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UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF FLORIDA

CASE NO. 4:22-cv-00325-RH-MAF

AUGUST DEKKER, et al.,  
Plaintiffs,  
vs.  
SIMONE MARSTILLER, et al.,  
Defendants

\_\_\_\_\_ /

DEPOSITION OF: JEFFREY ENGLISH  
AT THE INSTANCE OF: THE PLAINTIFF  
DATE: JANUARY 23, 2023  
TIME: COMMENCED: 10:00 A.M.  
LOCATION: AGENCY FOR HEALTH CARE  
ADMINISTRATION  
2727 MAHAN DRIVE  
TALLAHASSEE, FLORIDA 32308  
  
REPORTED BY: DANA W. REEVES  
Court Reporter and  
Notary Public in and for  
State of Florida at Large

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\*Uh-uh is a negative response  
\*Uh-huh is a positive response

1 that is on our fee schedule and it is --

2 Q Can I stop you there? When you say multiple  
3 things checked off, do you mean yes or no?

4 A Yes -- well, let me double-check that. Yeah.  
5 You know, if something gets checked off as a yes, you  
6 know, especially overwhelmingly so, then that would be  
7 something that we would, you know, give a really serious  
8 consideration of coverage for. And if we looked at it,  
9 and it was, you know, potentially experimental  
10 investigational, and then that's the GAPMS. And if  
11 it's, you know, yes, we should cover this, what -- you  
12 know, why don't we have this on our fee schedule kind of  
13 thing, then that would be a decision point.

14 Q Okay. Does a yes answer to any of these  
15 questions imply that a service is not experimental?

16 MR. PERKO: I'm going to object to form. You  
17 can answer.

18 THE WITNESS: Do answer or --

19 MR. PERKO: Do answer.

20 THE WITNESS: Okay. Well, through this form,  
21 we would discover that it's -- you know, if it's  
22 something that's already on the fee schedule that  
23 we already covered, then that would -- that would  
24 end the process immediately and we would just  
25 notify the provider, hey, we already pay for this

1 and move on to the next thing.

2 BY MS. DeBRIERE::

3 Q So if it was on AHCA's fee schedule --

4 A Then it's not and then someone -- I guess the  
5 presumption is that someone or someone somewhere along  
6 the way determined that AHCA would cover it, and that it  
7 was not a -- you know, it was not experimental  
8 investigational.

9 Q I'm sorry, Mr. English. Hold on one second.  
10 Just a real basic question. I see here an email  
11 address, healthserviceresearch@AHCA.myflorida.com inbox?

12 A Yes. That's a -- that's a -- the requesters  
13 will send in -- that's the email address to inquire  
14 about making a GAPMS request or a coverage request.

15 Q Who can submit a GAPMS request via the email?

16 A Anybody, I believe.

17 Q Okay. Other than the three entities you  
18 listed that typically trigger a traditional GAPMS --

19 A I would think of it other than the weird one  
20 with Beth and the bionic pancreas, most of the other  
21 requests would come in through health service research,  
22 you know, the provider or the manufacturer. And from  
23 time to time, you would get a phone call, usually from a  
24 salesperson and they'd want to set up a meeting. And  
25 they -- you know, they have sort of regional travel

1 schedules, they want to hit you up on their way through.  
2 But health service research is sort of, I guess, the  
3 basic -- getting the process started way of contacting  
4 us.

5 Q To your knowledge, have you ever had a request  
6 to initiate come from another state agency?

7 A I do not -- I'll just point out, again, I  
8 inherited a queue and I don't necessarily know where all  
9 the projects that I inherited originated.

10 Q So, to your knowledge --

11 A No.

12 Q And to your knowledge, has a request ever come  
13 from a member of the public?

14 A I'm unclear how you define that.

15 Q Fair.

16 A I mean, technically, isn't everyone a member  
17 of the public?

18 Q Yes. Absolutely. Have you ever had a request  
19 come in from a Medicaid recipient, to your knowledge?

20 A I can't say for certain. It sounds familiar,  
21 but I can't say for certain. And what I might actually  
22 be remembering is a provider requesting on behalf of  
23 Medicaid patient.

24 Q Okay. How about request from a political  
25 figure?



1           A     No. That's bill analysis. That's a -- that's  
2 a different -- that's a different task.

3           Q     Okay. To your knowledge, have you ever not  
4 used the decision tree for a traditional GAPMS request?

5           A     When I first started, you know, but I only  
6 have -- it might have been one or two. There was a  
7 stretch where I was working with what was already in the  
8 queue, and so I don't know that this had been performed  
9 for those. I think some of them because I think  
10 Chris -- Christina, like, in order to sort of workshop  
11 this, we went through and we're like, well, this one  
12 would, you know, and this one, but it was pretty much  
13 like the newer requests going forward, and then Nick was  
14 assigned with backtracking with this, and I don't know  
15 if he got every single one in the queue or not, so  
16 that's theoretical there are GAPMS that -- for which  
17 this was not performed.

