

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

AUGUST DEKKER, et al.,

Plaintiffs,

v.

JASON WEIDA, et al.,

Defendants.

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

**EXPERT DECLARATION OF
ARMAND H. MATHENY ANTOMMARIA, MD, PhD, FAAP, HEC-C**

I, ARMAND H. MATHENY ANTOMMARIA, MD, PhD, FAAP, HEC-C, have been retained by counsel for Plaintiffs in connection with the above-captioned litigation.

1. This declaration provides the following expert opinions, which are explained in further detail below:

2. General Medicaid Policy Rule 59G-1.050 (“the Exclusion”) excludes from coverage certain medical services, which I will refer to as gender-affirming medical care, when these interventions are used to treat gender dysphoria.¹

¹ Gender dysphoria is “a marked incongruence between one’s experienced/expressed gender and their assigned gender” which is “associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.” American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed, Text Revision. American

3. Gender-affirming medical care is consistent with generally accepted professional medical standards and is not experimental or investigational. It is endorsed by evidence-based clinical practice guidelines that are themselves based on studies published in the peer-reviewed literature demonstrating that it improves individuals' health outcomes. Gender-affirming medical care is also supported by increasing utilization trends and coverage by other creditable insurance payors.

4. In the Exclusion and other supporting documents, the Florida Agency for Health Care Administration (AHCA) persistently mischaracterizes these treatments and singles them out for anomalous treatment by withholding Medicaid coverage for them only when they are used to treat gender dysphoria. Specifically, AHCA mischaracterizes

- a. individuals as diagnosing themselves with gender dysphoria,
- b. treatments for gender dysphoria and "off-label" treatments as experimental,
- c. treatments of gender dysphoria as "eminence-based medicine" and the evidence base supporting many medical treatments, and
- d. the informed consent process for the treatment of gender dysphoria in minors.

Psychiatric Publishing; 2022.

5. I have actual knowledge of the matters stated in this declaration. In preparing this declaration, I reviewed the Exclusion, “Florida Medicaid: Generally Accepted Professional Medical Standards Determination on the Treatment of Gender Dysphoria” (“GAPMS Memo”),² including Attachment G, a commissioned, unpublished paper written by G. Kevin Donovan, MD, MA, entitled “Medical Experimentation without Informed Consent: An Ethicist’s View of Transgender Treatment for Children.”³ I also reviewed the materials listed in the attached Bibliography (Exhibit A), and I may rely on those documents as additional support for my opinions. I have also relied on my years of research and clinical practice, as set out in my curriculum vitae (Exhibit B), and on the materials listed therein. The materials I have relied upon in preparing this declaration are the same types of materials that experts in medicine and bioethics regularly rely upon when forming opinions on this type of subject. I may wish to supplement these opinions or the bases for them due to new scientific research or publications, or in response to statements and issues that may arise in my area of expertise.

² June 2022. Accessed September 6, 2022. Available at https://ahca.myflorida.com/letkidsbekids/docs/AHCA_GAPMS_June_2022_Report.pdf.

³ May 12, 2022. Accessed September 6, 2022. Available at https://ahca.myflorida.com/letkidsbekids/docs/AHCA_GAPMS_June_2022_Attachment_G.pdf.

BACKGROUND AND QUALIFICATIONS

6. I am the Director of the Ethics Center, the Lee Ault Carter Chair of Pediatric Ethics, and an Attending Physician in the Division of Hospital Medicine at Cincinnati Children's Hospital Medical Center ("Cincinnati Children's"). I am also a Professor in the Departments of Pediatrics and Surgery at the University of Cincinnati College of Medicine.

7. In 2000, I received both my medical degree from Washington University School of Medicine in St. Louis, Missouri and my PhD in Religious Ethics from The University of Chicago Divinity School. I completed my pediatrics residency at the University of Utah in 2003.

8. I have been licensed to practice medicine since 2001 and am currently licensed to practice medicine in Ohio. I have been Board Certified in General Pediatrics since 2004 and in Pediatric Hospital Medicine since the inception of this certification in 2019. I have been certified as a Healthcare Ethics Consultant since the inception of this certification in 2019.

9. I have extensive experience as a practicing physician. I have been in clinical practice since 2003 and approximately 30 percent of my current work is dedicated to caring for hospitalized patients. Cincinnati Children's is a nonprofit pediatric academic medical center with 622 total registered beds. It admits patients up to age 25 and older patients under certain conditions, including patients in the

Adults with Congenital Heart Disease and Young Adults with Cancer programs. I routinely admit and care for adult patients.

10. I also have extensive experience as a bioethicist. Bioethicists examine the ethical issues that arise in medicine and the life sciences. I was Chair of the Ethics Committee at Primary Children's Medical Center in Salt Lake City, Utah from 2005 to 2012 and have been Director of the Ethics Center at Cincinnati Children's since 2012.

11. I regularly consult on patients in the Transgender Health Clinic at Cincinnati Children's whose care presents unique ethical issues and participate in the Clinic's monthly multidisciplinary team meetings. I remain current with the medical and bioethics literature regarding the treatment of individuals with gender dysphoria, particularly minors. I am also the Chair of Cincinnati Children's Fetal Care Center's Oversight Committee which provides the Center with recommendations on the use of innovative treatments and experimental interventions.

12. I am a member of the American Academy of Pediatrics (AAP), the American Society for Bioethics and Humanities (ASBH), the Association of Bioethics Program Directors, and the Society for Pediatric Research. I was a member of the AAP's Committee on Bioethics from 2005 to 2011. I have also served as a member of the ASBH's Clinical Ethics Consultation Affairs Committee from 2009

to 2014 and currently serve on its Healthcare Ethics Consultant Certification Commission.

13. I am the author of 41 peer-reviewed journal articles, 11 non-peer-reviewed journal articles, six book chapters, and 28 commentaries. My peer-reviewed journal articles have been published in high-impact journals including the *Journal of the American Medical Association* and *Annals of Internal Medicine*. I am also an author of 17 policy statements and technical reports, including four as lead author, by the AAP.

14. I am a member of the Executive Editorial Board and the Associate Editor for Ethics Rounds of *Pediatrics*. *Pediatrics* is the AAP's flagship journal and Ethics Rounds is a type of article in which commentators analyze cases that raise ethical issues. I am an active peer reviewer for many medical journals, including the *American Journal of Bioethics* and the *Journal of Pediatrics*. I also review abstracts for the annual meetings of professional organizations, including the Pediatric Academic Societies and ABSH. I was previously a member of the editorial boards of the *Journal of Clinical Ethics* and the *Journal of Medical Humanities*.

15. I previously testified as an expert witness at trial or deposition in the following cases: *Brant v. Rutledge*, Case No. 4:21CV450-JM (E.D. Ark.), *Doe v. Abbott*, No. D-1-GN-22-000977, 2022 WL 628912 (Tex. Dist. 353rd Judicial

District, March 2, 2022), and *Eknes-Tucker v Marshall*, Case No. 2:22-cv-184-LCB (M.D. Ala. May 13, 2022).

16. I am being compensated at an hourly rate of \$250 per hour for preparation of expert declarations and reports, and \$400 per hour for time spent preparing for or giving deposition or trial testimony. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I provide.

**GENDER-AFFIRMING MEDICAL CARE IS SUPPORTED BY
EVIDENCE-BASED CLINICAL PRACTICE GUIDELINES**

17. Medical care for individuals with gender dysphoria is evidence-based and is supported by clinical practice guidelines developed by medical professional organizations including the Endocrine Society (“the Society”).

18. The Society was established in 1916⁴ and is an international medical organization whose membership is comprised of over 18,000 endocrinology researchers and clinicians.⁵ It uses rigorous methods to develop guidelines on a variety of clinical conditions. Members of guideline development panels are nominated by the Society’s Board of Directors, its Clinical Guidelines Committee, and any co-sponsoring organizations; they are selected based on their clinical

⁴ Endocrine Society. Our History. Accessed December 31, 2022. Available at <https://www.endocrine.org/our-community/advancing-endocrinology-and-public-health/history/>.

⁵ Endocrine Society. Who We Are. Accessed December 31, 2022. Available at <https://www.endocrine.org/about-us>.

expertise and other skills; and they are screened for conflicts of interest. Panels are multidisciplinary and include a patient representative and a methodologist—someone trained in the methods for developing clinical practice guidelines. The Society uses the Grading of Recommendations Assessment, Development and Evaluation (GRADE) methodology. Guidelines undergo both internal and external review including a public comment period. After any revisions, the proposed guidelines undergo a second review by the Society’s Clinical Guidelines Committee, its Board of Directors Reviewer, and an expert reviewer. If approved, they undergo peer review prior to publication. Guidelines are periodically reviewed and may be updated or retired.⁶

19. The GRADE approach is a widely utilized method for developing clinical practice guidelines.⁷ It involves both rating the quality of the evidence and the strength of the recommendations.⁸ In this context, evidence is the studies’ relevant to a recommendation. It is best practice to ascertain the studies via systematic reviews of the literature.⁹ The evidence provides an estimate of the effect

⁶ Endocrine Society Guideline Methodology. Accessed November 25, 2022. Available at https://www.endocrine.org/-/media/endocrine/files/cpg/methodology-page-refresh/endocrine_society_guideline_methodology_links.pdf.

⁷ GRADE: Welcome to the GRADE working group. Accessed November 23, 2022. Available at <https://www.gradeworkinggroup.org/#pub>.

⁸ Guyatt G, Oxman AD, Akl EA, et al. GRADE guidelines: 1. Introduction-GRADE evidence profiles and summary of findings tables. *J Clin Epidemiol*. 2011;64(4):383-394.

⁹ Systematic reviews use exhaustive, transparent, and repeatable methods to identify, select, and appraise the relevant research. For example, medical librarians may help develop strategies to search multiple databases and several investigators may screen each articles’ title and abstract

of an intervention both in terms of the size of the effect and the certainty of the knowledge about it. The quality of the evidence rating reflects “the extent of our confidence that the estimates of an effect are adequate to support a particular decision or recommendation.”¹⁰ The higher the quality of the evidence, the more confidence there is in our knowledge about the estimated magnitude of the effect and the more likely the true magnitude of the effect is the same as the estimate. The lower the quality of the evidence, the less confidence there is in the estimate of the effect and the more likely the true effect differs from the estimate. The GRADE approach uses four categories to rate the quality of the evidence: “high,” “moderate,” “low,” and “very low.”¹¹

20. In the rating process, randomized trials are initially rated as high quality and observational studies as low quality.¹² In randomized trials, participants are randomly assigned to an intervention or a control group. Randomization is like flipping a coin. In double blind or masked randomized trials, neither the investigators nor the participants know to which group the participants are assigned.

against inclusion and exclusion criteria. Cook DJ, Greengold NL, Ellrodt AG, Weingarten SR. The relation between systematic reviews and practice guidelines. *Ann Intern Med.* 1997;127(3):210-6.

¹⁰ Balshem H, Helfand M, Schunemann HJ, et al. GRADE guidelines: 3. Rating the quality of evidence. *J Clin Epidemiol.* 2011;64(4):403.

¹¹ Balshem H, Helfand M, Schunemann HJ, et al. GRADE guidelines: 3. Rating the quality of evidence. *J Clin Epidemiol.* 2011;64(4):401-406.

¹² Balshem H, Helfand M, Schunemann HJ, et al. GRADE guidelines: 3. Rating the quality of evidence. *J Clin Epidemiol.* 2011;64(4):401-406.

Observational studies include cross-sectional and cohort studies. In cross-sectional studies, investigators collect data at a single point in time or within a short period of time. In cohort studies, researchers identify a group of participants and then make measurements over time. The measurements may be retrospective and/or prospective.¹³

21. The initial rating of the evidence may subsequently be modified based on additional factors. The rating of randomized trials may, for example, be decreased if they have serious risks of bias¹⁴ like a lack of masking.¹⁵ The rating of observational trials may be increased if they have large effects, e.g., those receiving the intervention are more than two times or less than one-half as likely to experience the outcome.¹⁶

22. The strength of a recommendation is related to the confidence that a treatment's desirable outcomes outweigh its undesirable ones. The GRADE approach conceptualizes recommendations on a continuum: "strong against," "weak against," "only in research," "weak for," and "strong for." Strong recommendations are ones where all or almost all informed people would make the recommended

¹³ Browner WS, Newman TB, Cummings SR, et al. *Designing Clinical Research*. 5th ed. Wolters Kluwer; 2023.

¹⁴ Balshem H, Helfand M, Schunemann HJ, et al. GRADE guidelines: 3. Rating the quality of evidence. *J Clin Epidemiol*. 2011;64(4):401-406.

¹⁵ Guyatt GH, Oxman AD, Vist G, et al. GRADE guidelines: 4. Rating the quality of evidence—study limitations (risk of bias). *J Clin Epidemiol*. 2011;64(4):407-415.

¹⁶ Guyatt GH, Oxman AD, Sultan S, et al. GRADE guidelines: 9. Rating up the quality of evidence. *J Clin Epidemiol*. 2011;64(12):1311-1316.

choice and weak recommendations are ones where most informed people would, but a substantial number would not, make the recommended choice.¹⁷ The strength of a recommendation is based on the balance between desirable and undesirable outcomes, confidence in the magnitude of estimates of the intervention's effect, confidence in values and preferences, and resource use.¹⁸ Low quality evidence may be sufficient to justify a strong recommendation.¹⁹ Because of the potential to confuse low quality evidence and weak recommendations, the GRADE approach offers the following alternative ways to describe a weak recommendation: “conditional,” “discretionary,” and “qualified.”²⁰

23. The Society's clinical practice guideline for the endocrine treatment of gender-dysphoric/gender-incongruent persons makes 28 recommendations.²¹ Ten are strong, 12 are weak, and six are ungraded good practice statements; three are

¹⁷ Andrews J, Guyatt G, Oxman AD, et al. GRADE guidelines: 14. Going from evidence to recommendations: The significance and presentation of recommendations. *J Clin Epidemiol.* 2013;66(7):719-725.

¹⁸ Andrews JC, Schunemann HJ, Oxman AD, et al. GRADE guidelines: 15. Going from evidence to recommendation-determinants of a recommendation's direction and strength. *J Clin Epidemiol.* 2013;66(7):726-735.

¹⁹ Balshem H, Helfand M, Schunemann HJ, et al. GRADE guidelines: 3. Rating the quality of evidence. *J Clin Epidemiol.* 2011;64(4):401-6; Andrews JC, Schunemann HJ, Oxman AD, et al. GRADE guidelines: 15. Going from evidence to recommendation-determinants of a recommendation's direction and strength. *J Clin Epidemiol.* 2013;66(7):726-735.

