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		Page 125			
1	UNITED STATES DISTRICT COURT				
	NORTHERN DISTRICT OF FLORIDA				
2	2				
3	CASE NO. 4:22-cv-00325-RH-MAF				
4					
5	AUGUST DEKKER, et al.,				
6	Plaintiffs,				
7	7 vs.	vs.			
8	JASON WEIDA, et al.,				
9	9 Defendants				
10	0/				
11	1 Volume 2, 1	Pgs. 125 - 261			
12	2 VIDEOTAPED DEPOSITION OF: MATTHEW BRA	ACKETT			
13	3 AT THE INSTANCE OF: THE PLAINT:	IFFS			
14	4 DATE: FEBRUARY 8	, 2023			
15	5 TIME: COMMENCED:	1:30 P.M.			
16	6 LOCATION: AGENCY FOR	HEALTH CARE			
	ADMINISTRA	TION			
17	7 2727 MAHAN	DRIVE			
	TALLAHASSE	E, FLORIDA 32308			
18	8				
	REPORTED BY: DANA W. REI	EVES			
19	9 Court Repor	rter and			
	Notary Pub	lic in and for			
20	0 State of Fi	lorida at Large			
21	1				
22	2				
23	3				
24	4				
25					

	Page 126	
1	APPEARANCES:	
2	REPRESENTING THE PLAINTIFF:	
3	KATY DeBRIERE, ESQ.	
	Florida Health Justice Project	
4	3900 Richmond Street	
	Jacksonville, Florida 32205	
5		
	SIMONE CHRISS, ESQ.	
6	CHELSEA DUNN, ESQ.	
	Southern Legal Counsel, Inc.	
7	1229 NW 12th Avenue	
	Gainesville, Florida 32601	
8		
	SHANI RIVAUX, ESQ.	
9	Pillsbury, Winthrop, Shaw, Pittman, LLP	
	600 Brickell Avenue, Suite 3100	
10	Miami, Florida 33131	
11	OMAR GONZALEZ-PAGAN, ESQ.	
1.0	Lambda Legal Defense and Education	
12	Fund, Inc.	
13	120 Wall Street, 19th Floor	
13 14	New York, NY 10005	
1 <del>4</del>	CATHERINE MCKEE, ESQ. 1512 E. Franklin Street, Suite 110	
15	Chapel Hill, NC 27514	
16	Chapel Hill, NC 2/314	
17		
Ι,	REPRESENTING THE DEFENDANT:	
18	REFRESHVIING THE BEIENDING	
	MOHAMMAD O. JAZIL, ESQ.	
19	GARY V. PERKO, ESQ.	
	Holtzman, Vogel, Barantorchinsky & Josefiak	
20	119 S. Monroe Street, Suite 500	
	Tallahassee, Florida 32301	
21		
22		
23	ALSO PRESENT:	
	RL Minnich, Videographer	
24		
25		

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21		
22		
23	*Uh-uh is a negative response	
ر ہے	*Uh-huh is a positive response	
24		
25		

Page 128 1 DEPOSITION 2. Whereupon, 3 MATTHEW BRACKETT was called as a witness, having been previously duly 4 5 sworn to speak the truth, the whole truth, and nothing but the truth, was examined and testified as follows: 6 7 VIDEOGRAPHER: This is beginning of video three. The time is 1:30 p.m. We're on the record. 8 9 EXAMINATION 10 BY MS. DEBRIERE:: 11 So prior to break, we were talking a little 12 bit about Dr. Van Mol and Dr. Grossman's involvement in 13 the 2022 GAPMS. How did AHCA identify them to 14 participate in the July 8th rule hearing that was related to? 15 16 So the -- are we talking about the rule 17 hearing? 18 Yes, related to the June 2022 GAPMS. 19 So since we had already been working with them Α 20 in relation to the GAPMS project, because Dr. Grossman 21 is a psychiatrist, and Dr. Van Mol is a family -- family 2.2 practice practitioner, that's based on their backgrounds 23 and their knowledge of the existing evidence, that was 24 our basis for selecting them to be on the panel for the July 8th hearing. 25

Page 129 And turning back to the individuals who wrote 1 2 reports for the June 2022 GAPMS, who made the decision 3 to contract with them to prepare those reports? So after establishing each one, we wanted 4 A 5 to -- their backgrounds and their suitability to provide reports, that decision was made by, I think, now 6 7 Secretary Weida. 8 0 And who was involved in determining whether 9 they had the appropriate backgrounds to write the 10 reports? 11 A So I think those individuals who were working 12 with the experts, I think that was, of course, now 13 Secretary Weida, I think at our time, General Counsel 14 Josephina Tamayo. 15 Q Okay. Anybody else? 16 A I don't --17 Were you involved? Q 18 A I was not. Was Nai Chen involved? 19 0 20 A He was not. Was Dede Pickle involved? 21 0 22 A She was not. 23 Okay. So now Secretary Weida and Josephina 0 Tamayo were the two people who decided whether the 24 consultants who read the reports were qualified to do 25

```
Page 130
 1
      so?
 2
                MR. JAZIL: Object to form.
                THE WITNESS: So are you asking that whether or
 3
           not those two only assessed their credentials?
 4
 5
      BY MS. DEBRIERE::
 6
           0
                Yes.
 7
                I mean, yeah. I mean, they assessed their
           A
 8
      credentials and looked at their background and
9
      experience and knowledge.
10
                Were those the only two people that assessed
11
      their credentials before deciding whether to engage
12
      them?
13
           A
                In regarding the Agency, I mean, the -- Andrew
14
      Sheeran may have been involved. So it's possible a
15
      couple others with the principal decision to rely on
16
      those experts was theirs.
17
                Okay. And so just to be clear, you were not
           Q
      involved in that decision?
18
19
                I was not involved in that decision.
           A
20
           0
               And Nai Chen was not involved in that
21
      decision?
2.2
           A
                That's correct.
23
                And Dede Pickle was not involved in that
           0
      decision?
24
25
           A
                Correct.
```

Page 131 When making that decision, did AHCA 1 2 investigate whether any of the consultants had a stance related to the treatment of gender dysphoria? 3 We, of course, were looking for those that 4 A 5 had -- were knowledgeable about the existing literature of gender dysphoria, and those who would, for the 6 supplemental reports, would take an evidence-based 7 8 approach. 9 0 Did it -- so those were the only two criteria 10 that you used to determine which consultants you would 11 engage with? 12 A Correct. 13 0 And so opposition to gender-affirming care was 14 not a factor in who you chose? 15 A We were specifically looking -- I think we 16 might be talking semantics on what we consider 17 opposition, but we were looking for individuals who were going to make reports and recommendations based on the 18 existing evidence. 19 20 Okay. Was whether the vendor had experienced treating -- I'm sorry. Was whether the consultant had 21 22 experienced treating gender dysphoria a factor? 23 Not so much a factor that would outweigh the A knowledge of the existing literature and the evidence, 24 since this was going to be a -- the GAPMS process really 25

Page 132 takes into account peer-reviewed literature. It takes 1 2 into account evidence-based clinical guidelines, et 3 cetera, so those are our primary -- our primary factors in evaluating the experts and their ability to 4 5 contribute to this report. Would people who actually provide treatment in 6 7 gender dysphoria be most familiar with peer-reviewed 8 literature as it relates to their practice? 9 A Well, that is a complicated question. They 10 don't necessarily have to be. It's possible to -- I 11 mean, it is possible -- I mean, it is hypothetically 12 speaking, someone could engage in treatment of these 13 individuals and run and follow anecdotes. 14 So it's not important to AHCA that the 0 15 consultants with whom you engaged had actual experience 16 treating gender dysphoria? 17 So based on how the GAPMS rule is written, the needs of the report, we really -- the primary ask was 18 for individuals who were steeped in the evidence. 19 20 But didn't necessarily have actual real life 0 experience treating gender dysphoria? 21 2.2 A Right, that wasn't a primary consideration. 23 Okay. For -- was AHCA aware that all the 0 consultants with which you engaged took a stance to 24 oppose mainstream medical organizations' stance on 25

```
Page 133
      gender-affirming care?
1
2
                MR. JAZIL: Object to form.
                THE WITNESS: So are you talking about in
3
           opposition or in contradiction?
4
5
      BY MS. DEBRIERE::
                Contradiction.
6
           0
7
                We -- whether contradiction or alignment
           A
      really was irrelevant, it really was taking a look and
8
9
      making evidence-based conclusions.
10
                Speaking to Dr. Brignardello-Petersen -- I'm
      sorry. I'll start here actually. In deciding on
11
12
      whether to use these consultants, was any input provided
13
      from the Alliance Defending Freedom?
14
           Α
                No.
15
           0
                What about the Heritage Foundation?
16
           Α
                No.
17
                Liberty Council?
           Q
18
           Α
                No.
19
                Society for Evidence-Based Gender Medicine?
           0
20
           Α
                We may have gotten Romina's name from that
21
      organization.
2.2
           0
                Okay. And what about the Family Christian
      Coalition?
23
2.4
           Α
                No.
2.5
                Did you get anybody else's name from the
           0
```

```
Page 134
      Society for Evidence-Based Gender Medicine?
 1
                 Because the -- because it was verbal
 3
      conversations, so don't -- don't think so, but the kind
      of details -- because there's a lot of verbal
 4
 5
      conversations and no written record, so --
 6
           0
                Maybe?
 7
           Α
                 It could be a maybe at best.
                And did the Family Christian Coalition
 8
           0
 9
      recommend any of -- or play any role in the
10
      recommendation of the consultants --
11
           Δ
                No.
12
                 -- with AHCA engaged? What about the Florida
      Citizens Alliance?
13
14
           Α
                No.
15
           0
                 The Florida Department of Health?
16
                Well, the Florida Department of Health passed
           A
17
      along to the name of Dr. Michelle Cretella. So, yes.
                What about the Governor's office?
18
           Q
19
                No.
           A
20
                The Surgeon General Ladapo?
           Q
21
                Well, he would be acting in his capacity as,
22
      of course, the agency head for the Department of Health.
23
      So the Department of Health, cumulatively, gave us that
24
      name.
                Did he personally?
25
           0
```

