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

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

EXPERT DECLARATION OF DAN H. KARASIC, M.D.

I, Dan H. Karasic, M.D., hereby declare and state as follows:

1. I have been retained by counsel for Plaintiffs as an expert in connection with the above-captioned litigation.

2. I am over the age of 18. I have actual knowledge of the matters stated herein. If called to testify in this matter, I would testify truthfully and based on my expert opinion.

I. BACKGROUND AND QUALIFICATIONS

A. Qualifications

3. The information provided regarding my professional background, experiences, publications, and presentations are detailed in my curriculum vitae ("CV"). A true and correct copy of my most up-to-date CV is attached as **Exhibit A**.

4. I am a Professor Emeritus of Psychiatry at the University of California – San Francisco (UCSF) Weill Institute for Neurosciences. I have been on faculty at UCSF since 1991. I have also had a telepsychiatry private practice since 2020.

5. I received my Doctor of Medicine (M.D.) degree from the Yale Medical School in 1987. In 1991, I completed my residency in psychiatry at the University of California – Los Angeles (UCLA) Neuropsychiatric Institute, and from 1990 to 1991, I was a postdoctoral fellow in a training program in mental health services for persons living with AIDS at UCLA.

6. For over 30 years, I have worked with patients with gender dysphoria. I am a Distinguished Life Fellow of the American Psychiatric Association and currently the chair of the American Psychiatric Association Workgroup on Gender Dysphoria, as well as the sole author of the chapter on transgender care in the American Psychiatric Press's Clinical Manual of Cultural Psychiatry, Second Edition.

7. Over the past 30 years, I have provided care for thousands of transgender patients. For 17 years, I was the psychiatrist for the Dimensions Clinic for transgender youth in San Francisco.

8. I previously sat on the Board of Directors of the World Professional Association for Transgender Health (WPATH) and am a co-author of WPATH's *Standards of Care for the Health of Transsexual, Transgender, and Gender*

Nonconforming People, Version 7, which are the internationally accepted guidelines designed to promote the health and welfare of transgender, transsexual, and gender variant persons. I remain active in the work of WPATH. For the upcoming WPATH Standards of Care, Version 8, I am the lead author on the Mental Health chapter.

9. As a member of the WPATH Global Education Initiative, I helped develop a specialty certification program in transgender health and helped train over 2,000 health providers. At UCSF, I developed protocols and outcome measures for the Transgender Surgery Program at the UCSF Medical Center. I also served on the Medical Advisory Board for the UCSF Center of Excellence for Transgender Care and co-wrote the mental health section of the original *Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People* and the revision in 2016.

10. I have also worked with the San Francisco Department of Public Health, having helped develop and implement their program for the care of transgender patients and for mental health assessments for gender-affirming surgery. I served on the City and County of San Francisco Human Rights Commission's LGBT Advisory Committee, and I have been an expert consultant for California state agencies and on multiple occasions for the United Nations Development Programme on international issues in transgender care.

11. I have held numerous clinical positions concurrent to my clinical professorship at UCSF. Among these, I served as an attending psychiatrist for San Francisco General Hospital's consultation-liaison service for AIDS care, as an outpatient psychiatrist for HIV-AIDS patients at UCSF, as a psychiatrist for the Transgender Life Care Program and the Dimensions Clinic at Castro Mission Health Center, and the founder and co-lead of the UCSF Alliance Health Project's Transgender Team. In these clinical roles, I specialized in the evaluation and treatment of transgender, gender dysphoric, and HIV-positive patients. I also regularly provide consultation on challenging cases to psychologists and other psychotherapists working with transgender and gender dysphoric patients. I have been a consultant in transgender care to the California Department of State Hospitals and am currently a consultant for the California Department of Corrections and Rehabilitation on the care of incarcerated transgender people.

12. As part of my psychiatric practice treating individuals diagnosed with gender dysphoria and who receive other medical and surgical treatment for that condition, as well as a co-author of the WPATH Standards of Care and UCSF's *Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People*, I am and must be familiar with additional aspects of medical care for the diagnosis of gender dysphoria, beyond mental health treatment, assessment, and diagnosis.

13. In addition to this work, I have done research on the treatment of depression. I have authored many articles and book chapters and edited the book *Sexual and Gender Diagnoses of the Diagnostic and Statistical Manual (DSM): A Reevaluation*.

14. Since 2018, I have performed over 100 independent medical reviews for the State of California to determine the medical necessity of transgender care in appeals of denial of insurance coverage.

B. Compensation

15. I am being compensated for my work on this matter at a rate of $400.00 per hour for preparation of declarations and expert reports. I will be compensated $3,200.00 per day for any deposition testimony or trial testimony. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I may provide.

C. Previous Testimony

16. Over the past four years, I have given expert testimony at trial or by deposition in the following cases: *C.P. v. Blue Cross Blue Shield of Illinois*, No. 3:20-cv-06145-RJB (W.D. Wash.); *Kadel v. Folwell*, No. 1:19-cv-00272 (M.D.N.C.); *Fain v. Crouch*, 3:20-cv-00740 (S.D.W. Va.); and *Brandt v. Rutledge*, No. 4:21-cv-00450 (E.D. Ark.). To the best of my recollection, I have not given expert testimony at a trial or at a deposition in any other case during this period.

II. BASIS FOR OPINIONS

17. In preparing this report, I have relied on my training and years of research and clinical experience, as set out in my curriculum vitae, and on the materials listed therein, as documented in my curriculum vitae, which is attached hereto as **Exhibit A**.

18. I have also reviewed the materials listed in the bibliography attached hereto as **Exhibit B**. The sources cited therein include authoritative, scientific peer-reviewed publications. They include the documents specifically cited as supportive examples in particular sections of this report.

19. Additionally, I have reviewed Florida's Administrative Rule governing the determination of generally accepted professional medical standards under Florida Medicaid coverage (Fla. Admin. Code R. 59G-1.035); the Florida Medicaid Generally Accepted Professional Medical Standards (GAPMS) Determination on the Treatment of Gender Dysphoria published by Florida's Agency for Health Care Administration (AHCA) in June 2022, along with its attachments, including the reports of Dr. Romina Brignardello-Petersen and Dr. Wojtek Wiercioch (Attachment C), Dr. James Cantor (Attachment D), Dr. Quentin Van Meter (Attachment E), Dr. Patrick Lappert (Attachment F), and Dr. G. Kevin Donovan (Attachment G) (hereinafter, "GAPMS Memo"); and Fla. Admin. Code. R. 59G-1.050(7) which prohibits Medicaid coverage of puberty-delaying medications (commonly referred

to as “puberty blockers”), hormone and hormone antagonists, “sex reassignment” surgeries, and any other procedures that alter primary or secondary sexual characteristics, on the basis that the services do not meet Florida’s definition of “medical necessity” for purposes of its Medicaid program.

20. The materials I have relied upon in preparing this report are the same types of materials that experts in my field of study regularly rely upon when forming opinions on the subject. I reserve the right to revise and supplement the opinions expressed in this report or the bases for them if any new information becomes available in the future, including as a result of new scientific research or publications or in response to statements and issues that may arise in my area of expertise.

III. EXPERT OPINIONS

A. Gender Identity

21. Sex assigned at birth refers to the sex assigned to a person at the time of their birth, typically based on the appearance of external genital characteristics. While the terms “male sex” and “female sex” are sometimes used in reference to a person’s genitals, chromosomes, and hormones, the reality is that sex is complicated and multifactorial. Aside from external genital characteristics, chromosomes, and endogenous hormones, other factors related to sex include gonads, gender identity, and variations in brain structure and function. Because these factors may not always be in alignment as typically male or typically female, “the terms biological sex and

biological male or female are imprecise and should be avoided." (Hembree, et al., 2017).

22. Gender identity is "a person's deeply felt, inherent sense of being a girl, woman, or female; a man, or male; a blend of male or female; or an alternative gender" (American Psychological Association, 2015, at 834). Gender identity does not always align with sex assigned at birth. Gender identity, which has biological bases, is not a product of external influence and not subject to voluntary change. As documented by multiple leading medical authorities, efforts to change a person's gender identity are ineffective, can cause harm, and are unethical. (American Psychological Association, 2021, Byne, et al., 2018, Coleman, et al., 2012).

B. Gender Dysphoria

23. The term "gender dysphoria" is distress related to the incongruence between one's gender identity and attributes related to one's sex assigned at birth.

24. The diagnosis of Gender Dysphoria in the Diagnostic and Statistical Manual Fifth Edition (DSM-5), released in 2013, involves two major diagnostic criteria for adolescents and adults:

A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration, as manifested by at least two of the following (one of which must be Criterion A1):

1. A marked incongruence between one's experienced/expressed gender and primary or secondary sex characteristics.
2. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender.
3. A strong desire for the primary and/or secondary sex characteristics of the other gender.
4. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).
5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).

B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

25. Given that gender dysphoria can cause such distress, many transgender individuals face depression, anxiety, and higher rates of suicidality than cisgender people. This is noted both in adults and adolescents. However, gender dysphoria is

a condition that is highly amenable to treatment, and the prevailing treatment for it is highly effective. The aforementioned risks decline when transgender individuals are supported and live according to their gender identity. And with access to medically indicated care, transgender people can experience significant and potentially complete relief from their symptoms of gender dysphoria. Not only is this documented in scientific literature and published data, but I witness this each time I see my patients being supported by their community, family, school, and medical providers.

C. Evidence-Based Guidelines for Treatment of Gender Dysphoria

26. The World Professional Association of Transgender Health (WPATH) has issued *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People* ("WPATH SOC") since 1979. The current version is WPATH SOC 7, with WPATH SOC 8 due out in 2022. WPATH SOC 7 provides guidelines for multidisciplinary care of transgender individuals and describes criteria for medical interventions to treat gender dysphoria, including hormone treatment and surgery when medically indicated.

27. WPATH SOC 7 also states, "Treatment aimed at trying to change a person's gender identity and expression … is no longer considered ethical," because it is known to be ineffective and can cause harm to patients.

28. A clinical practice guideline from the Endocrine Society (the Endocrine Society Guideline) provides similar protocols for the medically necessary treatment of gender dysphoria. (Hembree, et al., 2017).

29. Guidelines from other organizations, including those developed by the UCSF Center of Excellence for Transgender Care, also list similar protocols for the medically necessary treatment of gender dysphoria.

30. Each of these guidelines are evidence-based and supported by scientific research and literature, as well as extensive clinical experience.

31. The protocols and policies set forth by the WPATH Standards of Care and the Endocrine Society Guidelines are endorsed and cited as authoritative by the major professional medical and mental health associations in the United States, including the American Medical Association, the American Academy of Pediatrics, the American Psychiatric Association, the American Psychological Association, the American College of Obstetrics and Gynecology, the American College of Physicians, and the World Medical Association, among others.

32. To be sure, being transgender is widely accepted as a variation in human development and is not considered a mental illness. People who are transgender have no impairment in their ability to be productive, contributing members of society simply because of their transgender status.

a. The American Psychiatric Association's DSM 5 states: Gender dysphoria "is more descriptive than the previous DSM-IV term 'gender identity disorder' and focuses on dysphoria as the clinical problem, not identity per se." (APA, 2013).

b. WPATH SOC 7 states: "Being transsexual, transgender, or gender-nonconforming is a matter of diversity, not pathology…. Thus, transsexual, transgender, and gender-nonconforming individuals are not inherently disordered. Rather, the distress of gender dysphoria, when present, is the concern that might be diagnosable and for which various treatment options are available."

c. The American Psychological Association states: "Whereas diversity in gender identity and expression is part of the human experience and transgender and gender nonbinary identities and expressions are healthy, incongruence between one's sex and gender is neither pathological nor a mental health disorder." (American Psychological Association, 2021).

d. The World Health Organization states: "Gender incongruence has thus broadly been moved out of the 'Mental and behavioural disorders' chapter and into the new 'Conditions related to sexual health' chapter. This reflects evidence that trans-related and gender diverse identities

are not conditions of mental ill health, and classifying them as such can cause enormous stigma." (WHO Europe).

