IN THE CIRCUIT COURT OF COLE COUNTY
STATE OF MISSOURI

EMILY NOE, individually and as next friend and on behalf of her minor child Nicholas Noe; J.K., individually and as next friend and on behalf of his minor child A.K.; S.M., individually and as next friend and on behalf of her minor child C.J.; PFLAG, INC.; SOUTHAMPTON COMMUNITY HEALTHCARE; MICHAEL DONOVAN, MD, on behalf of himself and his patients; NICOLE CARR, FNP-C, on behalf of herself and her patients; and AMERICAN ASSOCIATION OF PHYSICIANS FOR HUMAN RIGHTS, INC. d/b/a GLMA: HEALTH PROFESSIONALS ADVANCING LGBTQ+ EQUALITY; Plaintiffs, v. MICHAEL L. PARSON, in his official capacity as Governor for the State of Missouri, Serve: 201 W. Capitol Ave. Jefferson City, Missouri 65101; ANDREW BAILEY, in his official capacity as Attorney General for the State of Missouri, Serve: 207 West High St. Jefferson City, Missouri 65102;	Case No. Division:

MISSOURI DIVISION OF PROFESSIONAL REGISTRATION, BOARD OF REGISTRATION FOR THE HEALING ARTS,

Serve: 3605 Missouri Boulevard Jefferson City, Missouri 65102;

MARC K. TAORMINA, in his official capacity as a member of the Missouri Board of Registration for the Healing Arts,

Serve: 3605 Missouri Boulevard Jefferson City, Missouri 65102;

NAVEED RAZZAQUE, in his official capacity as a member of the Missouri Board of Registration for the Healing Arts,

Serve: 3605 Missouri Boulevard Jefferson City, Missouri 65102;

JEFFREY D. CARTER, in his official capacity as a member of the Missouri Board of Registration for the Healing Arts,

Serve: 3605 Missouri Boulevard Jefferson City, Missouri 65102;

JAMES A. DIRENNA, in his official capacity as a member of the Missouri Board of Registration for the Healing Arts,

Serve: 3605 Missouri Boulevard Jefferson City, Missouri 65102;

JEFFREY S. GLASER, in his official capacity as a member of the Missouri Board of Registration for the Healing Arts,

Serve: 3605 Missouri Boulevard Jefferson City, Missouri 65102;

JADE D. JAMES-HALBERT, in her official capacity as a member of the Missouri Board of Registration for the Healing Arts,

Serve: 3605 Missouri Boulevard Jefferson City, Missouri 65102;

Defendants.

PETITION FOR INJUNCTIVE AND DECLARATORY RELIEF

1. Gender dysphoria is a medical condition characterized by the clinically significant distress caused by the incongruence between a person's gender identity and the sex they were assigned at birth. If left untreated, gender dysphoria can have dire consequences for the health and wellbeing of transgender people, including adolescents. In Missouri, adolescents who experience gender dysphoria presently have access to medically necessary care and treatment, which allows them to safely address their gender dysphoria and live as their true selves.

2. Many parents of transgender children in Missouri have worked and continue to work with their adolescent children's medical providers to ensure that they receive the medically necessary course of care for their individual experiences of gender dysphoria. As parents, they are driven by their love for their children and desire to see them grow into happy, healthy, functioning adults, which is why they seek advice and often treatment from medical providers when their children express or exhibit gender dysphoria. These parents have seen that affirming their children, including by accessing the medical care their providers have deemed necessary and appropriate, has helped them flourish.

3. Medical providers, in turn, have long followed evidence-based and comprehensive clinical practice guidelines that recommend certain medical treatments for gender dysphoria. Decades of clinical experience and a large body of scientific and medical literature support these guidelines, which are recognized as authoritative by the major medical associations in the United

States. They provide a framework for the safe and effective treatment of gender dysphoria, which for some adolescent patients includes puberty-delaying treatment and hormone therapy.

4. Yet, notwithstanding that medical treatment for adolescents with gender dysphoria is well-established, safe, and effective, the Missouri Legislature has sought to prohibit the provision of this necessary and lifesaving medical care for transgender adolescents within the State's borders.

5. Decisions about medical care for minors, however, should be made by the adolescents' families, based on the recommendations of their medical providers.

6. Plaintiffs are three Missouri families and their transgender children; PFLAG, Inc., a nonprofit medical practice in Missouri; two medical professionals providing gender-affirming medical care in Missouri; and GLMA: Health Professionals Advancing LGBTQ+ Equality. They bring this action to challenge the constitutionality of §§ 191.1720, 208.152.15 of the Missouri Revised Statutes, which were adopted by the Missouri General Assembly in 2023 as part of "Senate Substitute No. 2 to Senate Bills Nos. 49, 236 & 164."[1]

7. The Senate Substitute enacted § 191.1720 of the Missouri Revised Statutes, also referred to as the "Missouri Save Adolescents from Experimentation (SAFE) Act," to prohibit the provision of gender-affirming medical care to persons under 18 years of age, and added subsection 15 to § 208.152 of the Missouri Revised Statutes to prohibit coverage by MO HealthNet (*i.e.*, Missouri's Medicaid program) of medically necessary gender-affirming medical care. Plaintiffs refer to these provisions of Senate Substitute No. 2 to Senate Bills 49, 236 & 164, which they challenge herein, as "the Act," "the Ban," or "S.B. 49."

[1] All statutory references are to Missouri Revised Statutes, as updated, unless otherwise noted. All Rule References are to Missouri Supreme Court Rules, as updated, unless otherwise noted.

8. Violation of the Act results in revocation of the medical provider's professional license and other penalties.

JURISDICTION AND VENUE

9. This Court maintains original subject-matter jurisdiction pursuant to Article V, section 14 of the Missouri Constitution and has authority to enter the requested relief pursuant to §§ 478.220, 526.030, and 527.010, and Rules 87.01 and 92.01. *See J.C.W. ex rel. Webb v. Wyciskalla*, 275 S.W.3d 249, 253–54 (Mo. banc 2009).

10. Venue is proper in this Court because Defendants maintain offices and perform their main duties in Cole County, Missouri. *See Talley v. Mo. Dep't of Corr.*, 210 S.W.3d 212, 215 (Mo. App. W.D. 2006) ("For lawsuits filed against state officials, venue is appropriate in the county where their offices are located and their main duties are performed.").

PARTIES

A. Plaintiffs

1) Family Plaintiffs

11. Plaintiff **Emily Noe**, and her minor child, **Nicholas Noe**, who is a ten-year-old transgender boy, are residents of St. Louis County, Missouri. Nicholas has been diagnosed with gender dysphoria and seeks to receive medically necessary care that will be impacted by the Act.

12. Plaintiff **J.K.**, and his minor child, **A.K.**, who is a fourteen-year-old transgender girl, are residents of St. Louis County, Missouri. A.K. has been diagnosed with gender dysphoria and has been receiving medically necessary care and will seek additional such care that will be impacted by the Act.

13. Plaintiff **S.M.**, and her minor child, **C.J.**, who is a thirteen-year-old transgender boy, are residents of St. Louis County, Missouri. C.J. has been diagnosed with gender dysphoria and

has been receiving medically necessary care and will seek additional medically necessary care that will be impacted by the Act.

14. Plaintiffs Emily Noe, J.K., and S.M. are collectively referred to as the **Parent Plaintiffs**.

15. Plaintiffs Nicholas Noe, A.K., and C.J. are collectively referred to as the **Minor Plaintiffs**.

2) Medical Provider Plaintiffs

16. Plaintiff **Southampton Community Healthcare**, formerly known as Southampton Healthcare, Inc. ("Southampton Healthcare"), is a nonprofit medical practice located and doing business in the City of St. Louis, Missouri. Southampton Healthcare provides treatment for gender dysphoria to transgender adults and minors in Missouri, including prescription hormones and puberty-blocking treatment. Southampton Healthcare also accepts and treats patients on Medicaid. The provision of medical care by providers at Southampton Healthcare to transgender individuals will be impacted by the Act.

17. Plaintiff **Michael Donovan, MD**, is a board-certified family medicine doctor and primary care physician at Southampton Healthcare. Dr. Donovan provides a wide spectrum of health care services, including general primary care with an LGBTQ focus; gender-affirming medical care for transgender patients; HIV treatment, testing, and prevention; STD testing, treatment, and prevention; and care related to substance abuse. Dr. Donovan provides and facilitates gender-affirming medical care to both transgender adolescents and adults. Dr. Donovan accepts and treats transgender patients on Medicaid. Dr. Donovan's ability to provide such care to transgender adolescents will be impacted by the Act.