Page 135

- A There was a conversation, like, once with our general counsel Tamayo at the time with Dr. Ladapo, but we don't recall whether or not the name was given during that conversation.
- Q I think you touched on this a bit earlier, so I apologize for circling back around, but did AHCA consider using any other consultants in the development of the June 2022 GAPMS?
  - A By any other --
- Q Other than those that wrote the reports or Grossman or Dr. Van Mol?
- A There were those who were contacted. Of course, there was -- it was all verbal conversations, but not necessarily -- not necessarily considered to write a report either.
- Q And do you remember who you were -- who you contacted?
- A Since it was all through verbal conversations, it was eight months ago, it wasn't through written correspondence, the -- we're not really aware of all those details.
  - Q And who was the one who did the contacting?
- A The contacting was done, I think -- I think by Andrew Sheeran. He's now our General Counsel. I think Josephina Tamayo -- Tamayo. Sorry. I think she also

2.2

Page 136 was involved in contacting them. 1 0 Okay. And those were all phone calls? 3 These were verbal conversations, yes. Α So no communication by email? 4 0 5 Α No. Did you use the folks who ended up not 6 0 7 offering the reports -- aside from Dr. Van Mol and Dr. Grossman and the individuals who authored the reports, 8 did you use the people that you contacted in any other 10 capacity? 11 Α No. 12 And what was the scope of the agreement 13 between AHCA and each consultant? 14 So each consultant, of course, they provide us Α 15 their hourly rate. We wrote up purchase agreements that 16 those amounts cannot exceed \$35,000 because of the 17 nature of the procurement. Can you speak a little bit more to that? I'm 18 not -- I'm unfamiliar with the way that -- the 19 20 regulations that govern that. 21 So if it were to exceed \$35,000, it would have 22 to be a competitive procurement, and that's why -- so 23 the -- so we, of course, we enter in agreements with each of these experts. The amounts paid to them cannot 24 exceed 35,000. 25

Page 137 Okay. What was each vendor -- in procurement 1 2. of consultants, was this the usual procedure? I'm 3 sorry. In contracting. Yeah, this is the procedure that we can 4 Α 5 follow. That you can follow, but is it the usual 6 0 7 procedure? 8 Well, I mean, what is defined by a usual procedure? I mean --10 How many times in prior GAPMS have you 11 contracted with a consultant to develop the GAPMS? 12 Well, we haven't, but then there are 13 instances -- I know with coverage determinations, et 14 cetera, that sometimes we will actually send stuff for a 15 physician review, like over at EQ Health Solutions. So 16 it's not unusual for us to ask for medical experts or 17 clinical expertise on a prospectus. Had you ever previously contracted and paid 18 0 19 the person for that clinical expertise? 20 A No, we had not. 21 What was the total budget allocated to the 2.2 development of the GAPMS? 2.3 You know, 35,000 times seven. That'd be 210 -- 245,000. 24 2.5 So each consultant is capped at --0

Page 138 1 That was the cap of the budget. Α And is that 34,999, or 35 straight? 0 3 I'm leaning towards 34,999, so we can subtract Α \$7 from that amount. 4 5 Okay. Has each consultant been paid in full for that work? 6 7 Α Each consultant has been paid in full for the work they completed. 8 9 Q Okay. Some of those consultants now, though, are acting as experts in this case and being reimbursed 10 11 for that, as well? 12 Α Those would be under separate agreements. 13 0 Okay. In the example you just gave about 14 using outside physician consultants for the other GAPMS, 15 did AHCA pay those other consultants? 16 For other GAPMS? Those consultants are 17 usually salaried or have hourly rates from our 18 subcontractors. 19 Okay. Okay. But you didn't enter into any 0 20 kind of vendor agreement with them? 21 No, they're already employed by one of our 2.2 subcontractors. 23 Okay. Did all of the \$35,000 paid to the 0 24 vendor -- paid to the consultants come directly from 2.5 AHCA?

Page 139 1 Α Yes. 0 Was AHCA reimbursed by anyone else for those 3 consultant payments? Α 4 No. 5 Other than through its subcontractors, has AHCA ever previously retained outside consultants to 6 undertake a review of the evidence-based clinical 7 practice quidelines for GAPMS? 8 9 Α Well, previously, we did actually have -- of 10 course, we discontinued it, but we did have PAYS, which 11 was back -- and we had it throughout 2017 -- which was a 12 course and evidence review guide program that I had to 13 subscribed to. We did have that and often referenced 14 that in the early days, but after the amount of time, 15 and because it was an expensive subscription, we 16 discontinue it. 17 So that was a subscription service. Do you --0 can you recall any time that you engaged with an outside 18 19 consultant, other than those employed by your 20 subcontractors? 21 A No. 22 0 What about to undertake a review of 23 professional literature? 24 A No. To actively participate by making a 25 0

Page 140

recommendation or assessment as to the experimental or investigational nature of the service?

A No.

2.2

Q Why didn't you use the subcontractors -- AHCA subcontractors, why didn't you rely on their expertise in developing the June 2022 GAPMS?

A Because of this GAPMS and because of the nature of the subject. We did anticipate litigation after -- once the report was done and once we were working on it. So because of that anticipation, we needed to have experts that were -- that did have a degree of expertise in this field. Our subcontractors, their practices are more like general practitioners, or may be specialized in other areas, and they wouldn't be able to adapt quickly enough to the learning curve to provide a valuable assessment.

Q So you were concerned about attacks litigation might have on the integrity of that report itself?

A Can you repeat that?

Q Well, you said that because you anticipated litigation, that's why you engaged with consultants who had expertise, in particular --

A The Agency needed as robust a report as possible. So because we needed such a robust report, and because of the HHS guidance, the Department of

Page 141

Health, so the fact that there were published documents out there, the Agency did need to come up with a response that we needed to disseminate as robust as possible, and that's why we engaged with the outside experts.

Q Why is gender-affirming care different from any other Medicaid service?

A Well, I'm going to defer to GAPMS process and our GAPMS report. For -- for the response to that is that gender-affirming care, of course, we are looking at, like, a treatment model that has very weak and low-quality evidence supporting it. And because we did a review and assessment of the literature, because there are a lot of claims made, especially by HHS, in particular, about its efficacy, because of its nature, because of -- and because of the low-quality evidence, that's how we deemed it. I mean, it is a different sort of care than we can consider traditional.

- Q The GAPMS process is used to determine whether a Medicaid service is experimental, right?
  - A Yes.
- Q So then that question is presented in any Medicaid service you're evaluating under GAPMS?
- A That's right.
  - Q So why is gender-affirming care different?

2.

Page 142 I'm going to defer to the conclusions we drew 1 2 in the GAPMS report. 3 Why did you anticipate litigation before you even reached a decision? 4 5 Well, I think that's because, I mean, this is often a very touchy subject. It's something that's 6 7 frequently seen in the mainstream media. And, of 8 course -- of course, the documents from HHS. It is a 9 high-profile issue. It's considered by many to be controversial. So that should -- that's kind of why we 10 11 did anticipate potential litigation resulting from 12 whatever determination we made. 13 Q Why didn't you need gender dysphoria experts from the prior gender dysphoria GAPMS? 14 15 A For the prior ones? 16 Uh-huh. 0 17 So for the prior ones, I think at the time --18 I mean, we have to take it in context at the time, and, 19 of course, these were done piecemeal, these were all 20 separate reports, not one large one. So in the course -- at the time because this wasn't viewed as far 21 22 as a potential hot topic, there wasn't the HHS guidance 23 at the time, that's -- I think the best explanation as far as to why we decided not to engage with consultants. 24 HHS releases guidance all the time, though, 25 0

Page 143 1 about coverage? 2 A Uh-huh. That's correct. It does. Did you anticipate litigation for the 2016 3 GAPMS memo on puberty suppression therapy? 4 5 The staff of the Agency who were present for that determination are no longer with the Agency, so we, 6 7 in our current capacity, can't speak to that. 8 Did you undertake any research to derive an O 9 answer for that question? 10 A No, we didn't. 11 Did you look at any past memos related to 12 whether or not the GAPMS might have litigation 13 initiated? 14 It's always a concern with every coverage 15 determination and every GAPMS we do because inevitably, 16 if we do say no to a service, there's going to be 17 disappointed party. So it is a consideration we always 18 have in place that there might be litigation. 19 Well, then that brings me back to the question 0 20 as to why gender-affirming -- why this GAPMS is 21 different? 2.2 Well, this brings us back to the present 23 circumstances behind how much attention the subject's been drawing in the media. The -- and it goes back also 24 to the HHS guidance, which was making claims based on 25

Page 144 evidence that we determined was insufficient. 1 2. So I only listen to NPR, I'll be honest. 3 don't watch any news. What media? Where's this a hot topic in the media? 4 5 Oh, I mean, let's see here. I mean, we can name a lot of sources. I also -- I do listen to NPR 6 7 myself. So NPR actually does periodically have an article on it. Then, of course, let's see here, there's 8 quite a few other sources of things listed here. CNN, 10 MSNBC, ABC, NBC. Your major outlets. New York Times. 11 The Guardian. 12 Q How long has the media coverage been going on 13 for? 14 So as far as media coverage goes, well, the Α 15 media coverage, there's always been smatterings of it 16 here and there, but I think when -- as far as it 17 becoming a consistent theme probably the past year. But 18 that's not me speaking on behalf of the Agency, that's 19 me speaking from personal observation. 20 Okay. Fair enough. Did AHCA share any of the 0 draft consultant reports with external entities? 21 2.2 A We did not. 23 The Governor's office? Q We did not. 24 A 25 0 Department of Health?