33. Thus, the overarching goal of treatment is to eliminate the distress of gender dysphoria by aligning an individual patient's body and presentation with their internal sense of self. The denial of medically indicated care to transgender people not only results in the prolonging of their gender dysphoria, but causes additional distress and poses other health risks, such as depression, posttraumatic stress disorder, and suicidality. In other words, lack of access to gender-affirming care directly contributes to poorer mental health outcomes for transgender people. (Owen-Smith, et al., 2018).

34. For patients for whom gender-affirming medical care is indicated, no alternative treatments have been demonstrated to be effective. The American Psychological Association states that gender identity change efforts provide no benefit and instead do harm. (American Psychological Association, 2021).

35. Accordingly, major medical organizations, such as the American Medical Association, American Psychiatric Association, the Endocrine Society, American College of Obstetricians and Gynecologists, and American Academy of Family Physicians oppose the denial of this medically necessary care and support public and private health insurance coverage for treatment of gender dysphoria as recommended by the patient's physician. (American Medical Association, 2021;

American Psychiatric Association, 2018; Endocrine Society, 2012; American College of Obstetricians and Gynecologists, 2021; American Academy of Family Physicians, 2020).

D. Treatment of Gender Dysphoria

36. The WPATH SOC 7 and the Endocrine Society Guidelines establish authoritative protocols for the treatment of gender dysphoria.

37. In accordance with the WPATH SOC 7 and the Endocrine Society Guidelines, medical interventions to treat gender dysphoria may include treatment with pubertal suppression and/or hormones, and treatment with surgery.

38. No medical or surgical treatment for gender dysphoria is provided to pre-pubertal children.

39. Once a patient enters puberty, treatment options include pubertal suppression therapy and gender-affirming hormones. Pubertal blocking involves methods of temporarily suppressing endogenous puberty to alleviate gender dysphoria and give the patient more time to work with their mental health providers to assess treatment needs. These blockers are reversible medications and once stopped, a patient immediately returns to the stage of pubertal development that had begun when the treatment was initiated.

40. If a patient is assessed to have a medical need for hormone therapy, gender-affirming hormone therapy involves administering steroids of the

experienced sex (i.e., their gender identity), such as testosterone in transgender male individuals and estrogen in transgender female individuals, to treat gender dysphoria later in puberty. The purpose of this treatment is to attain the appropriate masculinization or feminization of the transgender person to achieve a gender phenotype that matches as closely as possible to their gender identity. For adolescents, this treatment allows patients to have pubertal changes and development consistent with their gender identity. Gender-affirming hormone therapy is a partially reversible treatment in that some of the effects produced by the hormones are reversible (e.g., changes in body fat composition, decrease in facial and body hair) while others are irreversible (e.g., deepening of the voice, decreased testicular mass).

41. Some transgender individuals need surgical interventions to help bring their phenotype into alignment with their gender. Surgical interventions may include, *inter alia*, vaginoplasty and orchiectomy for transgender female individuals, and chest reconstruction and hysterectomy for transgender male individuals.

42. For transgender male adolescents, chest surgery may be provided prior to age 18 if medically indicated.

43. The treatment protocols for gender dysphoria are comparable to those for other mental health and medical conditions. Indeed, these or similar procedures are provided for cisgender people with other diagnoses.

E. Gender-Affirming Medical and Surgical Care Is Safe and Effective.

44. Gender-affirming medical and surgical interventions in accordance with the WPATH SOC 7 and Endocrine Society Guidelines are widely recognized in the medical community as safe, effective, and medically necessary for many transgender people with gender dysphoria. (See American Academy of Pediatrics, 2018; the American Medical Association, 2021; the Endocrine Society, 2020, the Pediatric Endocrine Society, 2021; the American Psychiatric Association, 2018; the American Psychological Association, 2021; the American Congress of Obstetricians and Gynecologists, 2021; the American Academy of Family Physicians, 2020; WPATH, 2012).

45. There is substantial evidence that gender-affirming medical and surgical care is effective in treating gender dysphoria. This evidence includes scientific studies assessing mental health outcomes for transgender people who are treated with these interventions, including adolescents, and decades of clinical experience.

46. The research and studies supporting the necessity, safety, and effectiveness of medical and surgical care for gender dysphoria are the same type of evidence-based data that the medical community routinely relies upon when treating other medical conditions.

47. Medical treatment for gender dysphoria has been studied for over half a century, and there is substantial evidence that it improves quality of life and measures of mental health. (Aldridge et al., 2020; Almazan, et al., 2021; Baker et al., 2021; Murad, et al., 2010; Nobili et al., 2018; Pfafflin & Junge, 1998; T'Sjoen et al. 2019; van de Grift et al., 2017; White Hughto and Reisner, 2016; Wierckx et al., 2014).

48. A systematic review of 20 studies showed improved quality of life, decreased depression, and decreased anxiety with hormonal treatment in transgender people. (Baker, et al., 2021). Another systematic review showed improvement in mental health and quality of life measures in transgender people with hormonal treatment (White Hughto and Reisner, 2016). In the United Kingdom, one study demonstrated that depression and anxiety were substantially reduced over 18 months of gender-affirming hormonal treatment. (Aldridge, et al., 2020). In a secondary analysis of data from the US Transgender Survey, having had genital surgery was associated with decreased psychological distress and suicidal ideation. (Almazan, et al., 2021). In transgender patients followed 4-6 years after surgery, satisfaction was very high (over 90%) and regret was low. (van de Grift et al., 2018). The Cornell "What We Know" systematic review of 55 studies from 1991-2017 strongly supported that gender-affirming hormone and surgical treatment improved the well-being of transgender individuals. (What We Know, 2018).

49. The studies on gender-affirming medical care for treatment of dysphoria are consistent with decades of clinical experience of mental health providers across the U.S. and around the world. At professional conferences and other settings in which I interact with colleagues, clinicians report that gender-affirming medical care, for those for whom it is indicated, provides great clinical benefit. In my 30 years of clinical experience treating gender dysphoric patients, I have seen the benefits of gender-affirming medical care on my patients' health and well-being. I have seen many patients show improvements in mental health, as well as in performance in school, in social functioning with peers, and in family relationships when they experience relief from gender dysphoria with gender-affirming medical care.

50. Accordingly, treatments for gender dysphoria are not considered elective or cosmetic. Indeed, as WPATH (2016) states, "The medical procedures attendant to gender-affirming/confirming surgeries are not 'cosmetic' or 'elective' or 'for the mere convenience of the patient.' These reconstructive procedures are not optional in any meaningful sense, but are understood to be medically necessary for the treatment of the diagnosed condition. In some cases, such surgery is the only effective treatment for the condition, and for some people genital surgery is essential and life-saving."

51. As part of the treatment process for gender dysphoria, patients provide informed consent to their care. In addition, a treating doctor will not offer gender-affirming medical treatments unless they have concluded after weighing the risks and benefits of care that treatment is appropriate. The risks and benefits of care are discussed with the transgender patient, who must assent. This process is no different than the informed consent process for other treatments. However, for gender-affirming medical care, there is the additional safeguard of the assessment by a mental health professional, who, in addition to diagnosing gender dysphoria, also assesses capacity to consent and reviews the risks and benefits of treatment with the patient.

52. Regret among those who are treated with gender-affirming medical care is rare. For example, in one study in the Netherlands, none of the youth who received puberty-delaying treatment, hormones, and surgery, and were followed over an 8-year period expressed regret. (DeVries, 2014.) Zucker, et al., (2010), summarizing key studies on regret for adolescents referred for surgery when they reached the age of majority in the Netherlands, states, "there was virtually no evidence of regret, suggesting that the intervention was effective."

53. A study of 209 gender-affirming mastectomies in transmasculine adolescents aged 12-17, performed at Kaiser Permanente Northern California from 2013 to 2020, showed a regret rate of 1%. (Tang, et al 2022).

54. Regret rates for gender-affirming surgery in adults are also very low. A pooled review across multiple studies of 7,928 patients receiving gender-affirming surgery showed a regret rate of 1%. (Bustos, et al., 2021). Over 50 years of gender-affirming surgery in Sweden, the regret rate, as measured by legal gender change reversal, was 2%. (Dhejne, et al., 2014). These are very low regret rates for surgery. For example, 47% of women expressed at least some regret after reconstructive breast surgery following mastectomy for breast cancer. (Sheehan, et al., 2008).

55. For all the reasons above, I am aware of no basis in medicine or science for categorical exclusion of coverage for gender-affirming care.

56. One misperception is that hormone therapy is experimental because it is not FDA-approved for the specific application of treating Gender Dysphoria. Medications very commonly are prescribed for off-label uses. All gender-affirming hormone treatments are approved for treatment of other conditions and have been used to treat those conditions, as well as for gender-affirming care, for many years, supporting their safety and efficacy. The U.S. Department of Health and Human Services Agency for Healthcare Research and Quality states, "[Off-label prescribing] is legal and common. In fact, one in five prescriptions written today are for off-label use."[1]

[1] See https://www.ahrq.gov/patients-consumers/patient-involvement/off-label-drug-usage.html.

57. Finally, the cost of providing coverage for gender-affirming care is generally very low. To begin, transgender people constitute a small percentage of the overall population, approximately 0.5%. (Crissman, et. al., 2017). Furthermore, the fraction of the population receiving clinical care for Gender Dysphoria is much smaller, well under one in a thousand patients (Zhang, et al., 2020). As a result, one study estimated an average cost of $0.016 cents per member per month to provide gender-affirming care. (Padula, et al., 2016). A study by Herman (2013) similarly found low costs to providing health coverage for gender-affirming care. Additionally, when a form of treatment is covered for cisgender people under an insurance plan, it is generally not disproportionately costly to cover the same treatment for transgender people simply because it is provided to treat gender dysphoria.

F. Harms of Denying Gender-Affirming Care

58. The overarching goal of treatment is to eliminate the distress of gender dysphoria by aligning an individual patient's body and presentation with their internal sense of self. The denial of medically indicated care to transgender people not only results in the prolonging of their gender dysphoria, but causes additional distress and poses other health risks, such as depression, posttraumatic stress disorder, and suicidality. The prevalence of these mental health conditions is also thought to be a consequence of minority stress, the chronic stress from coping with

societal stigma and discrimination because of one's identity, including gender identity and gender expression. (American Medical Association, 2019). In other words, lack of access to gender-affirming care directly contributes to poorer mental health outcomes for transgender people. (Owen-Smith, et al., 2018).

59. Accordingly, major medical organizations, such as the American Medical Association, American Psychiatric Association, and American College of Obstetricians and Gynecologists, oppose the denial of this medically necessary care and support public and private health insurance coverage for treatment of gender dysphoria as recommended by the patient's physician. (American Medical Association, 2019).

60. Denial of this appropriate care for transgender adolescents is also opposed by mainstream organizations responsible for the care of youth, including the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Pediatric Endocrine Society.

61. Familial and social support and the provision of gender-affirming medical treatment have been associated with dramatically less suicidal ideation in transgender people. (Bauer, et al., 2015). Provision of puberty blockers and gender-affirming hormones for transgender youth likewise decreases suicidality (Tordoff, et al., 2022; Turban, et al., 2020; Green, et al., 2022), Allen, et al., 2019). The American Academy of Child and Adolescent Psychiatry states, "Research consistently

demonstrates that gender diverse youth who are supported to live and/or explore the gender role that is consistent with their gender identity have better mental health outcomes than those who are not." (AACAP, 2019).

62. In a University of Washington study of 104 transgender and nonbinary youth, treatment with puberty blockers or hormones was associated with 60% less moderate to severe depression and 73% less suicidal ideation over 12 months, compared to youth not treated. (Tordoff, et al. 2022).