18          Q     After the checklist was developed and it was  
19 consistently -- after December of 2020 --

20          A     Yes.

21          Q     -- when traditional GAPMS request was received  
22 by AHCA, did you ever not use the checklist?

23          A     It was part of the -- it was part of the  
24 standard process. I can't say for sure that, you know,  
25 when we were working from home -- I think I had meetings

1 with supervisors for them, but I don't know for certain  
2 that every single request that came in went through that  
3 or not. I can't say.

4 Q You said it was the standard process?

5 A It is.

6 Q Okay. Is GAPMS ever initiated with respect to  
7 services that AHCA is covering -- already covering?

8 A In my experience, no, that would -- that would  
9 be determined through the checklist and that would be  
10 deemed not a GAPMS.

11 Q Kind of the same question asked a little  
12 differently. Is it ever initiated to assess existing  
13 coverage of Medicaid services?

14 A Not in my experience.

15 Q I asked some of these. I don't want to ask  
16 them again, so I'm going to blow through them real  
17 quick.

18 MR. PERKO: Would now be time for a break?

19 MS. DeBRIERE: Yeah, let's do it.

20 (Brief recess.)

21 BY MS. DeBRIERE::

22 Q So did you speak to anybody during the break  
23 about the deposition?

24 A I did not.

25 Q Okay. And I just want to go back quickly to

1 what I believe we marked as Exhibit 2. Is that -- no,  
2 Exhibit 3, excuse me, which is the GAPMS decision tree  
3 checklist. I needed to ask one more question about  
4 that. If something was -- so when you receive the  
5 request, and you're going through the checklist, if  
6 something was on Medicaid's fee schedule, and therefore  
7 covered by Florida Medicaid, would you initiate the  
8 GAPMS process?

9 A No.

10 Q What types of Medicaid services are assessed  
11 using the GAPMS process?

12 A Treatments, I guess, for lack of a better way  
13 for shorthand. Typically, it's -- can I answer the  
14 question by giving you an example of GAPMS?

15 Q Absolutely. You can answer the question  
16 however you would like to?

17 A There's, you know, specially modified  
18 low-protein foods for inborn errors of metabolism.  
19 There's negative-pressure wound therapy, which is a  
20 medical device for wound healing. There's low-intensity  
21 pulsed ultrasound, which is a medical device for healing  
22 fractures. There's a procedure with sort of a  
23 proprietary technology called transcervical fibroid  
24 ablation that's kind of a cross between a procedure and  
25 the type of bead that's used in the procedure that

1           Q       Who's involved in the -- who was involved in  
2 the GAPMS process when you were doing it?

3           A       Primarily myself. There was, from time to  
4 time if we got it -- you know, if I got along in the  
5 process and was determining that, you know, this had a  
6 potential, that it would be recommending coverage --  
7 because everything has to be budget-neutral, we would --  
8 I would reach out to Medicaid, the fiscal folks, and  
9 they would put together a fiscal analysis of what the  
10 cost would be, or any potential cost savings. So from  
11 time to time, not every GAPMS, if I didn't reach out to  
12 them, if it was something that it was clear that we  
13 weren't going to cover, because the time wasn't -- it's  
14 pointless to take up their time. My supervisor -- I had  
15 weekly regular weekly meetings with my immediate  
16 supervisor, you know, to go over what was in the queue,  
17 what was I working on, what was the status.

18                   I frequently had scheduled meetings with the  
19 Bureau Chief, but those didn't often come off, but it  
20 was understood that, you know, typically, along, you  
21 know, the course of time, you know, they would get, you  
22 know, an update on what was going on, and if it was one  
23 where, you know, I had written it, my supervisor had  
24 signed off on it, and then the next step was, you know,  
25 to get the bureau chief to sign off on it in order for

1 it to go to the Medicaid director. And then Nick --  
2 Nick was doing the checklist. But I mean, it was -- it  
3 was kind of a joke with my, you know, with my  
4 co-workers, I was kind of like the one-end game.

5 Q Okay. Okay. So can you describe that line of  
6 approval. So it started with you.

7 A It started with me. I would write a report.  
8 I would submit it to either, at the time Christina, or  
9 Jesse, whoever was my immediate supervisor. They would  
10 review it, they may or may not have some edits to send  
11 back, and then it would -- once they had, you know,  
12 signed off on it and said, you know, this can advance to  
13 the bureau chief, and then, you know, the bureau chief  
14 would sign off on it, yay or nay, and then the next step  
15 is to go to the Medicaid director.

16 Q Okay. And who currently is the Medicaid  
17 director?

18 A Tom Wallace.

19 Q And who's the bureau chief for Medicaid  
20 policy?

21 A Ann Dalton.

22 Q And I know you just said this, and I  
23 apologize, but the final decision maker then in the  
24 GAPMS process is the Medicaid director. Is that  
25 correct?