Page 145 We did not. 1 A 2 0 No one? 3 No, they stayed internal. A Did AHCA provide any material to the 4 0 5 consultants to review in drafting their reports? 6 A No, we did not. 7 0 Did AHCA edit the reports of the consultants? There was some copy editing for style and 8 A 9 grammar. Other than that, no, we did not make edits to 10 the content. 11 0 So no substantive edits? 12 No substantive edits. A 13 0 And that includes Lappert's report? 14 That includes Dr. Lappert's report. A 15 0 And Dr. Donovan's report? 16 And that's for Dr. Donovan. A 17 And did any of the consultants provide edits Q 18 to the AHCA GAPMS report? 19 So after we finished the draft, we did send Α 20 drafts to Doctors Grossman and Dr. Van Wol and they 21 provided some feedback, but none of the feedback met --2.2 were made -- resulted in drastic changes. I think -- I 23 think Dr. Van Mol suggested we -- there's one more 24 article we could discuss, and we added some content in there regarding that. They did help us correct some 25

Page 146 1 terminology errors. There are some -- so there are some technical edits that were made. But as far as anything 3 substantive, my first draft, I mean, was largely intact by -- from the first draft process to when we had the 4 5 final draft. Okay. And you were the only person involved 6 0 7 in making the first draft? I can articulate a little bit more on how that 8 9 went. So while the experts -- while the experts were 10 composing their reports, I was composing mine. And once 11 we had their reports, then that was -- then we did 12 add -- we added some snippets from their reports in our 13 report to make it more, I guess you could say, 14 cumulative. 15 Okay. So only after the consultants who wrote 16 a report, those reports were done, then you pulled some 17 of that information into your --18 A Correct. So my section was complete when we 19 started receiving their reports. 20 Okay. Okay. What was the date of your first Q 21 draft? 22 A I think the date of my first draft -- let's see here -- want to say early to mid May. 23 Okay. So, like, second week of May-ish? 24 0 25 A Somewhere around there, yeah.

305-376-8800

Page 147 Going back to the edits that the consultants 1 2. provided to your report, what terminology had to be 3 corrected? What was it? I mean, it was some medical 4 Α 5 terminology. I don't remember the specifics. I mean, it was very, like, miniscule changes. 6 7 Where they red lines in, like, a Word document? 8 No, the edits were given to me verbally and I made them -- sometimes I made them right there when we 10 11 were talking to them. 12 Okay. You stated in your declaration filed 13 with the court on January 25th, 2023, that the only 14 sources you relied on for the June 2022 GAPMS, were those cited in the works cited section of the report; is 15 16 that a correct statement? 17 That's correct. A 18 So that means that the only sources that you 0 consulted or considered -- or cited in the June 2022 19 20 GAPMS report? 21 During the -- yeah, during the writing of the 2.2 GAPMS, those were the sources consulted. 23 Nothing else? Q During the drafting of the report, nothing 24 A 25 else.

Page 148 What about after? 1 0 2. Α Afterwards, more out of intellectual 3 curiosity, I did want to try to see what else was out there, but that was more for personal intellectual 4 5 curiosity than it was for professional purposes. 6 Okay. What were those things that you 7 reviewed? Articles by Jack Turban. 8 Α 9 Can you spell his last name? Q 10 Α T-U-R-B-A-N. 11 I'm not familiar. 0 12 Well, it's -- he is cited in our report, but Α 13 he also is -- he's frequently quoted a lot, so I was 14 curious to see what other in print articles he had 15 produced. 16 Ouoted in what? 0 17 Α He's often cited in, like, news stories, media. 18 19 MS. DEBRIERE: Simone just got a note that 20 folks are having trouble hearing me. 21 BY MS. DEBRIERE:: 2.2 O All right. When you were considering whether 23 the services listed at 59-G-1.050(7) were experimental, did you evaluate whether excluding those services would 24 be budget neutral? 25

Page 149 1 A No, we did not. 2 0 Did you consider whether private insurance covers the services excluded by 59-G-1.050(7)? 3 For this one we didn't, but primarily when we 4 A 5 do GAPMS, we really aren't interested in public and private insurers. We're primarily interested in state 6 7 Medicaid programs and Medicare since, like, Florida 8 Medicaid, they're public payers. So primarily, we 9 really want to know what the public payers say. 10 Usually, our lowest priority for GAPMS is to provide 11 analyses of what private payers pay. And generally, 12 often we need those to supplement if we're unable to get 13 that many policies from Medicaid programs across the 14 nation, but since it's -- for this GAPMS, we actually 15 surveyed all 50 states, then we had adequate information 16 from that. Most GAPMS reports, usually we get maybe 10 17 or 12 when it comes down to coverage policies, it's --18 it's pretty much what we can find in a certain amount of 19 time. But for this one, we've -- since Dede Pickle was 20 working on it independent, she was able to survey all 21 50. 22 0 And why is it covered under private insurance 23 informative of whether or not a service is experimental? Can you repeat that? 24 A Uh-huh. Why don't you rely on -- why don't 25 0

Page 150 1 you consider private insurance coverage to be 2 something -- I'm having trouble formulating what should 3 be a simple question. Why don't you look at private insurance 4 5 coverage when you're determining whether or not a service is experimental? 6 7 Well, private insurance works differently. I 8 mean, Florida Medicaid, like Medicare, is a 9 taxpayer-funded health care system. Private insurers, 10 since they're privately funded, there's a great deal 11 more latitude, what they can cover and what they don't 12 have to cover, and they're more subject to the 13 competition of the market, as opposed to Medicaid 14 programs. So we -- while we do -- some often will look, 15 but often it's -- we often try to find what private 16 payers pay for following what we get from Medicare and 17 Medicaid. So, I mean, when it comes down to it, we can, 18 but it's not an absolute requirement, and we really do 19 want to find out what the Medicaid programs are paying 20 for. That's our first and foremost criteria for looking 21 at the coverage of -- other payers coverage. 2.2 So it's not apples to apples, because in O 23 Medicaid and Medicare, you've got state taxpayer dollars to consider, correct? 24 That's correct. 25 A