63. In a University of Texas Southwestern study, treatment with gender-affirming hormones in transgender youth was associated with a substantial reduction in body dissatisfaction, as well as improvement on measures of depression and anxiety. (Kuper, et al., 2020).

64. In a University of Southern California and Children's Hospital Los Angeles study of 136 transgender male youth, the half that had received chest masculinizing surgery had far less gender dysphoria than those who had not yet had surgery. (Olson et al, 2018).

65. In a University of Pennsylvania and University of Rochester study, transgender male youth aged 13-21 suffered substantial emotional distress and functional impairment from dysphoria related to their chest. Chest dysphoria resolved with surgery. Youth reported improvement functionally and in quality of life (Mehringer et al 2021).

66. In the past 10 years, there has been a reversal in longstanding coverage policies that had excluded reimbursement of gender-affirming care for transgender people. There are many more clinics providing care to transgender youth and adults in academic medical centers than a decade ago, because funding is now available. This change is allowing clinical researchers to expand the body of research in the United States, as well as increasing access to care.

G. The GAPMS Memo and AHCA's Decision to Prohibit Medicaid Coverage of Gender-Affirming Care

67. According to criteria of the Florida Administrative Code 59G-1.035, the Agency for Health Care Administration (AHCA) makes coverage determinations based on "Generally accepted professional medical standards—standards based on reliable scientific evidence published in peer-reviewed scientific literature generally recognized by the relevant medical community or practitioner specialty associations' recommendations." It is my understanding that AHCA purports to have used the standards set forth in this rule to reach the conclusion set forth in its June 2022 GAPMS Memo that gender-affirming care, including puberty blockers, hormone replacement therapy, and gender-affirming surgery does not meet generally accepted professional medical standards and, is therefore, experimental and investigational.

68. To craft the GAPMS Memo (which served as the basis for AHCA's decision to ban gender-affirming care in accordance with Fla. Admin. Code R. 59G-1.050(7)), AHCA enlisted Drs. Romina Brignardello-Petersen and Wojtek

Wiercioch. Dr. Brignardello-Petersen is a dentist who is an assistant professor in the Department of Health Research Methods, Evidence, and Impact at McMaster University in Canada. Dr. Wiercioch is a post-doctoral research fellow in the same department as Dr. Brignardello-Petersen. Both authors report no academic interests in the care of people with gender dysphoria.

69. Drs. Brignardello-Petersen and Wiercioch performed a manual search of websites that includes only one non-governmental organization site: the Society for Evidence-Based Gender Medicine (SEGM). The fact that SEGM was chosen instead of much larger and more established organizations representing the mainstream of care, e.g., the American Psychological Association, the American Medical Association, or the American Psychiatric Association, raises a concern for bias, as SEGM is a small group founded recently specifically in opposition to gender-affirming care.

70. To support the conclusions provided to AHCA, Drs. Brignardello-Petersen and Wiercioch preferentially relied on studies that only included participants under age 25. Drs. Brignardello-Petersen and Wiercioch do not provide a basis to support their selection of only these studies, or of leaving out a multitude of other studies that include participants that are over age 25. In my experience working with people on Medicaid, those who seek gender-affirming surgery are mostly over 25. Thus, reliance on studies related only to those under age 25 does not

accurately capture the full body of scientific evidence pertaining to this form of care. This is especially important given that the GAPMS memo concludes that gender-affirming care is not a generally accepted professional medical standard for individuals at any age.

71. Drs. Brignardello-Petersen and Wiercioch relied on an overview of selected systematic reviews of studies of transgender care, with quality of evidence ranked by GRADE criteria. GRADE criteria assigns low quality scores to studies not performed by randomized, blinded clinical trials. However, randomly selecting people to receive or not receive gender-affirming medical or surgical interventions is impossible, for practical and ethical reasons. Notably, many treatments for other conditions are in widely accepted use without having been studied through randomized, controlled clinical trials. Many drugs for cancer and hematologic disorders have been FDA approved without a randomized controlled trial (Hatswell, et al., 2016). Many other drugs have been FDA approved with randomized controlled trials for one indication, but are commonly used for another condition or in a different population than the one for which it was approved (Wittich, et. al., 2012).

72. People have been receiving gender-affirming medical and surgical treatment for well over half a century, with very low regret rates (Dhejne, et al 2014), and there is substantial research and clinical experience that supports gender-affirming care as treatment for gender dysphoria. The scientific evidence "published

in peer-reviewed scientific literature generally recognized by the relevant medical community or practitioner specialty associations" led the American Medical Association, the American Academy of Pediatrics, the American Psychiatric Association, the American Psychological Association, and other mainstream medical organizations to conclude that the provision of gender-affirming medical and surgical interventions falls within generally accepted professional medical standards.

73. Another person enlisted to provide an opinion to AHCA in drafting its GAPMS memo is James Cantor, PhD, a forensic psychologist in Toronto, Canada. Dr. Cantor's report indicates that his work at the University of Toronto from 1998 to 2018 was limited to its adult forensic program, that is, Dr. Cantor worked with people with paraphilias,[2] and in particular with pedophiles. Dr. Cantor is well known for this work, but not for his work with transgender people. In testimony in *Eknes-Tucker v. Marshall*, Dr. Cantor stated that he had not personally diagnosed any child or adolescent with gender dysphoria, and that he had personally never treated any child or adolescent for gender dysphoria.

[2] Paraphilias are persistent and recurrent sexual interests, urges, fantasies, or behaviors of marked intensity involving objects, activities, or even situations that are atypical in nature. Being transgender is not a paraphilic disorder.

74. Dr. Cantor agrees that transgender adults "adjust well to life as the opposite sex" if they are otherwise mentally healthy. Dr. Cantor is also correct to report that regret rates are low.

75. Dr. Cantor focuses on desistance rates of prepubertal children brought into clinics in Toronto and Amsterdam. However, given that these prior longitudinal studies included gender nonconforming children who were not transgender due to the broad criteria for the since-abandoned "gender identity disorder in children" diagnosis, or who did not qualify even for the gender identity disorder in children diagnosis, these studies shed little light into questions of persistence and desistance of gender dysphoria in pre-pubertal children. In fact, a more recent study, which is the only large American prospective study that has been published in the past 35 years, showed much lower desistance rates (Olson, et al., 2022). Specifically, only 2.5% of the youth studied identified with their sex assigned at birth.[3]

76. In any event, longitudinal studies show that gender dysphoria in adolescence usually persists (DeVries, et al., 2011). And no medical treatment, let alone irreversible medical and surgical interventions, is used prior to puberty. Even in the clinics with higher desistance rates for *pre-pubertal* children upon which Dr.

[3] Of these, youth with cisgender identities were more common among youth whose initial social transition occurred before age 6 years; their retransitions often occurred before age 10 years. And, again, no medical treatment is recommended for any transgender person prior to the onset of puberty.

Cantor relies, puberty blockers and hormones were used when gender dysphoria persisted after the onset of puberty. In sum, the desistance statistics of *pre-pubertal* children do not inform the decision whether or not to initiate these treatments in adolescents and adults.

77. The WPATH Standards of Care and the American Psychiatric Association each recommend that transgender people who also suffer from depression, anxiety, and other mental health symptoms should seek out treatment for these symptoms. However, in most cases, having a history of mental illness should not prevent people from receiving gender-affirming medical and surgical treatment. (Coleman, et al., 2012; Byne, et al., 2018).

78. Dr. Cantor uses the term "affirmation on demand" as a straw man. The WPATH Standards of Care require a comprehensive mental health assessment for patients who are minors, and clinical assessments are also required for adults. (Coleman, et al., 2012).

79. Dr. Cantor cites a Finnish study as evidence for his conclusion that adolescents should not be prescribed gender-affirming hormones because they are supposedly not effective in the treatment of gender dysphoria. (Kaltiala, et al, 2020). However, in that study, after starting hormones, the need for treatment for depression dropped from 54% of the youth to 15%; the need for treatment for anxiety dropped

from 48% of the youth to 15%; and the need for treatment for suicidality/self-harm dropped from 35% to 4%. All of these were statistically highly significant changes.

80. Dr. Cantor states that the study by Kuper, et al. 2020 did not show benefit from treatment. This statement is misleading at best. The article concludes, "Youth reported large improvements in body dissatisfaction ($P < .001$), small to moderate improvements in self-report of depressive symptoms ($P < .001$), and small improvements in total anxiety symptoms ($P < .01$)." Dr. Cantor further states that the study by Achille et al. does not show that those studied benefitted from endocrine treatment. Again, Cantor's characterization of this study's conclusion is misleading. The results of the paper actually show that, "Mean depression scores and suicidal ideation decreased over time while mean quality of life scores improved over time. When controlling for psychiatric medications and engagement in counseling, regression analysis suggested improvement with endocrine intervention. This reached significance in male-to-female participants."

81. In reviewing the international health care consensus regarding gender-affirming care, Dr. Cantor refers to an interim report on care of transgender youth in the United Kingdom's National Health System which is currently being compiled by Dr. Hilary Cass. The interim report states that the final report will synthesize published evidence with expert opinion and stakeholder input. Notably, the interim report recommends increasing the number of health providers, shortening wait times,

and increasing the number of centers across the country providing care to transgender youth.

82. Swedish and Finnish national health authorities, which Dr. Cantor also references, have recommended caution and more research but have not banned care for transgender youth. In these countries, gender-affirming care for adults and for youth who qualify is fully paid for by the national health system of each country.

83. There remains strong international support for the continued provision of gender-affirming medical and surgical care. Experts from the around the world have collaborated on the new WPATH Standards of Care Version 8. I am chapter lead of the Mental Health chapter of this version, and the authors of that chapter include psychiatrists who are leaders of transgender health programs in Belgium, Sweden, and Turkey. There is broad agreement in philosophy of care, including support for gender-affirming care and opposition to conversion therapy.

84. The ethics of providing transgender care are discussed by one expert, Dr. G. Kevin Donovan. Dr. Donovan ignores the larger ethical question raised by Florida's actions to terminate Medicaid coverage of gender-affirming care for those who were previously approved for that same coverage. Florida's actions amount to forced detransition. As Dr. Donovan states, the principles of ethical care include autonomy, beneficence, and justice. There has been little research on those forced to detransition, but abruptly terminating Medicaid coverage for low-income and

disabled Floridians will force these Medicaid recipients and their health providers into detransition, an experiment to which they did not consent. Autonomy, beneficence, and justice are entirely ignored in this experiment, with no respect for the autonomy of the individual to decide their course, no concern for "do no harm" or maximizing benefits and minimizing harm, and no justice—fairness in distribution of risks and benefits—as the poor and those with disabilities will be forced into this detransition experiment while those with resources will be spared.

85. I have only had a few patients over the years who have been forced to detransition, because of incarceration or institutionalization, or other circumstances, and results have been uniformly disastrous, with suicide and self-harm attempts, depression, and deterioration of functioning. Some of my patients forced to detransition were receiving intensive mental health care at the time, on psychiatric wards. But no amount of psychotherapy could counter the deleterious effects of forced detransition and the withholding of needed gender-affirming medical and surgical care.

IV. CONCLUSION

86. The categorical exclusion of coverage for gender-affirming medical care adopted by Florida's Agency for Health Care Administration, which bars coverage for medical treatments for gender dysphoria, is contrary to widely accepted medical protocols for the treatment of transgender people with gender dysphoria that

are recognized by major medical and mental health professional associations in the United States.

87. The accepted protocols for the treatment of transgender people with gender dysphoria provide for mental health assessments, including of co-occurring conditions; criteria for eligibility for each treatment; and an informed consent process before medical interventions are initiated.

88. Decades of medical research and clinical experience have demonstrated that the medical treatments AHCA has barred from Medicaid coverage are safe, effective, and medically necessary to relieve gender dysphoria for transgender people. AHCA's conclusion otherwise is not supported by medical evidence or consensus.

