Life and Psychosocial Outcomes*, 72 Clinical Endocrinology 214 (Feb. 2010), https://onlinelibrary.wiley.com/doi/10.1111/j.1365-2265.2009.03625.x; *see also* Chen et al., *supra* note 60; Turban et al., *supra* note 60.

even higher risk of anxiety, depression, self-harm, and suicide."[98]

In addition, action taken pursuant to the Abbott Letter and DFPS announcement would increase the likelihood that adolescents with gender dysphoria will seek out dangerous, non-medically supervised treatments. When medically supervised care is available, patients are less likely to seek out "harmful self-prescribed hormones, use of construction-grade silicone injections, and other interventions that have potential to cause adverse events."[99] The use of hormones purchased on the street or online "may [cause] significant health problems if used improperly."[100] Even more commonplace tactics such as chest binding (which seeks to minimize physical characteristics incongruent with one's gender identity) can lead to chronic injury and pain.[101]

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[98] *APA president condemns Texas governor's directive to report parents of transgender minors*, *supra* note 11.

[99] Am. Med. Ass'n, *supra* note 18.

[100] David A. Levine, *Office-Based Care for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth*, 132(1) Pediatrics e297 (July 2013), https://pediatrics.aappublications.org/content/132/1/e297.

[101] *See, e.g.*, Sarah M. Peitzmeier et al., *Time to First Onset of Chest Binding-Related Symptoms in Transgender Youth*, 147(3) Pediatrics e20200728 (2021), https://publications.aap.org/pediatrics/article-abstract/147/3/e20200728/77086/Time-to-First-Onset-of-Chest-Binding-Related?redirectedFrom=fulltext.

V. Enforcement of the Abbott Letter and DFPS Announcement Would Irreparably Harm Healthcare Providers in Texas By Forcing Them to Either Risk Civil and Criminal Penalties or Endanger Their Own Patients.

The Abbott Letter and DFPS announcement put healthcare providers in Texas in an impossible situation. Providers who do not comply with the Abbott Letter would face civil penalties, criminal prosecution, and possibly the loss of their ability to practice. Complying with the Abbott Letter, however, would force providers to endanger their own patients and contravene their professional ethics. Falsely reporting that adolescents who receive gender-affirming medical care are experiencing child abuse would violate the most foundational ethical responsibility of all healthcare providers: to do no harm to their patients.[102] Making such a report would subject patients to immense and irreversible harm, including the possible discontinuation of vital medical treatments as well as investigation by the DFPS and possible family separation—all of which would only exacerbate the risks of depression, self-harm, and suicide among transgender adolescents. Furthermore,

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[102] *See, e.g.*, Council on Medical Sub Specialties (CMSS) Ethics Statement, https://cmss.org/policies-positions/ethics-statement/ ("The physician's primary, inviolate role is as an active advocate for each patient's care and well-being."); AMA Principles of Medical Ethics, https://www.ama-assn.org/about/publications-newsletters/ama-principles-medical-ethics ("A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights."); AACAP Code of Ethical Principles, https://www.aacap.org/AACAP/Member_Resources/Ethics/Foundation/AACAP_Code_of_Ethical_Principles.aspx ("[T]he obligation to promote the optimal wellbeing, functioning and development of youth, both as individuals and as a group … should be prioritized over familial or societal pressures.").

practitioners could be subject to malpractice lawsuits for failing to adhere to ethical guidelines and confront harsh consequences for reporting "child abuse" that is anything but.

CONCLUSION

For the foregoing reasons, this Court should affirm the District Court's temporary injunctions.

Dated: January 24, 2024

Respectfully submitted,

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CERTIFICATE OF SERVICE

I hereby certify that foregoing Brief was served by electronic service upon counsel of record on January 24, 2024.

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CERTIFICATE OF COMPLIANCE

I certify that this Brief complies with the typeface requirements of Tex. R. App. P. 9.4(e) because it has been prepared in a conventional typeface no smaller than 14-point for text and 12-point for footnotes. This document also complies with the word-count limitations of Tex. R. App. P. 9.4(i), if applicable, because it contains 6,807 words, excluding any parts exempted by Tex. R. App. P. 9.4(i)(l).

January 24, 2024

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