Page 151 Okay. But when you undertook the June 2022 1 2 GAPMS, you did not evaluate whether or not excluding 3 those services would be budget neutral? No, we didn't for this one, but we -- but 4 A 5 that's also not necessarily unique to this, as well. So in other GAPMS, you've not evaluated the 6 7 budget neutrality of the service, whether or not you're 8 going to cover it? 9 That's correct. In the GAPMS I did in 2017, 10 for, I think, like the nitrous oxide of -- pretty much 11 like an adjuvant to this, kind of jumped-up asthma test, 12 we didn't do a cost budget analysis because, like, we 13 weren't going to cover, it's not going to affect 14 anything. 15 Q So then you did evaluate whether it was budget 16 neutral. You won't be covering it, so, therefore, it 17 was neutral? 18 Well, we just -- we just don't -- we just A 19 don't do one, because, I mean, we're not covering it. 20 So it comes down to if we were going to make a coverage determination, that's when you do a fiscal analysis. So 21 22 a coverage determination is definitely turned into a 23 fiscal -- it needs -- it needs a fiscal analysis, because we're -- need to find out whether or not we're 24 going to be able to stay within our budget. 25

```
Page 152
                I see. I see. So in this instance, because
 1
 2
      we are talking about the only GAPMS that excluded a
      service previously covered, did you do anything to
 3
      determine whether or not that would cost or save the
 4
 5
      state money?
 6
           A
                No.
 7
           0
                I think you have -- you brought information
8
      with you today about this. How did you collect state
9
      Medicaid program coverage data?
10
                So on that spreadsheet, so Dede Pickle, she
11
      went across the -- yeah. So she --
12
                MR. JAZIL: Do you want to mark it as an
13
           exhibit?
14
                (Whereupon, Exhibit No. 13 was marked for
15
      identification.)
                THE WITNESS: She surveyed 50 states and I
16
17
           think territories -- even up in the territories --
18
           and was looking to see what their stances were on
           gender-affirming care, to see whether or not they
19
20
           had statements saying that they will cover it or
           policy saying that they wouldn't. And then
21
2.2
           there -- those that just didn't have a policy
           available, or had no policy in place.
23
      BY MS. DEBRIERE::
24
                So Dede Pickle was the one who put together
25
           0
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Page 153 1 the spreadsheet? 2 A Yes. 3 Okay. And where did she look to find this information in each state? 4 5 Well, she went to their state Medicaid web pages, looked at their -- like, their coverage guides or 6 7 materials in each state Medicaid -- Medicaid programs. 8 There can likely be idiosyncrasies. I mean, some 9 have -- some are like ours, have a ton of coverage 10 policies, others are like Texas, Texas has one gigantic 11 coverage policy, which actually does -- despite the fact 12 it's huge, it's actually kind of more efficient. 13 It's -- you can get everything from there. But 14 that's -- that's what they do in Texas. Everything's bigger in Texas. But she went and looked at all of the 15 16 different state -- various state Medicaid programs and 17 saw what their policies were and saw what was available. 18 And, of course, put the findings in the GAPMS report. Did she only do an online search? 19 0 20 A Yeah, it was only an online search. 21 0 Did she contact any of the Medicaid programs? 22 A No. 23 Did she look at any of the policy reporters? Q No, we -- no, we didn't use policy reporter 24 A for this GAPMS. 25

Page 154 1 So just looking at the state's Medicaid Agency websites? 2 3 For the Medicaid, yes. But, generally, without having worked in Medicaid, one of our research 4 5 criteria for across all kinds of reports and projects is that we do want to see what other states do. And so 6 7 that gives us a great deal of familiarity of how to 8 navigate other states' programs. And one of our side 9 projects is the statewide Medicaid managed care program. 10 And, of course, we're always looking to see what other 11 states are doing. So we get a great deal familiar with 12 how to navigate the web pages of other states. 13 0 So at least half the states' Medicaid programs 14 explicitly cover pubertal suppression treatment for 15 gender dysphoria, is that correct? 16 Based on -- based on the findings of the map. 17 So what -- so I will defer to the findings on the map. 18 Q Only ten exclude? Defer to the findings as stated in the map. 19 A 20 Okay. How about we do this: Based on the 0 21 findings in the map, only 10 states explicitly exclude 22 pubertal suppression therapy. How did you take that 23 into account when you reached the conclusions that you did about the services being experimental, that 24 particular service being experimental? 25

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A As far as that goes, it's informational, but there was -- there was a divide between states that do cover and states that don't. Primarily when making the determination we focus -- we really focused on the evidence and what the evidence said about treatments for gender dysphoria since the Medicaid program -- since there is -- seems like there's an absence of policies for a lot of states. There are some states that come out and say yes, and then there are some states that say no. There is a -- there's a divide and you can even potentially say like there could be a debate between amongst the 50 states plus territories of whether or not coverage is appropriate.

Q But you did say earlier on that you -- whether a service is covered under the other state Medicaid programs is usually a factor that you weigh heavily in determining whether a service is experimental.

MR. JAZIL: Object to form.

THE WITNESS: So when it comes down to it -it's like, so often, it's not just other Medicaid
programs, but also Medicaid programs are similar to
Florida. There are some Medicaid programs -- I'll
name two -- New York and California that are -that cover things very, very liberally, as far as
services. Like, these added everything in their

2.2

Page 156 fee schedules, where Florida Medicaid -- and 1 2 Florida Medicaid prides itself on being a very 3 fiscally responsible Medicaid program. So often we try to see what states that are similar to our 4 5 Medicaid program, what they do. But we also do 6 see, we see overwhelming amounts of coverage from 7 states like us and states across the union, then that does factor in our decision, but for in this 8 9 circumstance, because there is a split, if we were 10 going to have to more -- rely more so on the 11 evidence, than the notion that all these states 12 cover services, there -- it's not -- it's not 13 unanimous at all. BY MS. DEBRIERE:: 14 15 Did you ever contact the states that explicitly exclude and ask them why they explicitly 16 17 exclude? 18 A We did not. 19 Did you ever call those states that have no 20 coverage statement one way or another and ask them? 21 We didn't reach out to states. I mean, their 2.2 policy's online. I mean, that -- I mean, their 23 published policy is sufficient to give us the responses we need to look at -- to look at it. Even for other 24 25 GAPMS, we don't contact other states.

Page 157 Did you analyze how much Florida Medicaid 1 2 spends on -- spent on treatment for gender dysphoria 3 prior to the categorical exclusion? No, we did not. 4 A 5 Do you have any plans to reevaluate your findings in the GAPMS report based on the September 2022 6 7 release of the WPS standards of care version eight? 8 So in the immediate term, well, we don't, 9 so -- but, I mean, we can reopen the GAPMS later on, 10 there is -- there is a process for that. But generally, 11 I mean, these standards of care, I mean, based on the 12 release of one set of new standards of care, I mean, for 13 the time being we don't have any immediate plans, not based on the release of one new update. 14 15 Okay. How long did you personally work on 16 that initial draft of the June 2022 GAPMS report? 17 Oh, I was working on it pretty much until the A 18 day it came out. 19 And you started that second week in May? 0 20 A Well, no, that was after I had the very first 21 initial draft done. 2.2 0 Okay. So tell me when you first started 23 working on it. April 20th. 24 A Okay. So from April 20th until when it came 25 0

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Page 158
      out. Published on what -- well, we know that it was
 1
 2
      first reviewed by your higher-ups on June 1st. So April
 3
      20th to June 1st?
                Yeah, that's sufficient.
 4
           A
 5
           0
                Okay. And you worked with Nai Chen and Dede
 6
      Pickle.
 7
                Uh-huh.
           A
 8
                Did you read all of the articles in the
      work-cited section?
9
10
                I read every single document in that works
11
      cited section.
12
               88 articles?
           Q
13
           A
             All of them.
14
                Okay. Were you able to read everything,
           0
      understand it, and draft a report in --
15
16
           A
                Yes.
17
                How often during that time period did you
           Q
      communicate with the consultants?
18
19
                Oh, I think between four and five times.
           A
20
           0
                And four or five times over that entire time
21
      period?
2.2
           A
                Yeah, during those time periods, yes, we
      have -- periodically have, like, a one-hour discussion
23
      with them.
24
                So you talked to them about five hours total
25
           O
```

Page 159 over that time period? 1 2 A I think that's a valid estimate, yes. 3 Okay. Do you think it's more than that, like 0 more like 10 hours? 4 5 A No. Okay. Turning back really quickly to the 6 0 7 amount of -- the cost of treatment for gender dysphoria. How much was spent on the coverage of gender dysphoria 8 9 versus how much was spent -- strike that. Do you know how much, prior to the adoption of 10 11 the categorical exclusion, how much annually AHCA spent 12 on the coverage of gender dysphoria? 13 Α We did not. 14 Are you able to obtain that information? 0 15 Α Our data analytics between managed care plans 16 paid per claim, and anything in fee-for-service, our 17 data bureau could probably muster that up. 18 Is there a way that we should ask for that Q 19 information to make the question clearer? 20 You'd want to -- you would -- to put in a 21 request we would need diagnosis code, we'd need NDC, and 2.2 we would need CPT codes. And what's NDC? 2.3 0 2.4 National Drug Code. Α Okay. And then for surgery, what would you 2.5 0

Page 160

need?

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- A You would need the corresponding CPT code.
- Q Okay. So you need the diagnostic code, the NDC for drug coverage, and the CPT code?
  - A And the time -- the date ranges.
- Q And the date ranges. Okay. And then you could tell us how much AHCA -- or the Florida Medicaid program paid in coverage of -- treatment for gender dysphoria over a given period of time. Okay. When you were communicating with the consultants about drafting the June 2022 GAPMS report, what kinds of questions did you ask?

A Generally, questions about -- mostly just questions about, like, articles, like studies, making sure we have our bases covered, things like that. We wanted to make sure we didn't miss anything, or there's anything glaring we -- because it isn't a piece of academic work it is, it is -- mainly it's like a thesis or a dissertation, because we make a case, we have to support that case. So we want to make sure we have our bases covered.

- What were the consultants' positions on WPATH?
- A Their positions were that -- I think they
- 24 identified -- all they did was identified it as an
- advocacy group, like a combination of clinical

Page 161 professionals, plus advocates, community activists can 1 join it. So that -- it's kind of a hybrid organization, 2 3 that they explained that to us. So that was pretty much all the information they gave. 4 5 And you felt like that was an adequate explanation of what WPATH was? 6 7 A Yes. 8 What about the Endocrine Society? What was 0 9 their position on? 10 Their position was the Endocrine Society. I 11 mean, it is an established clinical organization. They 12 felt like the other guidelines, they had released 13 guidelines, but the Endocrine Society was transparent in 14 releasing their guidelines. They did clarify that their 15 recommendations were based on weak or very weak 16 evidence. They also clarified that their guidelines 17 were not a standard of care, that they were just 18 quidelines. 19 0 And that's the Endocrine Society. Who does 20 that -- or your consultancy, who did that? 21 The Endocrine Society. So the Endocrine 22 Society, in the text of their guidelines, they do 23 identify each line of the treatment model, like the puberty suppression, the cross-sex hormones and 24 surgeries. Primarily the hormones is the Endocrine 25