89. Denying gender-affirming medical care to transgender people for whom it is medically indicated puts them at risk of significant harm to their health and wellbeing, including heightened risk of depression and suicidality.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed this 10th day of September 2022.

Dan H. Karasic, M.D.

EXHIBIT A

Curriculum Vitae

University of California, San Francisco

CURRICULUM VITAE

Name: Dan H. Karasic, MD

Position: Professor Emeritus
Psychiatry
School of Medicine

Voice: 415-935-1511
Fax: 888-232-9336

EDUCATION

1978 - 1982	Occidental College, Los Angeles	A.B.; Summa Cum Laude	Biology
1982 - 1987	Yale University School of Medicine	M.D.	Medicine
1987 - 1988	University of California, Los Angeles	Intern	Medicine, Psychiatry, and Neurology
1988 - 1991	University of California, Los Angeles; Neuropsychiatric Institute	Resident	Psychiatry
1990 - 1991	University of California, Los Angeles; Department of Sociology	Postdoctoral Fellow	Training Program in Mental Health Services for Persons with AIDS

LICENSES, CERTIFICATION

1990	Medical Licensure, California, License Number G65105
1990	Drug Enforcement Administration Registration Number BK1765354
1993	American Board of Psychiatry and Neurology, Board Certified in Psychiatry

PRINCIPAL POSITIONS HELD

1991 - 1993	University of California, San Francisco	Health Sciences Psychiatry Clincial Instructor
1993 - 1999	University of California, San Francisco	Health Sciences Psychiatry Assistant Clinical Professor
1999 - 2005	University of California, San Francisco	Health Sciences Psychiatry

		Associate Clinical Professor	
2005 - present	University of California, San Francisco	Health Sciences Psychiatry Clinical Professor	

OTHER POSITIONS HELD CONCURRENTLY

1980 - 1980	Associated Western Universities / U.S. Department of Energy	Honors Undergraduate Research Fellow	UCLA Medicine
1981 - 1981	University of California, Los Angeles; Medicine American Heart Association, California Affiliate	Summer Student Research Fellow	UCLA
1986 - 1987	Yale University School of Medicine; American Heart Association, Connecticut Affiliate	Medical Student Research Fellow	Psychiatry
1990 - 1991	University of California, Los Angeles	Postdoctoral Fellow	Sociology
1991 - 2001	SFGH Consultation-Liaison Service; AIDS Care	Attending Psychiatrist	Psychiatry
1991 - 2001	AIDS Consultation-Liaison Medical Student Elective	Course Director	Psychiatry
1991 - present	UCSF Positive Health Program at San Francisco General Hospital (Ward 86)	HIV/AIDS Outpatient Psychiatrist	Psychiatry
1991 - present	UCSF AHP (AIDS Health Project/Alliance Health Project)	HIV/AIDS Outpatient Psychiatrist	Psychiatry
1994 - 2002	St. Mary's Medical Center CARE Unit. The CARE Unit specializes in the care of patients with AIDS dementia.	Consultant	Psychiatry
2001 - 2010	Depression and Antiretroviral Adherence Study (The H.O.M.E. study: Health Outcomes of Mood Enhancement)	Clinical Director	Psychiatry and Medicine
2003 - 2020	Transgender Life Care Program and Dimensions Clinic, Castro Mission Health Center	Psychiatrist	Dimensions Clinic
2013 - 2020	UCSF Alliance Health Project, Co-lead, Transgender Team	Co-Lead and Psychiatrist	Psychiatry

HONORS AND AWARDS

1981	Phi Beta Kappa Honor Society	Phi Beta Kappa
1990	NIMH Postdoctoral Fellowship in Mental Health Services for People with	National Institute of Mental Health

	AIDS (1990-1991)	
2001	Lesbian Gay Bisexual Transgender Leadership Award, LGBT Task Force of the Cultural Competence and Diversity Program	SFGH Department of Psychiatry
2006	Distinguished Fellow	American Psychiatric Association
2012	Chancellor's Award for Leadership in LGBT Health	UCSF

KEYWORDS/AREAS OF INTEREST

Psychiatry, HIV/AIDS, consultation-liaison, medication adherence, gay/lesbian, transgender, gender dysphoria, sexuality, homeless/marginally housed, mood disorders, teaching/supervision

CLINICAL ACTIVITIES SUMMARY

As psychiatrist for the Positive Health Practice at Ward 86, I evaluated and treated patients with psychiatric illness and HIV. I provide consultation to internists, fellows, and nurse practitioners on managing psychiatric illness in their patients. Clinical work includes attention to the needs of special populations, including working with a multidisciplinary team in a drop-in clinic for HIV-positive women, and addressing issues emerging in HIV and Hepatitis C co-infection. As psychiatrist at the UCSF Alliance Health Project, I evaluated and treated patients and I am co-chair of the Gender Team, which provides assessment and care for transgender patients. As psychiatrist for the Transgender Life Care program and Dimensions Clinic, I evaluate and treat transgender patients, working with a multidisciplinary team at Castro Mission Health Center. In my faculty practice, I treated transgender, gender dysphoric, and HIV-positive patients referred from providers across Northern California, and I provide consultation on challenging cases to psychologists and other psychotherapists working with transgender and gender dysphoric patients.

MEMBERSHIPS

1992 - present Northern California Psychiatric Society

1992 - present American Psychiatric Association

2000 - 2019 Bay Area Gender Associates (an organization of psychotherapists working with transgendered clients)

2001 - present World Professional Association for Transgender Health

SERVICE TO PROFESSIONAL ORGANIZATIONS

1981 - 1982	The Occidental	News Editor
1984 - 1985	Yale University School of Medicine	Class President
1989 - 1991	Kaposi's Sarcoma Group, AIDS Project Los Angeles	Volunteer Facilitator
1992 - 1996	Early Career Psychiatrist Committee, Association of Gay and Lesbian Psychiatrists	Chair and
1992 - 1996	Board of Directors, Association of Gay and Lesbian Psychiatrists	Member

1993 - 1993 Local Arrangements Committee, Association of Gay and Lesbian Psychiatrists — Chair

1994 - 1995 Educational Program, Association of Gay and Lesbian Psychiatrists, 1995 Annual Meeting — Director

1994 - 1998 Board of Directors, BAY Positives — Member

1994 - present Committee on Lesbian, Gay, Bisexual and Transgender Issues, Northern California Psychiatric Society — Member

1995 - 1997 Board of Directors, Bay Area Young Positives. BAY Positives is the nation's first community-based organization providing psychosocial and recreational services to HIV-positive youth — President

1995 - 1997 Executive Committee, Bay Area Young Positives. — Chair

1996 - 2004 Committee on Lesbian, Gay, Bisexual and Transgender Issues, Northern California Psychiatric Society — Chair

1998 - 2002 City of San Francisco Human Rights Commission, Lesbian, Gay Bisexual Transgender Advisory Committee — Member

2000 - 2004 Association of Gay and Lesbian Psychiatrists. — Vice President Responsible for the organization's educational programs

2004 - 2005 Association of Gay and Lesbian Psychiatrists — President-elect

2005 - 2007 Caucus of Lesbian, Gay, and Bisexual Psychiatrists of the American Psychiatric Association — Chair

2005 - 2007 Association of Gay and Lesbian Psychiatrists — President

2007 - 2009 Association of Gay and Lesbian Psychiatrists — Immediate Past President

2009 - 2010 Consensus Committee for Revision of the Sexual and Gender Identity Disorders for DSM-V, GID of Adults subcommittee. (Wrote WPATH recommendations as advisory body to the APA DSM V Committee for the Sexual and Gender Identity Disorders chapter revision.) — Member

2010 - 2011 Scientific Committee, 2011 WPATH Biennial Symposium, Atlanta — Member

2010 -2022 World Professional Association for Transgender Care Standards of Care Workgroup and Committee (writing seventh and eighth revisions of the WPATH Standards of Care, which is used internationally for transgender care.) — Member

2010 - 2018 ICD 11 Advisory Committee, World Professional Association for Transgender Health — Member

2012 - 2014 Psychiatry and Diagnosis Track Co-chair, Scientific Committee, 2014 WPATH Biennial Symposium, Bangkok — Member

2014 - 2016 Scientific Committee, 2016 WPATH Biennial Symposium, Amsterdam — Member

2014 - 2018	Board of Directors (elected to 4 year term), World Professional Association for Transgender Health	Member
2014 - 2018	Public Policy Committee, World Professional Association for Transgender Health	Chair
2014 - 2018	WPATH Global Education Initiative: Training providers and specialty certification in transgender health	Trainer and Steering Committee Member
2014 - 2016	American Psychiatric Association Workgroup on Gender Dysphoria	Member
2016 - present	American Psychiatric Association Workgroup on Gender Dysphoria	Chair
2016	USPATH: Inaugural WPATH U.S. Conference, Los Angeles, 2017	Conference Chair

SERVICE TO PROFESSIONAL PUBLICATIONS

2011 - present Journal of Sexual Medicine, reviewer

2014 - present International Journal of Transgenderism, reviewer

2016 - present LGBT Health, reviewer

INVITED PRESENTATIONS - INTERNATIONAL

2009	World Professional Association for Transgender Health, Oslo, Norway	Plenary Session Speaker
2009	World Professional Association for Transgender Health, Oslo, Norway	Symposium Speaker
2009	Karolinska Institutet, Stockholm Sweden	Invited Lecturer
2012	Cuban National Center for Sex Education (CENESEX), Havana, Cuba	Invited Speaker
2013	Swedish Gender Clinics Annual Meeting, Stockholm, Sweden	Keynote Speaker
2013	Conference on International Issues in Transgender care, United Nations Development Programme - The Lancet, Beijing, China	Expert Consultant
2014	World Professional Association for Transgender Health, Bangkok, Thailand	Track Chair
2014	World Professional Association for Transgender Health, Bangkok, Thailand	Invited Speaker
2014	World Professional Association for Transgender Health, Bangkok, Thailand	Invited Speaker
2015	European Professional Association for Transgender Health, Ghent, Belgium	Invited Speaker
2015	European Professional Association for Transgender Health, Ghent, Belgium	Symposium Chair

2015	Israeli Center for Human Sexuality and Gender Identity, Aviv	Invited Speaker Tel
2016	World Professional Association for Transgender Health, Amsterdam	Symposium Chair
2016	World Professional Association for Transgender Health, Amsterdam	Invited Speaker
2016	World Professional Association for Transgender Health, Amsterdam	Invited Speaker
2017	Brazil Professional Association for Transgender Health, Paulo	Sao
2017	Vietnam- United Nations Development Programme Asia Transgender Health Conference, Hanoi	
2018	United Nations Development Programme Asia Conference on Transgender Health and Human Rights, Bangkok	
2018	World Professional Association for Transgender Health, Buenos Aires	Invited Speaker
2021	Manitoba Psychiatric Association, Keynote Speaker	

INVITED PRESENTATIONS - NATIONAL

1990	Being Alive Medical Update, Century Cable Television	Televised Lecturer
1992	Institute on Hospital and Community Psychiatry, Toronto	Symposium Speaker
1992	Academy of Psychosomatic Medicine Annual Meeting, San Diego	Symposium Speaker
1994	American Psychiatric Association 150th Annual Meeting, Philadelphia	Workshop Chair
1994	American Psychiatric Association 150th Annual Meeting, Philadelphia	Workshop Speaker
1994	American Psychiatric Association 150th Annual Meeting, Philadelphia	Paper Session Co-chair
1995	Spring Meeting of the Association of Gay and Lesbian Psychiatrists, Miami Beach	Symposium Chair
1996	American Psychiatric Association 152nd Annual Meeting, New York	Workshop Speaker
1997	American Psychiatric Association Annual Meeting, San Diego	Workshop Speaker
1997	Gay and Lesbian Medical Association Annual	Invited Speaker Symposium
1998	American Psychiatric Association Annual Meeting,	Workshop Chair