²⁰ Andrews J, Guyatt G, Oxman AD, et al. GRADE guidelines: 14. Going from evidence to recommendations: the significance and presentation of recommendations. *J Clin Epidemiol.* 2013;66(7):719-725.

²¹ Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab.* 2017;102(11):3869-3903.

based on moderate, 14 on low, and five on very low-quality evidence. Table 1 (Exhibit C). The recommendation, “We suggest that adolescents who meet diagnostic criteria for [gender dysphoria]/gender incongruence, fulfill criteria for treatment, and are requesting treatment should initially undergo treatment to suppress pubertal development,” for example, is a weak recommendation based on low-quality evidence. Recall that a weak recommendation is one where most informed people would make the recommended choice. The evidence includes cohort studies conducted at VU University Medical Center in the Netherlands demonstrating that gender-affirming medical care improves individuals’ mental health outcomes.²² The recommendation “We recommend that clinicians confirm the diagnostic criteria of [gender dysphoria]/gender incongruence and the criteria for the endocrine phase of gender transition before beginning treatment” is a strong recommendation based on moderate quality evidence. The evidence includes a randomized trial of three different testosterone formulations in transgender men (individuals who were assigned female at birth and identify as male).²³

24. Professional associations’ treatment recommendations for pediatric

²² Cohen-Kettenis PT, van Goozen SHM. Sex reassignment of adolescent transsexuals: A follow-up study. *J Am Acad Child Adolesc Psychiatry*. 1997;36(2):263–271; Smith YLS, Van Goozen SHM, Kuiper AJ, Cohen-Kettenis PT. Sex reassignment: Outcomes and predictors of treatment for adolescent and adult transsexuals. *Psychol Med*. 2005;35(1):89–99; and de Vries AL, Steensma TD, Doreleijers TA, Cohen-Kettenis PT. Puberty suppression in adolescents with gender identity disorder: A prospective follow-up study. *J Sex Med*. 2011;8(8):2276–2283.

²³ Pelusi C, Costantino A, Martelli V, et al. Effects of three different testosterone formulations in female-to-male transsexual persons. *J Sex Med*. 2014;11(12):3002–3011.

patients are infrequently based on well-designed and conducted randomized controlled trials due to their rarity and are frequently based on observational studies. For example, the Society has developed two other guidelines that focus on the pediatric population: guidelines on pediatric obesity and congenital adrenal hyperplasia. They contain 84 recommendations. None are based on high, 24 (29%) on moderate, and 49 (58%) on low or very low-quality evidence. Forty-three (51%) recommendations are strong and 30 (36%) weak. The remaining recommendations (11, 13%) are Ungraded Good Practice Statements.²⁴ Table 1 (Exhibit C).

25. Medical research on children is less likely to use randomized trials than is medical research for adults. Reasons for this disparity include the low prevalence of childhood disease or conditions, small market share for therapeutic agents in children, low level of National Institutes of Health funding, and difficulty enrolling children in research.²⁵

26. It may also, at times, be unethical to conduct randomized trials. For randomized trials to be ethical, clinical equipoise must exist; there must be uncertainty about whether the efficacy of the intervention or the control is greater.

²⁴ Speiser PW, Arlt W, Auchus RJ, et al. Congenital adrenal hyperplasia due to steroid 21-hydroxylase deficiency: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab.* 2018;103(11):4043-4088; Styne DM, Arslanian SA, Connor EL, et al. Pediatric obesity-assessment, treatment, and prevention: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab.* 2017;102(3):709-757.

²⁵ Martinez-Castaldi C, Silverstein M, Baucher H. Child versus adult research: The gap in high-quality study design. *Pediatrics.* 2008;122(1):52-57.

It would be unethical to knowingly expose some participants to an inferior intervention. Trials must also be feasible. It would be unethical to expose individuals to the risks of trial participation without the benefit of the trial generating generalizable knowledge. A randomized trial that is unlikely to enroll enough participants because they believe they might be randomized to an inferior intervention would be unethical because it could not generate generalizable knowledge due to an inadequate sample size.²⁶

27. Under the applicable ethical standards, randomized, placebo-controlled trials (trials that compare pharmacological treatment to no pharmacological treatment) of individuals with gender dysphoria are currently unethical. Potential investigators no longer have equipoise between pharmacological treatment and no pharmacological treatment; they believe that pharmacological treatment is superior. It is also highly unlikely that enough participants would enroll in such randomized controlled trials for them to be informative.²⁷

28. Even if randomized, placebo-controlled trials of gender-affirming health care were ethical, they would provide a lower quality of evidence because of intrinsic limitations in their design. For example, it would be impossible to mask

²⁶ Emanuel EJ, Wendler D, Grady C. What makes clinical research ethical? *JAMA*. 2000;283(20):2701-2711.

²⁷ Chew D, Anderson J, Williams K, May T, Pang K. Hormonal treatment in young people with gender dysphoria: A systematic review. *Pediatrics*. 2018;141(4):e20173742; Reisner SL, Deutsch MB, Bhasin S, et al. Advancing methods for US transgender health research. *Curr Opin Endocrinol Diabetes Obes*. 2016;23(2):198-207.

which participants were receiving an active medication or a placebo; the investigators and the participant would know if the participant was in the intervention or control group due to the physical changes in the participant's body, or the lack thereof, over time. This might bias their perception of the outcomes and lower the rating of the study's quality.²⁸

29. Gender-affirming medical care is also recommended by the World Professional Association for Transgender Health's (WPATH's) Standards of Care for the Health of Transgender and Gender Diverse People which is currently in its 8th version ("SOC-8").²⁹ WPATH is an international interdisciplinary professional and educational organization³⁰ whose over 2,500 members include physicians, psychologists, lawyers, and social workers.³¹ The SOC-8 revision committee included subject matter experts, stakeholders, and an expert in developing clinical practice guidelines each of whom completed conflict of interest declarations. An independent, evidence review team conducted selected systematic reviews of the literature. Consensus on recommendations was attained using a Delphi process; a voting process requiring approval by 75% of participating committee members. If

²⁸ Balshem H, Helfand M, Schunemann HJ, et al. GRADE guidelines: 3. Rating the quality of evidence. *J Clin Epidemiol*. 2011;64(4):401-406.

²⁹ Coleman E, Radix AE, Bouman WP, et al. Standards of care for the health of transgender and gender diverse people, Version 8. *Int J Transgend Health*. 2022;23(Suppl 1):S1-S259.

³⁰ WPATH. Mission and Vision. Accessed December 31, 2022. Available at <https://www.wpath.org/about/mission-and-vision>.

³¹ WPATH. Member Search. Accessed February 13, 2023. Available at <https://www.wpath.org/member/search/results?showAll=1>.

a recommendation was not approved, it was revised and was removed if not approved in 3 rounds of voting. Approved recommendations were subsequently graded. A draft of the revision was reviewed by an International Advisory Committee and open to public comment.³²

30. In addition to these clinical practice guidelines, gender-affirming medical care is endorsed by other types of statements by numerous medical professional associations including the American Academy of Family Physicians,³³ the AAP,³⁴ the American College of Obstetricians and Gynecologists,³⁵ the American Medical Association,³⁶ the American Psychiatric Association,³⁷ the

³² Coleman E, Radix AE, Bouman WP, et al. Standards of care for the health of transgender and gender diverse people, Version 8. *Int J Transgend Health*. 2022;23(Suppl 1): S1-S259.

³³ American Academy of Family Physicians. Care for the transgender and gender nonbinary patient. Accessed January 8, 2023. Available at <https://www.aafp.org/about/policies/all/transgender-nonbinary.html#:~:text=The%20American%20Academy%20of%20Family,patients%2C%20including%20children%20and%20adolescents>.

³⁴ Rafferty J, Committee on Psychosocial Aspects of Child and Family Health, Committee on Adolescence, et al. Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents. *Pediatrics*. 2018;142(4): e20182162.

³⁵ American College of Obstetricians and Gynecologists. ACOG Committee Opinion Number 823: Health care for transgender and gender diverse individuals. March 2021. Accessed January 8, 2023. Available at <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2021/03/health-care-for-transgender-and-gender-diverse-individuals/>; American College of Obstetricians and Gynecologists' Committee on Gynecologic Practice and Committee on Health Care for Underserved Women. Health Care for Transgender and Gender Diverse Individuals: ACOG Committee Opinion, Number 823. *Obstet Gynecol*. 2021;137(3):e75-e88.

³⁶ American Medical Association. Removing financial barriers to care for transgender patients H-185.950. 2022. Accessed January 8, 2023. Available at <https://policysearch.ama-assn.org/policyfinder/detail/H-185.950?uri=%2FAMADoc%2FHOD.xml-0-1128.xml>; Madara JL to McBride B. April 26, 2021. Accessed January 8, 2023. Available at <https://searchlf.ama-assn.org/letter/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2021-4-26-Bill-McBride-opposing-anti-trans-bills-Final.pdf>.

³⁷ American Psychiatric Association. Position statement on treatment of transgender (trans) and

American Psychological Association,³⁸ the Endocrine Society and Pediatric Endocrine Society,³⁹ and WPATH.⁴⁰

GENDER-AFFIRMING MEDICAL CARE IS NOT EXPERIMENTAL

31. Clinical practice and research are distinguished by their goals and methods. The goal of clinical practice is to benefit individual patients, and its method is individualized decision-making. The goal of research is to contribute to generalizable knowledge, and its method uses formal protocols that describe the research study's objectives and procedures.⁴¹

32. To the extent that the GAPMS Memo uses the term “experimental” or “investigational” to convey that gender-affirming medical care is new, untested, or different, that suggestion is baseless. GAPMS Memo at 29, 30; Attachment G at 1, 4. Hormone treatment for gender dysphoria began after estrogen and testosterone

gender diverse youth. July 2020. Accessed January 8, 2023. Available at <https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-Transgender-Gender-Diverse-Youth.pdf>.

³⁸ American Psychological Association. Transgender, gender identity, and gender expression non-discrimination. August 2008. Accessed January 8, 2023, Available at <https://www.apa.org/about/policy/transgender.pdf>.

³⁹ Endocrine Society and Pediatric Endocrine Society. Transgender health: Position Statement. December 2020. Accessed January 8, 2023. Available at <https://www.endocrine.org/advocacy/position-statements/transgender-health>; Anton BS. Proceedings of the American Psychological Association for the legislative year 2008: Minutes of the annual meeting of the Council of Representatives. *Am Psychol.* 2009;64:372-453.

⁴⁰ WPATH. Position statement on medical necessity of treatment, sex reassignment, and insurance coverage in the U.S.A. December 21, 2016. Accessed January 8, 2023. Available at <https://www.wpath.org/newsroom/medical-necessity-statement>.

⁴¹ National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. *The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research*. The Commission; 1978.

became commercially available in the 1930's. The first documented male to female gender-affirming genital surgery was performed in 1931 and Christine Jorgensen famously underwent gender-affirming surgery in 1952.⁴² The use of gonadotropin releasing hormone analogues, also known as puberty blockers or puberty-delaying medications, to treat gender dysphoria in adolescents, while a somewhat more recent treatment, is also not new. The first reference to this treatment in the medical literature was in 1998, approximately 25 years ago.⁴³ Observational studies of puberty blockers began recruiting participants in 2000.⁴⁴ As described above, gender-affirming medical care is supported by clinical studies, the same type of studies that support many other widely accepted medical treatments.

33. The clinical use of puberty blockers, gender-affirming hormone treatment and surgeries are not research or experimentation. When administering these treatments, clinicians seek to benefit individual patients and adjust the treatment based on individual patients' responses.

34. The GAPMS Memo's suggestion that, because puberty blockers and gender-affirming hormone treatment are being used "off-label," they are experimental, untested, or unsafe is also misleading. GAPMS Memo at 8, 14, 16, 19,

⁴² Stryker S. *Transgender History*. 2nd ed. Seal Press; 2017.

⁴³ Cohen-Kettenis PT, van Goozen SH. Pubertal delay as an aid in diagnosis and treatment of a transsexual adolescent. *Eur Child Adolesc Psychiatry*. 1998;7(4):246-248.

⁴⁴ de Vries AL, Steensma TD, Doreleijers TA, Cohen-Kettenis PT. Puberty suppression in adolescents with gender identity disorder: A prospective follow-up study. *J Sex Med*. 2011;8(8):2276-2283.

21; Attachment G at 4. Off-label use of medications is legal, common, and often evidence-based.

35. Approval by the United States (US) Food and Drug Administration (FDA) is not required for all uses of a medication. Once the FDA has approved a medication for one indication,⁴⁵ thereby agreeing that it is safe (i.e., its benefits outweigh its potential risks) and effective for this intended use, as is the case with the medications at issue here, prescribers are generally free to prescribe it for other indications.⁴⁶ Prescribing an approved medication for an unapproved indication is colloquially referred to as “off-label” use. The AAP Committee on Drugs states, “[i]t is important to note that the term ‘off-label’ does not imply an improper, illegal, contraindicated, or investigational use” and “[t]he administration of an approved drug for a use that is not approved by the FDA is not considered research and does

⁴⁵ According to the FDA, an indication includes several factors: the particular disease or condition or the manifestation or symptoms of the disease or condition for which the drug is approved; whether the drug is approved for treatment, prevention, mitigation, cure, or diagnosis; and the population, including age group, for which the drug is safe and effective. Center for Drug Evaluation and Research and Center for Biologics Evaluation and Research, Food and Drug Administration, U.S. Department of Health and Human Services. Indications and Usage Section of Labeling for Human Prescription Drug and Biological Products—Content and Format: Guidance for Industry. July 2018. Accessed August 25, 2022. Available at <https://www.fda.gov/files/drugs/published/Indications-and-Usage-Section-of-Labeling-for-Human-Prescription-Drug-and-Biological-Products-%E2%80%94-Content-and-Format-Guidance-for-Industry.pdf>. A medication approved for the treatment of asthma in adults would, for example, be prescribed off label if used to treat a different disease, like pneumonia, or a different age group, like children.