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Page 162
      Society, but they are very clear that it's either low-
 1
 2
      or very-low-quality evidence that supports it, and they
 3
      also do put that disclaimer on there, this is not a
      standard of care.
 4
 5
                What was your -- what was the consultants'
      position on the American Psychiatric Association's
 6
      recommendations for gender-affirming care?
                It didn't come up in the conversations.
 8
           Α
           0
                Okay. How about the AAP?
                The AAP was that the evidence available to
10
           A
11
      support the AAP's positions wasn't sufficient.
12
                Okay. What about the AMA?
           Q
13
           A
                We didn't talk about the AMA.
14
                MS. DEBRIERE: Okay. So I would like to -- do
           you have the exhibit of the Medicaid policy routing
15
16
           and tracking form for the June 2002 GAPMS?
17
                MR. JAZIL: Can you re-mark on this --
                MS. DEBRIERE: Yes, please. I think -- I need
18
           a bigger one.
19
20
                (Whereupon, Exhibit No. 14 was marked for
21
      identification.)
2.2
                THE WITNESS: Yeah, that new formulation makes
23
           it taste just like the real thing.
                VIDEOGRAPHER: It's pretty good.
24
                MR. JAZIL: See, we're finding common ground.
25
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Page 163 THE WITNESS: Wasn't, like, Coca-Cola and all 1 2 their peace commercials, they were holding hands 3 around the world? That was from the '70s, I think. BY MS. DEBRIERE:: 4 5 Okay. So I'm handing you what's been marked as Plaintiff's Exhibit 14. It's the Medicaid policy 6 7 Routing and Tracking Form for the June 2022 GAPMS. There's a start date column there. What's that mean? 8 That's a start with the routing process. So 9 A 10 generally, for this, usually -- usually they try to 11 provide like a window. We always have, like, a window 12 of review. So for this, we enter the dates in the 13 system. The GAPMS is routed to first -- well, actually, 14 since my supervisor Dede was out, I was her delegate, so 15 I did sign on her behalf. Then it went to Ann Dalton 16 who signed. And, of course, Secretary Weida, of course, 17 signed in his role, and then went to Deputy Secretary Wallace. 18 19 Okay. So start date's when the document hits 0 20 their desk? 21 Α Yes. 2.2 Okay. And then end date's when they've 0 23 reviewed it and passed it on? 24 Α Yes. Okay. Date received is going to measure the 25 0

Page 164 date that it hit their desk, but they didn't necessarily 1 2. pick it up and start reviewing it? I'm trying to understand what's the difference between --3 Date received should be when they got it. 4 Α 5 Okay. And the start date's when they start 0 reviewing it? What's the difference there? 6 7 Start date, end date -- yeah, that should be. Α And the approval column means that the GAPMS 8 0 9 was approved by each person that checked the box and 10 initial by it? 11 That's correct. Δ 12 Okay. So the June 2022 GAPMS report, which is 13 46-pages long and contains five separate reports from 14 AHCA consultants, it was reviewed and approved by each 15 person on this list in one day? 16 Α Yes. 17 And all four people on this list reviewed and Q 18 approved the June 2022 GAPMS report in the span of two 19 days? 20 Uh-huh, that's correct. Α 21 0 Oh, I see there MB for DVP. 2.2 Α Yeah. 23 Why choose to adopt the 2022 GAPMS report into 0 2.4 rule? 25 Because -- so since we had determined it to be

Α

experimental and investigational, so we decided that we didn't need to make the -- based on the evidence, based on what the GAPMS said, the categorical exclusion promulgating the rule is necessary.

- Q Okay. So you adopted into rule because it was a categorical exclusion?
  - A It was going to be, yes.
  - O When was that decision made?

A The decision that was made -- the decision to make -- to make a new categorical exclusion, of course, that was not going to be made until after we had completed the GAPMS report and signed off on, because obviously, had either the experts had they disagreed with one another, or if I'd come up with a different conclusion, can't make a categorical exclusion unless everyone was in sync. So it was one of those things where had -- had the expert opinions disagreed with each other, had I come up with a contradictory conclusion, there -- you had -- we had to wait until after the report was done before we'd sign whether or not to proceed with the categorical exclusion.

- Q And when was the decision made to adopt it into rule? Was that at the same time that you decided to make it a categorical exclusion?
  - A That was made after we had had the report

2.2

Page 166 signed and done. 1 2 0 Okay. Sorry. I need to be more specific. What date was that decision made? 3 Well, I think it was probably made June 2nd. 4 A 5 Okay. And who made that decision? 0 6 Α That would have probably have come down from 7 Secretary Marstiller, that would have come down from now-Secretary Weida, and it would have come from our 8 General Counsel, Josephina Tamayo? 10 Why would it have come from those people? 11 So -- because, of course, with our General Δ 12 Counsel, with our Secretary, I mean, they do make the 13 decisions for the Agency. It's not out of the -- I 14 mean, it is typical in their role to make a decision to 15 promulgate something into rule. Would that generally, though, be handled by 16 17 the Bureau of Medicaid policy? 18 А Sometimes. It depends on -- depends on the nature of the rule change. Depends on where -- where 19 20 it's originating from. 21 How often has that decision come from the 2.2 Medicaid Secretary? 23 So let's -- so to talk about the rulemaking Α process a little bit. 24 2.5 0 Yeah.

Page 167 So rule -- proposes for rule changes come from 1 all different directions and --2. 3 Let's back up. Instead of talking generally 0 about rule changes, let's talk about changes to coverage 4 5 policies. Those can be made by our Deputy Secretary. 6 Α 7 Those can come from the Secretary. I mean, anyone 8 who --Q How often does that happen? 10 Α We can't speak to how often it happens. 11 mean, it does happen. 12 Had it happened more with the Bureau of 0 13 Medicaid policy? 14 You mean, those in Medicaid policy who initiated these changes? 15 16 More often than not? 0 17 I actually would probably say not. Α 18 Oh, okay. I'm just -- I'm surprised because 0 19 we learned from Ms. Dalton that the -- both the 20 rulemaking process and the coverage policy units are 21 housed within the Bureau of Medicaid policy. 2.2 Α Well, that's correct, they are, but often they're responding to directives given to them from 23 either senior leadership or legislative changes. 24 25 Okay. 0

Page 168 So, yeah, while they are the ones that 1 2. implement and write and craft the new policies or update the policies, they're often not the ones that are 3 piloting these new policies. 4 5 Or initiating the decision as to whether or 6 not --7 Α Precisely. -- or adopt them into rule? 8 0 Α Correct. 10 So you said that it was the decision to adopt 0 11 into rule was made on June 2nd, is that correct? 12 Α That's correct. 13 0 Okay. And the notice of rule development, 14 that was issued on June 3rd, correct? 15 A Yeah. 16 I swear. O 17 Yeah, I'm deferring to the record on that. A 18 Q Sure. 19 The rulemaking process is highly documents, so A 20 I'm going to be deferring to the documentation for the 21 rulemaking process. 22 0 Okay. So it took less than 24 hours for AHCA 23 to decide to adopt the conclusion in the 2022 GAPMS report into a rule? And even less than that, because 24 you made it the same day that the report was released, 25

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Page 169 1 correct? 2 A Yes. 3 And at that time, you also knew which section 0 of 59-G it was going to go into? 4 5 A Yes, we did. And who had to sign off on that decision? 6 0 7 A So all of our -- so whenever we adopt a rule, 8 it does go through a lengthy routing process. So it 9 does start -- the process starts in the Bureau of 10 Medicaid Policy, starts with the rules -- we have a 11 rules unit. That gets signed off on, then it goes to 12 the AHCA administrator authorities section, they have to 13 sign off. Then after that it goes to the Bureau Chief 14 of Medicaid Policy. Of course, likewise, they have to 15 review and sign off. Then it goes to the Assistant 16 Deputy Secretary of Policy and Quality. They have to 17 sign. Then, of course, the Deputy Secretary for Medicaid has to sign. General Counsel's Office has to 18 19 sign. And then the Secretary is privy to all the 20 changes. And if Secretary decides like, wait, wait, we can't do this or, no, there's a problem, yeah, that 21 22 sometimes can result in a frustrating headache, because 23 it takes a lot of work to get something that far. 24 O Well, so the decision to adopt a categorical exclusion to rule was made on June 2nd and the Notice of 25

Page 170 Proposed Rule was made on June 3rd. So it was routed 1 2 through that entire process in less than 24 hours? Are we talking about the GAPMS or the rule? 3 A The rule? 4 0 Yes. And that -- and that's not unusual 5 sometimes for -- for the process to move very quickly. 6 7 Okay. Because you just made it sound like it 0 was a very lengthy process. 8 9 A It is with the number of people, but it's --10 the rule content is very -- it's a very small addition. 11 It's not like a brand new coverage policy, because 12 often -- it depends on the nature of the rules. Like 13 one addition, that can move fast. Sometimes with --14 like, for instance, in my experience as a program 15 administrator, we completely overhauled the community 16 behavioral health policies. That was five new coverage 17 policies. So that, of course, is going to require a 18 much lengthier review process rather than a quick 19 amendment to a rule. So it really depends on the nature 20 of the rule. If it's a very lengthy coverage policy, yeah, that can take some more time if it's -- but if 21 22 it's like adding a few bullets or amending a line, that 23 can -- that can move along much faster because the 24 review time's just not -- a lengthy review process is 25 not necessary.