	Toronto	
1998	American Psychiatric Association Annual Meeting, Toronto	Workshop Chair
1998	American Psychiatric Association Annual Meeting, Toronto	Media Session Chair
1998	American Psychiatric Association Annual Meeting, Toronto	Media Session Chair
1999	American Psychiatric Association Annual Meeting, Washington, D.C.	Symposium Chair
1999	American Psychiatric Association Annual Meeting, Washington, D.C.	Symposium Presenter
1999	American Psychiatric Association Annual Meeting, Washington, D.C.	Workshop Chair
2000	American Psychiatric Association Annual Meeting, Chicago	Workshop Chair
2000	National Youth Leadership Forum On Medicine, University of California, Berkeley	Invited Speaker
2001	American Psychiatric Association Annual Meeting, New Orleans	Workshop Chair
2001	American Psychiatric Association Annual Meeting, New Orleans	Media Program Chair
2001	Association of Gay and Lesbian Psychiatrists Symposium, New Orleans	Chair
2001	Harry Benjamin International Gender Dysphoria Association Biennial Meeting, Galveston, Texas	Invited Speaker
2002	American Psychiatric Association Annual Meeting, Philadelphia	Media Program Chair
2002	American Psychiatric Association Annual Meeting, Philadelphia	Workshop Chair
2002	American Psychiatric Association Annual Meeting, Philadelphia	Workshop Chair
2003	Association of Gay and Lesbian Psychiatrists CME	Chair Conference
2003	American Psychiatric Association Annual Meeting, San Francisco	Symposium Chair
2003	American Psychiatric Association Annual Meeting, San Francisco	Symposium Co-Chair
2003	American Psychiatric Association Annual Meeting, San Francisco	Workshop Chair

2003	American Public Health Association Annual Meeting, San Francisco	Invited Speaker
2004	Mission Mental Health Clinic Clinical Conference	Invited Speaker
2004	Association of Gay and Lesbian Psychiatrists Conference, New York	Co-Chair
2004	Mental Health Care Provider Education Program: Los Angeles. Sponsored by the American Psychiatric Association Office of HIV Psychiatry	Invited Speaker
2005	American Psychiatric Association Annual Meeting, Atlanta	Workshop Speaker
2005	Association of Gay and Lesbian Psychiatrists Saturday Symposium	Invited Speaker
2008	Society for the Study of Psychiatry and Culture, San Francisco	Invited Speaker
2009	American Psychiatric Association Annual Meeting, San Francisco	Symposium Speaker
2011	National Transgender Health Summit, San Francisco	Invited Speaker
2011	National Transgender Health Summit, San Francisco	Invited Speaker
2011	American Psychiatric Association Annual Meeting, Honolulu, HI	Symposium Chair
2011	American Psychiatric Association Annual Meeting, Honolulu, HI	Symposium Speaker
2011	World Professional Association for Transgender Health Biennial Conference, Atlanta, GA	Invited Speaker
2011	World Professional Association for Transgender Health Biennial Conference, Atlanta, GA	Invited Speaker

		Invited Speaker
2011	World Professional Association for Transgender Health Biennial Conference, Atlanta, GA	
2011	Institute on Psychiatric Services, San Francisco	Invited Speaker
2012	Gay and Lesbian Medical Association Annual Meeting	Invited Speaker
2013	National Transgender Health Summit, Oakland, CA	Invited Speaker
2013	National Transgender Health Summit, Oakland, CA	Invited Speaker
2013	National Transgender Health Summit, Oakland, CA	Invited Speaker
2013	American Psychiatric Association Annual Meeting, San Francisco	Invited Speaker
2013	Gay and Lesbian Medical Association, Denver, CO	Invited Speaker
2014	American Psychiatric Association Annual Meeting, New	Invited Speaker York
2014	Institute on Psychiatric Services, San Francisco	Moderator
2014	Institute on Psychiatric Services, San Francisco	Invited Speaker
2014	Institute on Psychiatric Services, San Francisco	Invited Speaker
2015	National Transgender Health Summit, Oakland, CA	Invited Speaker
2015	National Transgender Health Summit, Oakland, CA	Invited Speaker
2015	American Psychiatric Association Annual Meeting, Toronto	Workshop Speaker
2015	American Psychiatric Association Annual Meeting, Toronto	Course Faculty
2016	American Psychiatric Association Annual Meeting	Course Faculty
2016	World Professional Association for Transgender Health Global Education Initiative, Atlanta	Course Faculty
2016	World Professional Association for Transgender Health Global Education Initiative, Springfield, MO	Course Faculty
2016	World Professional Association for Transgender Health Global Education Initiative, Fort Lauderdale, FL	Course Faculty
2017	World Professional Association for Transgender Health, GEI, Los Angeles Course Faculty	
	World Professional Association for Transgender Health	

Surgeon's Training, Irvine, CA Course Faculty

2017 American Urological Association Annual Meeting, San Francisco CA Invited Speaker

2018 World Professional Association for Transgender Health GEI, Portland OR, Course Faculty

2018 World Professional Association for Transgender Health GEI, Palm Springs, Course Faculty

2019 American Society for Adolescent Psychiatry Annual Meeting, San Francisco, Speaker

2019 American Psychiatric Association Annual Meeting, San Francisco, Session Chair

2020 Psychiatric Congress, Invited Speaker

INVITED PRESENTATIONS - REGIONAL AND OTHER INVITED PRESENTATIONS

1990	Advanced Group Therapy Seminar, UCLA Neuropsychiatric Institute	Invited Lecturer
1991	Joint Project of the Southern California AIDS Interfaith Council and UCLA School of Medicine	Symposium Speaker
1991	Joint Project of the Southern California AIDS Interfaith Council and UCLA School of Medicine	Workshop Panelist
1992	Advanced Group Therapy Seminar, UCLA Neuropsychiatric Institute	Invited Lecturer
1993	UCSF School of Nursing	Invited Lecturer
1995	UCSF/SFGH Department of Medicine Clinical Care Conference	Invited Speaker
1996	UCSF School of Nursing	Invited Speaker
1996	Psychopharmacology for the Primary Care AIDS/Clinician, series of four lectures, UCSF Department of Medicine	Invited Lecturer
1996	UCSF AIDS Health Project Psychotherapy Internship Training Program	
1996	UCSF/SFGH Department of Medicine AIDS Quarterly Update	Invited Speaker

		Invited Speaker
1996	San Francisco General Hospital, Division of Addiction Medicine	Invited Speaker
1996	UCSF Langley Porter Psychiatric Hospital and Clinics Rounds	Invited Speaker Grand
1997	UCSF School of Nursing	Invited Speaker
1997	UCSF Department of Medicine AIDS Program	Invited Speaker
1997	Northern California Psychiatric Society Annual Meeting, Monterey	Workshop Speaker
1997	San Francisco General Hospital Department of Psychiatry Grand Rounds	Invited Speaker
1997	San Francisco General Hospital Department of Psychiatry Grand Rounds	Invited Speaker
1997	Northern California Psychiatric Society LGBT Committee Symposium	Chair Fall
1997	Progress Foundation, San Francisco	Invited Speaker
1998	San Francisco General Hospital Department of Psychiatry Grand Rounds	Invited Speaker
1999	Northern California Psychiatric Society Annual Meeting, Santa Rosa	Invited Speaker
1999	Northern California Psychiatric Society Annual Meeting, Santa Rosa	Invited Speaker
1999	University of California, Davis, Department of Psychiatry Rounds	Invited Speaker Grand
1999	California Pacific Medical Center Department of Grand Rounds	Invited Speaker Psychiatry
1999	San Francisco General Hospital Department of Psychiatry Departmental Case Conference	Discussant
2000	Langley Porter Psychiatric Hospital and Clinics Consultation Liaison Seminar	Invited Speaker
2000	San Francisco General Hospital, Psychopharmacology Seminar	Invited Speaker
2000	UCSF Transgender Health Conference, Laurel Heights Conference Center	Invited Speaker
2000	Psychiatry Course for UCSF Second Year Medical Students	Invited Lecturer
2000	Community Consortium Treatment Update Symposium, California Pacific Medical Center, Davies Campus	Invited Speaker

2000	San Francisco General Hospital Department of Psychiatry Grand Rounds	Invited Speaker
2001	Psychiatry Course for UCSF Second Year Medical Students	Invited Lecturer
2003	Tom Waddell Health Center Inservice	Invited Speaker
2003	San Francisco Veterans Affairs Outpatient Clinic	Invited Speaker
2004	San Francisco General Hospital Psychiatric Emergency Service Clinical Conference	Invited Speaker
2004	South of Market Mental Health Clinic, San Francisco	Invited Speaker
2005	Northern Psychiatric Psychiatric Society Annual Meeting	Invited Speaker
2005	Equality and Parity: A Statewide Action for Transgender HIV Prevention and Care, San Francisco	Invited Speaker
2005	San Francisco General Hospital Department of Psychiatry Grand Rounds.	Invited Speaker
2006	SFGH/UCSF Department of Psychiatry Grand Rounds	Invited Speaker
2007	UCSF Department of Medicine, HIV/AIDS Grand Rounds, Positive Health Program	Invited Speaker
2007	California Pacific Medical Center LGBT Health Symposium, San Francisco LGBT Community Center	Invited Speaker
2007	UCSF CME Conference, Medical Management of HIV/AIDS, Fairmont Hotel, San Francisco	Invited Speaker
2008	UCSF Department of Medicine, Positive Health Program, HIV/AIDS Grand Rounds	Invited Speaker
2008	San Francisco General Hospital Psychiatry Grand Rounds	Invited Speaker
2008	UCSF CME Conference, Medical Management of HIV/AIDS, Fairmont Hotel, San Francisco	Invited Speaker
2010	Northern California Psychiatric Society Annual Meeting, Monterey, CA	Invited Speaker
2011	Transgender Mental Health Care Across the Life Span, Stanford University	Invited Speaker
2011	San Francisco General Hospital Department of Psychiatry Grand Rounds	Invited Speaker
2012	UCSF AIDS Health Project	Invited Speaker
2012	San Francisco Veterans Affairs Medical Center.	
2013	Association of Family and Conciliation Courts Conference, Los Angeles, CA	Invited Speaker
2014	UCSF Transgender Health elective	Invited Speaker
2014	UCSF Department of Psychiatry Grand Rounds	Invited Speaker

		Invited Speaker
2014	California Pacific Medical Center Department of Grand Rounds	Invited Speaker Psychaitry
2014	UCLA Semel Institute Department of Psychiatry Grand Rounds	Invited Speaker
2015	UCSF Transgender Health elective	Invited Speaker
2015	Fenway Health Center Boston, MA (webinar)	Invited Speaker
2015	Transgender Health Symposium, Palm Springs	Invited Speaker
2015	Transgender Health Symposium, Palm Springs	Co-Chair
2015	Santa Clara Valley Medical Center Grand Rounds	Invited Speaker
2016	UCSF School of Medicine Transgender Health elective	Invited Speaker
2016	Langley Porter Psychiatric Institute APC Case Conference	Invited Speaker (2 session series)
2016	Zuckerberg San Francisco General Department of Psychiatry Grand Rounds	Invited Speaker
2016	UCSF Mini-Medical School Lectures to the Public	Invited Speaker
2021	Los Angeles County Department of Mental Health,	Invited Speaker

CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT ACTIVITIES

2005	Northern California Psychiatric Society
2005	Northern California Psychiatric Society Annual Meeting, Napa
2005	Association of Gay and Lesbian Psychiatrist Annual Conference
2006	Annual Meeting, American Psychiatric Association, Atlanta
2006	Annual Meeting, American Psychiatric Association, Toronto
2006	Institute on Psychiatric Services, New York
2007	Association of Gay and Lesbian Psychiatrists Annual Conference
2007	American Psychiatric Association Annual Meeting, San Diego
2007	The Medical Management of HIV/AIDS, a UCSF CME Conference
2008	Society for the Study of Psychiatry and Culture, San Francisco
2009	American Psychiatric Association, San Francisco
2009	World Professional Association for Transgender Health, Oslo, Norway
2010	Annual Meeting of the Northern California Psychiatric Society, Monterey, CA

2011	Transgender Mental Health Care Across the Life Span, Stanford University
2011	National Transgender Health Summit, San Francisco
2011	American Psychiatric Association Annual Meeting, Honolulu, HI
2011	World Professional Association for Transgender Health Biennial Conference, Atlanta, GA
2011	Institute on Psychiatric Services, San Francisco
2012	Gay and Lesbian Medical Association Annual Meeting, San Francisco
2013	National Transgender Health Summit, Oakland, CA
2013	American Psychiatric Association Annual Meeting, San Francisco
2013	Gay and Lesbian Medical Association, Denver, CO
2014	American Psychiatric Association Annual Meeting, New York
2014	Institute on Psychiatric Services, San Francisco
2015	European Professional Association for Transgender Health, Ghent, Belgium
2015	National Transgender Health Summit, Oakland
2015	American Psychiatric Association Annual Meeting, Toronto
2016	American Psychiatric Association Annual Meeting, Atlanta
2016	World Professional Association for Transgender Health, Amsterdam

GOVERNMENT AND OTHER PROFESSIONAL SERVICE

1998 - 2002	City and County of San Francisco Human Rights Member Commission LGBT Advisory Committee

SERVICE ACTIVITIES SUMMARY

I am currently the course director for the LGBTQ Mental Health Course for UCSF Psychiatry Residents in Training.