⁴⁶ U.S. Food & Drug Administration. Understanding unapproved use of approved drugs “off label.” February 5, 2018. Accessed August 25, 2022. Available at <https://www.fda.gov/patients/learn-about-expanded-access-and-other-treatment-options/understanding-unapproved-use-approved-drugs-label>.

not warrant special consent or review if it is deemed to be in the individual patient's best interest."⁴⁷

36. The AAP Committee on Drugs further states "in no way does a lack of labeling signify that therapy is unsupported by clinical experience or data in children."⁴⁸ Among the reasons for this is that, even if there is substantial evidence of safety and efficacy for a new indication, a sponsor may not seek FDA approval for it because the sponsor does not expect that the future revenue will offset the costs of obtaining approval.⁴⁹

37. "Off-label" use of drugs is common in many areas of medicine, including pediatrics. For example, magnesium sulfate is only approved by the FDA for replacement therapy in magnesium deficiency, in nutrition given by vein to correct or prevent low magnesium levels, or to prevent or control seizures due to high blood pressure during pregnancy.⁵⁰ It is, nonetheless, recommended for the short-term prolongation of pregnancy and to prevent neurologic injuries to the fetus and newborn⁵¹ and as an adjunct treatment in severe, unresponsive asthma

⁴⁷ Frattarelli DA, Galinkin JL, Green TP, et al. Off-label use of drugs in children. *Pediatrics*. 2014; 133(3): 563, 565.

⁴⁸ Frattarelli DA, Galinkin JL, Green TP, et al. Off-label use of drugs in children. *Pediatrics*. 2014; 133(3): 564.

⁴⁹ Wittich CM, Burkle CM, Lanier WL. Ten common questions (and their answers) about off-label drug use. *Mayo Clin Proc*. 2012;87(10):982-990.

⁵⁰ Magnesium Sulfate. February 2016. Accessed August 31, 2022. Available at https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/019316s024lbl.pdf.

⁵¹ Committee Opinion No 652: Magnesium sulfate use in obstetrics. *Obstet Gynecol*. 2016;127(1): e52-e53.

exacerbations.⁵² A recent study of children’s hospitals found that in 28.1% of encounters, at least one off-label drug was prescribed.⁵³ Examples of medications used off-label in this study included: albuterol, which is used to treat asthma; morphine, which is used to treat pain; and lansoprazole (Prevacid®), which is used to treat gastrointestinal reflux. The rate of off-label use may be significantly higher in certain age groups, categories of drugs, and clinical settings.

38. The GAPMS Memo misleadingly notes that testosterone is a Schedule III controlled substance because of its “high probability of abuse.” GAPMS Memo at 19. But there is no evidence of abuse or dependence of anabolic-androgenic steroids from therapeutic use. And Schedule III drugs have a moderate to low potential for physical and psychological dependence.⁵⁴ Dependence has only been reported among weightlifters and bodybuilders receiving non-therapeutic, supraphysiologic doses.⁵⁵

SUBSTANTIAL INCREASES IN THE UTILIZATION OF GENDER-AFFIRMING MEDICAL CARE

⁵² National Heart, Lung, and Blood Institute. Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma. 2007. Accessed August 31, 2022. Available at https://www.nhlbi.nih.gov/sites/default/files/media/docs/EPR-3_Asthma_Full_Report_2007.pdf.

⁵³ Yackey K, Stukus K, Cohen D, Kline D, Zhao S, Stanley R. Off-label medication prescribing patterns in pediatrics: An update. *Hosp Pediatr*. 2019;9(3):186-193.

⁵⁴ United States Drug Enforcement Administration. Drug scheduling. July 10, 2018. Accessed August 25, 2022. Available at <https://www.dea.gov/drug-information/drug-scheduling>.

⁵⁵ Brower KJ. Anabolic steroid abuse and dependence. *Curr Psychiatry Rep*. 2002;4(5):377-387.

39. In addition to evidence-based clinical practice guidelines, utilization trends and insurance coverage policies provide further evidence that gender-affirming medical care is consistent with generally accepted medical standards. The peer-reviewed evidence of the efficacy of gender-affirming medical care and the recommendations of it by clinical practice guidelines are likely to increase the utilization of gender-affirming medical care and coverage by insurance companies. There have been substantial increases in the utilization of gender-affirming medical care in the last 30 years. This has included increases in referrals for care as well as the use of different forms of care. Evidence for these changes comes from a variety of sources and investigators use different ways to describe the increases in utilization. Studies demonstrate increasing referrals to children's hospitals and specialized gender clinics.⁵⁶ Handler and colleagues, for example, report that between February 2015 and June 2018 there was a significant increase in the volume of pediatric referrals to the specialized gender clinic at Kaiser Permanente North California; the average number of monthly referrals increased from 5.1 to 25.7 individuals per month which is an increase of 504%.⁵⁷

⁵⁶ Spack NP, Edwards-Leeper L, Feldman HA, et al. Children and adolescents with gender identity disorder referred to a pediatric medical center. *Pediatrics*. 2012;129(3):418-425; Chen M, Fuqua J, Eugster EA. Characteristics of referrals for gender dysphoria over a 13-year period. *J Adolesc Health*. 2016;58(3):369-371.

⁵⁷ Handler T, Hojilla JC, Varghese R, Wellenstein W, Satre DD, Zaritsky E. Trends in referrals to a pediatric transgender clinic. *Pediatrics*. 2019;144(5): e20191368.

40. Studies have also demonstrated significant increases in the utilization of various forms of gender-affirming medical care including puberty blockers,⁵⁸ hormone therapy,⁵⁹ and surgery.⁶⁰ Baker and colleagues, for example, conducted a study using the OptumLabs Data Warehouse. The Warehouse includes de-identified administrative claims data for commercially insured enrollees in a large, private US health plan. They found that the percentage of transgender people who were receiving hormone therapy or underwent surgery increased from 17% and 0.5% respectively in 2011 to 65% and 8% by 2019. This percentile increase represents a substantial number of individuals as the number of transgender people with coverage increased from 71 per million enrollees in 1993 to 411 per million in 2019.⁶¹ The Society for Plastic Surgery reports also that the number of gender-affirming

⁵⁸ Lopez CM, Solomon D, Boulware SD, Christison-Lagay ER. Trends in the use of puberty blockers among transgender children in the United States. *J Pediatr Endocrinol Metab.* 2018;31(6):665-670.

⁵⁹ Leinung MC, Joseph J. Changing demographics in transgender individuals seeking hormonal therapy: Are trans women more common than trans men? *Transgend Health.* 2020;5(4):241-245.

⁶⁰ Das RK, Perdakis G, Al Kassis S, Drolet BC. Gender-affirming chest reconstruction among transgender and gender-diverse adolescents in the US from 2016 to 2019. *JAMA Pediatr.* 2023;177(1):89-90.

⁶⁰ Canner JK, Harfouch O, Kodadek LM, et al. Temporal trends in gender-affirming surgery among transgender patients in the United States. *JAMA Surg.* 2018;153(7):609-616; Lane M, Ives GC, Sluiter EC, et al. Trends in gender-affirming surgery in insured patients in the United States. *Plast Reconstr Surg Glob Open.* 2018;6(4):e1738; Das RK, Evans AG, Kalmar CL, Al Kassis S, Drolet BC, Perdakis G. Nationwide estimates of gender-affirming chest reconstruction in the United States, 2016-2019. *Aesthet Surg J.* 2022;42(12):NP758-NP762; Das RK, Perdakis G, Al Kassis S, Drolet BC. Gender-affirming chest reconstruction among transgender and gender-diverse adolescents in the US from 2016 to 2019. *JAMA Pediatr.* 2023;177(1):89-90; Tang A, Hojilla JC, Jackson JE, et al. Gender-affirming mastectomy trends and surgical outcomes in adolescents. *Ann Plast Surg.* May 2022;88(4 Suppl): S325-S331.

⁶¹ Baker K, Restar A. Utilization and costs of gender-affirming care in a commercially insured transgender population. *J Law Med Ethics.* 2022;50(3):456-470.

surgeries performed by its members increased from 2,470 in 2015⁶² to 16,353 in 2020,⁶³ which is an increase of 562%.

COVERAGE BY OTHER CREDITABLE INSURANCE PAYORS

41. Coverage of gender-affirming medical care is provided by other creditable insurance payors. In 2014, the Department of Health and Human Services' Departmental Appeals Board determined that the National Coverage Determination denying Medicare coverage of gender-affirming surgery was invalid.⁶⁴ A 2018 analysis of Medicare prescription drug plans found that the proportion of plans providing coverage of hormone therapy varied by hormone with 100/75% providing coverage/unrestricted coverage of testosterone-cypionate, 89/89% estradiol-valerate, and 100/100% spironolactone.⁶⁵ A study of state Medicaid programs published in 2021 found that 67% covered gender affirming

⁶² American Society of Plastic Surgeons. Plastic surgery statistics report 2016. Accessed January 8, 2023. Available at <https://www.plasticsurgery.org/documents/News/Statistics/2016/plastic-surgery-statistics-full-report-2016.pdf>.

⁶³ American Society of Plastic Surgeons. Plastic surgery statistics report 2020. Accessed January 8, 2023. Available at <https://www.plasticsurgery.org/documents/News/Statistics/2020/plastic-surgery-statistics-full-report-2020.pdf>.

⁶⁴ Department of Health and Human Services Departmental Appeals Board Appellate Division. NCD 140.3 Transexual Surgery. May 30, 2014. Accessed January 8, 2023. Available at <https://www.hhs.gov/sites/default/files/static/dab/decisions/board-decisions/2014/dab2576.pdf>; Centers for Medicare & Medicaid Services. National coverage determination: Gender dysphoria and gender reassignment surgery 140.9. August 30, 2016. Accessed January 8, 2023. Available at <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=368>.

⁶⁵ Solotke MT, Liu P, Dhruva SS, Gulanski B, Shah ND, Ross JS. Medicare prescription drug plan coverage of hormone therapies used by transgender individuals. *LGBT Health*. 2020;7(3):137-145. Spironolactone is an anti-androgen used in the treatment of transgender women in conjunction with estrogen to reduce testosterone production.

hormone treatment, 18% did not cover it, and 16% were indeterminate. With respect to gender affirming surgery, the results were 51%, 43%, and 8% respectively.⁶⁶

42. Gender-affirming medical care is also covered by private health insurance plans. A study of self-insured, corporate health insurance benefit plans conducted in 2019 found that 56.4% covered transition care, 8.8% did not cover it, 5.8% were ambiguous, and 29.1% were silent. The investigators did not differentiate between gender-affirming hormone treatment and surgery.⁶⁷ Coverage for surgery is highest for bilateral mastectomy for transgender men and genital surgery for transgender men and women (transgender women are individuals assigned male at birth who identify as female). National surveys of private insurance plans found 96% covered mastectomy⁶⁸ and 91% genital surgery.⁶⁹ Private insurance plans cover other types of gender-affirming surgery,⁷⁰ such as breast augmentation,⁷¹

⁶⁶ Zaliznyak M, Jung EE, Bresee C, Garcia MM. Which U.S. states' Medicaid programs provide coverage for gender-affirming hormone therapy and gender-affirming genital surgery for transgender patients?: A state-by-state review, and a study detailing the patient experience to confirm coverage of services. *J Sex Med.* 2021;18(2):410-422.

⁶⁷ Kirkland A, Talesh S, Perone AK. Transition coverage and clarity in self-insured corporate health insurance benefit plans. *Transgend Health.* 2021;6(4):207-216.

⁶⁸ Ngaage LM, Knighton BJ, McGlone KL, et al. Health insurance coverage of gender-affirming top surgery in the United States. *Plast Reconstr Surg.* 2019;144(4):824-833.

⁶⁹ Ngaage LM, Knighton BJ, Benzel CA, et al. A review of insurance coverage of gender-affirming genital surgery. *Plast Reconstr Surg.* 2020;145(3):803-812.

⁷⁰ Ngaage LM, McGlone KL, Xue S, et al. Gender surgery beyond chest and genitals: Current insurance landscape. *Aesthet Surg J.* 2020;40(4):NP202-NP210.

⁷¹ Ngaage LM, Knighton BJ, McGlone KL, et al. Health insurance coverage of gender-affirming top surgery in the United States. *Plast Reconstr Surg.* 2019;144(4):824-833.

facial feminization surgery,⁷² voice surgery,⁷³ and hair removal procedures⁷⁴ for transgender women albeit at lower rates.

GENDER DYSPHORIA IS A MEDICAL DIAGNOSIS

43. Several other mischaracterizations of gender-affirming medical care in the GAPMS Memo should be addressed. While the GAPMS Memo correctly acknowledges that gender dysphoria is a medical diagnosis contained in the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders (DSM)* 5th ed,⁷⁵ it falsely characterizes individuals with gender dysphoria as “self-diagnosing.” GAPMS Memo at 30; Attachment G at 5. The diagnosis of gender dysphoria in adolescents and adults, like many other common medical diagnoses, relies on individuals’ self-report of their symptoms. The diagnosis of migraine headaches, for example, depends on individuals’ report of the number, duration, and characteristics of their headaches. The characteristics include the

⁷² Gorbea E, Gidumal S, Kozato A, Pang JH, Safer JD, Rosenberg J. Insurance coverage of facial gender affirmation surgery: A review of Medicaid and commercial insurance. *Otolaryngol Head Neck Surg.* 2021;165(6):791-797; Gadkaree SK, DeVore EK, Richburg K, et al. National variation of insurance coverage for gender-affirming facial feminization surgery. *Facial Plast Surg Aesthet Med.* 2021;23(4):270-277.

⁷³ DeVore EK, Gadkaree SK, Richburg K, et al. Coverage for gender-affirming voice surgery and therapy for transgender individuals. *Laryngoscope.* 2021;131(3):E896-E902.

⁷⁴ Pelozza K, Kahn B, Stoff BK, Yeung H. Insurance coverage for hair removal procedures in the treatment of gender dysphoria. *Dermatol Surg.* 2021;47(2):306-308.

⁷⁵ American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders.* 5th ed. American Psychiatric Publishing; 2013. A text revision, which contains the same diagnosis and diagnostic criteria, has subsequently been published. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders.* 5th ed, Text Revision. American Psychiatric Publishing; 2022.

headaches' location, quality, intensity, and aggravating factors as well as the presence of nausea and/or vomiting, and light and sound sensitivity. It is common for diagnostic criteria to utilize qualitative terms, e.g., the intensity of migraine headaches is moderate to severe.⁷⁶ Like gender dysphoria, there is no confirmatory laboratory or radiographic study for the diagnosis of migraine headaches. Radiographic studies and electroencephalograms (EEG) are only used if the history and physical examination suggest that the headache is secondary to another condition, e.g., meningitis or subarachnoid hemorrhage.⁷⁷

44. Individuals with symptoms of gender dysphoria may anticipate their diagnosis in the same way that individuals with fever, cough, and difficulty breathing may reasonably suspect that they have pneumonia. It is, however, incorrect to suggest that these patients “self-diagnose,” or that such suspicions serve as the basis for the diagnosis or subsequent treatment. Only licensed healthcare providers or teams of providers, based on patient reports and, in the case of minors, parent reports, make the diagnosis of gender dysphoria and any subsequent treatment recommendations.