18. Plaintiff **Nicole Carr, FNP-C**, is a board-certified family nurse practitioner at Southampton Healthcare. Nurse Carr provides a wide spectrum of health care services, including general primary care with an LGBTQ focus; gender-affirming medical care for transgender patients; HIV treatment, testing, and prevention; STD testing, treatment, and prevention; and gynecological care. Nurse Carr provides and facilitates gender-affirming medical care to both transgender adolescents and adults. Nurse Carr accepts and treats transgender patients on Medicaid. Nurse Carr's ability to provide such care to transgender adolescents will be impacted by the Act.

19. The Medical Provider Plaintiffs bring their claims on behalf of themselves and their patients.

3) Organizational Plaintiffs

20. Plaintiff **PFLAG, Inc.** is the first and largest organization for lesbian, gay, bisexual, transgender, and queer ("LGBTQ+") people, their parents and families, and allies. PFLAG is a membership organization having a network of over 350 local chapters throughout the United States, five of which are in Missouri. Individuals who identify as LGBTQ+ and their parents, families, and allies become PFLAG members by joining the national organization directly or through one of its local chapters. Of approximately 325,000 members and supporters nationwide, PFLAG has a roster of nearly 200 members in Missouri, including many families of transgender youth who currently receive or will soon need to access the medical treatment for gender dysphoria prohibited by the Act, as well as families who receive treatment for gender dysphoria that is covered by MO HealthNet (*i.e.*, Missouri's Medicaid program). PFLAG's mission is to create a caring, just, and affirming world for LGBTQ+ people and those who love them. Encouraging and supporting parents and families of transgender and gender expansive people in affirming their

children and helping them access the supports and care they need is central to PFLAG's mission. PFLAG asserts its claims in this lawsuit on behalf of its members. The Family Plaintiffs are members of PFLAG.

21. Plaintiff **GLMA** is a § 501(c)(3) national membership nonprofit organization based in Washington, D.C., and incorporated in California. GLMA's mission is to ensure health equity for LGBTQ+ people and equality for LGBTQ+ health professionals in their work and learning environments. GLMA's membership includes approximately 1,000-member physicians, nurses, advanced practice nurses, physician assistants, researchers and academics, behavioral health specialists, health profession students, and other health professionals. GLMA asserts its claims in this lawsuit on behalf of its members. The individual Medical Provider Plaintiffs are members of GLMA.

B. Defendants

22. Defendant **Michael L. Parson** is sued in his official capacity as the Governor of the State of Missouri. The supreme executive power is vested in the Governor. Mo. Const. art. IV, § 1. It is his duty to take care that the laws are faithfully executed in Missouri. Mo. Const. art. IV, § 2.

23. Defendant **Andrew Bailey** is sued in his official capacity as the Attorney General of the State of Missouri. As Attorney General, Bailey is the State's chief law enforcement officer and is charged with instituting any proceeding necessary to enforce state statutes. § 27.060.

24. Defendant Missouri Division of Professional Registration, Board of Registration for the Healing Arts ("**Missouri Board of Healing Arts**"), is the licensing entity in the State of Missouri responsible for issuing, reviewing, renewing, and revoking professional licenses for medical providers as well as conducting disciplinary review and making disciplinary decisions for medical providers.

25. Defendant Marc K. Taormina, M.D., F.A.C.P., is a member and the President of the Missouri Board of Healing Arts. Defendant Naveed Razzaque, M.D., F.A.C.P., is a member and the Secretary of the Missouri Board of Healing Arts. Defendants Jeffrey D. Carter, M.D., James A. DiRenna, D.O., Jeffrey S. Glaser, M.D., F.A.C.S., and Jade D. James-Halbert, M.D., MPH, are members of the Missouri Board of Healing Arts (collectively with Dr. Taormina and Dr. Razzaque, the "Board of Healing Arts Members"). The **Board of Healing Arts Members** are sued in their official capacities.

26. The Missouri Board of Healing Arts has the duty to administer and execute the statutes, rules, and regulations of the Healing Arts Practice Act. Responsibilities of the Missouri Board of Healing Arts include: promoting ethical standards, examination, licensure, regulation, investigation of complaints and discipline of individuals practicing in the field. It is also the Board's duty to investigate all complaints against its licensees in a fair and equitable manner.

GENERAL FACTUAL ALLEGATIONS

A. Background on Gender Dysphoria and its Treatment

27. Health care providers in Missouri use evidence-based, well-researched, and widely accepted clinical practice and medical guidelines to assess, diagnose, and treat adolescents with gender dysphoria. Decades of clinical experience and a large body of research have demonstrated that these treatments are safe and effective at treating gender dysphoria in adolescents, and consequently inform how this treatment is provided.

28. Gender identity refers to a person's core sense of belonging to a particular gender, such as male or female. Every person has a gender identity.

29. Living in a manner consistent with one's gender identity is critical to the health and well-being of any person, including transgender people.

30. A person's gender identity is a fundamental aspect of human development. There is a general medical consensus that there are significant biological bases for gender identity.

31. A person's gender identity usually matches the sex they were designated at birth based on the appearance of their external genitalia. The terms "sex designated at birth" or "sex assigned at birth" are more precise than the term "biological sex" because all of the physiological aspects of a person's sex are not always aligned with each other.[2]

32. Transgender people have a gender identity that differs from the sex they were designated at birth. A transgender boy or man is someone who has a male gender identity but was designated a female sex at birth. A transgender girl or woman is someone who has a female gender identity but was designated a male sex at birth.

33. Some transgender people become aware early in childhood of having a gender identity that does not match their assigned sex. For others, the onset of puberty and the resulting physical changes in their bodies lead them to recognize that their gender identity is not aligned with their sex assigned at birth.

34. Gender dysphoria is the diagnostic term for the clinically significant distress that results from the incongruity between one's gender identity and sex they were designated at birth.

35. Gender dysphoria is a serious medical condition, codified in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision* (DSM-5-TR) (DSM-5 released in 2013 and DSM-5-TR released in 2022).

[2] For these reasons, the Endocrine Society, an international medical organization representing over 18,000 endocrinology researchers and clinicians, warns practitioners that the terms "biological sex" and "biological male or female" are imprecise and should be avoided.

36. To be diagnosed with gender dysphoria, the incongruence must have persisted for at least six months and be accompanied by clinically significant distress or impairment in social, occupational, or other important areas of functioning.

37. Being transgender is not itself a medical condition to be cured. But gender dysphoria is a serious medical condition that, if left untreated, can result in debilitating anxiety, severe depression, self-harm, and suicide.

38. The medical treatment for gender dysphoria seeks to eliminate or alleviate clinically significant distress by helping a transgender person live in alignment with their gender identity. This treatment is sometimes referred to as "gender transition," "transition-related care," or "gender-affirming care."

39. The World Professional Association for Transgender Health ("WPATH") has issued *Standards of Care for the Health of Transgender and Gender Diverse People* ("WPATH Standards of Care" or "SOC 8") since 1979. The current version is SOC 8, published in 2022.[3]

40. The WPATH Standards of Care provide guidelines for multidisciplinary care of transgender individuals, including adolescents and adults, and describe criteria for medical interventions to treat gender dysphoria—including puberty-delaying medication, hormone treatment, and surgery when medically indicated—for adolescents and adults.

41. The SOC 8 is based upon a rigorous and methodological evidence-based approach. Its recommendations are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options, as well as expert consensus. The SOC 8 incorporates

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[3] *See* E. Coleman, et al., Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, 23 International Journal of Transgender Health S1, S1-S259 (2022), https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644 (hereinafter "WPATH Standards of Care" or "SOC 8").

recommendations on clinical practice guideline development from the National Academies of Medicine and the World Health Organization.

42. The SOC 8's recommendations were graded using a modified GRADE (Grading of Recommendations, Assessment, Development, and Evaluations) methodology considering the available evidence supporting interventions, risks and harms, and feasibility and acceptability.

43. A clinical practice guideline from the Endocrine Society (the "Endocrine Society Guidelines") similarly provides protocols for the medically necessary treatment of gender dysphoria, similar to those outlined in the WPATH Standards of Care.[4]

44. The guidelines for the treatment of gender dysphoria outlined in the WPATH Standards of Care and in the Endocrine Society Guidelines are comparable to guidelines that medical providers use to treat other conditions.

45. These clinical practice guidelines of WPATH and the Endocrine Society are widely accepted as best practices for the treatment of adolescents and adults diagnosed with gender dysphoria and have been recognized as authoritative by leading medical organizations, including the American Academy of Pediatrics, American Medical Association, Academy of Child & Adolescent Psychiatrists, American Psychiatric Association, Pediatric Endocrine Society, and Endocrine Society, among others, all of which agree that medical treatment of gender dysphoria is safe, effective, and medically necessary for many adolescents suffering from gender dysphoria.