I worked with urologist Maurice Garcia, MD on developing protocols as well as outcome measures for the UCSF Transgender Surgery Program at UCSF Medical Center. I am on the Medical Advisory Board of the UCSF Center of Excellence for Transgender Care, and have cowritten the mental health section of the original Primary Care Protocols and the new revision. I have chaired the Mental Health Track of UCSF's National Transgender Health Summit since its inception in 2011. I am a founder and co-chair of the Gender Team at the UCSF Alliance Health Project. I helped develop, and participated as a trainer, in the San Francisco
Department of Public Health provider training program for care of transgender patients and for mental health assessments for surgery, and have worked in program development for the SFDPH Transgender Health Services surgery program.

I am the chair of the American Psychiatric Association Workgroup on Gender Dysphoria, which developed a CME course fort the 2015 and 2016 APA Annual Meetings, and is now embarking on a larger educational mission to train American psychiatrists to better care for transgender patients. I have been leading education efforts in transgender health at APA meetings since 1998. On the APA Workgroup on Gender Dysphoria, I am a co-author of a paper of transgender issues that has been approved by the American Psychiatric Association as a resource document and is in press for the American Journal of Psychiatry. I am also the sole author of the chapter on transgender care in the American Psychiatric Press's Clinical Manual of Cultural Psychiatry, Second Edition.

I have been active internationally in transgender health through my work as a member of the Board of Directors of the World Professional Association for Transgender Health. I am an author of the WPATH Standards of Care, Version 7, and am Chapter Lead for the Mental Health Chapter of SOC 8.
I chaired of the WPATH Public Policy Committee and was a member of the Global Education Initiative, which developed a specialty certification program in transgender health. I helped plan the 2016 WPATH Amsterdam conference, and was on the scientific committee for the last four biennial international conferences. I was on the founding committee of USPATH, the national affiliate of WPATH, and I chaired the inaugural USPATH conference, in Los Angeles in 2017. As a member of the steering committee of the WPATH Global Educational Initiative, I helped train over 2000 health providers in transgender health, and helped develop a board certification program and examination in transgender health.

UNIVERSITY SERVICE UC SYSTEM AND MULTI-CAMPUS SERVICE

1991 - present	HIV/AIDS Task Force	Member
1992 - 1993	HIV Research Group	Member
1992 - 1997	Space Committee	Member
1992 - present	Gay, Lesbian and Bisexual Issues Task Force	Member
1994 - 1997	SFGH Residency Training Committee	Member
1996 - 1997	Domestic Partners Benefits Subcommittee.	Chair
1996 - 2000	Chancellor's Advisory Committee on Gay, Lesbian, and Transgender Issues.	Member Bisexual
1996 - 2003	HIV/AIDS Task Force	Co-Chair
1996 - 2003	Cultural Competence and Diversity Program	Member
2009 - present	Medical Advisory Board, UCSF Center of Excellence for Transgender Health	Member
2010 - 2013	Steering Committee, Child Adolescent Gender Center	Member
2011 – 2017	Mental Health Track, National Transgender Health Summit	Chair

DEPARTMENTAL SERVICE

1991 - present	San Francisco General Hospital, Department of Psychiatry, HIV/AIDS Task Force	Member

1992 - 1993 San Francisco General Hospital, Department of Psychiatry, Member HIV Research Group

1992 - 1997 San Francisco General Hospital, Department of Psychiatry, Member Space Committee

1992 - 2003 San Francisco General Hospital, Department of Psychiatry, Member GLBT Issues Task Force

1994 - 1997 San Francisco General Hospital, Department of Psychiatry, Member Residency Training Committee

1996 - 2003 San Francisco General Hospital, Department of Psychiatry, Member Cultural Competence and Diversity Program

1996 - 2003 San Francisco General Hospital, Department of Psychiatry, Co-Chair HIV/AIDS Task Force

2012 - 2020 San Francisco Department of Public Health Gender Member Competence Trainings Committee

2013 - 2020 San Francisco Department of Public Health Transgender Member Health Implementation Task Force

2014 - 2020San Francisco General Hospital, Department of Psychiatry, Member Transgender Surgery Planning Workgroup

PEER REVIEWED PUBLICATIONS

1. Berliner JA, Frank HJL, **Karasic D**, Capdeville M. Lipoprotein-induced insulin resistance in aortic endothelium. Diabetes. 1984; 33:1039-44.
2. Bradberry CW, **Karasic DH**, Deutch AY, Roth RH. Regionally-specific alterations in mesotelencephalic dopamine synthesis in diabetic rats: association with precursor tyrosine. Journal of Neural Transmission. General Section, 1989; 78:221-9.
3. Targ EF, **Karasic DH**, Bystritsky A, Diefenbach PN, Anderson DA, Fawzy FI. Structured group therapy and fluoxetine to treat depression in HIV-positive persons. Psychosomatics. 1994; 35:132-7.
4. Karasic DH. Homophobia and self-destructive behaviors. The Northern California Psychiatric Physician. 1996; 37 Nov.-Dec. Reprinted by the Washington State Psychiatric Society and the Southern California Psychiatric Society newsletters.
5. Karasic D. Anxiety and anxiety disorders. Focus. 1996 Nov; 11(12):5-6. PMID: 12206111
6. Polansky JS, **Karasic DH**, Speier PL, Hastik KL, Haller E. Homophobia: Therapeutic and training considerations for psychiatry. Journal of the Gay and Lesbian Medical Association. 1997 1(1) 41-47.
7. Karasic DH. Progress in health care for transgendered people. Editorial. Journal of the Gay and Lesbian Medical Association, 4(4) 2000 157-8.
8. Perry S, **Karasic D**. Depression, adherence to HAART, and survival. Focus: A Guide to AIDS Research and Counseling. 2002 17(9) 5-6.

9. Fraser L, **Karasic DH**, Meyer WJ, Wylie, K. Recommendations for Revision of the DSM Diagnosis of Gender Identity Disorder in Adults. International Journal of Transgenderism. Volume 12, Issue 2. 2010, Pages 80-85.

10. Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., Fraser, L., Green, J., Knudson, G., Meyer, W., Monstrey, S., **Karasic D** and 22 others. (2011). Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7th Version. International Journal of Transgenderism, 13:165-232, 2011

11. Tsai AC, **Karasic DH**, et al. Directly Observed Antidepressant Medication Treatment and HIV Outcomes Among Homeless and Marginally Housed HIV-Positive Adults: A Randomized Controlled Trial. American Journal of Public Health. February 2013, Vol. 103, No. 2, pp. 308-315.

12. Tsai AC, Mimmiaga MJ, Dilley JW, Hammer GP, **Karasic DH**, Charlebois ED, Sorenson JL, Safren SA, Bangsberg DR. Does Effective Depression Treatment Alone Reduce Secondary HIV Transmission Risk? Equivocal Findings from a Randomized Controlled Trial. AIDS and Behavior, October 2013, Volume 17, Issue 8, pp 2765-2772.

13. **Karasic DH**. Protecting Transgender Rights Promotes Transgender Health. LGBT Health. 2016 Aug; 3(4):245-7. PMID: 27458863

14. Winter S, Diamond M, Green J, **Karasic D**, Reed T, Whittle S, Wylie K. Transgender people: health at the margins of society. Lancet. 2016 Jul 23;388(10042):390-400. doi: 10.1016/S0140-6736(16)00683-8. Review./> PMID: 27323925

15. Grelotti DJ, Hammer GP, Dilley JW, **Karasic DH**, Sorensen JL, Bangsberg DR, Tsai AC. Does substance use compromise depression treatment in persons with HIV? Findings from a randomized controlled trial. AIDS Care. 2016 Sep 2:1-7. [Epub ahead of print]/> PMID: 27590273

16. Strang JF, Meagher H, Kenworthy L, de Vries AL, Menvielle E, Leibowitz S, Janssen A, Cohen-Kettenis P, Shumer DE, Edwards-Leeper L, Pleak RR, Spack N, **Karasic DH**, Schreier H, Balleur A, Tishelman A, Ehrensaft D, Rodnan L, Kuschner ES, Mandel F, Caretto A, Lewis HC, Anthony LG. Initial Clinical Guidelines for Co-Occurring Autism Spectrum Disorder and Gender Dysphoria or Incongruence in Adolescents. J Clin Child Adolesc Psychol. 2016 Oct 24:1-11. [Epub ahead of print]/> PMID: 27775428

17. Milrod C, **Karasic DH**. Age Is Just a Number: WPATH-Affiliated Surgeons' Experiences and Attitudes Toward Vaginoplasty in Transgender Females Under 18 Years of Age in the United States. J Sex Med 2017;14:624–634.

18. William Byne, Dan H. Karasic, Eli Coleman, A. Evan Eyler, Jeremy D. Kidd, Heino F.L. Meyer-Bahlburg, Richard R. Pleak, and Jack Pula.Gender Dysphoria in Adults: An Overview and Primer for Psychiatrists.Transgender Health.Dec 2018.57-A3.http://doi.org/10.1089/trgh.2017.0053

19. Identity recognition statement of the world professional association for transgender health (WPATH). International Journal of Transgenderism. 2018 Jul 3; 19(3):1-2. Knudson KG, Green GJ, Tangpricha TV, Ettner ER, Bouman BW, Adrian AT, Allen AL, De Cuypere DG, Fraser

FL, Hansen HT, **Karasic KD**, Kreukels KB, Rachlin RK, Schechter SL, Winter WS, Committee and Board of Direct

20. **Karasic, DH** & Fraser, L Multidisciplinary Care and the Standards of Care for Transgender and Gender Non-conforming Individuals. Schechter, L & Safa, B. (Eds.) Gender Confirmation Surgery, Clinics in Plastic Surgery Special Issue, Vol 45, Issue 3, pp 295-299. 2018 Elsevier,Philadelphia**.** https://doi.org/10.1016/j.cps.2018.03.016
21. Milrod C, Monto M, **Karasic DH.** Recommending or Rejecting "the Dimple": WPATHAffiliated Medical Professionals' Experiences and Attitudes Toward Gender-Confirming Vulvoplasty in Transgender Women. J Sex Med. 2019 Apr;16(4):586-595. doi: 10.1016/j.jsxm.2019.01.316. Epub 2019 Mar 2.