⁷⁶ Headache Classification Committee of the International Headache Society (IHS). The international classification of headache disorders, 3rd edition. *Cephalalgia*. 2018;38(1):1-211.

⁷⁷ Steiner TJ, Jensen R, Katsarava Z, et al. Aids to management of headache disorders in primary care, 2nd edition. *J Headache Pain*. 2019;20(1):57.

PARENTS AND LEGAL GUARDIANS ARE CAPABLE OF PROVIDING INFORMED CONSENT FOR GENDER-AFFIRMING MEDICAL CARE

45. The GAPMS Memo and attachments incorrectly claim that parents or legal guardians are unable to understand and appreciate the potential risks of gender-affirming health care and, therefore, are incapable of providing informed consent. GAPMS Memo at 18, 29; Attachment G at 3-4.

46. First and foremost, the current standard of care for treating gender dysphoria in minors is consistent with general ethical principles instantiated in the practices of informed consent and shared decision-making.

47. Parents or legal guardians generally must provide informed consent for medical treatment for their minor children, including for gender-affirming medical care. AHCA and Dr. Donovan cite no evidence in support of the assertion that parents or guardians of adolescents with gender dysphoria, nor the adolescents themselves, are unable to understand or appreciate the potential risks of gender-affirming medical care. ACHA and Dr. Donovan also cite to no evidence that clinicians are not sufficiently disclosing the risks of gender-affirming medical care to parents or legal guardians, or to minor patients. GAPMS Memo p. 29-30; Attachment G at 2-4.

48. Parents and legal guardians frequently consent to medical treatments for minors unrelated to gender dysphoria which have comparable risks, uncertainty,

or levels of evidence. For example, parents and legal guardians consent to the treatment of nonmalignant medical conditions for their minor children, including some rheumatologic disorders and hematologic conditions, which may impair fertility.⁷⁸

49. Adolescents generally possess comparable medical decision-making capacity to adults.⁷⁹ There is evidence that most adolescents with gender dysphoria have sufficient medical decision-making capacity to make decisions regarding puberty blockers.⁸⁰ And there are steps that healthcare providers take to promote adolescents' decision-making capacity.⁸¹

50. The Society's clinical practice guideline extensively discusses the potential benefits, risks, and alternatives to gender-affirming medical care, and its recommendations regarding the timing of interventions are based in part on the treatment's potential risks and the adolescent's decision-making capacity. The guideline recommends that informed consent for pubertal blockers and gender-

⁷⁸ Hirshfeld-Cytron J, Gracia C, Woodruff TK. Nonmalignant diseases and treatments associated with primary ovarian failure: An expanded role for fertility preservation. *J Womens Health (Larchmt)*. 2011;20(10):1467-77.

⁷⁹ Weithorn LA, Campbell SB. The competency of children and adolescents to make informed treatment decisions. *Child Dev*. 1982;53(6):1589-98.

⁸⁰ Vrouenraets L, de Vries ALC, de Vries MC, van der Miesen AIR, Hein IM. Assessing medical decision-making competence in transgender youth. *Pediatrics*. 2021;148(6): e2020049643.

⁸¹ Katz AL, Webb SA, Committee on Bioethics. Informed consent in decision-making in pediatric practice. *Pediatrics*. 2016;138(2): e20161485.

affirming hormones include a discussion of the implications for fertility and options for fertility preservation.⁸²

51. The Society's clinical guideline also advises delaying gender-affirming hormone treatment, which results in partly irreversible physical changes, until an adolescent has developed sufficient medical decision-making capacity. The guideline states clinicians should individualize decision-making for chest surgery in transgender males and that chest surgery may be considered in some instances for individuals under 18 years old. The guideline recommends gender-affirming genital surgery involving gonadectomy and/or hysterectomy only in individuals 18 years old or older.⁸³

THE EXCLUSION SINGLES OUT GENDER-AFFIRMING CARE FOR ANOMALOUS TREATMENT

52. The Exclusion does not provide a basis for excluding coverage of the provision of gender-affirming medical care to individuals with gender dysphoria and treating it differently from other comparable medical interventions. For example, while the Exclusion would eliminate coverage of chest surgery for the treatment of gender dysphoria for transgender Medicaid beneficiaries, cisgender Medicaid

⁸² Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab.* 2017;102(11):3869-3903.

⁸³ Or the legal age of majority in his or her country. Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab.* 2017;102(11):3869-3903.

beneficiaries are provided coverage for comparable surgeries, such as those for gynecomastia.⁸⁴ Gynecomastia is the proliferation of ductal or glandular breast tissue, as opposed to adipose tissue or fat, in individuals whose sex assigned at birth is male. While surgery to treat gynecomastia may at times lessen pain, it also commonly reduces psychosocial distress. The surgery has the effect of affirming cisgender male patients' gender identity, that is, to help individuals assigned male at birth feel their bodies are more typically masculine. Risks associated with the procedure include bruising, bleeding, infection, scarring, poor cosmetic outcome, and loss of sensation.⁸⁵

53. There is nothing unique about chest surgery for gender dysphoria that justifies singling this treatment, or other medical treatments for gender dysphoria, out for non-coverage based on a concern regarding evidence of safety or efficacy; adult patients', or parents' or guardians' ability to consent; or adolescents' ability to assent. As with other conditions, medical decisions regarding treatment for gender dysphoria should continue to be left to the discretion of adult patients, or parents or legal guardians and their minor children, and their healthcare providers.

⁸⁴ State of Florida Agency for Health Care Administration. Florida Medicaid's Covered Services and HCBS Waivers: Integumentary Services. Accessed February 16, 2023. Available at https://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/behavioral_health_coverage/pri_mary_care_policy/Integumentary.shtml.

⁸⁵ Nordt CA, DiVasta AD. Gynecomastia in adolescents. *Curr Opin Pediatr*. 2008;20(4):375-382.

CONCLUSION

54. Based on my research and experience as a physician and bioethicist, treatment for gender dysphoria is not experimental and is consistent with generally accepted professional medical standards including standards for informed consent. There is not a sound medical or ethical basis for excluding such care from coverage by Florida Medicaid and so doing is inconsistent with the program's other medical coverage decisions.

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

Executed on February 16, 2023


ARMAND H. MATHÉNY ANTOMMARIA, MD, PhD

EXHIBIT A

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EXHIBIT B

Curriculum Vitae

Last Updated: January 24, 2023

PERSONAL DATA

Armand H. Matheny Antommara, MD, PhD, FAAP, HEC-C
Birth Place: Pittsburgh, Pennsylvania
Citizenship: United States of America

CONTACT INFORMATION

Address: 3333 Burnet Ave, ML 15006, Cincinnati, OH 45229
Telephone Number: (513) 636-4939
Electronic Mail Address: armand.antommara@cchmc.org

EDUCATION

1983-1987	BSEE	Valparaiso University, with High Distinction Valparaiso, IN
1983-1987	BS	Valparaiso University (Chemistry), with High Distinction Valparaiso, IN
1987-1989	MD	Washington University School of Medicine Saint Louis, MO
1989-2000	PhD	The University of Chicago Divinity School (Religious Ethics) Chicago, IL
2000-2003	Resident	University of Utah (Pediatrics) Salt Lake City, UT
2005-2006	Certificate	Conflict Resolution Certificate Program, University of Utah Salt Lake City, UT

BOARD CERTIFICATION

2019 Pediatric Hospital Medicine, American Board of Pediatrics
2019 Healthcare Ethics Consultant-Certified, Healthcare Ethics Consultation Certification Commission
2004 General Pediatrics, American Board of Pediatrics

PROFESSIONAL LICENSES

2012-Present Doctor of Medicine, Ohio
2006-2010 Alternative Dispute Resolution Provider—Mediator, Utah
2001-2014 Physician and Surgeon, Utah
2001-2014 Physician and Surgeon Controlled Substance, Utah

PROFESSIONAL EXPERIENCE

Full Time Positions

2019-Present *Professor*
Cincinnati Children's Hospital Medical Center, Cincinnati, OH
Department of Surgery

2019-Present *Professor of Clinical-Affiliated*
University of Cincinnati, Cincinnati, OH
Department of Surgery

2017-Present *Professor*
Cincinnati Children's Hospital Medical Center, Cincinnati, OH
Division of Pediatric Hospital Medicine

2017-Present *Professor of Clinical-Affiliated*
University of Cincinnati, Cincinnati, OH
Department of Pediatrics

2016-2017 *Associate Professor of Clinical-Affiliated*
University of Cincinnati, Cincinnati, OH
Department of Pediatrics

2012-2017 *Associate Professor*
Cincinnati Children's Hospital Medical Center, Cincinnati, OH
Division of Pediatric Hospital Medicine

2012-Present *Lee Ault Carter Chair in Pediatric Ethics*
Cincinnati Children's Hospital Medical Center

2012-2016 *Associate Professor-Affiliated*
University of Cincinnati, Cincinnati, OH
Department of Pediatrics

2010-2012 *Associate Professor of Pediatrics (with Tenure)*
University of Utah School of Medicine, Salt Lake City, UT
Divisions of Inpatient Medicine and Medical Ethics

2010-2012 *Adjunct Associate Professor of Medicine*
University of Utah School of Medicine, Salt Lake City, UT
Division of Medical Ethics and Humanities

2004-2010 *Assistant Professor of Pediatrics (Tenure Track)*
University of Utah School of Medicine, Salt Lake City, UT
Divisions of Inpatient Medicine and Medical Ethics

2004-2010 *Adjunct Assistant Professor of Medicine*
University of Utah School of Medicine, Salt Lake City, UT
Division of Medical Ethics and Humanities

2003-2004 *Instructor of Pediatrics (Clinical Track)*
University of Utah School of Medicine, Salt Lake City, UT
Divisions of Inpatient Medicine and Medical Ethics

2003-2004 *Adjunct Instructor of Medicine*
University of Utah School of Medicine, Salt Lake City, UT
Division of Medical Ethics

Part Time Positions

2022- Present *Expert Witness, Testimony*
Eknes-Tucker, et al., v. Marshall, et al., United States District Court Middle District of
Alabama Northern Division, Case No. 2:22-cv0-184-LCB.

2022-Present *Expert Witness, Testimony*
Jane Doe, et al., v. Greg Abbott, et al., District Court of Travis County, Texas 353rd
Judicial District, Case No. D-1-GN-22-000977

2021-2022 *Expert Witness, Deposition and Testimony*
Dylan Brandt, et al., v. Leslie Rutledge, et al., United States District Court, Eastern
District of Arkansas, Case No.: 5:21-CV-00450-JM-1

2021 *Consultant*
Proctor & Gamble, Cincinnati, OH

2019 *Consultant*
Sanofi Genzyme, Cambridge, MA

2018-Present *Consultant*
Center for Conflict Resolution in Healthcare, Memphis, TN

2017-2020 *Consultant*
Amicus Therapeutics, Cranbury, NJ

2017 *Consultant*
Sarepta Therapeutics, Cambridge, MA

2014 *Consultant*
Genzyme, A Sanofi Company, Cambridge, MA

Editorial Experience

Editorial Board

2020-Present *Pediatrics*, Associate Editor for Ethics Rounds and Member of the Executive Editorial
Board

2015-2020 *Journal of Clinical Ethics*

2009-2020 *Journal of Medical Humanities*

Guest Academic Editor

2017 *PLOS|ONE*

Ad Hoc Reviewer: *Academic Medicine, Academic Pediatrics, AJOB Primary Research, American Journal of Bioethics, American Journal of Law & Medicine, American Journal of Medical Genetics, American Journal of Transplantation, BMC Medical Ethics, BMJ Open, Canadian Journal of Bioethics, CHEST, Clinical Transplantation, European Journal of Human Genetics, European Journal of Pediatrics, Frontiers in Genetics, Hospital Medicine, International Journal of Health Policy and Management, International Journal of Nursing Studies, Journal of Adolescent and Young Adult Oncology, Journal of Clinical Ethics, Journal of Empirical Research on Human Research Ethics, Journal of General Internal Medicine, Journal of Healthcare Leadership, Journal of Hospital Medicine, Journal of the Kennedy Institute of Ethics, Journal of Law, Medicine & Ethics, Journal of Medical Ethics, Journal of Medical Humanities, Journal of Medicine and Life, Journal of Palliative Care, Journal of Pediatrics, Journal of Pediatric Surgery, Mayo Clinic Proceedings, Medicine, Healthcare and Philosophy, Molecular Diagnosis & Therapy, New England Journal of Medicine, Patient Preference and Adherence, Pediatrics, Pediatrics in Review, Personalized Medicine, PLOS|ONE, Risk Management and Healthcare Policy, Saudi Medical Journal, SSM - Qualitative Research in Health, and Theoretical Medicine and Bioethics*

SCHOLASTIC AND PROFESSIONAL HONORS

2021	<i>Hidden Gem Award</i> , Cincinnati Children's Hospital Medical Center, Cincinnati, OH
2019-2022	<i>Presidential Citation</i> , American Society for Bioethics and Humanities, Chicago, IL
2016	<i>Laura Mirkinson, MD, FAAP Lecturer</i> , Section on Hospital Medicine, American Academy of Pediatrics, Elk Grove Village, IL
2016, 2018	<i>Certificate of Excellence</i> , American Society for Bioethics and Humanities, Glenview, IL
2013, 2016	<i>Senior Resident Division Teaching Award</i> , Cincinnati Children's Hospital Medical Center, Cincinnati, OH
2012	<i>Role Model</i> , Quality Review Committee, Primary Children's Medical Center, Salt Lake City, UT
2011	<i>Member</i> , Society for Pediatric Research, The Woodlands, TX
2011	<i>Presidential Citation</i> , American Society for Bioethics and Humanities, Glenview, IL
2009	<i>Role Model</i> , Quality Review Committee, Primary Children's Medical Center, Salt Lake City, UT
2008	<i>Nominee</i> , Physician of the Year, Primary Children's Medical Center, Salt Lake City, UT
2005-2006	<i>Fellow</i> , Medical Scholars Program, University of Utah School of Medicine, Salt Lake City, UT
1995-1997	<i>Doctoral Scholar</i> , Crossroads, A Program of Evangelicals for Social Action, Philadelphia PA
1989-1992	<i>Fellow</i> , The Pew Program in Medicine, Arts, and the Social Sciences, University of Chicago, Chicago, IL