1           A     Yes.  I mean, it typically requires his or her  
2     signature.

3           Q     Is that different from being a decision maker?

4           A     A decision point?  Yes.

5           Q     No, a decision maker.  Sorry.

6           A     That's linguistics, sort of.  I mean, it -- I  
7     can't reach out to the requester and say yay or nay  
8     until Tom has signed or, you know, whoever -- Beth has  
9     signed off on the report.

10          Q     Does the Medicaid director review the report  
11     and reach an independent conclusion?

12                   MR. PERKO: Object to form.  You can answer.

13                   THE WITNESS: I don't know.

14     BY MS. DeBRIERE::

15          Q     In the GAPMS process you just described from  
16     you to your supervisor, to the bureau chief, to the  
17     Medicaid director, does AHCA ever rely on individuals  
18     outside the agency in the process?

19          A     Not in my experience, no.

20          Q     How many GAPMS reports are issued per year?

21          A     That's kind of a loaded question.

22          Q     I don't mean it to be.

23          A     Okay.  In my -- you know, if I can round up  
24     three years of doing GAPMS reports, there were a couple  
25     of expedited GAPMS that kind of made it all the way

1 medical necessity?

2 A I've read it before.

3 Q I have a copy of it. Do you want to see it?

4 A Sure.

5 MS. DeBRIERE: Sorry. It's on page seven,  
6 Gary. And what the witness is reviewing -- I think  
7 I needed more coffee at lunch -- what the witness  
8 is reviewing is 59G-1.010, and it's the definition  
9 of medically necessary medical necessity at 2.83 in  
10 the policy.

11 THE WITNESS: Yes.

12 (Whereupon, Exhibit No. 6 was marked for  
13 identification.)

14 BY MS. DeBRIERE::

15 Q Do you know what AHCA uses this definition  
16 for?

17 A I mean, I've had -- it's been in literature or  
18 in, you know, in reference to the GAPMS process. Beyond  
19 that, I don't know how its utilized.

20 Q How does it relate to the GAPMS process?

21 A As I understand it, if a GAPMS is approved, as  
22 you know, something that Medicaid is going to cover,  
23 then it's considered under the blanket definition of  
24 that term or phrasing. It's been deemed medically  
25 necessary, I guess.

1 Q If what?

2 A If it's passed GAPMS.

3 Q If AHCA determines the service is experimental  
4 and will not be covered by Medicaid, would there be any  
5 reason to determine whether the service is medically  
6 necessary under any other portion of the medical  
7 necessity definition?

8 A That question might come up around the EPSDT  
9 consideration, but otherwise, I don't know.

10 Q You don't know or --

11 A I can't -- I don't believe so, you know.

12 Q When the agency decides to exclude a Medicaid  
13 service as experimental, does AHCA communicate that  
14 information to the public?

15 A Not in my experience. I've only ever  
16 communicated to -- well, I mean, there have been --  
17 there have been requests that have come in that didn't  
18 reach the level of a GAPMS, because they didn't even get  
19 to that point. It was like, no, we don't cover that,  
20 because it's so obvious that we don't cover that. So we  
21 would explain to them, you know, these are the things  
22 when -- we explain the process to them, and these are  
23 things -- but, you know, that's kind of the gist of it.

24 Q So, in your experience, after determining that  
25 a service would be excluded as experimental, does AHCA



1 notify the general public?

2 A No, we would notify the requester and then  
3 move on to the next project.

4 Q Would AHCA typically publish that decision on  
5 a website?

6 A Not that I'm aware of, no.

7 Q Would they provide the general public with the  
8 expert reports they relied on during the GAPMS process?

9 A Not that I'm aware of, no.

10 Q Does AHCA typically draft a press release  
11 about the conclusion that's reached in GAPMS?

12 A Not in my experience, no.

13 Q Is the Governor of Florida typically involved  
14 in the dissemination of a GAPMS conclusion?

15 A Not that I'm aware of, no.

16 Q Any other political figures, are they  
17 typically involved?

18 A Not that I'm aware of, no.

19 Q Other state agency heads?

20 A No.

21 Q Does AHCA publish the exclusion of a service  
22 being experimental in a coverage policy or coverage and  
23 limitation handbook?

24 A If they do, I'm not aware of it.

25 Q If through the GAPMS process a service is

1 were with her. We shelved it until we got the results.  
2 So that -- it's this big study about pregnant women and  
3 asthma because the preliminary results were very  
4 favorable, and it would have been sort of the -- it  
5 would have been a very narrow coverage determination, a  
6 very narrow call, but if I remember correctly, the  
7 results of that study did not pan out.

8 Q Okay. Looking at this particular GAPMS --

9 A No. It was managing asthma in pregnancy.  
10 Sorry. Not FMAP.

11 Q Yeah, especially when you're on state plan,  
12 right.

13 A Yeah.

14 Q Let's move to one I know you're familiar with,  
15 specially-modified low-protein foods. We'll mark as  
16 Exhibit 8 -- 9.