Page 171 Or deciding to eliminate three types of 1 2 services that were previously covered by Florida Medicaid? 3 Correct. And, of course, but -- and, of 4 A course, we have the GAPMS memo to substantiate that. 5 Okay. Okay. So speaking to the rule, it bans 6 7 Medicaid coverage for -- puberty blockers or cross-sex 8 hormone therapy and surgery if done so to treat gender 9 dysphoria, correct? 10 A That's correct. 11 But not to treat other diagnoses? 0 12 Not to treat other diagnoses. Only for the 13 diagnosis of gender dysphoria. 14 Okay. Is this the only time that GAPMS has 0 15 been used to categorically eliminate coverage of 16 treatment for a particular diagnosis? For the one -- I think pretty much since the 17 A institution of the GAPMS process, I think this was a 18 19 first. 20 Once the decision was made to adopt the conclusions of the 2022 GAPMS report into rule, who was 21 2.2 in charge of that process? 2.3 So our rule promulgation process, Cole Α 24 Gerring, he oversees the rule promulgation process for our coverage policies and administrative rules for 25

Page 172 Medicaid. 1 Does he head the Rules Unit under the Bureau 0 3 of Medicaid policy? Yes, he does. 4 Α 5 0 Who drafted the actual language for the rule? I believe -- I believe he drafted the 6 A 7 language. 8 Did anybody revise it or have any input 0 9 that --10 A There was input. So I mean, there were some discussions. I remember we did have a meeting with 11 12 everyone to -- between, I think, like, Sheena Grantham, 13 myself, I think Dede Pickle, I think Secretary Weida, I 14 think like Sheena Grantham from General Counsel's office, since rules are her area. I think there were 15 16 there was a -- there was a discussion on making sure 17 this was the finalized content we wanted. And how long did that discussion take? 18 Q About an hour. 19 A 20 Okay. And what kinds of topics were discussed 0 21 during that? 2.2 A Just determining how granular we should get, 23 mostly. 24 Okay. Okay. Was there any conversation about 0 whether adopting this categorical exclusion might 2.5

Page 173 violate comparability under the Federal Medicaid Act? 1 A No. What about EPSDT? 3 0 No, because since we already have the -- we've 4 A 5 already had the GAPMS report to substantiate the overriding EPSDT guideline -- guidance and requirements. 6 Because Florida Medicaid does not have to 7 0 8 cover a service under EPSDT if it's experimental? 9 A That's correct. 10 0 I had another question. Talking about how 11 granular to get with the language, was there any 12 conversation about what the Federal Medicaid Act 13 requires in terms of prescription drug coverage? 14 I don't think so. Not during that 15 conversation. 16 Any other conversations had about that? 0 17 As far as the federal requirements for 18 prescription drug coverage? No, I don't think we had 19 any conversations like that. 20 Okay. Any other conversations about 0 21 comparability under the Federal Medicaid Act? 2.2 A No. 23 So comparability under the Federal Medicaid 0 24 Act was not taken into consideration when adopting the categorical exclusion? 25

Page 174 1 A No. 2 0 Who planned the public hearing regarding the 3 proposed language in 59G-1.050(7)? So for the public hearing, since we did 4 A 5 anticipate a larger than normal crowd, we -- so I think that was a joint effort between Cole Gerring I think, 6 7 Chief -- now Chief of Staff Brock Juarez, then Chief of 8 Staff Cody Farrell, and I think -- I think Secretary 9 Weida also had a little bit of input when it came down to selecting the venue and making sure that we had 10 11 adequate staff and then also arranging for security as 12 well. 13 Why did you feel a need for security? 14 Because of this -- the controversial nature of 15 the change and how those with opinions on it -- those 16 with feelings about it, I mean, they are deep-seated. I mean, there's -- so because of the sensitivities 17 involved, we just felt that it would be best in the 18 19 event -- and we did think it was unlikely, but in the 20 event that someone might get upset or unruly, to have 21 security. 2.2 Q Why did you pick the venue you picked? 23 Size and location. A What factors did you take into consideration 24 0 for size and location? 25

Page 175 1 That we would have adequate seating. That, of 2 course -- of course, location where it was, being 3 downtown, so --Downtown being an easier location to get to? 4 Q 5 A Yes. Why did the location need to be easy to get 6 0 7 to? 8 Because, I mean, since -- I mean, you know, we A 9 do government in the Sunshine, we wanted the hearing to 10 be accessible to as many people as possible, so we 11 wanted to be able to fill as many seats as we could. 12 The facilities here at AHCA weren't going to be 13 sufficient for that. The Department of Transportation auditorium was a very, very good venue, not just -- not 14 15 just to be able to provide those of us who were on the 16 panel visibility to the audience, but also just because 17 of the seating capacity. So it just was an ideal venue 18 compared to what we had available at the Agency. 19 0 Where do you normally hold rule hearings? 20 A We usually hold them here. 21 0 Why were you concerned about adequacy of 22 seating? 23 Because we did expect a large turnout. A Why did you expect a large turnout? 24 0 Because of the amount of coverage that the 25 A

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Page 176 1 GAPMS report had received, because of everything that 2 we'd been seeing, as far as -- per previous news stories 3 prior to the release, we just knew that this was a sensitive subject. A lot of people have a deep-seated 4 5 conviction about it one way or the other, and we just 6 anticipated a large turnout. 7 In the planning of the public hearing, did 0 AHCA communicate with the Governor's office at all? 8 9 A No. 10 0 Did AHCA communicate with Department of Health 11 at all? 12 A No. 13 0 Who participated in the public hearing from 14 AHCA? 15 A So the participants from AHCA were myself, 16 Sheena Grantham, whose General Counsel's office, 17 Secretary Weida. Those are the -- those are the three 18 of us who were on the panel for AHCA. And, of course, I 19 think Cole Gerring handled the administrative procedures 20 and then I think to help -- help with crowd control, we had, I think, Brock Juarez and some of the staff from 21 22 communications also helped arrange in making sure that 23 there's adequate seating, and just kind of serve -- just 24 helping out in any way, or any capacity that was necessary, as needed. 25

Page 177 Did anybody at AHCA help facilitate the 1 2 attendance at the hearing? There -- I think there's a speaker sign-in 3 A sheet at the entrance. I think that -- like, I think 4 5 one of the Agency staff under Brock at the time was -was allowing people to sign in. 6 7 Were there any particular people that were 0 8 encouraged to be at the hearing? 9 A No. 10 0 Are you aware of the Governor's office 11 encouraging anybody to attend the hearing, anybody in 12 particular? 13 A No. No. 14 Did anybody pay someone to attend the hearing? 0 15 A So for our -- for our experts, Dr. Grossman, 16 Dr. Van Meter and Dr. Van Mol, they were compensated for 17 their time spent at the hearing, or their time traveling -- for Dr. Van Mol and Dr. Van Meter, their 18 19 time traveling and their travel expenses. So we did 20 reimburse them, but that was it. 21 Did that include the same agreement with the 22 \$35,000 cap or was that a separate agreement? 23 I don't think it was a separate agreement, because the three of them had not come anywhere close to 24 exhausting their caps. 25

Page 178 Did AHCA provide any materials to those 1 2 consultants prior to the hearing to review for the 3 hearing? On the day of the hearing we gave -- we gave 4 A 5 them each bound copies of the report, but those materials were already available online, so -- but we 6 7 just -- we just gave him paper copies or to reference but nothing -- no other additional materials. 8 9 0 You didn't provide them any other materials 10 other than the GAPMS -- the June 2022 GAPMS? 11 A That's correct. 12 To review prior to the hearing? Q 13 A Correct. 14 Did you have any meetings with the consultants 0 15 prior to the hearing to prepare for the hearing? 16 A We had a couple -- there were a couple Zoom 17 calls. 18 Q How long did those last? About an hour? 19 A 20 0 What kind of things were discussed during 21 those meetings? 2.2 A Mostly the format. You know, we were talking 23 about, like, of course, Dr. Grossman, who was not going to be able to travel. So we were talking about 24 technological arrangements. I think with Doctors Van 25

Page 179 Meter and Van Mol, we were mostly talking about travel 1 arrangements and, like, where they'd sit and so forth, 2 3 so I mean --Did you offer any questions that they might 4 0 5 anticipate from the audience and how they should 6 respond? 7 A To our experts? We didn't. 8 And why was it necessary to have the 0 9 consultants there? 10 So -- well, since -- because we were actually 11 anticipating a crowd that was going to be largely 12 opposed to the challenge exclusion, we wanted to be able 13 to respond promptly and articulately to any comments 14 that were provided. 15 If you wanted to respond promptly and 16 articulately to any comments that were provided, what 17 was the purpose of having a public hearing? 18 A So the public hearing is to, of course, gather 19 feedback, but we also knew that we were likely going to 20 have either some type maybe medical professionals or 21 advocacy groups, or other advocates, and we did want to 22 be able to provide them with a little bit of engagement to show that we do take their comments into 23 consideration, that we do think about them, that we do 24 25 engage with them.

Page 180 1 Did the consultants respond to any comments by 2 a supporter of the rule? I don't think they did, actually. 3 A How about those that were opposed to the rule? 4 0 5 There was really -- I think Dr. Van Meter A responded once. I think Dr. Van Mol responded once. 6 7 And Dr. Grossman didn't respond to anything. 8 And that was -- both of those responses were 0 9 in response to individuals who were speaking in 10 opposition to the rule? 11 A Yes. 12 Have you ever participated in another rule 0 13 hearing where there is direct and prompt response to 14 public comment? 15 Yes. Yeah, we do. Yeah, I mean, I've 16 participated in numerous rule hearings here at the 17 Agency. We do respond to comments. 18 When you say we, do you mean the office staff? Q 19 Office staff, yes. Α 20 What about consultants with which AHCA has 0 21 contracted? 2.2 We -- we generally don't -- we generally It's a -- it was a unique experience for this 23 case, but we generally don't have contracted consultants 24 2.5 at our hearings.