ADMINISTRATIVE EXPERIENCE**Administrative Duties**

2019-Present	<i>Chair</i> , Oversight Committee, Cincinnati Fetal Center, Cincinnati, OH
2014-Present	<i>Chair</i> , Ethics Committee, Cincinnati Children's Hospital Medical Center, Cincinnati, OH
2012-Present	<i>Director</i> , Ethics Center, Cincinnati Children's Hospital Medical Center, Cincinnati, OH
2012-Present	<i>Chair</i> , Ethics Consultation Subcommittee, Cincinnati Children's Hospital Medical Center, Cincinnati, OH
2010	<i>Co-Chair</i> , Ethics Subcommittee, Work Group for Emergency Mass Critical Care in Pediatrics, Centers for Disease Control and Prevention, Atlanta, GA
2009	<i>Chair</i> , Ethics Working Group, H1N1 and Winter Surge, Primary Children's Medical Center, Salt Lake City, UT
2005-2012	<i>Chair</i> , Ethics Committee, Primary Children's Medical Center, Salt Lake City, UT
2005-2012	<i>Chair</i> , Ethics Consultation Subcommittee, Primary Children's Medical Center, Salt Lake City, UT
2003-4	<i>Chair</i> , Clinical Pertinence Committee, Primary Children's Medical Center, Salt Lake City, UT

Professional & Scientific Committees

Committees

2021	<i>Member</i> , EMCO Capacity Collaboration, Ohio Hospital Association, Columbus, OH
2020-2021	<i>Member</i> , Allocation of Scarce Resources Work Group, Ohio Hospital Association, Columbus, OH
2020-Present	<i>Member</i> , Literature Selection Technical Review Committee, National Library of Medicine, Bethesda, MD
2020	<i>Member</i> , Crisis Standards of Care Workgroup, The Health Collaborative, Cincinnati, OH
2019-Present	<i>Member</i> , Healthcare Ethics Consultant Certification Commission, Oak Park, IL

- 2019 *Member, Expert Panel, Pediatric Oncology End-of-Life Care Quality Markers, Institute for Cancer Outcomes & Survivorship, University of Alabama at Birmingham, Birmingham, AL*
- 2018 *Member, Resource Planning and Allocation Team Implementation Task Force, Ohio Department of Health, Columbus, OH*
- 2012-Present *Member, Gaucher Initiative Medical Expert Committee, Project HOPE, Millwood, VA*
- 2009-2014 *Member, Clinical Ethics Consultation Affairs Committee, American Society for Bioethics and Humanities, Glenview, IL*
- 2005-2011 *Member, Committee on Bioethics, American Academy of Pediatrics, Oak Park, IL*
- Data Safety and Monitoring Boards
- 2019-Present *Member, Data and Safety Monitoring Board, Sickle Cell Domestic Trials, National Heart, Lung, and Blood Institute, Bethesda, MD*
- 2018-2019 *Member, Standing Safety Committee for P-188-NF (Carmeseal-MD™) in Duchenne Muscular Dystrophy, Phrixus Pharmaceuticals, Inc., Ann Arbor, MI*
- 2017-Present *Member, Observational Study Monitoring Board, Sickle Cell Disease Observational Monitoring Board, National Heart, Lung, and Blood Institute, Bethesda, MD*
- 2016-2018 *Member, Observational Study Monitoring Board, Long Term Effects of Hydroxyurea in Children with Sickle Cell Anemia, National Heart, Lung, and Blood Institute, Bethesda, MD*
- Reviewer
- 2020-Present *Abstract Reviewer, American Society for Bioethics and Humanities Annual Meeting*
- 2020 *Grant Reviewer, The Croatian Science Foundation, Hrvatska zaklada za znanost (HRZZ)*
- 2018 *Book Proposal Reviewer, Elsevier*
- 2018-2019 *Category Leader, Religion, Culture, and Social Sciences, American Society for Bioethics and Humanities Annual Meeting*
- 2017 *Timekeeper, American Society for Bioethics and Humanities Annual Meeting*
- 2017-Present *Abstract Reviewer, Pediatric Academic Societies Annual Meeting*
- 2016-2021 *Workshop Reviewer, Pediatric Academic Societies Annual Meeting*
- 2016 *Grant Reviewer, Innovation Research Incentives Scheme, The Netherlands Organisation for Health Research and Development*
- 2016-2017 *Abstract Reviewer, American Society for Bioethics and Humanities Annual Meeting*
- 2014, 2016 *External Peer Reviewer, PSI Foundation, Toronto, Ontario, Canada*
- 2014 *Member, Scientific Committee, International Conference on Clinical Ethics and Consultation*
- 2013 *Abstract Reviewer, American Society for Bioethics and Humanities Annual Meeting*
- 2013 *Reviewer, Open Research Area Plus, Agence Nationale de la Recherche, Deutsche Forschungsgemeinschaft, Economic and Social Research Council, National Science Foundation, and Organization for Scientific Research*
- 2011-2012 *Abstract Reviewer, Pediatric Academic Societies Annual Meeting*
- 2011-2013 *Workshop Reviewer, Pediatric Academic Societies Annual Meeting*
- 2011-2014 *Abstract Reviewer, Pediatric Hospital Medicine Annual Meeting*
- 2011-2012 *Religious Studies Subcommittee Leader, Program Committee, American Society for Bioethics and Humanities Annual Meeting*
- 2010 *Abstract Reviewer, American Society for Bioethics and Humanities Annual Meeting*
- Other
- 2021 *Timekeeper, American Society for Bioethics and Humanities Annual Meeting*
- 2021 *Mentor, Early Career Advisor Professional Development Track, American Society for Bioethics and Humanities.*

- 2021 *Mentor*, Early Career Advisor Paper or Project Track, American Society for Bioethics and Humanities.
- 2109 *Mentor*, Early Career Advising Program, American Society for Bioethics and Humanities
- 2018 *Passing Point Determination*, Healthcare Ethics Consultant-Certified Examination, Healthcare Ethics Consultant Certification Commission
- 2018 *Member*, Examination Committee, Healthcare Ethics Consultant-Certified Examination, Healthcare Ethics Consultant Certification Commission
- 2018 *Item Writer*, Healthcare Ethics Consultant-Certified Examination, Healthcare Ethics Consultant Certification Commission

UNIVERSITY COMMUNITY ACTIVITIES

Cincinnati Children's Hospital Medical Center

- 2020-Present *Member*, Faculty Diversity and Inclusion Steering Committee
- 2020-Present *Member*, Medical Management of COVID-19 Committee
- 2020-2021 *Member*, Caregiver Refusal Team
- 2020-2021 *Member*, COVID-19 Vaccine Allocation Committee
- 2020 *Member*, Personal Protective Equipment Subcommittee of the COVID-19 Steering Committee
- 2018-2019 *Member*, Planning Committee, Center for Clinical & Translational Science & Training Research Ethics Conference
- 2017-Present *Member*, Donor Selection Committee
- 2017-2020 *Member*, Employee Emergency Fund Review Committee
- 2017 *Member*, Root Cause Analysis Team
- 2016-2017 *Member*, Planning Committee, Center for Clinical & Translational Science & Training Research Ethics Conference
- 2015-2019 *Member*, Destination Excellence Medical Advisory Committee
- 2015-Present *Member*, Disorders of Sexual Development Case Review Committee
- 2015-2019 *Member*, Destination Excellence Case Review Committee
- 2014-2018 *Member*, Genomics Review Group, Institutional Review Board
- 2014-2017 *Member*, Center for Pediatric Genomics Leadership Committee
- 2013-2017 *Member*, Genetic Testing Subcommittee, Health Network
- 2013-2016 *Member*, Schwartz Center Rounds Planning Committee
- 2013-2014 *Member*, Genomics Ad Hoc Subcommittee, Board of Directors
- 2012-Present *Member*, Cincinnati Fetal Center Oversight Committee
- 2012-Present *Member*, Ethics Committee
- 2012-Present *Member*, G-23
- 2012-2016 *Member*, Integrated Solid Organ Transplant Steering Committee

University of Utah

- 2009-2012 *Member*, Consolidated Hearing Committee

University of Utah School of Medicine

- 2010-2012 *Member*, Medical Ethics, Humanities, and Cultural Competence Thread Committee
- 2008-2010 *Member*, Fourth Year Curriculum Committee

University of Utah Department of Pediatrics

- 2010-2011 *Member*, Planning Committee, 25th Annual Biological Basis of Children's Health Conference, "Sex, Gender, and Sexuality"
- 2009-2012 *Member*, Medical Executive Committee
- 2005-2012 *Member*, Retention, Promotion, and Tenure Committee
- 2004-2012 *Interviewer*, Residency Program

2003-2012 *Member, Education Committee*

Intermountain Healthcare

2009-2012 *Member, System-Wide Bioethics Resource Service*

2009-2012 *Member, Pediatric Guidance Council*

Primary Children's Medical Center

2012-2012 *Member, Shared Accountability Organization Steering Committee*

2009 *Member, H1N1 and Winter Surge Executive Planning Team*

2005-2010 *Member, Continuing Medical Education Committee*

2005-2010 *Member, Grand Rounds Planning Committee*

2003-2012 *Member, Ethics Committee*

ACTIVE MEMBERSHIPS IN PROFESSIONAL SOCIETIES

2012-Present Association of Bioethics Program Directors

2011-Present Society for Pediatric Research

2000-Present American Academy of Pediatrics

1999-Present American Society of Bioethics and Humanities

FUNDING

Past Grants

2015-2019 "Better Outcomes for Children: Promoting Excellence in Healthcare Genomics to Inform Policy."

Percent Effort: 9%

National Human Genome Research Institute

Grant Number: 1U01 HG008666-01

Role: Investigator

2015-2016 "Ethics of Informed Consent for Youth in Foster Care"

Direct Costs: \$10,000

Ethics Grant, Center for Clinical and Translational Science and Training

University of Cincinnati Academic Health Center

Role: Co-Investigator

2014-2015 "Extreme Personal Exposure Biomarker Levels: Engaging Community Physicians and Ethicists for Guidance"

Direct Costs: \$11,640

Center for Environmental Genetics

University of Cincinnati College of Medicine

Role: Investigator

2014-2015 "Child, Adolescent, and Parent Opinions on Disclosure Policies for Incidental Findings in Clinical Whole Exome Sequencing"

Direct Costs: \$4,434

Ethics Grant, Center for Clinical and Translational Science and Training, University of Cincinnati Academic Health Center

Role: Principal Investigator

- 2013-2014 "Better Outcomes for Children: GWAS & PheWAS in eMERGEII
Percent Effort: 5%
National Human Genome Research Institute
Grant Number: 3U01HG006828-0251
Role: Investigator
- 2004-2005 "Potential Patients' Knowledge, Attitudes, and Beliefs Regarding Participating in
Medical Education: Can They be Interpreted in Terms of Presumed Consent?"
Direct Costs: \$8,000
Interdisciplinary Research in Applied Ethics and Human Values, University Research
Committee, University of Utah
Role: Principal Investigator

TEACHING RESPONSIBILITIES/ASSIGNMENTS

Course and Curriculum Development

- 2003-2012 Medical Ethics, Internal Medicine 7560, University of Utah School of Medicine, Taught
1 time per year, Taken by medical students, Enrollment 100

Course Lectures

- 2018, 2021 Introduction to Biotechnology, "Ethics and Biotechnology" and "Clinical Ethics," BIOL
3027, University of Cincinnati, Taught 1 time per year, Taken by undergraduate students,
Enrollment 25.
- 2018-Present Biomedical Ethics, "Conscientious Objection in Healthcare" and "Ethical Issues in the
Care of Transgender Adolescents," MEDS 4035 & MEDS 4036, University of Cincinnati
College of Medicine, Taught 1 time per year, Taken by senior undergraduate students,
Enrollment 52.
- 2016 Foundations of Healthcare Ethics and Law, "Clinical Ethics," HESA 390, Xavier
University.
- 2014-Present Physicians and Society, "Transfusion and the Jehovah's Witness Faith," "Obesity
Management: Ethics, Policy, and Physician Implicit Bias," "Embryos and Ethics: The
Ethics of Designer Babies," "Ethics and Genetic Testing," and "Ethics and Direct to
Consumer Genetic Testing," 26950112 and 26950116, University of Cincinnati School of
Medicine, Taken by first and second year medical students, Enrollment 100.
- 2014-Present Ethical Issues in Health Care, "Ethical Issues in Managing Drug Shortages: The Macro,
Meso, and Micro Levels," HESA 583, College of Social Sciences, Health, and Education
Health Services Administration, Xavier University, Taken by health services
administration students, Enrollment 25.
- 2009 Physical Diagnosis II, Internal Medicine 7160, University of Utah School of Medicine,
Taught 1 time per year, Taken by medical students, Enrollment 100
- 2003-2012 Medical Ethics, Internal Medicine 7560, University of Utah School of Medicine, Taught
1 time per year, Taken by fourth year medical students, Enrollment 100

Small Group Teaching

- 2018-Present Ethics in Research, GNTD 7003-001, University of Cincinnati School of Medicine,
Taught 1 time per year, Taken by fellows, MS, and PhD students, Enrollment 110.
- 2007 Physical Diagnosis I, Internal Medicine 7150, University of Utah School of Medicine,
Taught 1 time per year, Taken by medical students, Enrollment 100
- 2003-2012 Medical Ethics, Internal Medicine 7560, University of Utah School of Medicine, Taught
1 time per year, Taken by fourth medical students, Enrollment 100
- 2003 Pediatric Organ System, Pediatrics 7020, University of Utah School of Medicine, Taught
1 time per year, Taken by medical students, Enrollment 100

Graduate Student Committees

- 2018-2022 *Chair*, Scholarship Oversight Committee, William Sveen, Pediatric Critical Care Fellowship, Cincinnati Children's Hospital Medical Center, Cincinnati, OH
- 2018-2020 *Member*, Scholarship Oversight Committee, Anne Heueman, Genetic Counseling, University of Cincinnati, Cincinnati, OH
- 2017-2019 *Chair*, Scholarship Oversight Committee, Bryana Rivers, Genetic Counseling, University of Cincinnati, Cincinnati, OH
- 2013-2015 *Mentor*, Sophia Hufnagel, Combined Pediatrics/Genetics Residency, Cincinnati Children's Hospital Medical Center, Cincinnati, OH
- 2013-2015 *Co-Chair*, Scholarship Oversight Committee, Andrea Murad, Genetic Counseling, University of Cincinnati, Cincinnati, OH
- 2013-2014 *Member*, Scholarship Oversight Committee, Grace Tran, Genetic Counseling, University of Cincinnati, Cincinnati, OH
- 2011-2012 *Chair*, Scholarship Oversight Committee, Kevin E. Nelson, MD, PhD, Pediatric Inpatient Medicine Fellowship, University of Utah, Salt Lake City, UT

Continuing Education Lectures

- 2008 Choosing Healthplans All Together (CHAT) Exercise Facilitator, 18th Annual Intermountain Medical Ethics Conference, "Setting Priorities for Healthcare in Utah: What Choices are We Ready to Make?," Salt Lake City, Utah, October 3.
- 2007 *Speaker*, Infant Medical Surgical Unit, Primary Children's Medical Center, "Withholding and Withdrawing Artificial Nutrition and Hydration: Can It Be Consistent With Care?," Salt Lake City, Utah, September 6.
- 2007 *Faculty Scholar-in Residence*, Summer Seminar, "The Role of Religion in Bioethics," Utah Valley State College, Orem, Utah, May 1.
- 2006 *Workshop Leader*, Faculty Education Retreat, "Publications and Publishing in Medical Education," University of Utah School of Medicine, Salt Lake City, Utah, September 15.
- 2006 *Breakout Session*, 16th Annual Intermountain Medical Ethics Conference, "Donation after Cardiac Death: Evolution of a Policy," Salt Lake City, Utah, March 28.