46. Medical providers in Missouri and throughout the country follow these widely accepted guidelines to diagnose and treat people with gender dysphoria.

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[4] *See* Wylie C. Hembree, et al., *Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society* Clinical Practice Guideline*, 102 J. Clinical Endocrinology & Metabolism 3869, 3875 (2017), https://academic.oup.com/jcem/article/102/11/3869/4157558 (hereinafter "Endocrine Society Guidelines").

47. Medical guidance to clinicians differs depending on whether the treatment is for a pre-pubertal person, an adolescent, or an adult. In every case, the precise treatment recommended for gender dysphoria will depend upon the person's individualized needs.

48. Before the onset of puberty, consistent with the WPATH Standards of Care and the Endocrine Society Guidelines, no interventions beyond mental health counseling are recommended or provided to any person.

49. In other words, before puberty, gender transition does not include medical intervention, such as pharmaceutical or surgical intervention.

50. Care for pre-pubertal minors may include "social transition," which means supporting them in living consistently with their persistently-expressed gender identity. Such care might include support around adopting a new name and pronouns, wearing clothes that feel more appropriate to a particular gender, and changing one's hairstyle.

51. Under the WPATH Standards of Care and the Endocrine Society Guidelines, medical interventions may become medically necessary and appropriate as transgender adolescents reach puberty.

52. In providing medical treatments to adolescents, pediatric endocrinologists and other clinicians work with qualified mental health professionals experienced in diagnosing and treating gender dysphoria.

53. Medical treatments recommended for and provided to transgender adolescents with gender dysphoria can substantially reduce lifelong gender dysphoria and eliminate the medical need for surgery or other medical interventions later in life.

54. Providing medical treatment for gender dysphoria can be lifesaving. It positively changes the short- and long-term health outcomes for transgender adolescents.

55. The medical treatments used to treat gender dysphoria are also used to treat other conditions, including conditions for adolescents.

56. The Act does not prohibit these treatments when used to treat any condition other than gender dysphoria, even though the treatments have comparable risks and side effects to those that can be present when treating gender dysphoria.

57. The use of these treatments for gender dysphoria is not any riskier than for other conditions and diagnoses for which the same treatments are regularly used.

Puberty-Delaying Treatment

58. For many transgender adolescents, the onset of puberty leading to physical changes in their bodies that are incongruent with their gender identities can cause extreme distress. For these adolescents, puberty-delaying medication (also sometimes referred to as "puberty blockers")—known as gonadotropin-releasing hormone ("GnRH") agonists—can minimize and potentially prevent the heightened gender dysphoria and durable, often permanent, unwanted physical changes that puberty causes.

59. Puberty-delaying treatment has been shown to be safe and effective at treating gender dysphoria in adolescents.

60. Puberty-delaying treatment works by pausing a person's endogenous puberty at the stage of pubertal development that the person is in at the time of treatment.

61. For transgender girls, this treatment pauses the physiological changes typical of male puberty and prevents the development of associated secondary sex characteristics like facial hair and a pronounced "Adam's apple." It also prevents the deepening of the young person's voice and genital growth.

62. For transgender boys, puberty-delaying treatment prevents the development of breasts and menstruation.

63. The use of these interventions after the onset of puberty can eliminate or reduce the medical need for surgery later in life.

64. Under the Endocrine Society Guidelines, transgender adolescents may be eligible for puberty-delaying treatment if:

- A qualified mental health professional has confirmed that:
    - the adolescent has demonstrated a long-lasting and intense pattern of gender nonconformity or gender dysphoria;
    - gender dysphoria worsened with the onset of puberty;
    - any coexisting psychological, medical, or social problems that could interfere with treatment (e.g., that may compromise treatment adherence) have been addressed, such that the adolescent's situation and functioning are stable enough to start treatment; and
    - the adolescent has sufficient mental capacity to give informed consent to this (reversible) treatment.
- The adolescent:
    - has been informed of the effects and side effects of treatment (including potential loss of fertility if the individual subsequently continues with sex hormone treatment) and options to preserve fertility; and
    - has given informed consent, and (particularly when the adolescent has not reached the age of legal medical consent, depending on applicable law) the parents or other caretakers or guardians have consented to the treatment and are involved in supporting the adolescent throughout the treatment process.
- And a pediatric endocrinologist or other clinician experienced in pubertal assessment:
    - agrees with the indication for GnRH agonist treatment;
    - has confirmed that puberty has started in the adolescent; and
    - has confirmed that there are no medical contraindications to GnRH agonist treatment.

65. Similarly, the WPATH Standards of Care recommend that health care professionals assessing transgender adolescents recommend the provision of puberty-delaying medications as treatment only when: (a) the adolescent meets the necessary diagnostic criteria; (b) the experience of gender incongruence is marked and sustained over time; (c) the adolescent demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment; (d) the adolescent's mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and treatment have been addressed; (e) the adolescent has been informed of the reproductive effects, including effects on fertility, and these have been discussed in the context of the adolescent's stage of pubertal development; and (f) the adolescent has reached Tanner stage 2 of puberty for pubertal suppression to be initiated.

66. The WPATH Standards of Care further recommend that health care professionals working with transgender adolescents undertake a comprehensive biopsychosocial assessment of the adolescent prior to initiating any medical treatment, and that this be accomplished in a collaborative and supportive manner.

67. If gender-affirming hormones are prescribed to initiate hormonal puberty consistent with gender identity after puberty-delaying treatment has been received, transgender adolescents will develop secondary sex characteristics typical of peers with their gender identity.

68. On its own, puberty-delaying treatment does not permanently affect fertility.

69. Because puberty-delaying treatment followed by gender-affirming hormone therapy can affect fertility, patients are counseled about the risks and benefits of treatment and provided information about fertility preservation.

70. Puberty-delaying treatment is reversible. If such treatment is stopped and no gender-affirming hormone therapy is provided, there are no lasting effects of the treatment. Endogenous puberty resumes and patients undergo puberty on a timeline typical of their peers.

71. If gender-affirming hormone treatment is provided after puberty-delaying treatment, patients undergo puberty consistent with their gender identity on a timeline typical of their peers.

72. A significant body of scientific research shows that puberty-delaying medications are safe, effective, and help improve psychological functioning and quality of life in transgender adolescents.

Hormone Therapy

73. For some older transgender adolescents, it may be medically necessary and appropriate to treat their gender dysphoria with gender-affirming hormone therapy (testosterone for transgender boys, and testosterone suppression and estrogen for transgender girls).

74. Under the Endocrine Society Guidelines, transgender adolescents may be eligible for gender-affirming hormone therapy if:

- A qualified mental health professional has confirmed:
  - the persistence of gender dysphoria; and
  - any coexisting psychological, medical, or social problems that could interfere with treatment (*e.g.*, that may compromise treatment adherence) have been addressed, such that the adolescent's environment and functioning are stable enough to start sex hormone treatment.

- The adolescent:
  - has been informed of the partly irreversible effects and side effects of treatment (including potential loss of fertility and options to preserve fertility);
  - the adolescent has sufficient mental capacity to estimate the consequences of this (partly) irreversible treatment, weigh the benefits and risks, and give informed consent to the treatment; and

    - has given informed consent, and (particularly when the adolescent has not reached the age of legal medical consent, depending on applicable laws) the parents or other caretakers or guardians have consented to the treatment and are involved in supporting the adolescent throughout the treatment process.

- And a pediatric endocrinologist or other clinician experienced in pubertal induction:

    - agrees with the indication for sex hormone treatment; and
    - has confirmed that there are no medical contraindications to sex hormone treatment.

75. As with puberty-delaying medications, the WPATH Standards of Care recommend that health care professionals assessing transgender adolescents only recommend the provision of gender-affirming hormones as treatment when: (a) the adolescent meets the necessary diagnostic criteria; (b) the experience of gender incongruence is marked and sustained over time; (c) the adolescent demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment; (d) the adolescent's mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and treatment have been addressed; and (e) the adolescent has been informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility, and these have been discussed in the context of the adolescent's stage of pubertal development.

76. Again, a comprehensive biopsychosocial assessment of the adolescent prior to initiating any medical treatment is recommended.

77. For transgender boys and men, hormone therapy involves treatment with testosterone.

78. For transgender girls and women, hormone therapy involves treatment with testosterone suppression and estrogen.

79. Hormone therapy can have significant masculinizing or feminizing effects and can assist in bringing transgender people's secondary sex characteristics into alignment with their gender identity. Therefore, hormone therapy is medically necessary care for transgender people who require it to treat their gender dysphoria.