17 (Whereupon, Exhibit No. 9 was marked for  
18 identification.)

19 THE WITNESS: See, this one predates me.

20 BY MS. DeBRIERE::

21 Q So what happened there?

22 A Things didn't move forward. So it was  
23 basically starting over and starting from scratch. And  
24 so the report that I wrote for -- especially I wrote  
25 multiple versions of that report -- looks very different

1 from that one.

2 Q Do you remember what organizations on which  
3 you relied to write this report?

4 MR. PERKO: He said he didn't write this  
5 report, counsel.

6 MS. DeBRIERE: I'm sorry. You're right. I  
7 strike the question.

8 BY MS. DeBRIERE::

9 Q Do you remember on what organizations you  
10 relied to write your report on specially-modified  
11 low-protein foods?

12 A I know I consulted organizations concerned  
13 with inborn errors of metabolism. And the two, we were  
14 directing it specifically to one called phenylketonuria,  
15 but there's another one called -- something to the  
16 effect of maple syrup disease, so it was organizations  
17 that were focused on those two conditions primarily.

18 Q Do you remember what organizations those were?

19 A Off the top of my head, I do not.

20 Q Were you looking -- were you assessing it as  
21 to children or as to adults?

22 A The way, after discussion with my supervisors,  
23 the way we were going about it was the argument sort of  
24 dictated that we -- that condition requires children to  
25 stay on a very strict low-protein diet. It's a lifelong

1 diet. It's a diet for life. And so what we were able to  
2 determine in the research was that, which makes sense,  
3 children, you know, when you're a kid, your parent  
4 controls your diet, and so you eat what they gave you  
5 and parents could keep the children on the diet, but  
6 when they started to reach their teenage years, they  
7 wanted more autonomy. Nobody wanted to go with their  
8 friends to Burger King, while they just sat and had a  
9 shake, you know, low-protein, a special shake. And that  
10 the research indicated that when children -- in the time  
11 of life when people either continue to adhere to the  
12 diet or drop off was in their teenage years. So we were  
13 targeting under age 21, and with the goal of trying to  
14 keep them diet-adherent so that they could progress on  
15 to adulthood with good habits and protect their health.

16 Q Do you remember if one of the organizations  
17 you looked at was the American Academy of Pediatrics, or  
18 relied on?

19 A Almost certainly.

20 Q Why are you -- why are you almost certainly?

21 A They're kind of a name brand organization.

22 Q Is it one that you find trustworthy in terms  
23 of their opinion?

24 A I have.

25 Q Can you look at this document and tell me if

1 this is -- the reason I ask is that -- skip to the front  
2 page, to page three. Do you know if it's complete? If  
3 you see there's a page number at the corner there.

4 A Yeah. Yeah, there's -- there should be a page.  
5 Yeah, there's a page there.

6 Q You don't think it's a typo?

7 A No, it's -- because on the second page, it  
8 picks up with, like, mid-paragraph.

9 Q Okay. Thank you for that. Were you involved  
10 in anything related to the GAPMS for scleral contact  
11 lenses?

12 A I was not.

13 Q So just going over the GAPMS process  
14 generally, in summary, to determine whether a service is  
15 experimental under GAPMS, you look at professional  
16 literature. And then the most persuasive professional  
17 literature is going to be, that's peer review?

18 A Ideally, sure.

19 Q You look at whether other state Medicaid  
20 programs cover?

21 A Yes.

22 Q And you look whether health insurance in the  
23 private market covers?

24 A Yes.

25 Q And if the majority of states cover, that's

1 going to be in the favor of finding it not experimental?

2 A It's hard -- it would be -- make it harder for  
3 us to justify that it's experimental.

4 Q And you look at whether Medicare covers?

5 A Yes.

6 Q And, again, whether Medicaid covers favors a  
7 finding of not being experimental?

8 A Yes.

9 MR. PERKO: Object to form.

10 BY MS. DeBRIERE::

11 Q And you look at whether evidence-based  
12 clinical practice guidelines exist?

13 A Yes.

14 Q And you look at whether the service is  
15 accepted by relevant professional medical organizations?

16 A Yes.

17 Q How do you -- would the American Medical  
18 Association be considered an organization on which AHCA  
19 would rely for GAPMS?