Other Educational Activities

- 2008 *Instructor*, Contemporary Ethical Issues in Medicine and Medical Research, Osher Lifelong Learning Institute, University of Utah, "Religion and Bioethics: Religiously Based Demands for and Refusals of Treatment," Salt Lake City, Utah, February 7.
- 2007 *Speaker*, Biology Seminar, Utah Valley State College, "Is He Dead?: Criteria of the Determination of Death and Their Implications for Withdrawing Treatment and Recovering Organs for Transplant," Orem, Utah, September 21.

PEER-REVIEWED JOURNAL ARTICLES

1. William N. Sveen, Armand H. Matheny Antommarrina, Stephen Gilene, and Erika L. Stalets. (Forthcoming) "Adverse Events During Apnea Testing for the Determination of Death by Neurologic Criteria: A Single Center, Retrospective Pediatric Cohort." *Pediatric Critical Care Medicine*.
2. Erica K. Salter, Jay R. Malone, Amanda Berg, Annie Friedrich, Alexandra Hucker, Hillary King, and Armand H. Matheny Antommarrina. (Online ahead of print) "Triage Policies at U.S. Hospitals with Pediatric Intensive Care Units." *AJOB Empirical Bioethics*. PMID: 36576201.
3. Armand H. Matheny Antommarrina, Elizabeth Lanphier, Anne Housholder, and Michelle McGowan. (2023). "A mixed methods analysis of requests for religious exemptions to a COVID-19 vaccine requirement." *AJOB Empirical Bioethics*. 14: 15-22. PMID: 36161802.

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6. Gregory A. Grabowski, Armand H. Matheny Antommara, Edwin H. Kolodny, and Pramod K. Mistry. (2021) "Gaucher Disease: Basic and Translational Science Needs for More Complete Therapy and Management." *Molecular Genetics and Metabolism*. 132: 59-75. PMID: 33419694.
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9. Armand H. Matheny Antommara, Tyler S. Gibb, Amy L. McGuire, Paul Root Wolpe, Matthew K. Wynia, Megan K. Applewhite, Arthur Caplan, Douglas S. Diekema, D. Micah Hester, Lisa Soleymani Lehmann, Renee McLeod-Sordjan, Tamar Schiff, Holly K. Tabor, Sarah E. Wieten, and Jason T. Eberl for a Task Force of the Association of Bioethics Program Directors (2020) "Ventilator Triage Policies During the COVID-19 Pandemic at U.S. Hospitals Associated With Members of the Association of Bioethics Program Directors." *Annals of Internal Medicine*. 173(3): 188-194. PMID: 32330224.
10. Armand H. Matheny Antommara (2020) "Conflicting Duties and Reciprocal Obligations During a Pandemic." *Journal of Hospital Medicine*. 5:284-286. PMID: 32379030.
11. Mary V. Greiner, Sarah J. Beal, and Armand H. Matheny Antommara (2020) "Perspectives on Informed Consent Practices for Minimal-Risk Research Involving Foster Youth." *Pediatrics*. 45:e20192845. PMID: 32156772.
12. Jennifer deSante-Bertkau, Michelle McGowan, and Armand H. Matheny Antommara (2018) "Systematic Review of Typologies Used to Characterize Clinical Ethics Consultations." *Journal of Clinical Ethics*. 29:291-304. PMID: 30605439.
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12. Armand H. Matheny Antommara and Ron King. (2016) “Moral Hazard and Transparency in Pediatrics: A Different Problem Requiring a Different Solution.” *American Journal of Bioethics* 16: 39-40. PMID: 27292846.
13. Armand H. Matheny Antommara and Richard F. Ittenabch (2016) “Quality Attestation’s Portfolio Evaluation Is Feasible, But Is It Reliable and Valid?” *American Journal of Bioethics* 16: 35-38. PMID: 26913658.
14. Armand H. Matheny Antommara and Kristin Stanley Bramlage (2015) “Enrolling Research Participants in Private Practice: Conflicts of Interest, Consistency, Therapeutic Misconception, and Informed Consent.” *AMA Journal of Ethics*. 17:1122-1126. PMID: 26698585.
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16. Armand H. Matheny Antommara (2015) "Intensified Conflict Instead of Closure: Clinical Ethics Consultants' Recommendations' Potential to Exacerbate Ethical Conflicts." *American Journal of Bioethics* 15: 52-4. PMID: 25562231.
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18. Armand H. Matheny Antommara (2014) "Pubertal Suppression and Professional Obligations: May a Pediatric Endocrinologist Refuse to Treat an Adolescent with Gender Dysphoria." *American Journal of Bioethics* 13: 43-46. PMID: 24422933.
19. Armand H. Matheny Antommara (2012) "Empowering, Teaching, and Occasionally Advocating: Clinical Ethics Consultants' Duties to All of the Participants in the Process." *American Journal of Bioethics* 12 11-3. PMID: 22852533.
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21. Armand H. Matheny Antommara and Julie Melini (2010) "Is it Reasonable to Refuse to be Seen by a Nurse Practitioner in the Emergency Department?" *American Journal of Bioethics* 10: 15-17. PMID: 20694899.
22. William Meadow, Chris Feudtner, Armand H. Matheny Antommara, Dane Sommer, John Lantos (2010) "A Premature Baby with Necrotizing Enterocolitis Whose Parents Are Jehovah's Witnesses." *Pediatrics*. 216: 151-155. PMID: 20566607.
23. C. C. Weitzman, S. Schlegel, Nancy Murphy, Armand H. Matheny Antommara, J. P. Brosco, Martin T. Stein (2009) "When Clinicians and a Parent Disagree on the Extent of Medical Care." *Journal of Developmental and Behavioral Pediatrics*. 30: 242-3. PMID: 19525718. Reprinted as (2010) *Journal of Developmental and Behavioral Pediatrics*. 31: S92-5. PMID: 20414087
24. Armand H. Matheny Antommara and Susan Bratton (2008) "Nurses' Attitudes toward Donation after Cardiac Death: Implications for Nurses' Roles and Moral Distress." *Pediatric Critical Care Medicine*, 9: 339-40. PMID: 18446100.
25. Armand H. Matheny Antommara and Nannette_C. Dudley (2007) "Should Families Be Present During CPR?" *AAP Grand Rounds*, 17: 4-5.
26. Armand H. Matheny Antommara (2006) "The Proper Scope of Analysis of Conscientious Objection in Healthcare: Individual Rights or Professional Obligations" *Teaching Ethics*, 7: 127-31.
27. Armand H. Matheny Antommara and Rajendu Srivastava (2006) "If Cardiologists Take Care of Patients with Heart Disease, What do Hospitalists Treat?: Hospitalists and the Doctor-Patient Relationship." *American Journal of Bioethics*, 6: 47-9. PMID: 16423793.
28. Armand H. Matheny Antommara (2003) "I Paid Out-of-Pocket for My Son's Circumcision at Happy Valley Tattoo and Piercing: Alternative Framings of the Debate over Routine Neonatal Male Circumcision," *American Journal of Bioethics* 3: 51-3. PMID: 12859817.

Letters

1. Benjamin S. Wilfond, David Magnus, Armand H Matheny Antommara, Paul Appelbaum, Judy Aschner, Keith J. Barrington, Tom Beauchamp, Renee D. Boss, Wylie Burke, Arthur L. Caplan, Alexander M. Capron, Mildred Cho, Ellen Wright Clayton, F. Sessions Cole, Brian A. Darlow, Douglas Diekema, Ruth R. Faden, Chris Feudtner, Joseph J. Fins, Norman C. Fost, Joel Frader, D. Micah Hester, Annie Janvier, Steven Joffe, Jeffrey Kahn, Nancy E. Kass, Eric Kodish, John D. Lantos, Laurence McCullough, Ross McKinney, Jr., William Deadow, P. Pearl O'Rourke, Kathleen E. Powderly, DeWayne M. Pursley, Lainie Friedman Ross, Sadath Sayeed, Richard R. Sharp, Jeremy Sugarman, William O. Tarnow-Mordi, Holly Taylor, Tom Tomlison, Robert D. Truog, Yoram T. Unguru, Kathryn L. Weise, David Woodrum, Stuart Youngner (2013) "The OHRP and SUPPORT," *New England Journal of Medicine*, 368: e36. PMID: 23738513.

2. Lainie Friedman Ross and Armand H. Matheny Antommara (2011) "In Further Defense of the American Academy of Pediatrics Committee on Bioethics 'Children as Hematopoietic Stem Cell Donors' Statement." *Pediatric Blood & Cancer*. 57: 1088-9.
3. Armand H. Matheny Antommara (2011) "Growth Attenuation: Health Outcomes and Social Services." *Hastings Center Report*, 41(5): 4. PMID: 21980886.
4. Susan Bratton and Armand H. Matheny Antommara (2010) "Dead Donor Rule and Organ Procurement: The Authors Reply." *Pediatric Critical Care Medicine*, 11: 314-5.
5. Armand H. Matheny Antommara and Joel Frader (2009) "Policies of Children's Hospitals on Donation After Cardiac Death—Reply." *Journal of the American Medical Association*, 302: 845.

Case Reports

Armand H. Matheny Antommara (2002) "Case 4.9: Inappropriate Access to a Celebrity's Medical Records." In *Ethics and Information Technology: A Case-Based Approach to a Health Care System in Transition*, James G. Anderson and Kenneth W. Goodman, 79-80. New York: Springer-Verlag.

Book Reviews

1. Armand H. Matheny Antommara (Forthcoming) Review of *Disability's Challenge to Theology: Genes, Eugenics, and the Metaphysics of Modern Medicine* by Devan Stahl. *Hastings Center Report*.
2. Armand H. Matheny Antommara (2021) Review of *When Harry Became Sally: Responding to the Transgender Moment*, by Ryan T. Anderson. *Journal of Medical Humanities* 42: 195-9. PMID 31808021.
3. Armand H. Matheny Antommara (2012) Review of *The Ethics of Organ Transplantation*, by Steven J. Jensen, ed., *Journal of the American Medical Association* 308: 1482-3.
4. Armand H. Matheny Antommara (2012) Review of *The Soul of Medicine: Spiritual Perspectives and Clinical Practice*, by John R. Peteet and Michael N. D'Ambra, ed., *Journal of the American Medical Association* 308: 87.
5. Armand H. Matheny Antommara (2009) Review of *Conflicts of Conscience in Health Care: An Institutional Compromise*, by Holly Fernandez Lynch. *American Journal of Bioethics* 9: 63-4.
6. Armand H. Matheny Antommara (2008) Review of *A Practical Guide to Clinical Ethics Consulting: Expertise, Ethos, and Power*, by Christopher Meyers. *American Journal of Bioethics* 8: 72-3.
7. Armand H. Matheny Antommara (2004) Review of *Children, Ethics, and Modern Medicine*, by Richard B. Miller. *American Journal of Bioethics* 4: 127-8.
8. Armand H. Matheny Antommara (2002) Review of *Ward Ethics: Dilemmas for Medical Students and Doctors in Training*, by Thomasine Kushner and David Thomasma, ed. *American Journal of Bioethics* 2: 70-1. PMID: 22494193.
9. Armand H. Matheny Antommara (1999) Review of *Human Cloning: Religious Responses*, by Ronald Cole-Turner, ed. *Prism* 6 (March/April): 21.
10. Armand H. Matheny Antommara (1999) Review of *Christian Theology and Medical Ethics: Four Contemporary Approaches*, by James B. Tubbs, Jr. *Journal of Religion* 79 (April): 333-5.
11. Armand H. Matheny Antommara (1997) Review of *Body, Soul, and Bioethics*, by Gilbert C. Meilaender. *Prism* 4 (May/June): 28.

Newspaper Articles

1. W. Bradley Poss and Armand H. Matheny Antommara (2010) "Mass casualty planning must incorporate needs of children." *AAP News* 31 (July): 38.
2. Robert Murray and Armand H. Matheny Antommara (2010) "Pediatricians should work with school nurses to develop action plans for children with DNAR orders." *AAP News* 31 (May): 30.
3. Armand H. Matheny Antommara (2009) "Addressing physicians' conscientious objections in health care." *AAP News* 30 (December): 32.