80. Gender-affirming hormone therapy does not necessarily result in a loss of fertility, and many individuals treated with hormone therapy can and do still biologically conceive children.

81. As with all medications that could affect fertility, transgender adolescents and their parents or guardians are counseled on the potential risks of the medical intervention by their medical professionals, and treatment is only initiated where the medical professionals find it is indicated and the parents and adolescents are properly informed and consent/assent to the care.

82. Adolescents who first receive treatment later in puberty and are treated only with gender-affirming hormone therapy (and not puberty-delaying treatment) also go through a hormonal puberty consistent with their gender identity. However, by then they will have already undergone durable and often permanent physical changes associated with their endogenous puberty that may not be wholly reversed by hormone therapy or even surgery later in life.

83. Decades of clinical experience and research have shown gender-affirming hormone therapy to be safe and effective at treating gender dysphoria in adolescents and adults.

Surgery

84. Under the Endocrine Society Guidelines, some older transgender adolescents also may receive medically necessary chest reconstructive surgeries before the age of majority, provided that the adolescent has lived in their affirmed gender for a significant period of time.

B. Missouri's Adoption of the Act

85. The 102nd General Assembly of the Missouri Legislature truly agreed to and finally passed the Act on May 10, 2023, during regular session.

86. The Act was signed into law by Governor Parson on June 7, 2023.

87. The Act will take effect on August 28, 2023, unless enjoined.

88. As written, certain provisions of the Act that apply to gender-affirming medical care for individuals under the age of eighteen will remain in effect until August 28, 2027. *See* § 191.1720.4(3) ("The provisions of this subsection shall expire on August 28, 2027."). All other provisions in § 191.1720 will remain in effect indefinitely, unless enjoined.

89. Section 208.152.15 will also remain in effect indefinitely, unless enjoined.

90. The Act defines "[h]ealth care provider" subject to the Act's terms as "an individual who is licensed, certified, or otherwise authorized by the law of this state to administer health care in the ordinary course of the practice of his or her profession."

91. The Act provides, in pertinent part, that:

- "A health care provider shall not knowingly perform a gender transition surgery on any individual under eighteen years of age." § 191.1720.3.
- "A health care provider shall not knowingly prescribe or administer cross-sex hormones or puberty-blocking drugs for the purpose of a gender transition for any individual under eighteen years of age." § 191.1720.4(1).
- "The provisions of this subsection shall not apply to the prescription or administration of cross-sex hormones or puberty-blocking drugs for any individual under eighteen years of age who was prescribed or administered such hormones or drugs prior to August 28, 2023, for the purpose of assisting the individual with a gender transition." § 191.1720.4(2).[5]
- "The performance of a gender transition surgery or the prescription or administration of cross-sex hormones or puberty-blocking drugs to an individual

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[5] This provision is referred to herein and elsewhere as the Act's "grandfather clause" as it limits how this law applies to medical treatment in place before it was enacted.

> under eighteen years of age in violation of this section shall be considered unprofessional conduct and any health care provider doing so shall have his or her license to practice revoked by the appropriate licensing entity or disciplinary review board with competent jurisdiction in this state." § 191.1720.5.

92. The Act also includes a provision allowing for a private cause of action seeking economic, noneconomic, and punitive damages "without limitation to the amount and no less than five hundred thousand dollars in the aggregate" against any health care provider who prescribes or administers "cross-sex hormones or puberty-blocking drugs to an individual under eighteen years of age for the purpose of a gender transition[,]" if such action is brought within fifteen years of the individual bringing such a claim reaching the age of twenty-one or within fifteen years of the date the treatment ceased, whichever is later. § 191.1720.6(1)–(2), (4) (any damages awarded will also "be in the amount of three times the amount of any economic and noneconomic damages or punitive damages assessed" and also includes an award of attorney's fees and costs).

93. The Act also specifically states that Chapter 538 of Missouri Revised Statutes—the chapter titled "Tort Actions Based on Improper Health Care"—"shall not apply to any action brought under [§ 191.1720.6(1)]." § 191.1720.6(1).

94. A private cause of action brought under § 191.1720.6 may be initiated "in any circuit court of this state." *See* § 191.1720.6(6).

95. Any settlement entered into following a private cause of action under § 191.1720.6 must be approved by a court to be valid. *See* § 191.1720.6(7).

96. There is a rebuttable presumption that the individual bringing a private cause of action under § 191.1720.6 "was harmed if the individual is infertile following the prescription or administration of cross-sex hormones or puberty-blocking drugs and that the harm was a direct result of the hormones or drugs prescribed or administered by the health care provider." § 191.1720.6(3).

97. The Act includes a prohibition on coverage by Missouri's Medicaid program (*i.e.*, MO HealthNet) of gender-affirming medical care, regardless of medical necessity. More specifically, the Act adds a new subsection 15 to § 208.152 of the Missouri Revised Statutes that prohibits payments by MO HealthNet "for gender transition surgeries, cross-sex hormones, or puberty-blocking drugs, as such terms are defined in section 191.1720, for the purpose of a gender transition." This prohibition applies to both adolescents and adults.

98. The Act tramples the rights of transgender adolescents and their parents, as well as the medical professionals who provide vital care to transgender adolescents.

99. The Act prohibits the provision of medically necessary, safe, effective, evidence-based, and potentially lifesaving health care to transgender adolescents.

100. The Act will disrupt and prevent medical care for thousands of transgender adolescent Missourians, including Plaintiffs Nicholas Noe, A.K., and C.J., and will cause severe and irreparable harm to Family Plaintiffs and members of PFLAG.

101. The Act will prevent medical professionals, including Plaintiffs Dr. Donovan, Nurse Carr, Southampton Healthcare and its providers, and members of GLMA, from providing medically indicated, appropriate, and necessary care and services to their patients and clients.

102. Gender-affirming medical care has a long history in the United States and has been provided and studied for decades.

103. These decades of clinical experience and research have demonstrated unequivocally that gender-affirming health care, including puberty-delaying medications, hormones, and surgery, is safe, effective, essential, and improves the health, well-being, and quality of life of individuals, including adolescents, with gender dysphoria.

104. All of the treatments prohibited by the Act are permitted when undertaken for reasons other than to affirm a gender identity that differs from a patient's sex designated at birth.

105. In other words, the Act requires medical professionals to reject well-established standards of care simply because their patient is transgender.

106. For instance, puberty-delaying medication is commonly used to treat central precocious puberty. Central precocious puberty is the premature initiation of puberty by the central nervous system—before 8 years of age in people designated female at birth, and before 9 years of age in people designated male. When untreated, central precocious puberty can lead to the impairment of final adult height, as well as antisocial behavior and lower academic achievement. The Act permits puberty-delaying treatment for central precocious puberty. *See* § 191.1720.8(2).

107. The risk and occurrence of side effects of the proscribed treatments are comparable when used to treat gender dysphoria and when used to treat other conditions. In each circumstance, doctors advise patients and their parents about the risks and benefits of treatment and tailor recommendations to the individual patient's needs. For minors, parents consent to treatment and the adolescent patient gives their assent.

C. The Impact of the Act on the Family Plaintiffs

108. S.B. 49 threatens the health and wellbeing of Minor Plaintiffs Nicholas Noe, A.K., and C.J., as well as hundreds of other transgender adolescents in Missouri, who have been thriving with their families' loving support and, for the two Plaintiffs who have reached adolescence, medical care to treat their gender dysphoria.

1) Nicholas Noe

109. Nicholas Noe is a ten-year-old boy who loves to play baseball.

110. Nicholas was designated a female sex at birth.

111. Nicholas is transgender.

112. In the spring of 2020, when he was six, Nicholas told his father that something had been on his mind: that he believed he was male and not female.

113. Because he was so young, his parents wanted to take things one step at a time and decided after that conversation that they would let Nicholas decide each day how he wanted to dress and present himself—that is, whether it would be a "boy clothes" day or a "girl clothes" day. That night, he chose boy's clothes, and it has been a "boy clothes" day every day since.

114. At the time of that initial conversation, Nicholas's school had been holding classes virtually because of the pandemic. After many following conversations, and as Nicholas's gender identity continued to persist and develop, he began using he/him pronouns and to go by his current, chosen name. When Nicholas's school resumed in-person instruction, he returned to school under his chosen name and used he/him pronouns.

115. Beginning in June of 2020, when he was seven, Nicholas has seen a therapist every other week. That therapist diagnosed him with gender dysphoria.