Page 181 And where did the slogan, Let Kids Be Kids 1 come from? So that came from within, I think, our own 3 Α Agency, our Communications Department or the Chief of 4 5 Staff's office. Was there any input in developing that from 6 0 7 outside entities? 8 Α No. So AHCA is wholly responsible for that slogan? 0 10 Α Yes. 11 Was AHCA responsible for the printing off of 0 12 the stickers that had the slogan contained on it that 13 were being passed out at the hearing? 14 Α No. 15 0 Do you know who was responsible for that? 16 We do not know where those came from. Α 17 Is it normal to have slogans of an Agency Q 18 passed out at a rule hearing? Have you ever seen that 19 before? 20 I have not seen that before, so -- but we --21 that was not something that the Agency had anticipated, 2.2 and we certainly were not responsible for the passing out of stickers with a slogan on it. 23 2.4 Did outside counsel appear at the public 0

hearing? Did AHCA outside counsel appear at the --

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Page 182 Yes, they did. 1 Α 0 Why? Because, of course, sensitive nature. I mean, 3 Α there were -- there were attorneys also -- there was --4 5 because there was counsel that -- you know, who are representing the plaintiffs who were also there. We do 6 7 anticipate litigation, so it was -- we did see to it that we had outside counsel there to gather information 8 and be able to observe the procedures. 10 So AHCA had -- at the point of the public 11 hearing, AHCA had retained outside counsel to defend 12 against any potential litigation that the rule invited? 13 A Yes. 14 What was outside counsel's role at the 0 15 hearing? 16 Outside counsel's role, I think -- I think 17 just calling up the speakers as they came. I think they actually -- we had them helping out with the -- with the 18 19 hearing process and procedures. 20 What kind of -- well, okay. Did AHCA give the 0 consultants any instructions to prepare for the hearing? 21 22 A Basic ones. Most of -- I think, you know, 23 like to when responding that, you know, we would prompt them to respond. Basic -- very basic instructions. 24 And so the instruction was that when AHCA 25 0

Page 183 1 wanted someone to -- one of the consultants to respond, 2 you would prompt them to? So, yes. And during the hearing, Secretary 3 Weida would defer either to Dr. Van Meter or he would 4 5 defer to Dr. Van Mol when he needed -- when a response was needed from one of them. 6 7 Okay. Just going back to the slogan really 0 8 quick, who in AHCA came up with that Let Kids Be Kids 9 slogan? 10 A I think -- I think it was a -- I think it was 11 a team effort. I think, like, it was Cody Farrell and, 12 I think, Brock Juarez. I think they worked on the Let 13 Kids be Kids slogan. 14 Anybody else? 0 15 A No, it would have been primarily them. 16 Who directed them to develop the slogan, or 17 was it their idea? 18 So the orders would have been given verbally. We don't know, like, exactly how they were told to do 19 20 that specific slogan. 21 0 When was the -- when was the slogan developed? 22 A It was developed, I think, in the days 23 preceding the release of the report. When was the final draft of your report done? 24 0 So the final draft -- so the final draft as 25 A

Page 184 far as -- so the very, very final draft, like the last 1 2 finishing touches, as much as copy edits, was done that week of the 2nd, but as far as the substantive 3 components of the report, that was done probably a few 4 5 weeks prior to the release. So when was the slogan developed? 6 Slogan was developed -- I think they did --7 A 8 were working on it, like, the week before the release. 9 Q Is it normal for AHCA to develop a slogan for 10 the conclusions found in a GAPMS report? 11 A No, this is -- this was a first. 12 Why develop a slogan? Q 13 A Well, we do develop slogans for whenever we do 14 have -- do releases, or whenever we have new programs. 15 For instance, Canadian Prescription Drug Importation, we 16 do have a slogan for that. We do have a web page 17 dedicated to prescription drug transparency pricing. So we do have -- often to correspond with our press 18 19 releases, we often will do a logo. 20 But you just said it's not normal for a slogan to be developed for GAPMS. So why do it in this 21 2.2 instance? 23 So because HHS had already -- had made announcements with the publication of their documents, 24 25 Department of Health had done theirs, we, of course,

Page 185 1 likewise, because we were publishing this document, was 2 to, of course, create the website and to, of course, 3 create some graphics along with that website. So was the slogan meant to draw attention to a 4 0 5 particular message that the Agency was trying to send? No, I mean, other than that, we did the report 6 7 and we did was evidence-based and concluded these 8 treatments were experimental and investigational. 9 0 For children and adults, right? 10 A For children and adults. 11 And why was it Let Kids be Kids? 0 12 Because -- so for adults with -- when it comes 13 to Medicaid, states -- because you don't have the EPSDT 14 consideration, states can be much more -- have much more 15 discretion in denying coverage. They have a lot more 16 latitude to be able to deny coverage, so -- but for 17 services that are intended for pediatrics, or are under EPSDT considerations, that's partially -- partially why 18 not -- like one of the services that we evaluated was 19 20 puberty suppression, adults aren't going to use that. 21 But the conclusion of the GAPMS report was 2.2 that all treatment for gender dysphoria was experimental for kids and adults? 23 That's correct. 24 A The slogan's just targeted at kids? 25 0

Page 186 1 A Yes, that's correct. 2 0 Why? So it comes back down to the EPSDT 3 considerations. Because like -- well, for starters, I 4 5 mean, when it comes to adult coverage, that's a totally different category. But for kids, especially with 6 puberty suppression and especially with the cross-sex 7 8 hormones, because of the experimental and 9 investigational nature, that's probably why we -- why 10 the Agency embarked on a, I guess, child-based kind of 11 graphic for its web page. 12 What does it mean Let Kids be Kids? Q 13 A I think, well, as far as semantics go, I think 14 that could mean something different to everybody. What did AHCA by it? 15 0 16 Let kids be free to explore their own 17 identities and figure out who they are. 18 Q What are some examples of other slogans AHCA's used for its programs? 19 20 A Well, lower prescription drug costs. That's a slogan that we can find? 21 0 22 A Yeah. I mean, that's one we've been using for 23 a while. I was using as -- under my signature on my email, so things -- yeah, but, I mean, there are 24 slogans. I think like prescription drug transparency. 25

I mean, that's part of, you know, the state's mission is when it's coming up with new programs -- and obviously it's not isolated to AHCA, I mean, every agency's going to have slogans and graphics for their new programs. I mean, if you look at the Department of Children and Families, they're promoting Hope Florida in a big capacity. So for a lot of these -- so for a lot of these programs that they want to have -- they want them to be now such high profile, of course there's going to be graphics and slogans.

Q Prescription Drug Transparency is not very catchy, I'll say. Why create a web page dedicated to supposedly fact-checking Health and Human Services? Is that normal?

A No, it's not, but following -- but the thing is following the review of the evidence and how our findings really did contradict what was in HHS documents, because we really wanted to demonstrate -- because we do understand, it's a GAPMS report, it's 46 pages. Not many people are going to take the time to read it. So we wanted to kind of put it -- we wanted to put the case in more simplistic layman's terms and make it accessible to the audience to show that, hey, yeah, this is a sensitive report. Yeah, if you got an hour and a half and you understand medical terminology and

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Page 188
      literature, you might have fun reading it, but for quick
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      information, we wanted to provide a resource, because
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      HHS had made all these claims regarding gender dysphoria
      treatment, we want to make it accessible to everybody
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      that they could look at it and five minutes later
      understand the gist of what we were saying in the GAPMS
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      report.
                Prior to the July 8th public hearing, did AHCA
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      communicate with anyone from the Christian Family
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      Coalition?
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           A
                No.
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                Anyone from Florida Citizens Alliance?
           Q
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           A
                No.
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                Including Pastor Rick Stevens?
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                No.
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                Anyone from Warriors of Faith, the Florida
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17
      Chapter?
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           A
                No.
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                Including Troy Peterson?
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                No.
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                Anyone from Protect our Children Project?
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2.2
           A
                No.
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                That includes Pastor Ernie Rivera?
           Q
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                That's correct.
           A
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                Okay. Anyone from Florida Prayer Network?
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Page 189
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           A
                No.
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                And that includes Pam Olsen?
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           A
                Correct.
                Anyone from Partners for Ethical Care?
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           Q
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           A
                No.
                What about Chloe Cole?
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           Q
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           A
                No.
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                Sophia Galvin.
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                Anyone from the Rainbow Redemption Project?
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           A
                No.
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                How many comments did AHCA receive in response
           Q
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      to the proposed changes to 59G-1.050?
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                600 or so.
           A
                Oh, that's all? Did AHCA read them all?
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           Q
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                We did.
           A
17
                Who at AHCA reviewed them?
           Q
                It was a combination. So, like, I think Cole
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           A
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      Gerring, Nai Chen, myself, I remember we did sit down
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      once and we started going through all the emails. Most
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      of them were very brief, maybe like one or two lines,
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      not substantive whatsoever. For the more substantive
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      ones, those I did careful reviews of.
24
                So it's three people. You, Nai Chen and Cole
           0
      Gerring?
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Page 190 1 A Uh-huh. 2 0 Okay. And you split them up amongst each 3 other? We read them together. 4 A 5 What process did you use to decide whether or 0 6 not to incorporate the input into the final rule? 7 We wanted to look at the -- we looked at the A 8 content of every -- of every single comment. A lot of 9 the comments were just saying don't do this, or 10 something -- or something very sensationalist. So a lot 11 of the comments we really couldn't take into 12 consideration because there wasn't -- there wasn't --13 there was no substance behind them. So there were some 14 comments that were -- we did receive some feedback 15 from -- I think we got something -- we got -- we got a 16 lengthy comment from American Academy of Pediatrics. We 17 got a very lengthy one from Yale University. We got 18 feedback from the Endocrine Society. I think one of 19 UF's gender clinic physicians wrote us up, not a 20 terribly long comment, but wrote us a comment. So we did want to take a look at the substantive onces. But 21 22 we did them into -- we did take into consideration every 23 comment submitted to us. 24 0 Did you receive any comments from the people 25 who had Medicaid coverage for treatment of gender