UNPUBLISHED POSTER PRESENTATIONS

1. Armand H. Matheny Antommara. (2018) “Ethical Issues in the Care of International Patients: A Case Study.” International Conference on Clinical Ethics and Consultation, Oxford, United Kingdom.
1. Jill S Sweney, Brad Poss, Colin Grissom, Brent Wallace, and Armand H Matheny Antommara, (2010) “Development of a Statewide Pediatric Pandemic Triage Plan in Utah.” Pediatric Academic Societies Annual Meeting, Vancouver, Canada. E-PAS20103713.147.
2. Christopher G. Maloney, Armand H. Matheny Antommara, James F. Bale, Thomas Greene, Jian Ying, Gena Fletcher, and Rajendu Srivastava (2010) “Why Do Pediatric Interns Violate the 30 Hour Work Rule?” Pediatric Academic Societies Annual Meeting, Vancouver, Canada. E-PAS20101500.596
3. Armand H. Matheny Antommara and Edward B. Clark (2007) “Resolving Conflict through Bioethics Mediation.” 3rd International Conference on Ethics Consultation and Clinical Ethics, Toronto, Canada.
4. Elizabeth Tyson, Tracy Hill, Armand Antommara, Gena Fletcher, and Flory Nkoy (2007) “Physician Practice Patterns Regarding Nasogastric Feeding Supplementation and Intravenous Fluids in Bronchiolitis Patients.” Pediatrics Academic Societies Annual Meeting, Toronto, Canada. E-PAS2007:61300.

ORAL PRESENTATIONS**Keynote/Plenary Lectures**International

1. 2021, *Panelist*, Partnership for Quality Medical Donations, Charitable Access Programming for Rare Diseases, “Ethical Issues,” Webinar, April 6.
2. 2017, *Invited Speaker*, Spina Bifida Fetoscopic Repair Study Group and Consortium, “Ethics of Innovation and Research in Fetal Surgery,” Cincinnati, Ohio, October 26.
3. 2014, *Invited Speaker*, CIC 2013 CCI: Canadian Immunization Conference, “Condition-of-Service Influenza Prevention in Health Care Settings,” Ottawa, Canada, December 2.
4. 2014, *Invited Speaker*, National Conference of the Chinese Pediatric Society, “A Brief Introduction to Pediatric Research and Clinical Ethics,” Chongqing, China, September 12.

National

1. 2020, *Panelist*, Children’s Mercy Bioethics Center, “Ethical Issues in the COVID Pandemic at Children’s Hospitals,” Webinar, March 2.
2. 2019, *Invited Speaker*, North American Fetal Therapy Network (NAFTnet), “Ethics of Innovation,” Chicago, Illinois, October 12.
3. 2019, *Panelist*, National Society of Genetic Counselors Prenatal Special Interest Group, “Fetal Intervention Ethics,” Webinar, September 12.
4. 2017, *Invited Participant*, American College of Epidemiology Annual Meeting, Preconference Workshop, “Extreme Personal Exposure Biomarker Levels: Guidance for Study Investigators,” New Orleans, Louisiana, September 24.
5. 2016, *Invited Speaker*, American Academy of Pediatrics National Conference & Exhibition, Joint Program: Section on Hospital Medicine and Section on Bioethics, “Resource Allocation: Do We Spend Money to Save One Patient with Ebola or Over a 1,000?” San Francisco, California, October 23.
6. 2016, *Invited Speaker*, 26th Annual Specialist Education in Extracorporeal Membrane Oxygenation (SEECHMO) Conference, “Ethical Issues in ECMO: The Bridge to Nowhere,” Cincinnati, Ohio, June 5.
7. 2015, *Invited Speaker*, Extracorporeal Life Support Organization (ELSO) 26th Annual Conference, “ECMO-Supported Donation after Circulatory Death: An Ethical Analysis,” Atlanta, Georgia, September 20.

8. 2014, *Invited Speaker*, Pediatric Evidence-Based Practice 2014 Conference: Evidence Implementation for Changing Models of Pediatric Health Care, “Ethical Issues in Evidence-Based Practice,” Cincinnati, Ohio, September 19.
9. 2014, *Invited Speaker*, 6th Annual David Kline Symposium on Public Philosophy: Exploring the Synergy Between Pediatric Bioethics and Child Rights, “Does Predictive Genetic Testing for Adult Onset Conditions that Are Not Medically Actionable in Childhood Violate Children’s Rights?” Jacksonville, Florida, March 6.
10. 2010, *Invited Speaker*, Quest for Research Excellence: The Intersection of Standards, Culture and Ethics in Childhood Obesity, “Research Integrity and Religious Issues in Childhood Obesity Research,” Denver, Colorado, April 21.
11. 2010, *Invited Speaker*, Symposium on the Future of Rights of Conscience in Health Care: Legal and Ethical Perspectives, J. Reuben Clark Law School at Brigham Young University and the Ave Maria School of Law, “Conscientious Objection in Clinical Practice: Disclosure, Consent, Referral, and Emergency Treatment,” Provo, Utah, February 26.
12. 2009, *Invited Speaker*, Pediatric Organ Donation Summit, “Research Findings Regarding Variations in Pediatric Hospital Donation after Cardiac Death Policies,” Chicago, Illinois, August 18.
13. 2008, *Meet-the-Experts*, American Academy of Pediatrics National Conference & Exhibition, “Physician Refusal to Provide Treatment: What are the ethical issues?” Boston, Massachusetts, October 11.
14. 2008, *Invited Conference Faculty*, Conscience and Clinical Practice: Medical Ethics in the Face of Moral Controversy, The MacLean Center for Clinical Medical Ethics at the University of Chicago, “Defending Positions or Identifying Interests: The Uses of Ethical Argumentation in the Debate over Conscience in Clinical Practice,” Chicago, IL, March 18.
15. 2007, *Symposium Speaker*, Alternative Dispute Resolution Strategies in End-of-Life Decisions, The Ohio State University Mortiz College of Law, “The Representation of Children in Disputes at the End-of-Life,” Columbus, Ohio, January 18.
16. 2005, *Keynote Speaker*, Decisions and Families, *Journal of Law and Family Studies* and The University of Utah S.J. Quinney College of Law, “Jehovah’s Witnesses, Roman Catholicism, and Calvinism: Religion and State Intervention in Parental, Medical Decision-Making,” Salt Lake City, Utah, September 23.

Regional/Local

1. 2021, *Panelist*, Pediatric Residency Noon Conference, University of Tennessee Health Science Center, “Bioethics Rounds—Ethical Issues in the Care of Transgender Adolescents,” Memphis, Tennessee, September 21.
2. 2020, *Keynote Speaker*, 53rd Annual Clinical Advances in Pediatrics, “Referral to a Fetal Care Center: How You Can Help Patients’ Mothers Address the Ethical Issues,” Kansas City, Kansas, September 16.
3. 2019, *Speaker*, Patient and Family Support Services, Primary Children’s Hospital, “Ethical Issues in the Care of Trans Adolescents,” Salt Lake City, Utah, December 5.
4. 2019, *Speaker*, Evening Ethics, Program in Medical Ethics and Humanities, University of Utah School of Medicine, “Patients, Parents, and Professionals: Ethical Issues in the Treatment of Trans Adolescents,” Salt Lake City, Utah, December 4.
5. 2019, *Speaker*, Pediatric Hospital Medicine Board Review Course, “Ethics, Legal Issues, and Human Rights including Ethics in Research,” Cincinnati, Ohio, September 8.
6. 2019, *Speaker*, Advances in Fetology, “Evolving Attitudes Toward the Treatment of Children with Trisomies,” Cincinnati, Ohio, September 6.
7. 2019, *Speaker*, Half-Day Ethics Training: Ethics Consultation & Ethics Committees, “Navigating the Rapids of Clinical Ethics Consultation: Intake, Recommendations, and Documentation,” Salt Lake City, Utah, June 1.

8. 2019, *Speaker*, Scientific and Ethical Underpinnings of Gene Transfer/Therapy in Vulnerable Populations: Considerations Supporting Novel Treatments, BioNJ, “What Next? An Ethical analysis of Prioritizing Conditions and Populations for Developing Novel Therapies,” Cranbury, New Jersey, March 7.
9. 2018, *Panelist*, Periviability, 17th Annual Regional Perinatal Summit, Cincinnati, Ohio, October 12.
10. 2018, *Speaker*, Regional Advance Practice Registered Nurse (APRN) Conference, “Adults are Not Large Children: Ethical Issues in Caring for Adults in Children’s Hospitals,” Cincinnati, Ohio, April 26.
11. 2018, *Speaker*, Southern Ohio/Northern Kentucky Sigma Theta Tau International Annual Conference, “Between Hope and Hype: Ethical Issues in Precision Medicine,” Sharonville, Ohio, March 2.
12. 2017, *Speaker*, Advances in Fetology 2017, “Ethics of Innovation and Research: Special Considerations in Fetal Therapy Centers,” Cincinnati, Ohio, October 27.
13. 2016, *Speaker*, End-of-Life Pediatric Palliative Care Regional Conference, “Ethical/Legal Issues in Pediatric Palliative Care,” Cincinnati, Ohio, September 15.
14. 2016, *Speaker*, 26th Annual Bioethics Network of Ohio (BENO) Conference, “When Does Parental Refusal of Medical Treatment for Religious Reasons Constitute Neglect?” Dublin, Ohio, May 29.
15. 2014, *Speaker*, Cincinnati Comprehensive Sickle Cell Center Symposium: Research Ethics of Hydroxyurea Therapy for Sickle Cell Disease During Pregnancy and Lactation, “Ethical Issues in Research with Pregnant and Lactating Women,” Cincinnati, Ohio, October 30.
16. 2014, *Speaker*, Advances in Fetology 2014, “The ‘Miracle Baby’ and Other Cases for Discussion,” Cincinnati, Ohio, September 26.
17. 2014, *Speaker*, Advances in Fetology 2014, “‘Can you tell me ...?’: Achieving Informed Consent Given the Prevalence of Low Health Literacy,” Cincinnati, Ohio, September 26.
18. 2014, *Panelist*, Center for Clinical & Translational Science & Training, Secrets of the Dead: The Ethics of Sharing their Data, Cincinnati, Ohio, August 28.
19. 2014, *Speaker*, Office for Human Research Protections Research Community Forum: Clinical Research ... and All That Regulatory Jazz, “Research Results and Incidental Findings: Do Investigators Have a Duty to Return Results to Participants,” Cincinnati, Ohio, May 21.
20. 2013, *Opening Presentation*, Empirical Bioethics: Emerging Trends for the 21st Century, University of Cincinnati Center for Clinical & Translational Science & Training, “Empirical vs. Normative Ethics: A Comparison of Methods,” Cincinnati, Ohio, February 21.
21. 2012, *Videoconference*, New York State Task Force on Life and the Law, “Pediatric Critical Care Triage,” New York, New York, March 1.
22. 2011, *Presenter*, Fall Faculty Development Workshop, College of Social Work, University of Utah, “Teaching Ethics to Students in the Professions,” Salt Lake City, Utah, November 14.
23. 2011, *Speaker*, 15th Annual Conference, Utah Chapter of the National Association of Pediatric Nurse Practitioners, “Ethical Issues in Pediatric Practice,” Salt Lake City, Utah, September 22.
24. 2011, *Speaker*, Code Silver! Active Shooter in the Hospital, Utah Hospitals & Health Systems Association, Salt Lake City, Utah, March 21.
25. 2009, *Speaker*, Medical Staff Leadership Conference, Intermountain Healthcare, “The Ethics of Leadership,” Park City, Utah, October 30.
26. 2008, *Speaker*, The Art and Medicine of Caring: Supporting Hope for Children and Families, Primary Children’s Medical Center, “Medically Provided Hydration and Nutrition: Ethical Considerations,” Salt Lake City, Utah, February 25.
27. 2005, *Speaker*, Utah NAPNAP (National Association of Pediatric Nurse Practitioners) Chapter Pharmacology and Pediatric Conference, “Immunization Update,” Salt Lake City, Utah, August 18.
28. 2005, *Keynote Speaker*, 17th Annual Conference, Utah Society for Social Work Leadership in Health Care, “Brain Death: Accommodation and Consultation,” Salt Lake City, March 18.
29. 2004, *Continuing Education Presentation*, Utah NAPNAP (National Association of Pediatric Nurse Practitioners), “Febrile Seizures,” Salt Lake City, Utah, April 22.

30. 2004, *Speaker*, Advocacy Workshop for Primary Care Providers, “Ethics of Advocacy,” Park City, Utah, April 3.
31. 2002, *Speaker*, 16th Annual Biologic Basis of Pediatric Practice Symposium, “Stem Cells: Religious Perspectives,” Deer Valley, Utah, September 14.

Meeting Presentations

International

1. 2018, *Speaker*, International Conference on Clinical Ethics and Consultation, “A Systematic Review of Typologies Used to Characterize Clinical Ethics Consultations,” Oxford, United Kingdom, June 21.

National

1. 2022, *Speaker*, American Society for Bioethics and Humanities Annual Meeting, “A Mixed Methods Analysis of Requests for Religious Exemptions to a COVID-19 Vaccine Requirement.” Portland, Oregon, October 27.
2. 2022, *Panelist*, American Society for Bioethics and Humanities Annual Meeting, Pediatric Ethics Affinity Group, “When Ethical Healthcare Is Prohibited By Law, How Do We Respond?” Portland, Oregon, October 27.
3. 2022, *Speaker*, APPD/PAS Fellow Core Curriculum Workshop, Pediatric Academic Societies Annual Meeting, “From Idea to Implementation: Navigating the Ethical Landscape of Pediatric Clinical Research,” Denver, Colorado, April 22.
4. 2021, *Panelist*, Pediatric Endocrine Society Annual Meeting, Difference of Sex Development Special Interest Group, Virtual Conference, April 29.
5. 2020, *Speaker*, American Society for Bioethics and Humanities Annual Meeting, “Is This Child Dead? Controversies Regarding the Neurological Criteria for Death,” Virtual Conference, October 17.
6. 2020, *Speaker*, American Society for Bioethics and Humanities Annual Meeting, “Contemporary Ethical Controversy in Fetal Therapy: Innovation, Research, Access, and Justice,” Virtual Conference, October 15.
7. 2020, *Speaker*, American Society for Bioethics and Humanities Annual Meeting, “K-12 Schools and Mandatory Public Health Programs During the COVID-19 Pandemic,” Virtual Conference, October 15.
8. 2019, *Speaker*, American Society for Bioethics and Humanities Annual Meeting, “Ethical Issues in Translating Gene Transfer Studies Involving Children with Neurodegenerative Disorders,” Pittsburgh, Pennsylvania, October 26.
9. 2019, *Moderator*, Pediatric Academic Societies Annual Meeting, Clinical Bioethics, Baltimore, Maryland, April 28.
10. 2018, *Presenter*, American Society for Bioethics and Humanities Annual Meeting, “Looking to the Past, Understanding the Present, and Imaging the Future of Bioethics and Medical Humanities’ Engagement with Transgender Health,” Anaheim, California, October 19.
11. 2018, *Speaker*, American Society for Bioethics and Humanities Annual Meeting, “Should Vaccination Be a Prerequisite for Sold Organ Transplantation?” Anaheim, California, October 18.
12. 2018, Lindsey Douglas, Armand H. Matheny Antommara, Derek Williams. *Workshop Presenter*, Pediatric Hospital Medicine Annual Meeting, “IRB Approved! Tips and Tricks to Smooth Sailing through the Institutional Review Board (IRB).” Atlanta, Georgia, July 20.
13. 2018, Alan Schroeder, Armand H. Matheny Antommara, Hannah Bassett, Kevin Chi, Shawn Ralston, Rebecca Blankenburg. *Workshop Speaker*, Pediatric Hospital Medicine Annual Meeting, “When You Don’t Agree with the Plan: Balancing Diplomacy, Value, and Moral Distress,” Atlanta, Georgia, July 20.