116. Even though Nicholas's parents knew when he first came to them about transitioning that they did not need to think about any medical care for quite some time, they wanted to get more information and establish a relationship with medical providers who were knowledgeable about providing care to transgender people. In the Summer of 2020, they had an intake consultation at the Transgender Center at Washington University (the "Center"), during which they obtained more information about the process for potential medical care.

117. After that appointment, Nicholas and his parents understood that the initial step of pursuing gender-affirming medical care for Nicholas would not occur until the onset of puberty,

at which point Nicholas could begin puberty blockers to halt the process of puberty and give him time to further develop and solidify his gender identity.

118. Nicholas and his parents understood that, for the years to follow, he could continue to pursue his social transition, and they would monitor for signs that puberty had started, at which point Nicholas could confirm the onset of puberty with medical testing and could consider beginning puberty blockers.

119. In the three years since that initial consultation, Nicholas has continued to thrive throughout his social transition. He has come out of his "shell," and has become more energetic and positive.

120. In the Spring of 2021, Nicholas's parents obtained a legal name change for him and updated the name on his birth certificate. Nicholas has used the boys' bathroom at school with no issues aside from bullying and harassment from other boys.

121. When Nicholas first heard about passage of the Act, he broke down sobbing and asked his parents if the State of Missouri would take him away from his family.

122. It is Nicholas's intention, in consultation with his parents and his medical providers, to avoid beginning a typical puberty for someone designated female at birth.

123. Nicholas recently turned ten years old. He has not yet begun puberty and is not expected to do so before August 28, 2023. If the Act is allowed to go into effect, it threatens to prohibit Nicholas from initiating puberty blockers according to the current medical plan agreed upon by Nicholas, his parents, and his medical providers. As things stand, Nicholas could begin puberty at any time.

2) A.K.

124. A.K. is a fourteen-year-old girl, who is transgender.

125. A.K. was designated a male sex at birth.

126. A.K. began her social transition in January 2022.

127. A.K. is a decisive but deliberate young person.

128. A.K. knew she would not be ready to begin any medical interventions until she had time to gather information and grapple with that decision herself and in consultation with her family.

129. A.K. had an initial appointment with the Center solely to obtain more information about the medical care that is available, learn about its risks and effects, and learn about the process of obtaining that care if it was what she ultimately decided to do.

130. In August 2022, A.K. began seeing a therapist who specializes in treating young people experiencing gender dysphoria and their families. Initially, A.K.'s therapist saw her with her parents, but eventually A.K. began seeing the therapist on her own to explore and help navigate her feelings of gender dysphoria.

131. As part of that process, A.K.'s therapist gave her "homework" in the form of materials that would help her understand the process of social and medical transition, including first-person narratives from transgender people about their medical transition, so that A.K. could understand in relatable, concrete terms what it would mean.

132. A.K. is interested in pursuing medical transition in general, but that interest has been on her own careful, deliberate timeline. She has been sure about what she wants, but wants to take time to be certain that she fully understands the process before taking each step.

133. By March 2023, A.K. had already done research about the impact of beginning hormone replacement therapy, and after further research and deliberation, she decided she was not interested in beginning hormone replacement therapy until she was sixteen, even though the

medical guidelines governing gender-affirming medical care for adolescents would allow her to begin such therapy sooner than that.

134. At an appointment at the Center in May 2023, A.K. and her parents, in consultation with A.K.'s doctors, settled on a conservative medical plan: consistent with her desire to move forward carefully, A.K. would begin a small dose of an anti-androgen medication which would not fully block the effects of a typical puberty for someone assigned male at birth, but would mitigate some aspects of it. She would continue to take things day-by-day, one step at a time, and when she turns sixteen in 2024, she would consider starting hormone replacement therapy.

135. A.K. obtained her prescription for the anti-androgen medication on June 7, 2023, the same day the Act was signed.

136. A.K. and her parents are aware that the Act prohibits transgender people under the age of eighteen from beginning hormone replacement therapy unless they first begin "such hormones" before August 28, 2023. A.K.'s current medical plan is to begin hormone replacement therapy at a later date. A.K. cannot predict with certainty when this date will be as it depends on other factors, including her current treatment and consultation with her parents and medical providers, but it will certainly be within the next four years and before A.K.'s eighteenth birthday.

137. If the Act is allowed to go into effect, it threatens to prohibit A.K. from obtaining hormone replacement therapy according to the current medical plan developed by A.K., her parents, and her medical providers.

138. The Act's "grandfather clause" undermines A.K.'s careful, deliberate planning by threatening her future access to hormone replacement therapy only because she, in consultation with her doctors, wishes to proceed deliberately and wait until the age of sixteen before initiating it.

3) C.J.

139. C.J. is a thirteen-year-old boy, who loves sports, especially soccer, racquetball, and lacrosse.

140. C.J. was designated a female sex at birth.

141. C.J. is transgender.

142. When C.J. started kindergarten, he started to express his gender identity in clear, insistent ways. As that insistence persisted, his parents began to see a therapist on their own, who had experience and expertise in mental health support for young transgender people and their families.

143. The advice of the therapist was that C.J.'s parents could simply be supportive and follow his lead for the time being, and that any decisions about medical interventions were years in the future.

144. During the summer between first and second grade, C.J. told everyone at summer camp that he was a boy. After his parents discussed this with him, they decided that, when he started second grade in the fall, he could socially transition, meaning he could ask the school and his classmates to use he/him pronouns, although at the time he still used his birth name.

145. By third grade, as C.J. continued to thrive in his social transition, he and his family felt that his birth name no longer reflected who he was and the way that he moved about the world.

146. During third grade, C.J. began to go by his current name. This made a noticeable difference in C.J.'s emotional state, as he felt it reflected who he truly was. A few years later, when C.J. was ten, his parents obtained a legal name change for him.

147. Over the years, it became clear to his parents that this was who C.J. is. He has never wavered in his persistence and insistence regarding his gender.

148. When C.J. was nine, his parents knew they should obtain information to prepare for any medical decisions they might have to make when C.J. began puberty, and they contacted the Center.

149. Their first appointment there was solely to obtain information and meet with a pediatric endocrinologist. C.J. and his parents learned about the risks and benefits of gender-affirming medical care, down to the different forms of administration of particular medications.

150. C.J.'s family learned that one of their options for C.J.'s medical plan was that, upon entering puberty, C.J. could obtain puberty-blocking medications so that he could avoid having to initiate a typical puberty for someone designated female at birth, and allow him more time to further consider his options.

151. C.J. was pre-pubescent at that time, and so for the time being his parents simply needed to monitor for puberty. Until C.J. entered puberty, they would come back to the Center in six months to a year to check in and continue to gather information.

152. Over the six months following their initial appointment, C.J. and his family discussed puberty and C.J.'s options for medical treatment. C.J. expressed that he was interested in puberty blockers. When he and his parents went back for their six-month check-in, they discussed that option with the doctors.

153. At that appointment, C.J.'s doctors once again talked through all of the side effects of puberty blockers, and told C.J. and his parents that C.J. would need regular bone tests and X-rays of his hand to monitor his bone density, in addition to regular testing of his hormone levels. C.J. underwent those initial bone tests and a blood test, which confirmed that C.J. was not yet in puberty.

154. C.J. and his parents continued to go back for follow-up appointments at the Center every six months. In the Summer of 2020, they attended sessions with a therapist who specializes in gender-diverse clients. That therapist confirmed C.J.'s longstanding, well-documented history of gender dysphoria.

155. When C.J. was ten, he noticed some of the first signs of puberty. He talked about puberty with his family and expressed his fears about how puberty would change his body. By then, he had started to wear larger shirts to hide any potential changes that his body was going through, and expressed his concern that puberty would interfere with his ability to swim with his friends and family and his fears about being accepted for who he is.

156. C.J. and his parents decided that C.J. would initiate puberty blockers. C.J. had his first puberty blocker placed when he was ten. His second was placed in early 2023.

157. C.J.'s medical plan, in consultation with his family and health providers, is to potentially initiate gender-affirming hormones in the form of testosterone when he is fourteen or fifteen years old. That is something that C.J. wants to do, and his interest in doing so has never wavered.

158. C.J. will not turn fourteen before August 28, 2023. If the Act is allowed to go into effect, it threatens to prohibit C.J. from obtaining gender-affirming hormones according to the current medical plan agreed upon by C.J., his parents, and his medical providers.

D. *The Impact of the Act on Medical Provider Plaintiffs*

159. Medical providers, including Plaintiff Southampton Healthcare and its providers, which include Plaintiffs Doctor Donovan and Nurse Carr, will be required by the Act to either restrict or adjust their treatment of patients in ways that conflict with their own medical and mental health training, education, and expertise; current medical and scientific knowledge; evidence-

based clinical practice guidelines; and medical, ethical, or legal rules governing their professions, including their oath to do no harm.