22. ICD-11 and gender incongruence of childhood: a rethink is needed. Lancet Child Adolesc Health. 2019 10; 3(10):671-673. Winter S, Ehrensaft D, Telfer M, T'Sjoen G, Koh J, Pickstone-Taylor S, Kruger A, Griffin L, Foigel M, De Cuypere G, **Karasic D**. PMID: 31439494.

23. Gender Dysphoria in Adults: An Overview and Primer for Psychiatrists. Focus (Am Psychiatr Publ). 2020 Jul; 18(3):336-350. Byne W, **Karasic DH**, Coleman E, Eyler AE, Kidd JD, Meyer-Bahlburg HFL, Pleak RR, Pula J. PMID: 33343244; PMCID: PMC7587914.

BOOKS AND CHAPTERS

1. **Karasic DH**, Dilley JW. Anxiety and depression: Mood and HIV disease. In: The UCSF AIDS Health Project Guide to Counseling: Perspectives on Psychotherapy, Prevention, and Therapeutic Practice. Dilley JW and Marks R, eds. Jossey-Bass. San Francisco, 1998, pp.227-248.
2. **Karasic DH**, Dilley JW. Human immunodeficiency-associated psychiatric disorders. In: The AIDS Knowledge Base, Third Edition. Cohen PT, Sande MA, Volberding PA, eds. Lippincott-Williams &Wilkens, Philadelphia, 1999, pp. 577-584.
3. **Karasic DH** and Drescher J. eds. Sexual and Gender Diagnoses of the Diagnostic and Statistical Manual (DSM): A Reevaluation. 2005. Haworth Press, Binghamton, NY. (Book Co-Editor)
4. **Karasic DH**. Transgender and Gender Nonconforming Patients. In: Clinical Manual of Cultural Psychiatry, Second Edition. Lim RF ed. pp 397-410. American Psychiatric Publishing, Arlington VA. 2015.

5. **Karasic DH**. Mental Health Care of the Transgender Patient. In: Comprehensive Care of the Transgender Patient, Ferrando CA ed. pp. 8-11. Elsevier, 2019.
6. **Karasic DH.** The Mental Health Assessment for Surgery. In: Gender Confirmation Surgery – Principles and Techniques for an Emerging Field. Schechter L ed. Springer Nature, in press 2019.

OTHER PUBLICATIONS

1. **Karasic DH**, Dilley JW. HIV-associated psychiatric disorders: Treatment issues. In: Cohen P, Sande MA, Volberding P, eds., The AIDS Knowledge Base. Waltham, MA: The Medical Publishing Group/ Massachusetts Medical Society. 1994. pp. 5.31-1-5.
2. **Karasic DH**, Dilley JW. HIV-associated psychiatric disorders: Clinical syndromes and diagnosis. In: Cohen P, Sande MA, Volberding P, eds., The AIDS Knowledge Base, Second Edition. Waltham, MA: The Medical Publishing Group/Massachusetts Medical Society. 1994 pp. 5.30-1-5.
3. **Karasic DH**. A primer on transgender care. In: Gender and sexuality. The Carlat Report Psychiatry. April 2012. Vol 10, Issue 4.
4. **Karasic D and Ehrensaft D.** We must put an end to gender conversion therapy for kids. Wired. 7/6/15.

EXPERT WITNESS AND CONSULTATION ON TRANSGENDER CARE AND RIGHTS

2008 Consultant, California Department of State Hospitals

2012 Dugan v. Lake, Logan UT

2012 XY v. Ontario http://www.canlii.org/en/on/onhrt/doc/2012/2012hrto726/2012hrto726.html

2014 Cabading v California Baptist University

2014 CF v. Alberta
http://www.canlii.org/en/ab/abqb/doc/2014/2014abqb237/2014abqb237.html

2017 United Nations Development Programme consultant, transgender health care and legal rights in the Republic of Vietnam; Hanoi.

2017- Forsberg v Saskatchewan; Saskatchewan Human Rights v Saskatchewan
2018 https://canliiconnects.org/en/summaries/54130
https://canliiconnects.org/en/cases/2018skqb159

2018 United Nations Development Programme consultant, transgender legal rights in Southeast Asia; Bangkok.

2018 Consultant, California Department of State Hospitals

2019, 2021 Consultant/Expert, Disability Rights Washington

2019, 2021 Consultant/Expert, ACLU Washington

2021 Consultant, California Department of Corrections and Rehabilitation

2021 Expert, Kadel v. Folwell, 1:19-cv-00272 (M.D.N.C.).

2021 Expert, Drew Glass v. City of Forest Park - Case No. 1:20-cv-914 (Southern District Ohio)

2021-2022 Expert, Brandt et al v. Rutledge et al. 4:21-cv-00450 (E.D. Ark.)

2021-2022 Expert, Fain v. Crouch, 3:20-cv-00740 (S.D.W. Va.)

2022 Expert, C.P. v. Blue Cross Blue Shield of Illinois, No. 3:20-cv-06145-RJB (W.D. Wash.)

EXHIBIT B

Bibliography

BIBLIOGRAPHY

Aldridge, Z., Patel, S., Guo, B., Nixon, E., Bouman, W. P., Witcomb, G. L., & Arcelus, J. (2021). Long-term effect of gender-affirming hormone treatment on depression and anxiety symptoms in transgender people: A prospective cohort study. *Andrology*, 9(6), 1808-1816.

Allen, L. R., Watson, L. B., Egan, A. M., & Moser, C. N. (2019). Well-being and suicidality among transgender youth after gender-affirming hormones. *Clinical Practice in Pediatric Psychology, 7*(3), 302–311.

Almazan, A. N., & Keuroghlian, A. S. (2021). Association Between Gender-Affirming Surgeries and Mental Health Outcomes. *JAMA surgery*, 156(7), 611–618.

American Academy of Child and Adolescent Psychiatry (2019). Statement Responding to Efforts to ban Evidence-Based Care for Transgender and Gender Diverse Youth, https://www.aacap.org/AACAP/Latest_News/AACAP_Statement_Responding_to_Efforts-to_ban_Evidence-Based_Care_for_Transgender_and_Gender_Diverse.aspx.

American Academy of Family Physicians (2020). Care for the Transgender and Nonbinary Patient, www.aafp.org/about/policies/all/transgender-nonbinary.html.

American Academy of Pediatrics (2018). Policy Statement: Ensuring Comprehensive Care and Support for Transgender and Gender Diverse Children and Adolescents, https://pediatrics.aappublications.org/content/142/4/e20182162.

American College of Obstetricians and Gynecologists (2021). Committee Opinion No. 823: Health Care for Transgender and Gender Diverse Individuals, https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2021/03/health-care-for-transgender-and-gender-diverse-individuals.

American Medical Association (2021). Letter to National Governor's Association , https://searchlf.ama-assn.org/letter/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2021-4-26-Bill-McBride-opposing-anti-trans-bills-Final.pdf.

American Medical Association and GLMA (2019). Issue Brief: Health insurance coverage for gender-affirming care of transgender patients, https://www.ama-assn.org/system/files/2019-03/transgender-coverage-issue-brief.pdf.

American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.

American Psychiatric Association (2018). Position Statement on Access to Care for Transgender and Gender Diverse Individuals, https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-2018-Access-to-Care-for-Transgender-and-Gender-Diverse-Individuals.pdf.

American Psychological Association (2021). APA Resolution on Gender Identity Change Efforts, https://www.apa.org/about/policy/resolution-gender-identity-change-efforts.pdf.

American Psychological Association (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist*, 70, 832-864.

Baker, K. E., Wilson, L. M., Sharma, R., Dukhanin, V., McArthur, K., & Robinson, K. A. (2021). Hormone therapy, mental health, and quality of life among transgender people: A systematic review. *Journal of the Endocrine Society*, 5(4), 1-16.

Bauer GR, Scheim AI, Pyne J, Travers R, Hammond R. (2015). Intervenable factors associated with suicide risk in transgender persons: a respondent driven sampling study in Ontario, Canada. BMC Public Health. 2015 Jun 2;15:525.

Brik, T., Vrouenraets, L.J.J.J., de Vries, M.C. *et al.* (2020). Trajectories of Adolescents Treated with Gonadotropin-Releasing Hormone Analogues for Gender Dysphoria. *Arch Sex Behav* 49**,** 2611–2618.

Bustos, V. P., Bustos, S. S., Mascaro, A., Del Corral, G., Forte, A. J., Ciudad, P., Kim, E. A., Langstein, H. N., & Manrique, O. J. (2021). Regret after Gender-affirmation Surgery: A Systematic Review and Meta-analysis of Prevalence. *Plastic and reconstructive surgery. Global open*, *9*(3), e3477.

Byne, W., Karasic, D. H., Coleman, E., Eyler, A. E., Kidd, J. D., Meyer-Bahlburg, H. F. L., … Pula, J. (2018). Gender dysphoria in adults: An overview and primer for psychiatrists. *Transgender Health*, *3*(1), 57-70.

Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., ... & Zucker, K. (2012). Standards of care for the health of transsexual, transgender, and gender-nonconforming people, version 7. *International Journal of Transgenderism*, 13(4), 165-232.

Colton-Meier, S. L., Fitzgerald, K. M., Pardo, S. T., & Babcock, J. (2011). The effects of hormonal gender affirmation treatment on mental health in female-to-male transsexuals. *Journal of Gay & Lesbian Mental Health*, 15(3), 281-299.

Crissman, H. P., Berger, M. B., Graham, L. F., & Dalton, V. K. (2017). Transgender Demographics: A Household Probability Sample of US Adults, 2014. *American journal of public health*, *107*(2), 213–215.

Daniel, H., & Butkus, R. (2015). Lesbian, gay, bisexual, and transgender health disparities: Executive summary of a policy position paper from the American College of Physicians. *Annals of Internal Medicine, 163*(2)*,* 135-137.

Danker, S., Narayan, S.K., Bluebond-Langner, R., Schechter, L.S., Berli, J.U. (2018). Abstract: A Survey Study of Surgeons' Experience with Regret and/or Reversal of Gender-Confirmation

Surgeries, *Plastic and Reconstructive Surgery - Global Open*. September 2018 6 (9 Suppl): 189-189.

de Vries, A. L. C., McGuire, J. K., Steensma, T. D., Wagenaar, E. C. F., Doreleijers, T. A. H., & Cohen-Kettenis, P. T. (2014). Young Adult Psychological Outcome After Puberty Suppression and Gender Reassignment. *Pediatrics*, *134*(4), 696-704.

de Vries, A. L., Steensma, T. D., Doreleijers, T. A., & Cohen-Kettenis, P. T. (2011). Puberty suppression in adolescents with gender identity disorder: a prospective follow-up study. *The journal of sexual medicine*, *8*(8), 2276–2283.

Deutsch, M.B. (ed.). (2016). Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People (2d ed.). San Francisco, CA: UCSF Center of Excellence for Transgender Health.

Dhejne, C., Öberg, K., Arver, S., & Landén, M. (2014). An analysis of all applications for sex reassignment surgery in Sweden, 1960-2010: prevalence, incidence, and regrets. *Archives of Sexual Behavior*, *43*(8), 1535–1545.

Drescher, J., Haller, E., & Yarbrough, E. (2018). Position statement on access to care for transgender and gender diverse individuals. Caucus of LGBTQ Psychiatrists and the Council on Minority Mental Health and Health Disparities, American Psychiatric Association.

Durwood, L., McLaughlin, K. A., & Olson, K. R. (2017). Mental Health and Self-Worth in Socially Transitioned Transgender Youth. *Journal of the American Academy of Child and Adolescent Psychiatry*, *56*(2), 116–123.e2.

Endocrine Society (2020). Transgender Health, an Endocrine Society position statement, https://www.endocrine.org/advocacy/position-statements/transgender-health.

Ehrensaft D. (2017). Gender nonconforming youth: current perspectives. *Adolescent Health, Medicine and Therapeutics*, *8*, 57–67.