20 MR. PERKO: Object to form.

21 THE WITNESS: Yes.

22 BY MS. DeBRIERE::

23 Q How about the American Psychological  
24 Association?

25 MR. PERKO: Same objection.

1 THE WITNESS: Yes.

2 BY MS. DeBRIERE::

3 Q The American Academy of Child and Adolescent  
4 Psychiatry?

5 MR. PERKO: Same objection.

6 THE WITNESS: I am not familiar with that  
7 organization.

8 BY MS. DeBRIERE::

9 Q The American College of Obstetricians and  
10 Gynecologists?

11 MR. PERKO: Same objection.

12 THE WITNESS: Yes.

13 BY MS. DeBRIERE::

14 Q In the past GAPMS, organizations on which  
15 you've relied include the American Academy of  
16 Pediatrics?

17 A Yes.

18 Q You undertake a cost analysis for potential  
19 cost-saving to Florida Medicaid when you're doing GAPMS?

20 A Yeah. I mean, if it's not budget-neutral,  
21 it's almost certainly not going to be covered.

22 Q You do not typically enlist outside medical  
23 experts during the GAPMS process?

24 A I have not.

25 Q You do not pay outside individuals?

1 A I don't.

2 Q You don't ask outside individuals to write a  
3 report?

4 A No.

5 MR. PERKO: Asked and answered, counsel.

6 BY MS. DeBRIERE::

7 Q You do not typically codify your conclusions  
8 reached during the GAPMS process into rule?

9 A I don't believe so.

10 Q You do not typically develop a website and  
11 slogan to advertise a GAPMS conclusion?

12 A I have not.

13 Q Generally, other agency heads or political  
14 figures not involved in the initiation -- are not  
15 involved in the initiation of the GAPMS process?

16 A Not in my experience.

17 Q In disseminating its conclusion?

18 A No.

19 (Whereupon, Exhibit No. 10 was marked for  
20 identification.)

21 BY MS. DeBRIERE::

22 Q Let's go to Exhibit 10, is the 2016 GAPMS  
23 memo, and this is going to be DEF\_000288776 to DEF\_00028  
24 8785. Are you familiar with this document, Mr. English?

25 A I am not.



1 imagine this is a very large agency. Have you been  
2 involved in any conversation around AHCA's coverage of  
3 cross-sex hormone therapy?

4 A I am not.

5 Q Okay. Do you have any idea as to why, even  
6 though you were the GAPMS guy during these dates, that  
7 you would not be involved in these decisions?

8 MR. PERKO: Object to form.

9 THE WITNESS: I do. What I was explained by  
10 Jesse, my supervisor, his version of how -- and I  
11 don't know if the same person that wrote the gender  
12 dysphoria GAPMS wrote this -- Jesse's explanation  
13 for how that author was chosen, he said that it was  
14 a meeting between he and Jason and Ann, and Jason  
15 had come and asked who they might recommend to  
16 write the report, and when my name was brought up,  
17 Jesse said no, that he -- I guess he didn't want me  
18 working on that. And Ann offered up the actual  
19 author, eventual author, and Jesse concurred.

20 BY MS. DeBRIERE::

21 Q How do you know that this meeting happened?

22 A He told me.

23 Q Jesse told you?

24 A Uh-huh.

25 Q Why did Jesse say no? Did he say to you?

1           A       Yes.  He -- I believe his perception of it was  
2       that it was -- he said that he didn't want me involved  
3       with it.  He didn't want to be supervising the person  
4       who was, and he didn't think that it was something that  
5       I would have been willing to do.

6           Q       Was he right?

7           A       Yes.

8           Q       Why?

9           A       Because my perception was that that particular  
10       GAPMS was a conclusion in search of an argument.

11          Q       Did Jesse agree with you?

12          A       You'd have to ask him.

13          Q       Why don't you think Jesse wanted to supervise  
14       the project?

15          A       We're all sitting here right now.

16          Q       Fair.

17          A       And on top of that, I mean, he was pretty new  
18       in his position, too.  He had been promoted after  
19       Christina left.

20          Q       How long had he been in that position?

21          A       Not super, super long.  I mean, God, I think  
22       Christina was -- actually, I don't know.  She left --  
23       one of the December's during the pandemic, but I don't  
24       remember.  She went out on maternity leave and never  
25       came back, and then he ended up filling her position.

1 Could have been 2021, or it could have been 2022. I  
2 don't honestly recall.

3 Q Who was the author of the report you're  
4 referring to?

5 A Matt Brackett.

6 Q Do you know why Mr. Brackett was chosen?

7 MR. PERKO: Object to form.

8 THE WITNESS: Jesse told me that he -- he told  
9 Jason that Matt would do any assignment that he was  
10 given.

11 BY MS. DeBRIERE::

12 Q Had Mr. Brackett ever done a GAPMS memo  
13 before?

14 A He had. He was -- he wrote GAPMS prior to my  
15 arrival.

16 Q Why didn't they keep Mr. Brackett in that  
17 position? Why did they hire someone new?

18 MR. PERKO: Object to form.

19 THE WITNESS: When I arrived, Matt was over  
20 the -- I believe he was over durable medical  
21 equipment. And I think, just based on  
22 conversations he and I had had, there's a kind of a  
23 bit of frustration built into the GAPMS position  
24 because it's not a priority, you know, outside of a  
25 pandemic, even it's just not a priority. And so he

1 was -- you know, he would tell me, you know, look,  
2 I didn't get a lot, you know, through either --  
3 it's kind of a thankless job, but it's important,  
4 you know, that kind of thing. So it -- I think he  
5 wanted to go do -- he's been here -- you know, I  
6 don't know how much longer though, at least a  
7 little bit, or maybe more than that longer than me,  
8 and I think he just wanted to go do something else.