160. The treatment that the Act seeks to prohibit is supported by a substantial body of research and clinical evidence, and is decidedly not experimental.

161. Wrongly labelling gender-affirming medical care as "experimental" does not justify categorically banning this medical treatment, particularly when other actually "experimental" treatment is not prohibited.

162. The gender-affirming medical care the Act will restrict and prohibit is evidence-based and medically necessary treatment for many transgender adolescent Missourians with gender dysphoria.

163. Southampton Community Healthcare ("Southampton Healthcare") is a nonprofit medical practice in St. Louis, Missouri.

164. Southampton Healthcare was established in 1986 by Dr. David Prelutsky, MD, after the physicians in the medical group to which Dr. Prelutsky belonged were not happy with him taking on HIV-positive patients and refused to remain professionally affiliated with him if he continued to take on and provide health care to HIV-positive patients.

165. Southampton Healthcare is a general primary care practice known for providing affirming care to the LGBTQ+ community, communities most impacted by HIV, and those who are underinsured.

166. The practice consists of Dr. Prelutsky; Dr. Michael Donovan, MD; Dr. Sam Tochtrop, DO; Jeremy Dunbarr, PA-C; Aida Trivic, ANP-C; and Nicole Carr, FNP-C, all of whom are primary care providers.

167. Currently, Southampton Healthcare provides primary medical care including HIV care, sexual health services, reproductive health services, and gender-affirming health care to both adults and adolescents.

168. Southampton's providers accept and treat transgender patients whose care is covered by Medicaid.

169. Southampton Healthcare medical professionals, including Dr. Donovan and Nurse Carr, provide gender-affirming treatment to transgender people with gender dysphoria, following evidence-based clinical practice guidelines. They assess and diagnose "Gender Dysphoria in Adolescents and Adults" in accordance with the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision* (DSM-5-TR), and provide treatment in accordance with WPATH's *Standards of Care for the Health of Transgender and Gender Diverse People, Version 8*, and the Endocrine Society's Clinical Practice Guidelines.

170. While the majority of Southampton Healthcare's patients are adults, Southampton Healthcare also provides treatment to a growing number of adolescent patients.

171. When treating gender dysphoria, medical providers use the same medications to treat transgender people as they use to treat non-transgender people with hormone deficiencies.

172. Southampton Healthcare providers, including Dr. Donovan and Nurse Carr, are deeply concerned about the harmful effects the Act will have on their transgender patients, as well as the Act's harmful effect on the ability to provide medical care consistent with their medical, ethical, and legal obligations.

173. The Act endangers the health and well-being of Southampton Healthcare's transgender patients.

174. Consistent with clinical practice guidelines, Dr. Donovan has provided both puberty-delaying medications and gender-affirming hormone therapy as treatment for adolescent patients' gender dysphoria, when medically indicated. Under the Act, Dr. Donovan would be unable to provide this care to transgender adolescents who need it as treatment for their gender dysphoria.

175. Similarly, Nurse Carr has provided period-blocking medications to transgender adolescents with gender dysphoria and has transgender adolescent patients being monitored for the initiation of gender-affirming hormone therapy. Under the Act, Nurse Carr would be unable to provide this care to transgender adolescents who need it as treatment for their gender dysphoria.

176. If patients do not feel they can be honest about their symptoms and medical needs, providers will miss serious health issues that could increase morbidities and cause negative health outcomes, including suicidality.

177. The Act contains a clause allowing some adolescents to continue their care if it was started before August 28, 2023, but its text suggests that it may not allow that same adolescent to transition from puberty-delaying treatment to gender-affirming hormone therapy. *See* § 191.1720.4(2) ("The provisions of this subsection shall not apply to the prescription or administration of cross-sex hormones or puberty-blocking drugs for any individual under eighteen years of age who was prescribed or administered such hormones or drugs prior to August 28, 2023, for the purpose of assisting the individual with a gender transition.").

178. The Act places providers, including Southampton Healthcare's providers, in an untenable position. They must either comply with this arbitrary Act—which conflicts with evidence-based clinical guidelines and medical, ethical, and legal requirements—or risk losing their professional licenses and careers.

E. The Impact of the Act on the Members of Organizational Plaintiffs

1) PFLAG

179. Founded in 1973, Plaintiff PFLAG is the first and largest organization for LGBTQ+ people, their parents and families, and allies. A Section 501(c)(3) nonprofit membership organization, PFLAG's mission is "to create a caring, just, and affirming world for LGBTQ+ people and those who love them."

180. PFLAG has chapters in 49 states and the District of Columbia.

181. Supporting LGBTQ+ young people and strengthening their families has been central to PFLAG's work since its founding, and that objective includes encouraging and supporting parents and families of transgender and gender expansive people in affirming their children and helping them access the social, psychological, and medical supports they need.

182. PFLAG carries out that commitment through supporting the development and work of the PFLAG Chapter Network, engaging in policy advocacy for equitable and protective laws and policies, forming coalitions with organizations who share PFLAG's goals, developing trainings and educational materials, and engaging with the media. More specifically, it includes working with PFLAG families to encourage love for and support of their transgender and gender expansive children and to help them ensure that their children's needs are met.

183. PFLAG has five chapters across the State of Missouri with nearly 200 members.

184. Those members include families with transgender youth who currently are or soon will be receiving the medical care S.B. 49 prohibits as part of a prescribed course of care for gender dysphoria, including the families of Plaintiffs Nicholas Noe, A.K., and C.J.

185. PFLAG's members also include families whose gender-affirming medical care is covered by Medicaid.

186. The Act's passage has had a dramatic impact on PFLAG families. These families have already begun seeking support and resources from their PFLAG chapters, making contingency plans for how to access medical care outside Missouri, and pursuing mental health support for the fear, distress, and anxiety they and their children are experiencing at the prospect of being denied this medically necessary care, as well as coverage for the care. Some families are already feeling the effects of S.B. 49, as their appointments for scheduled care are being cancelled and/or they are losing access to medical providers who are leaving Missouri.

187. If S.B. 49 becomes effective, the harms will become even more widespread for PFLAG families, who will lose the ability to make medical decisions for their children, lose access to medical treatments their children need solely because they are treatments for gender dysphoria, and lose coverage for care that has been previously paid for under state-funded health plans.

188. The Act will put those PFLAG families who have the resources to do so in the terrible position of having to flee Missouri, split up their family, or travel regularly out of state to obtain medical care. Families without such resources will have even fewer options.

189. Being unable, due to the Act's strictures, to obtain the medical care that has helped their transgender children thrive, the children of PFLAG families will be put at risk of the serious mental and physical harm for which those families sought medical care in the first place.

2) GLMA

190. Founded in 1981, GLMA is the world's largest and oldest association of LGBTQ+ and allied healthcare professionals.

191. GLMA is a § 501(c)(3) nonprofit membership organization whose mission is to ensure health equity for LGBTQ+ individuals and equality for LGBTQ+ medical providers in their working and learning environments. GLMA seeks to achieve this mission by utilizing the scientific

expertise of its diverse, multidisciplinary membership to inform and drive advocacy, education, and research.

192. GLMA's membership includes approximately 1,000 member physicians, nurses, advanced practice nurses, physician assistants, researchers and academics, behavioral health specialists, health profession students, and other health professionals. GLMA's members reside and work across the United States, including Missouri, and in several other countries. Their practices represent the major health care disciplines and a wide range of health specialties, including endocrinology, internal medicine, family practice, psychiatry, obstetrics/gynecology, emergency medicine, neurology, and infectious diseases.

193. As part of its mission to ensure health equity for the LGBTQ+ community as well as equality for LGBTQ+ medical providers, GLMA is committed to breaking down barriers to comprehensive medical care for the LGBTQ+ community. This includes GLMA's steadfast commitment to ensure that transgender individuals receive the medical treatment for gender dysphoria they want, need, and deserve.

194. As such, GLMA adopted in 2018, and later affirmed in 2021, a formal policy statement on "Transgender Healthcare," which states that therapeutic treatments such as hormone therapy and gender-affirming surgeries are medically necessary for the purpose of treatment of gender dysphoria, and that they should be covered by all public and private insurance plans.

195. In addition, in 2019, GLMA, in conjunction with the American Medical Association, published an issue brief titled "Health insurance coverage for gender-affirming medical care of transgender patients," which discusses both the positive effects and outcomes of gender-affirming medical care for transgender patients, as well as the negative effects and serious health

consequences that transgender patients face when they are denied access to medically indicated treatment for gender dysphoria.