14. 2018, Alan Schroeder, Hannah Bassett, Rebecca Blankenburg, Kevin Chi, Shawn Ralston, Armand H. Matheny Antommara. *Workshop Speaker*, Pediatric Academic Societies Annual Meeting, “When You Don’t Agree with the Plan: Balancing Diplomacy, Value, and Moral Distress,” Toronto, Ontario, Canada, May 7.
15. 2017, *Speaker*, American Society for Bioethics and Humanities Annual Meeting, “Tensions in Informed Consent for Gender Affirming Hormone Therapy and Fertility Preservation in Transgender Adolescents,” Kansas City, Missouri, October 19.
16. Lindsey Douglas, Armand H. Matheny Antommara, and Derek Williams. 2017, *Workshop Leader*, PHM[Pediatric Hospital Medicine]2017, “IRB Approved! Tips and Tricks to Smooth Sailing through the Institutional Review Board (IRB) Process,” Nashville, Tennessee, July 21.
17. 2016, *Speaker*, American Society for Bioethics and Humanities Annual Meeting, “Ethical Challenges in the Care of International Patients: Organization, Justice, and Cultural Considerations,” Washington, DC, October 9.
18. 2015, *Coauthor*, The American Society of Human Genetics Annual Meeting, “Adolescents’ Opinions on Disclosure of Non-Actionable Secondary Findings in Whole Exome Sequencing,” Baltimore, Maryland, October 9.
19. 2012, *Speaker*, American Society for Bioethics and Humanities Annual Meeting, “A Public Health Ethics Analysis of the Mandatory Immunization of Healthcare Personnel: Minimizing Burdens and Increasing Fairness,” Washington, DC, October 21.
20. Armand H. Matheny Antommara, Valerie Gutmann Koch, Susie A. Han, Carrie S. Zoubul. 2012, *Moderator*, American Society for Bioethics and Humanities Annual Meeting, “Representing the Underrepresented in Allocating Scarce Resources in a Public Health Emergency: Ethical and Legal Considerations,” Washington, DC, October 21.
21. 2012, *Platform Presentation*, Pediatric Academic Societies Annual Meeting, “Qualitative Analysis of International Variation in Donation after Circulatory Death Policies and Rates,” Boston, Massachusetts, April 30. Publication 3150.4.
22. 2011, *Speaker*, American Society for Bioethics and Humanities Annual Meeting, “The Intersection of Policy, Medicine, and Ethics during a Public Health Disaster: Special Considerations for Children and Families,” Minneapolis, Minnesota, October 13.
23. Armand H. Matheny Antommara and Joel Frader. 2010, *Workshop Leader*, Pediatric Academic Societies Annual Meeting, “Conscientious Objection in Health Care: Respecting Conscience and Providing Access,” Vancouver, British Columbia, Canada. May 1. Session 1710.
24. 2009, *Workshop Leader*, American Society for Bioethics and Humanities Annual Meeting, “Advanced Clinical Ethics Consultation Skills Workshop: Process and Interpersonal Skills,” Washington, DC, October 15.
25. 2009, *Platform Presentation*, Pediatric Academic Societies Annual Meeting, “Qualitative Analysis of Donation after Cardiac Death Policies at Children’s Hospitals,” Baltimore, Maryland, May 2. Publication 2120.6.
26. 2008, *Speaker*, American Society for Bioethics and Humanities Annual Meeting, “Qualitative Analysis of Donation After Cardiac Death (DCD) Policies at Children’s Hospitals,” Cleveland, Ohio, October 26.
27. 2007, *Participant*, Hamline University School of Law Biennial Symposium on Advanced Issues in Dispute Resolution, “An Intentional Conversation About Conflict Resolution in Health Care,” Saint Paul, Minnesota, November 8-10.
28. 2007, *Speaker*, American Society of Bioethics and Humanities Annual Meeting, “Bioethics Consultation and Alternative Dispute Resolution: Opportunities for Collaboration,” Washington, DC, October 21.
29. 2007, *Speaker*, American Society of Bioethics and Humanities Annual Meeting, “DNAR Orders in Schools: Collaborations Beyond the Hospital,” Washington, DC, October 18.

30. Armand H. Matheny Antommaria and Jeannie DePaulis. 2007, *Speaker*, National Association of Children’s Hospitals and Related Institutions Annual Meeting, “Using Mediation to Address Conflict and Form Stronger Therapeutic Alliances,” San Antonio, Texas, October 9.
31. 2006, *Speaker*, American Society of Bioethics and Humanities Annual Meeting, “Bioethics Mediation: A Critique,” Denver, Colorado, October 28.
32. 2005, *Panelist*, American Society of Bioethics and Humanities Annual Meeting, “How I See This Case: ‘He Is Not His Brain,’” Washington, DC, October 20.
33. 2005, *Paper Presentation*, Pediatric Ethics: Setting an Agenda for the Future, The Cleveland Clinic, “‘He Is Not His Brain:’ Accommodating Objections to ‘Brain Death,’” Cleveland, Ohio, September 9.
34. 2004, *Speaker*, American Society for Bioethics and Humanities Spring Meeting, “Verification and Balance: Reporting Within the Constraints of Patient Confidentiality,” San Antonio, Texas, March 13.
35. 2002, *Panelist*, American Society for Bioethics and Humanities Annual Meeting, “‘Who Should Survive?:’ Mental Retardation and the History of Bioethics,” Baltimore, Maryland, October 24.

Invited/Visiting Professor Presentations

1. 2013, Visiting Professor, “How to Listen, Speak and Think Ethically: A Multidisciplinary Approach,” Norton Suburban Hospital and Kosair Children’s Hospital, Louisville, Kentucky, May 22.
2. 2010, Visiting Professor, Program in Bioethics and Humanities and Department of Pediatrics, “What to Do When Parents Want Everything Done: ‘Futility’ and Ethics Facilitation,” University of Iowa Carver College of Medicine, Iowa City, Iowa, September 10.

Grand Round Presentations

1. 2019, David Green Lectureship, “Establishing Goals of Care and Ethically Limiting Treatment,” Primary Children’s Hospital, Salt Lake City, Utah, December 5.
2. 2018, “The Ethics of Medical Intervention for Transgender Youth,” El Rio Health, Tucson, Arizona, September 29.
3. 2018, Pediatrics, “Patient Selection, Justice, and Cultural Difference: Ethical Issues in the Care of International Patients,” Cleveland Clinic, Cleveland, Ohio, April 10.
4. 2018, Bioethics, “Reversibility, Fertility, and Conflict: Ethical Issues in the Care of Transgender and Gender Nonconforming Children and Adolescents,” Cleveland Clinic, Cleveland, Ohio, April 9.
5. 2017, Heart Institute, “‘Have you ever thought about what you would want—if god forbid—you became sicker?’: Talking with adult patients about advance directives,” Cincinnati Children’s Hospital Medical Center, Cincinnati, Ohio, October 16.
6. 2017, Pediatrics, “Respectful, Effective Treatment of Jehovah’s Witnesses,” with Judith R. Ragsdale, PhD, MDiv and David Morales, MD, Cincinnati Children’s Hospital Medical Center, Cincinnati, Ohio, March 14.
7. 2017, Pediatrics, “Ethical Dilemmas about Discharging Patients When There Are Disagreements Concerning Safety,” Seattle Children’s Hospital, Seattle, Washington, January 19.
8. 2015, Pediatrics, “‘Nonbeneficial’ Treatment: What must providers offer and what can they withhold?,” Greenville Health System, Greenville, South Carolina, May 10.
9. 2014, Advance Practice Providers, “Common Ethical Issues,” Cincinnati Children’s Hospital Medical Center, Cincinnati, Ohio, August 13.
10. 2014, Respiratory Therapy, “Do-Not-Resuscitate (DNR) Orders,” Cincinnati Children’s Hospital Medical Center, Cincinnati, Ohio, July 15.
11. 2013, Heart Institute, “No Not Months. Twenty-Two *Years*-Old: Transiting Patients to an Adult Model of Care.” Cincinnati Children’s Hospital Medical Center, Cincinnati, Ohio, October 21.
12. 2013, Division of Neonatology, “This Premature Infant Has a *BRCA1* Mutation!?: Ethical Issues in Clinical Whole Exome Sequencing for Neonatologists.” Cincinnati Children’s Hospital Medical Center, Cincinnati, Ohio, October 11.

13. 2013, Department of Pediatrics, “Adults are Not Large Children: Ethical Issues in Caring for Adults in Children’s Hospitals,” Cincinnati Children’s Hospital Medical Center, Cincinnati, Ohio, February 26.
14. 2012, “Mandate or Moratorium?: Persisting Ethical Controversies in Donation after Circulatory Death,” Cedars-Sinai Medical Center, Los Angeles, California, May 16.
15. 2011, Division of Pediatric Neurology Friday Lecture Series, “Inducing or Treating ‘Seizures’ with Placebos: Is It Ever Ethical?,” University of Utah, Salt Lake City, Utah, October 7.
16. 2011, Department of Surgery, “DNR Orders in the OR and other Ethical Issues in Pediatric Surgery: Case Discussions,” Primary Children’s Medical Center, Salt Lake City, Utah, October 3.
17. 2009, Department of Pediatrics, “What to Do When Parents Want Everything Done: ‘Futility’ and Bioethical Mediation,” Primary Children’s Medical Center, Salt Lake City, Utah, September 17.
18. 2008, Division of Pulmonology and Critical Care, “Futility: May Clinicians Ever Unilaterally Withhold or Withdraw Medical Treatment?” Utah Valley Regional Medical Center, Provo, Utah, April 17.
19. 2007, Division of Otolaryngology-Head and Neck Surgery, “Advance Directives, Durable Powers of Attorney for Healthcare, and Do Not Attempt Resuscitation Orders: Oh My!,” University of Utah School of Medicine, Salt Lake City, Utah, June 20.

Outreach Presentations

1. 2019, *Panelist*, Cincinnati Edition, WVXU, “The Ethics of Human Gene Editing,” Cincinnati, Ohio, June 13.
2. 2019, *Speaker*, Adult Forum, Indian Hill Church, “Medical Ethics,” Indian Hill, Ohio, March 24.
3. 2016, *Speaker*, Conversations in Bioethics: The Intersection of Biology, Technology, and Faith, Mt. Washington Presbyterian Church, “Genetic Testing,” Cincinnati, Ohio, October 12.
4. 2008, *Speaker*, Science in Society, Co-sponsored by KCPW and the City Library, “Death—Choices,” Salt Lake City, Utah, November 20.
5. 2003, *Panelist*, Utah Symposium in Science and Literature, “The Goodness Switch: What Happens to Ethics if Behavior is All in Our Brains?” Salt Lake City, Utah, October 10.
6. 2002, *Respondent*, H. Tristram Englehardt, Jr. “The Culture Wars in Bioethics,” Salt Lake Community College, Salt Lake City, Utah, March 29.

Podcasts

1. 2021, “Ethics of COVID Vaccines in Kids,” PHM from Pittsburgh, August 12.
2. 2020, COVID Quandaries: Episode 1, “Is Getting Sick Just Part of the Job?” Hard Call, October 6.

EXHIBIT C

TABLE 1: Strength of Recommendation and Quality of Evidence in Recommendations Made by the Endocrine Society

Strength of the Recommendation/ Quality of the Evidence ¹	Endocrine Treatment of Gender- Dysphoric/Gender-	Pediatric Obesity- Assessment, Treatment, and Prevention	Congenital Adrenal Hyperplasia Due to Steroid 21-Hydroxylase Deficiency
Strong High	0 (0) ²	0 (0)	0 (0)
Strong Moderate	3 (11)	4 (13)	18 (33)
Strong Low	5 (18)	6 (20)	13 (25)
Strong Very Low	2 (7)	1 (3)	1 (2)
Weak High	0 (0)	0 (0)	0 (0)
Weak Moderate	0 (0)	0 (0)	2 (4)
Weak Low	9 (32)	5 (17)	4 (7)
Weak Very Low	3 (11)	12 (40)	7 (13)
Ungraded Good Practice Statement ³	6 (21)	2 (7)	9 (17)
Weak	12 (43)	17 (57)	13 (24)
Either Low or Very Low	19 (68)	24 (80)	25 (46)
Total	28	30	54

¹ Quality of the Evidence

High: “Consistent evidence from well-performed RCTs [Randomized Controlled Trials] or exceptionally strong evidence from unbiased observational studies”

Moderate: “Evidence from RCTs with important limitations (inconsistent results, methodological flaws, indirect or imprecise evidence), or unusually strong evidence from unbiased observational studies”

Low: “Evidence for at least one critical outcomes from observational studies, from RCTs with serious flaws, or indirect evidence”

Very Low: “Evidence for at least one of the critical outcomes from unsystematic

clinical observations or very indirect evidence”

See Swiglo BA, Murad MH, Schunemann HJ, et al. A case for clarity, consistency, and helpfulness: State-of-the-art clinical practice guidelines in endocrinology using the grading of recommendations, assessment, development, and evaluation system. *J Clin Endocrinol Metab.* 2008;93(3):666-73.

² n (%)

³Ungraded Good Practice Statement: “Direct evidence for these statements was either unavailable or not systematically appraised and considered out of the scope of this guideline. The intention of these statements is to draw attention to these principles.” See Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab.* 2017;102(11):3869-3903.

Guidelines:

Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab.* 2017;102(11):3869-3903.

Styne DM, Arslanian SA, Connor EL, et al. Pediatric obesity-assessment, treatment, and prevention: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab.* 2017;102(3):709-757.

Speiser PW, Arlt W, Auchus RJ, et al. Congenital adrenal hyperplasia due to steroid 21-hydroxylase deficiency: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab.* 2018;103(11):4043-4088.