9 BY MS. DeBRIERE::

10 Q Okay. Why do you think it mattered to Mr.  
11 Boucher that you not be a part of the gender dysphoria  
12 GAPMS?

13 MR. PERKO: Object to form.

14 THE WITNESS: My belief is that he didn't  
15 see -- he didn't believe that it would be something  
16 that I would -- I would be willing to do and he, I  
17 believe, was possibly trying to save himself, a  
18 hassle as well.

19 BY MS. DeBRIERE::

20 Q Let's turn back to the email between you and  
21 Mr. Cogle, which is Exhibit 5. On the second page, you  
22 have a paragraph that starts, if you will, excuse me, I  
23 feel obligated to include this information.

24 A Yes.

25 Q Are you familiar with what you wrote there?

1           A     I am.

2           Q     Would you say that's a reason why you didn't  
3 want to be involved in the gender dysphoria GAPMS  
4 process?

5           A     Yes and no, indifferent all at the same time.  
6 I mean, part of why this paragraph was written was out  
7 of frustration. Again, I was -- you know, my  
8 co-worker's, it was the -- you know, we joked I was the  
9 GAPMS guy. That report came out. I read the report. It  
10 was not something I felt like I would have produced and  
11 because there were a lot of people around inside the  
12 agency and my personal life that thought that I wrote  
13 the report, because it said, GAPMS, you know. So I had  
14 grown tired of -- you know, and at the same time, it's  
15 like, you know, my friends are seeing reports about it  
16 on television and things like that, or in the newspaper  
17 or whatever, it was a news story, a prominent news story  
18 with, you know, debate and politics and all these  
19 things, and I was a bit frustrated that that was  
20 occurring. And combined with the fact that Dr. Cogle  
21 was someone I respect, and I kind of in response to the  
22 emotion I'd received in his initial email, I wanted to  
23 assure him that that wasn't me.

24          Q     I just want to make the record clear by  
25 entering in Exhibit 14. And this exhibit is entitled

1 Florida Medicaid generally accepted professional medical  
2 standards determination on the treatment of gender  
3 dysphoria. It's dated June 2022.

4 (Whereupon, Exhibit No. 14 was marked for  
5 identification.)

6 BY MS. DeBRIERE::

7 Q Is the report we've been talking about that  
8 Mr. Brackett authored?

9 A Yes.

10 Q And this is the report that Jesse said you  
11 would not author, is that correct?

12 A Correct.

13 Q And it's the report that you did not want to  
14 author?

15 A Correct. I mean, keep in mind, I found out  
16 about it after the project already started. And then I  
17 went and asked Jesse about it. I was like, you know,  
18 and I wasn't like, you know, who's doing the GAPMS. I  
19 was just like, hey, what's going on, you know. And he  
20 explained, you know, how Matt was chosen and why I was  
21 not, and I was thankful for that and went from there.

22 Q And you said in your response to my questions  
23 about your email to Dr. Cogle that this report did not  
24 reflect the level of work that you would do, is that  
25 correct?

1           A     Well, that's a -- that's a loaded question. I  
2     mean, it's a 45-page report, which is very different  
3     from the -- what I was dealing with, which was the push  
4     for the trend for tighter cleaner, smaller reports that  
5     took less time to read. What was the --

6           Q     Yeah. Why isn't this GAPMS report on gender  
7     dysphoria reflective of your work?

8           A     It veers a bit from process.

9           Q     In what ways?

10          A     Well, in terms of the quality of the studies  
11     included, the dismissal, the professional organizations  
12     and experts that we had frequently cited before, the  
13     length of the report, where it originated from.

14          Q     Where did it originate from?

15          A     I would say the executive. Came from they  
16     said, you know, Secretary Marstiller, she's part of the  
17     executive.

18          Q     Anybody else in the executive?

19          A     Oh, sure. Governor. Yeah.

20          Q     I cut you off.

21                 MR. PERKO: I meant to object to form on that  
22     last question.

23     BY MS. DeBRIERE::

24          Q     You said it dismissed the opinions of  
25     professional organizations, where it was initiated was

1 off, the length of the report was off. Anything else?

2 A Keep in mind that the people who prepared the  
3 report, or Matt and a guy Ni -- I don't remember Ni's  
4 last name -- they were not discreet about what they were  
5 working on or why, and it seemed to be impacting morale  
6 a little bit among some co-workers, and it was kind of  
7 an immature sort of approach or attitude or something to  
8 it that was off-putting a bit, I suppose, for folks.