196. GLMA considers laws such as S.B. 49 to be an affront to healthcare ethics and the principles of equality and inclusivity that should govern healthcare practices.

197. GLMA's members and their patients stand to be negatively affected by S.B. 49.

198. The Act places GLMA's medical provider members in the untenable position of choosing to comply with S.B. 49 and endanger the health and wellbeing of their transgender adolescent patients or to follow their medical or professional best judgment and duty to their patients and violate S.B. 49 by providing their adolescent patients with the care they need.

199. This negative impact to GLMA's medical provider members includes Plaintiffs Dr. Donovan and Nurse Carr, who are GLMA members living and practicing medicine in Missouri.

200. For GLMA's medical provider members, S.B. 49 also mandates the revocation of licensure to any health care provider who provides medical treatment for gender dysphoria to adolescents and threatens additional disciplinary actions.

F. The Act Will Harm Transgender Adolescent Missourians, Their Parents, and Their Medical Providers

201. If it takes effect, The Act will have devastating consequences for transgender adolescents and their families, as well as medical providers in Missouri.

202. Transgender adolescent Missourians who were not prescribed "cross-sex hormones or puberty-blocking drugs" prior to August 28, 2023, will be unable to obtain medical care, even if such care is medically indicated as treatment for their gender dysphoria.

203. Untreated gender dysphoria can cause severe distress, anxiety, depression, and suicidality.

204. Cutting people off from treatment or withholding necessary care will inevitably cause significant and irreparable harm.

205. Withholding or restricting gender-affirming medical care from individuals with gender dysphoria when it is medically indicated puts them at risk of severe, irreversible harm to their health and well-being.

206. Adolescents with gender dysphoria, including Plaintiffs Nicholas Noe, A.K., and C.J., if untreated, can suffer serious medical consequences, including possible self-harm and suicidal ideation.

207. Studies have found that as many as 40% of transgender people have attempted suicide at some point in their lives. This figure reduces significantly once transgender people are able to access and receive the critical gender-affirming health care they require, with studies reporting that less than 10% have reported suicidality after initiation of such treatment.

208. When adolescents are able to access puberty-delaying medication and hormone therapy, their distress recedes and their mental health improves.

209. Both clinical experience and medical studies confirm that, for many young people, this treatment dramatically improves patients' lives, and they go from experiencing pain and suffering to thriving. This has been the experience of Plaintiffs A.K. and C.J., who have benefitted greatly from treatment.

210. The effects of undergoing one's endogenous puberty may not be reversible even with subsequent hormone therapy and surgery in adulthood. For instance, bodily changes from puberty as to stature, bone structure, genital growth, voice, and breast development can be more difficult or even impossible to counteract. For the adolescent patients who are unable to access this gender-affirming medical care, this loss exacerbates lifelong gender dysphoria.

211. Medical treatment in adolescence can reduce life-long gender dysphoria, possibly eliminating the need for surgical intervention in adulthood, and can improve mental health outcomes significantly.

212. Gender-affirming medical care can be a lifesaving treatment for adolescents experiencing gender dysphoria. The major medical and mental health associations support the provision of such care, and recognize that the mental and physical health benefits to receiving this care outweigh the risks. These groups include the American Academy of Pediatrics, American Medical Association, the Endocrine Society, the Pediatric Endocrine Society, the American Psychological Association, the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, the National Association of Social Workers, and WPATH.

CAUSES OF ACTION

213. Plaintiffs expressly state that they are not asserting or attempting to assert any claim under the United States Constitution or any federal statute.

COUNT I
Violation of the Equal Protection Clause (Article I, Section 2) of the Missouri Constitution (All Plaintiffs)

214. Plaintiffs incorporate by reference paragraphs 1 through 213 as though fully set forth herein.

215. Article I, Section 2 of the Missouri Constitution provides that "all persons are created equal and are entitled to equal rights and opportunity under the law."

216. The Equal Protection Clause of the Missouri Constitution thus protects individuals and groups from discrimination by the government.

217. The Act classifies based on sex and transgender status on its face.

218. The Act harms transgender adolescents, including the Minor Plaintiffs, transgender adolescent members of Plaintiff PFLAG, and the patients whom the Medical Provider Plaintiffs and Plaintiff GLMA's members treat, by denying them medically necessary care and insurance coverage because of their sex and because of their transgender status.

219. The Act also discriminates against the Parent Plaintiffs and parent members of Plaintiff PFLAG by denying them the same ability to secure necessary medical care for their children that other parents can obtain, and it does so on the basis of sex and transgender status.

220. Government discrimination based on sex is presumptively unconstitutional and therefore subject to heightened scrutiny, placing a demanding burden of justification upon the State to provide at least an exceedingly persuasive justification for the differential treatment.

221. Discrimination on the basis of nonconformity with sex stereotypes, transgender status, gender, gender identity, gender transition, and sex characteristics are all forms of discrimination on the basis of sex.

222. Government discrimination based on transgender status also is presumptively unconstitutional and subject to at least heightened scrutiny.

223. Transgender people have suffered a long history of discrimination in Missouri and across the country and continue to suffer such discrimination to this day. Transgender people are a discrete and insular group and lack the political power to protect their rights through the legislative process. They largely have been unable to secure explicit state and federal protections to protect against discrimination. Their transgender status bears no relation to their ability to contribute to society. And gender identity is a core, defining trait so fundamental to one's identity and conscience that a person cannot legitimately be required to abandon it as a condition of equal treatment.

224. Treatment for gender dysphoria—a condition from which only transgender people suffer and that all of the individual Minor Plaintiffs have—is always aimed at affirming a gender identity that differs from a person's assigned sex at birth. Discrimination against individuals based on gender dysphoria is discrimination based on sex and transgender status.

225. The Act facially discriminates on the basis of sex and transgender status. The Act restricts and bans the provision of various forms of medically necessary care only when the care is related to a patient's "gender transition," which is defined as "the process in which an individual transitions from identifying with and living as a gender that corresponds to his or her biological sex to identifying with and living as a gender different from his or her biological sex, and may involve social, legal, or physical changes." § 191.1720.1(4). The Act defines "biological sex" as "the biological indication of male or female in the context of reproductive potential or capacity, such as sex chromosomes, naturally occurring sex hormones, gonads, and nonambiguous internal and external genitalia present at birth, without regard to an individual's psychological, chosen, or subjective experience of gender." § 191.1720.1(1).

226. The Act prohibits medical treatments when provided to transgender adolescents to help align their bodies with their gender identity that are permitted to be provided to non-transgender patients for any medically necessary purpose, including without limitation aligning their bodies with their gender identity.

227. Under the Act, the Provider Plaintiffs are prohibited from providing certain medically necessary care to their transgender adolescent patients that they are permitted to provide to their non-transgender adolescent patients.

228. Under the Act, whether a person can or cannot receive certain medical treatments depends on their assigned sex at birth.

229. Under the Act, whether a person can or cannot receive certain medical treatments depends on whether they are transgender.

230. Under the Act, whether a person can or cannot receive certain medical treatments depends on whether the care tends to reinforce or disrupt stereotypes associated with a person's sex assigned at birth.

231. Discrimination based on the exercise of a fundamental right is presumptively unconstitutional and is subject to strict scrutiny.

232. The Act unconstitutionally discriminates against the Parent Plaintiffs and parent members of PFLAG in the exercise of their fundamental right to make decisions concerning the care, custody, and control of their children by prohibiting them from seeking and following medical advice to protect the health and wellbeing of their minor children.

233. Under the Act, whether parents can exercise their fundamental medical decision-making rights to access certain medical treatments for their minor children depends on whether or not their children are transgender.

234. Under the Act, whether minors and their parents can protect the minor child's fundamental right to health and life turns on their transgender status.

235. The Act does nothing to protect the health or well-being of minors. To the contrary, it gravely threatens the health and well-being of transgender adolescents by denying them access to evidence-based, medically necessary, and often lifesaving medical care.

236. The Act is not narrowly tailored to serve any compelling government interest.

237. The Act is not substantially related to any important government interest.

238. The Act is not even rationally related to any legitimate government interest.

239. The Act targets, restricts, and bans medically necessary care for transgender youth based on generalized fears, negative attitudes, stereotypes, and moral disapproval of transgender people that are not legitimate bases for unequal treatment under any level of scrutiny.

240. Defendants are liable for their violation of the right to equal protection under the Missouri Constitution.

241. Plaintiffs are entitled to a declaratory judgment that the Act violates equal protection and an injunction enjoining the Act from taking effect, being implemented, or being enforced.