Green AE, DeChants JP, Price MN, Davis CK. (2022). Association of Gender-Affirming Hormone Therapy With Depression, Thoughts of Suicide, and Attempted Suicide Among Transgender and Nonbinary Youth. *J Adolesc Health*, 70(4):643-649.

Hatswell AJ, Baio G, Berlin JA, Irs A, Freemantle N. (2016). Regulatory approval of pharmaceuticals without a randomised controlled study: analysis of EMA and FDA approvals 1999-2014. *BMJ Open*. 2016 Jun 30;6(6):e011666.

Hembree, W. C., Cohen-Kettenis, P. T., Gooren, L., Hannema, S., Meyer, W. J., Murad, M. H., … T'Sjoen, G. G. (2017). Endocrine treatment of genderdysphoric/gender-incongruent persons: An Endocrine Society clinical practice guideline. *The Journal of Clinical Endocrinology & Metabolism*, *102*(11), 3869-3903.

Herman, J. (2013). Costs and Benefits of Providing Transition-related Health Care Coverage in Employee Health Benefits Plans: Findings from a Survey of Employers. *UCLA: The Williams Institute*. Retrieved from https://escholarship.org/uc/item/5z

Hughto, J. M.W., & Reisner, S. L. (2016). A systematic review of the effects of hormone therapy on psychological functioning and quality of life in transgender individuals. *Transgender Health*, 1(1), 21-31.

Inwards-Breland D. Mental Health Outcomes and Receipt of Gender Affirming Care. Presented at the American Academy of Pediatrics 2021 Virtual Conference & Exhibition.

Kaltiala, R, Heino, E., Työläjärvi, & Suomalainen, L. (2020). Adolescent development and psychosocial functioning after starting cross-sex hormones for gender dysphoria. *Nordic Journal of Psychiatry*, 74, 213–219.

Korpaisarn, S., & Safer, J. D. (2019). Etiology of Gender Identity. *Endocrinology and metabolism clinics of North America*, *48*(2), 323–329.

Kuper, L.E., Stewart, S., Preston, S., Lau, M., & Lopez, X. (2020). Body Dissatisfaction and Mental Health Outcomes of Youth on Gender-Affirming Hormone Therapy. *Pediatrics*. 145. e20193006.

Lopez, X., Marinkovic, M., Eimicke, T., Rosenthal, S.M., & Olshan, J.S. (2017). Statement on gender-affirmative approach to care from the pediatric endocrine society special interest group on transgender health. *Current Opinion in Pediatrics*. 29(4): 475-480.

Medical Accident Group. (May 28, 2014). Two thirds of Brits regret having cosmetic surgery. https://www.medicalaccidentgroup.co.uk/news/two-thirds-brits-regret-cosmetic-surgery/ (last accessed Sept. 11, 2022).

Mehringer, J. E., Harrison, J. B., Quain, K. M., Shea, J. A., Hawkins, L. A., & Dowshen, N. L. (2021). Experience of Chest Dysphoria and Masculinizing Chest Surgery in Transmasculine Youth. *Pediatrics*, *147*(3), e2020013300.

Murad, M. H., Elamin, M. B., Garcia, M. Z., Mullan, R. J., Murad, A., Erwin, P. J., & Montori, V. M. (2010). Hormonal therapy and sex reassignment: A systematic review and meta-analysis of quality of life and psychosocial outcomes. *Clinical Endocrinology*, 72(2), 214-231.

Nobili, A., Glazebrook, C., & Arcelus, J. (2018). Quality of life of treatment-seeking transgender adults: A systematic review and meta-analysis. *Reviews in endocrine & metabolic disorders*, *19*(3), 199–220.

Olson, K. R., Durwood, L., Horton, R., Gallagher, N. M., & Devor, A. (2022). Gender Identity 5 Years After Social Transition. *Pediatrics*, *150*(2), e2021056082.

Olson-Kennedy, J., Warus, J., Okonta, V., Belzer, M., & Clark, L. F. (2018). Chest Reconstruction and Chest Dysphoria in Transmasculine Minors and Young Adults: Comparisons of Nonsurgical and Postsurgical Cohorts. *JAMA pediatrics*, *172*(5), 431–436.

Owen-Smith, A. A., Gerth, J., Sineath, R. C., Barzilay, J., Becerra-Culqui, T. A., Getahun, D., Giammattei, S., Hunkeler, E., Lash, T. L., Millman, A., Nash, R., Quinn, V. P., Robinson, B., Roblin, D., Sanchez, T., Silverberg, M. J., Tangpricha, V., Valentine, C., Winter, S., . . . Goodman, M. (2018). Association between gender confirmation treatments and perceived gender congruence, body image satisfaction, and mental health in a cohort of transgender individuals. *Journal of Sexual Medicine, 15*(4), 591-600.

Padula, W. V., Heru, S., & Campbell, J. D. (2016). Societal Implications of Health Insurance Coverage for Medically Necessary Services in the U.S. Transgender Population: A Cost-Effectiveness Analysis. *Journal of general internal medicine*, *31*(4), 394–401.

Pediatric Endocrine Society (2021). Pediatric Endocrine Society Opposes Bills that Harm Transgender youth, https://pedsendo.org/news-announcements/the-pediatric-endocrine-society-opposes-bills-that-harm-transgender-youth-2/.

Pediatric Endocrine Society (2020). Position Statement: Transgender Health. https://www.endocrine.org/-/media/a65106b6ae7f4d2394a1ebeba458591d.ashx.

Pfafflin, F., & Junge, A. (1998). Sex reassignment: Thirty years of international follow-up studies after sex reassignment surgery, a comprehensive review, 1961-1991. (Jacobson & Meir, trans.).

Rae, J. R., Gülgöz, S., Durwood, L., DeMeules, M., Lowe, R., Lindquist, G., & Olson, K. R. (2019). Predicting early-childhood gender transitions. *Psychological Science*, 30(5), 669-681.

Roblin, D., Sanchez, T., Silverberg, M. J., Tangpricha, V., Valentine, C., Winter, S., Woodyatt, C., … Goodman, M. (2018). Association Between Gender Confirmation Treatments and Perceived Gender Congruence, Body Image Satisfaction, and Mental Health in a Cohort of Transgender Individuals. *The journal of sexual medicine*, *15*(4), 591–600.

Saraswat, A., Weinand, J.D., & Safer, J. (2015). Evidence supporting the biologic nature of gender identity. *Endocrine Practice, 21 2*, 199-204.

Sheehan, J., Sherman, K. A., Lam, T., & Boyages, J. (2008). Regret associated with the decision for breast reconstruction: the association of negative body image, distress and surgery characteristics with decision regret. *Psychology & health*, *23*(2), 207–219.

Smith, Y., Van Goozen, S., Kuiper, A., & Cohen-Kettenis, P. (2005). Sex reassignment: Outcomes and predictors of treatment for adolescent and adult transsexuals. *Psychological Medicine* 35(1): 89-99.

Steensma, TD et al. (2013). Factors Associated With Desistence and Persistence of Childhood Gender Dysphoria: A Quantitative Follow-Up Study. Journal of the American Academy of Child & Adolescent Psychiatry. 52(6): 582-590

Substance Abuse and Mental Health Services Administration. (2015). Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth. HHS Publication No. (SMA) 15-4928. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Tang, et al. (2022). Gender Affirming Mastectomy Trends and Surgical Outcomes in Adolescents. *Ann Plast Surg*, 88:S325-S331.

Tordoff, D. M., Wanta, J. W., Collin, A., Stepney, C., Inwards-Breland, D. J., & Ahrens, K. (2022). Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care. *JAMA network open*, *5*(2), e220978.

T'Sjoen, G., Arcelus, J., Gooren, L., Klink, D. T., & Tangpricha, V. (2019). Endocrinology of Transgender Medicine. *Endocrine reviews*, *40*(1), 97–117.

Turban, J. L., King, D., Carswell, J. M., & Keuroghlian, A. S. (2020). Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation. *Pediatrics*, *145*(2), e20191725.

U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality (2015). Off-Label Drugs: What You Need to Know. https://www.ahrq.gov/patients-consumers/patient-involvement/off-label-drug-usage.html#:~:text=Off%2Dlabel%20prescribing%20is%20when,are%20for%20off%2Dlabel%20use (last accessed Sept. 11, 2022).

van de Grift, T. C., Elaut, E., Cerwenka, S. C., Cohen-Kettenis, P. T., & Kreukels, B. (2018). Surgical Satisfaction, Quality of Life, and Their Association After Gender-Affirming Surgery: A Follow-up Study. *Journal of sex & marital therapy*, *44*(2), 138–148.

van der Miesen, A. I. R., Steensma, T. D., de Vries, A. L. C., Bos, H., & Popma, A. (2020). Psychological Functioning in Transgender Adolescents Before and After Gender-Affirmative Care Compared With Cisgender General Population Peers. *Journal of Adolescent Health*, 66(6), 699-704.

Wallien MSC, Cohen-Kettenis P.T. (2008). Psychosexual Outcome of Gender-Dysphoric Children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 47(12): 1413-23.

What We Know Project, Ctr. for the Study of Inequality, Cornell Univ. (2018). What does the scholarly research say about the effect of gender transition on transgender well-being? (online literature review), *available at* https://whatweknow.inequality.cornell.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-the-well-being-of-transgender-people/.

Wiepjes, C.M., Nota, N. M., de Blok, C.J., Klaver, M., de Vries, A.L., Wensing-Kruger, S.A., ... & Gooren, L.J. (2018). The Amsterdam cohort of gender dysphoria study (1972–2015): trends in prevalence, treatment, and regrets. *The Journal of Sexual Medicine*, 15(4), 582-590.

Wierckx, K., Van Caenegem, E., Schreiner, T., Haraldsen, I., Fisher, A. D., Toye, K., Kaufman, J. M., & T'Sjoen, G. (2014). Cross-sex hormone therapy in trans persons is safe and effective at short-time follow-up: results from the European network for the investigation of gender incongruence. *The journal of sexual medicine*, *11*(8), 1999–2011.

Wittich CM, Burkle CM, Lanier WL. (2012). Ten common questions (and their answers) about off-label drug use. *Mayo Clin Proc.* 2012 Oct;87(10):982-90.

World Health Organization. (2018). Gender Incongruence. In International Classification of Diseases, 11th Revision, https://icd.who.int/browse11/l-m/en#/http%3A%2F%2Fid.who.int%2Ficd%2Fentity%2F411470068.

Word Health Organization: Regional Office for Europe. WHO/Europe brief – transgender health in the context of ICD-11, https://perma.cc/ABZ4-KMPT?view-mode=client-side&type=image.

World Medical Association. (2017, February 17). WMA statement on transgender People, https://www.wma.net/policies-post/wma-statement-on-transgender-people/.

World Professional Association for Transgender Health. (2018). WPATH Position on "Rapid-Onset Gender Dysphoria (ROGD)," https://www.wpath.org/media/cms/Documents/Public%20Policies/2018/9_Sept/WPATH%20Position%20on%20Rapid-Onset%20Gender%20Dysphoria_9-4-2018.pdf.

World Professional Association for Transgender Health. (2016). Position Statement on Medical Necessity of Treatment, Sex Reassignment, and Insurance Coverage in the U.S.A. https://www.wpath.org/newsroom/medical-necessity-statement.

Zhang, Q., Goodman, M., Adams, N., Corneil, T., Hashemi, L., Kreukels, B., Motmans, J., Snyder, R., & Coleman, E. (2020). Epidemiological considerations in transgender health: A systematic review with focus on higher quality data. *International journal of transgender health*, *21*(2), 125–137.

Zucker, K., et al (2010) Puberty-Blocking Hormonal Therapy for Adolescents with Gender Identity Disorder: A Descriptive Clinical Study, *Journal of Gay & Lesbian Mental Health*, 15:1, 58-82.