9 Q Are folks in the agency generally aware of  
10 things that GAPMS is working on?

11 A Frankly, most people don't really care or pay  
12 attention. You know, everyone has -- just the way  
13 everything's set up here, you, you know, everyone has  
14 their own little corner of the piece of the puzzle of  
15 Medicaid, and it's a big learning curve for everything,  
16 and so you want to focus on your little piece of the  
17 puzzle and try and grow your puzzle into, you know,  
18 understanding how it fits into the main thing. Certain  
19 topics sometimes, I had to do one on transanal  
20 irrigation, and I caught a lot of grief from some of my  
21 co-workers on that one, you know, silly stuff, you know,  
22 office banter, that kind of thing, but that one was --  
23 it was just kind of altogether a different thing.

24 Q You described it as immature.

25 A Well, certain behavior was.



1 Q What?

2 A There was a -- I don't remember the person's  
3 name. I was told that they were a trans person. I knew  
4 him as this guy who had an office nearby Matt and I, and  
5 it was after the report had come out, I believe, and  
6 they were, like, kind of whooping it up, yelling back  
7 and forth across the hallway, because about -- like the  
8 number of views it was getting on Twitter and things  
9 like that. And so that employee had to get up and go  
10 over and tell them, you know, look, it's -- you know,  
11 congratulations on your report, but I feel like you're  
12 being somewhat insensitive. And, you know, that was  
13 awkward.

14 Q Yeah. You mentioned that Mr. Brackett was not  
15 in -- Mr. Chen -- Dr. Chen?

16 A He's -- I think he's pharmacist, yeah.

17 Q Mr. Brackett and Mr. Chen were not discreet  
18 about it, what they were working on. How did they  
19 characterize what they were working on?

20 A Just what the topic was. It was actually --  
21 Ni's the one that told me that -- he's who told me that  
22 it was -- I was wholly unaware of the assignment, and  
23 Ni's the one that told me about the assignment.

24 Q Is this the first time you've ever been --  
25 since being the GAPMS guy, was the first time you'd ever

1       been excluded from the GAPMS process?

2           A       Well, I mean, this other one here predates the  
3       publication of that one, but --

4           Q       And that --

5           A       -- in April, and this one probably began in  
6       April or March or something like that. So, yeah,  
7       whichever. The chicken or the egg, whichever one came  
8       first. I was unaware of both of those.

9           Q       The title that you were just referencing that  
10       is Exhibit 13, I think? Is that right?

11          A       Yes.

12          Q       And do you think that report was a precursor  
13       to the Exhibit 14?

14                   MR. PERKO: Object to form.

15                   THE WITNESS: I wouldn't know.

16       BY MS. DeBRIERE::

17          Q       How many Medicaid services does this GAPMS  
18       memo Exhibit 14 analyze, do you know?

19          A       Maybe three.

20          Q       Is that typical?

21          A       No. Well -- I mean, no, I've looked at GAPMS  
22       where it was two devices, two different devices at the  
23       same time, but never like two different treatments, same  
24       time.

25          Q       Do you know why AHCA used that approach here?

1 A I do not.

2 Q Would you recommend that approach in a GAPMS  
3 process?

4 A I can't outright say I would or would not. It  
5 would depend on the circumstance and how closely related  
6 I perceive the procedures or services to be.

7 Q Do you know if this is supposed to apply to  
8 children or adults or both?

9 A My understanding is both, or to children  
10 and -- most of the discussion has been around children.  
11 Children.

12 Q So you don't -- having reviewed this, you  
13 can't say?

14 A I don't recall. I mean, I read it back in,  
15 like, June.

16 Q Okay?

17 MR. PERKO: About ready for a break, counsel?

18 MS. DeBRIERE: Mr. English, do you think you  
19 can do like 10 more minutes?

20 THE WITNESS: I can do whatever's good for the  
21 order.

22 MS. DeBRIERE: Is that okay, Gary?

23 MR. PERKO: Yeah.

24 BY MS. DeBRIERE::

25 Q Do you know if AHCA enlisted outside medical

1 experts to do a literature review for this report?

2 A That's my understanding.

3 Q Is that typical for GAPMS?

4 A Not in my experience.

5 Q Do you know if they paid these professionals  
6 to do the report?

7 A My understanding is they did.

8 Q Is that typical?

9 A Not in my experience.

10 Q Do you know why AHCA used that approach here?

11 A I do not.

12 Q Have you ever -- I'm sorry. Did they attach  
13 the expert reports to the final GAPMS report? Did AHCA  
14 attach the expert reports to the final GAPMS report?

15 A I don't know if I saw, like, a copy with  
16 attachments or if it's -- I don't recall if it was  
17 referenced or included in their report like -- but I  
18 remember seeing those when I was looking at it, you  
19 know?

20 Q Is that typical?

21 A Well, no, I mean, I've never had outside  
22 reports to attach to it, were included with the GAPMS.

23 Q When you mentioned that -- one issue you took  
24 with the report is they dismissed professional  
25 organizations' opinions. Would those professional

1 organizations include the Endocrine Society's position?

2 MR. PERKO: Object to form.

3 BY MS. DeBRIERE::

4 Q If you don't remember, that's okay.

5 A I know who the Endocrine -- who they are. I  
6 would be hard-pressed to envision a scenario where I  
7 would second-guess them -- and without, you know,  
8 really, really good cause.