242. The Medical Provider Plaintiffs bring this claim in their own right and on behalf of their patients.

COUNT II
Violation of the Natural Rights and Due Process Clauses (Article I, Sections 2 and 10) of the Missouri Constitution
(Family Plaintiffs and PFLAG)

243. Plaintiffs incorporate by reference paragraphs 1 through 242 as though fully set forth herein.

244. Article I, Section 2 of the Missouri Constitution provides that "all persons have a natural right to life, liberty, [and] the pursuit of happiness." *See also State ex rel. Lipps v. City of Cape Girardeau*, 507 S.W.2d 376, 380–81 (Mo. 1974) (recognizing these rights); *Ex parte Smith*, 132 S.W. 607, 609 (Mo. 1910) (same).

245. Article I, Section 10 of the Missouri Constitution provides that "no person shall be deprived of life, liberty or property without due process of law."

246. The Missouri Constitution thus protects the fundamental right to autonomy in healthcare, as well as the fundamental right of parents to make decisions concerning the care, custody, and control of their children.

247. That fundamental right of parental autonomy includes the right of parents to seek and to follow medical advice to protect the health and wellbeing of their minor children.

248. Parents' fundamental right to seek and follow medical advice is at its apex when the parents' and child's liberty interests in pursuing a course of medical care align, and the child's medical providers agree and have recommended as appropriate the course of medical treatment.

249. The Act's prohibition on providing evidence-based and medically necessary care for transgender adolescents with gender dysphoria stands directly at odds with parents' fundamental right to make decisions concerning the care of their children, particularly when it aligns with the adolescent's liberty interests and right to autonomy in healthcare.

250. The Act intrudes into Missouri families' lives and strips Missouri parents, including the Parent Plaintiffs and parent members of PFLAG, of the right to seek, direct, and provide the medical care that their children need.

251. The Act further interferes with transgender adolescents' right to access the medical care they need, as recommended by their medical providers and with the support of their loving parents.

252. The Act allows minors already receiving care on the date the law goes into effect to continue receiving that care. However, additional or different medically necessary care—regardless of the advice of the medical provider and parents' decisions related to care—will be denied, under the law, to those same adolescents.

253. The Act does nothing to protect the health or well-being of minors and, instead, harms the health and well-being of minors. It gravely threatens the health and well-being of transgender adolescents with gender dysphoria by denying them and their parents, including the Family

Plaintiffs and members of PFLAG, the ability to obtain evidence-based, necessary, and often lifesaving medical care.

254. The Act deprives Plaintiffs of access to the most effective available medical treatment for gender dysphoria.

255. The Act restricts and prohibits medically accepted treatment for adolescents.

256. The Act is not narrowly tailored to serve any compelling government interest.

257. The Act is not substantially related to any important government interest.

258. The Act is not even rationally related to any legitimate government interest.

259. Defendants are liable for their violation of substantive due process under the Missouri Constitution.

260. Plaintiffs are entitled to a declaratory judgment that the Act violates their fundamental rights and an injunction enjoining the Act from taking effect, being implemented, or being enforced.

COUNT III

Violation of the Right to the Enjoyment of the Gains of Their Own Industry Clause (Article I, Section 2) of the Missouri Constitution
(Medical Provider Plaintiffs and GLMA)

261. Plaintiffs incorporate by reference paragraphs 1 through 260 as though fully set forth herein.

262. Article I, Section 2 of the Missouri Constitution provides that ". . . all persons have a natural right to life, liberty, the pursuit of happiness and the enjoyment of the gains of their own industry. . . ."

263. The Missouri Constitution protects an individual's services, such as that of a medical care provider.

264. The Act interferes with and restricts the Medical Provider Plaintiffs' and Plaintiff GLMA's medical provider members' ability to practice medicine in the manner in which they have been trained and are ethically required to practice, and, therefore, infringes upon their constitutional right to pursue a lawful occupation.

265. The Act unconstitutionally impairs the Medical Provider Plaintiffs' and Plaintiff GLMA's medical provider members' right to the "enjoyment of [their] own industry" and their careers by placing them in the position of choosing whether to provide medically necessary gender-affirming medical care to their patients or face the revocation of their medical license.

266. The Act does not protect the health and well-being of minors and prohibits minors not receiving care from receiving any care before they reach the age of eighteen, and yet it allows minors already receiving care on the date the law goes into effect to continue receiving that care. Nevertheless, no additional or different medically necessary care—regardless of the advice of the medical provider and parents' decisions related to care—would be permitted, under the law, to those same adolescents.

267. The care provided to transgender patients is often lifesaving and can treat and prevent anxiety, depression, and suicidal ideation.

268. The Act is not narrowly tailored to serve any compelling government interest.

269. The Act is not substantially related to any important government interest.

270. The Act is not rationally related to any legitimate government interest.

271. Defendants are liable for their violation of substantive due process under the Missouri Constitution.

272. Plaintiffs are entitled to a declaratory judgment that the Act violates their fundamental rights and an injunction enjoining the Act from taking effect, being implemented, or being enforced.

COUNT IV
Violation of the Special Law Limitation (Article III, Section 40) of the Missouri Constitution
(All Plaintiffs)

273. Plaintiffs incorporate by reference paragraphs 1 through 272 as though fully set forth herein.

274. Article III, Section 40 of the Missouri Constitution provides that ". . . the general assembly shall not pass any local or special law . . . where a general law can be made applicable…."

275. The Act "does not apply equally to all members of a given class and its disparate treatment of class members has no rational basis." *City of Crestwood v. Affton Fire Prot. Dist.*, 620 S.W.3d 618, 623 (Mo. banc 2021).

276. The medical treatments proscribed by the Act are alleged to be experimental and irrevocable when applied to minors, but they are only prohibited when used to treat transgender minors and not cisgender minors.

277. Any risks posed by the medical treatments proscribed by the Act apply to both cisgender and transgender minors.

278. Only parents of minor transgender children, and not parents of minor cisgender children, are prevented from exercising their fundamental medical decision-making rights to allow their children access to the particular types of medical treatment proscribed by the Act.

279. Parents of minor cisgender children may continue to secure for their minor children access to the medical treatments otherwise blocked by the Act to the parents of minor transgender children.

280. The Act unconstitutionally impacts the Medical Provider Plaintiffs, as healthcare providers who provide the types of medical treatment proscribed by the Act to transgender patients, while allowing other healthcare providers to provide the same treatment and medications if they only treat cisgender patients.

281. The Act's classifications of transgender minor children, parents of transgender minor children, and healthcare providers who treat transgender minor children are not rationally related to any legitimate government interest.

282. A general law could have been made applicable to all gender-affirming medical care, in proscribing the types of medical treatment addressed by the Act regardless of its purpose and as applied to all minor children, both cisgender and transgender.

283. Defendants are liable for their violation of Article III, Section 40 of the Missouri Constitution.

284. Plaintiffs are entitled to a declaratory judgment that the Act violates their fundamental rights and an injunction enjoining the Act from taking effect, being implemented, or being enforced.

PRAYER FOR RELIEF

WHEREFORE, Plaintiffs ask this Court to grant relief as follows:

A. Entering a judgment declaring that the Act, specifically, § 191.1720 and § 208.152.15, is unconstitutional, void, and unenforceable in its entirety, as described herein, including that:

   1) The Act violates Article I, Section 2 of the Missouri Constitution by discriminating against transgender adolescents and their parents, as well as medical providers and their patients, because of sex and transgender status in violation of their right to equal rights and opportunity under the law;

   2) The Act violates Article I, Sections 2 and 10 of the Missouri Constitution by infringing upon parents' fundamental right to make

decisions concerning the care of their children, along with the adolescent's liberty interests and right to autonomy in health care;

3) The Act violates Article I, Section 2 of the Missouri Constitution by depriving health care providers of their right to the enjoyment of the gains of their own industry; and

4) The Act violates Article III, Section 40 of the Missouri Constitution because it is a special law that does not apply equally to all members of a given class;

B. Issuing a preliminary injunction against the Act taking effect, and enjoining and restraining Defendants, their officers, agents, servants, employees, attorneys, and those in active concert or participation with them from implementing or enforcing any provision of the Act;

C. Issuing a permanent injunction against the Act taking effect, and enjoining and restraining Defendants, their officers, agents, servants, employees, attorneys, and those in active concert or participation with them from implementing or enforcing any provision of the Act;

D. Retaining jurisdiction after judgment for the purposes of issuing further appropriate injunctive relief if the Court's declaratory judgment is violated; and

E. Granting such other relief the Court deems just and proper.

Respectfully submitted,

By: /s/ *J. Bennett Clark*

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* Application for admission *pro hac vice* forthcoming.

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