9 Q What about the American Academy of Pediatrics?

10 MR. PERKO: Object to form.

11 THE WITNESS: No.

12 BY MS. DeBRIERE::

13 Q No, you --

14 A I would be deferential to their  
15 recommendations.

16 Q Are you aware of the coverage of the treatment  
17 for gender dysphoria under other Medicaid programs?

18 A I want to say that things could have changed  
19 because I haven't really looked at some of that stuff  
20 since last year.

21 Q Why were you looking at it last year?

22 A When I --

23 Q Go ahead.

24 A If I recall, it's somewhere between maybe 30  
25 and 40 states or something that provide coverage for it.

1 Q When you undertake GAPMS, how would that  
2 factor into your ultimate conclusion?

3 A If it were 30 states, that would -- it could  
4 be a factor. If it were 40 states or more, it would  
5 be -- it'd be harder to dismiss. It's something that my  
6 supervisor would have been making an inquiry about if I  
7 were recommending against coverage.

8 Q Because that many states covering indicates  
9 that it's not experimental?

10 MR. PERKO: Form.

11 THE WITNESS: It indicates that there is  
12 existing widespread coverage for it.

13 BY MS. DeBRIERE::

14 Q How does that factor into whether the service  
15 is experimental?

16 MR. PERKO: Form.

17 THE WITNESS: It makes an argument for coverage  
18 for something easier to make, assuming that they  
19 meet the threshold on all the other categories, you  
20 know, then that's, you know --

21 BY MS. DeBRIERE::

22 Q Do you know if they did a decision tree  
23 checklist for the services listed in the June 2022 memo?

24 A I do not.

25 Q Do you know if AHCA undertook an Analysis

1 of -- to determine how excluding coverage of treatment  
2 for gender dysphoria would affect the Florida Medicaid  
3 budget?

4 A I do not.

5 Q Does anything else stand out to you about this  
6 memo that we haven't discussed?

7 MR. PERKO: Object to form.

8 THE WITNESS: It's frankly unlike anything I've  
9 experienced in the process, but I mean, just the  
10 sort of -- you know, we're all sitting here, the  
11 publicity about it, everything that sort of comes  
12 with it. It's unusual, in my limited time here.

13 BY MS. DeBRIERE::

14 Q Do you agree with the conclusion?

15 MR. PERKO: Object to form.

16 THE WITNESS: I think it's two different  
17 issues.

18 BY MS. DeBRIERE::

19 Q Yeah.

20 A I'm not sure that it matters what I believe  
21 about the question of whether or not Florida Medicaid  
22 should pay for transgender services. I view it as a  
23 process issue, and I believe that everyone should have  
24 the same -- the same opportunity for review and a  
25 consistent process.

1 Q Was this consistent with the other  
2 opportunities people have had for review of a Medicaid  
3 service?

4 A I do not -- I do not believe it was.

5 Q Do you know how AHCA implemented the  
6 conclusions found in this memo?

7 A I do not. I know they had to write a rule,  
8 and I know they had a hearing. That's all I know.

9 Q Have they talked to you about implementation  
10 regarding state amendment at all?

11 A They have not.

12 Q Throughout this deposition, I got the sense  
13 that you were really good at your job, as the GAPMS guy.

14 A It's not for me to say. I feel like I put  
15 forth some effort.

16 Q Yeah, and you got a certificate for doing one  
17 in eight hours.

18 A Just a couple of friends, but I think my  
19 performance is reflected in my performance reviews.

20 Q Yeah. And why do you think they moved you  
21 from GAPMS to the state plan?

22 A I asked to be moved.

23 Q Okay. Why did you ask to be moved?

24 A Because I felt like the GAPMS process had lost  
25 some integrity and I didn't want to be associated with



1 it. I didn't want the blowback from the requesters out  
2 there who were going to wonder why their report  
3 wasn't -- I mean, every month it got harder and harder  
4 and harder to justify those reports not moving. And I  
5 was just, you know, kind of burned out. If you're in a  
6 position where you're working on something and they tell  
7 you, you know, slow down and stop, you know, then let's  
8 go learn something else. And, honestly, I thought  
9 leaving would protect me from some of this.

10 Q You had mentioned that they had to adopt a  
11 rule to implement this decision. Is that typical of a  
12 conclusion reached through the GAPMS process?

13 A Not that I'm aware of.

14 Q The same question with having a hearing. Is  
15 that something typically related to a conclusion in the  
16 GAPMS process?

17 A Not that I'm aware of.

18 Q Has it ever been done, that you're aware of,  
19 for any GAPMS conclusions?

20 A I was never asked to attend a rule hearing or  
21 anything related to any of the GAPMS I worked on. So,  
22 not that I'm aware of.

23 MS. DeBRIERE: Are you okay with taking like a  
24 10 minute break?

25 THE WITNESS: Sure.