Page 191 1 dysphoria? 2 A During the comment review, there wasn't any -we didn't -- we didn't notice any comments from those 3 offhand, but, of course, that was over six months ago. 4 5 So we -- because of the volume of comments, we did have to read them fairly quickly. 6 7 Had you received a comment from anyone who was 0 8 receiving Medicaid coverage for treatment of gender 9 dysphoria, how would you have factored that into your 10 ultimate determination? 11 Well, we would -- we would have looked at it. 12 We would look at the content. We were wondering, like, 13 what kind of services they were receiving and so forth, 14 but it depends on what the comment was. If they 15 provided a case for why they were getting it, you know, 16 but we didn't -- we didn't receive anything like that. 17 For those people who lost Medicaid coverage 18 for treatment of gender dysphoria, or were going --19 stood to lose based on the categorical exclusion, during 20 any of this process, was there any consideration given to the inability to access that care? 21 22 A There was. We did have questions. We wanted 23 to make sure that if we were to discontinue individuals who were receiving, particularly cross-sex hormones, we 24 wanted to -- we did have questions like, would there be 25

Page 192 withdrawal? What would -- would they need some -- would 1 2 they be weaned off the medication? How would -- how 3 would the Agency take that into consideration? And we actually kind of realized that if, say, if they do need 4 5 to discontinue testosterone because of the categorical exclusion and their doctor deems, well, they're going to 6 7 need some small doses to wean themselves off, but we 8 also realized that necessarily wouldn't be for gender 9 dysphoria, that would be because of withdrawal symptoms, 10 and that would be a different diagnosis. 11 Did you give that guidance to any treating 12 professionals or Medicaid recipients? 13 A No, we didn't. 14 Okay. Why was it necessary to review the 0 15 comments quickly? 16 It wasn't necessary to; it was just -- I mean, 17 most of the comments were because the nature, they 18 were -- most of them were sensationalist, a lot of them 19 just hurled insults at us, a lot of them ad hominem 20 attacks, things like that. We just kind of went through 21 a lot of them very fast. 2.2 So that wasn't quite my question. It sounds 0

A I think I want to rephrase as we were able to.
We weren't really in a hurry. Because, obviously, like,

like you were able to review them quickly.

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we got a 47-page comment from Yale University. That was not a five-minute skim, obviously. So there were those we deemed to be substantive comments that warranted in-depth attention, and then there were those we deemed non-substantive comments and just read. They're like --yeah, we received some ones that were using, I will say, the colorful metaphors. And then we don't -- I mean, obviously, not going to pay attention to those, so --but the substantive ones that where they're putting together, like, an argument or making points, being something that we have to take back and think over, we did invest time in those, yes.

Q Were there any discussions about the comments between you and Cole and Mr. Chen?

A As far as the discussions go, no, most of discussions were like, okay, let's move on to that one, that one's just insulting us or that one's -- that one's expletive-laden, let's move on. So when we got the substantive ones, of course, those were -- those were handled differently.

Q How were they handled differently?

A So those, because they were going to take in-depth review is not something that's going to be a group activity. Of course, we printed those out and started reviewing with a fine-tooth comb.

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Q Did AHCA review the underlying cases and studies cited in those substantive comments?

A Yeah.

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Q Okay. How did they factor those in to the ultimate determination?

A So we did take a look. So we checked to see what studies that Yale University and the AAP brought into it. And we looked at two responses from the Yale University, not just the response that they made to us, because Yale University frequently cited their response to Texas and Arkansas, we pulled that up as well and did -- and analyzed that. So we looked to see what articles they were citing and we were -- so we checked to see whether our GAPMS report or any of the expert reports also did evaluations of those studies to see that -- make sure that we were in alignment.

Q Okay. Do you remember any particular underlying cases or studies?

A There's -- I think there's one by Jack Turban that they cited. I think there was one that we did cite in GAPMS review. We didn't discuss it at length, this was by Tordoff, et al. And we looked at that. And, of course, but we also captured those in Dr.

Brignardello-Petersen's piece that they were evaluated

as, like, being very low-quality or in a critical risk

of bias.

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Q Okay. How did you determine whether -- okay. Turning to the implementation. Sorry.

A Okay.

Q Hold on. One second. Something breaking is coming in. Did you review any comments that reference court cases?

We did see some comments that referenced, I Α think, like Bostock v. Clayton. I mean, there were some cases referenced in the comments, but, of course, I mean, we were primarily interested in -- we were looking for comments that were providing -- that were either providing examples of literature or anything that was going to contradict the GAPMS report. In other words, we were looking -- we were looking for anything that, I guess you could say, delivered, like, a mortal wound or something like that, something that would foreseeably cause us to have to go back and make revisions or cause us to have to retract the rule, or something that -- or a comment that we couldn't just dismiss or a comment that we couldn't explain. So those were what we were looking for.

Q What types of information provided by the public would have mortally wounded your conclusion?

A So a mortal wound would have come from a

quality study, or a number of quality studies.

Q And define a quality study.

A So something that -- well, a quality study, well, I mean, that -- that's a pretty broad definition of what you're asking for, and there are different ways a quality study can come about, but something that, of course, lengthy longitudinal histories on participants, either has adequate control groups. And this is not an all-inclusive list. These are just examples. Also follows participants for a lengthy period.

Q Well, what's the difference between that and a lengthy longitudinal study?

A Long -- when it comes to a longitudinal history, what we mean by longitudinal history, and this is often for behavioral health, is that longitudinal history is necessary to really ascertain the full impacts of somebody's mental health conditions. Because it's -- because mental health, it's not necessarily like an acute illness or a chronic condition diagnosis. So, like there's treatment histories, medications and -- like, in other words, and, of course, like activities of daily living, how that all is affected. So it's usually something that has to be obtained over a number of years.

So, mental health longitudinal histories, but

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we also were finding in the studies that we evaluate for the GAPMS process that they lacked participants' longitudinal histories. If they even -- if they even did -- provided any histories or any -- identified the recipients or the participants at all. I mean, there were so many studies where they were -- I think there was one that we came across, and this was during the comment period, that was just a massive survey and they were trying to give gift cards to participants. And, of course, people were just completing it, but it was like a one-time snapshot, and it's subjective self-reports. So I mean, there are a myriad examples that we can say for high-quality evidence, and not to mention RCT's, as well. So --

O What does that stand for?

A Randomized control trials. So there -- so, yeah, so that was what we were looking for, evidence that -- evidence that would hold up to questioning, and that's not what we were finding.

Q So in undertaking the review of the comments, the only thing you were looking for is anything that would, in your definition, cause a mortal wound to your conclusion in the GAPMS?

A That was among one of the things we were looking for.

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Q What else were you looking for?

Α I mean, we were looking -- we were looking for -- I mean, we, of course, we were looking to see if there's anything that would directly conflict with the GAPMS report. That was one thing, because the rule's foundation was the GAPMS report. So that's the big reason why we were looking for contradictory evidence or evidence that would be like, well, wait a second, we say it's all -- you know, because our primary argument is it's low-quality evidence and therefore experimental, experimental investigational. That basis doesn't sustain itself if all of a sudden there's modern, high-quality evidence out there. So we want to make sure that we had not left any stones unturned. But we were just -- you know, I mean, we -- this things we weren't -- that was the primary thing we were looking for.

Other things -- I mean, we also, I mean, anything that spoke to the legality of it, but I mean, of course, we wouldn't necessarily evaluate that. We'd turn that over to legal, but anything that was looking -- that was looking at the legality of what we were doing. So I mean -- so, I mean, there were different angles. I think when I was looking at it through my personal lens, that was what I was looking

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Page 199 for. 1 Are you aware that similar exclusions have been found unconstitutional in other federal districts? 3 I am aware at the district level that there 4 Α 5 have been some -- some exclusions that have been tossed, 6 yes. 7 All right. Turning to the implementation --0 MR. JAZIL: We've been going for an hour and a 8 half. Could we do a five-minute break? 9 10 MS. DEBRIERE: Sure. VIDEOGRAPHER: This concludes video three. 11 12 time is 3:00 p.m. 13 (Brief recess.) VIDEOGRAPHER: This is beginning of video four. 14 15 The time is 3:08 p.m. we're on the record. 16 BY MS. DEBRIERE:: 17 Just after that break, and I should have asked 0 18 this earlier, just after that break, did you have any 19 conversations with anyone during that break? 20 Α During --21 Just this recent break? Did you have 2.2 conversations with anyone? I mean, talked about, like, personality types 23 Α on 16 personalities, just had a conversation, but as far 24 25 as the case goes, no.

Page 200 1 Okay. What about at lunch? Q Α Just a quick touch-base with our attorneys. Okay. How long did you talk? 3 Q 15 minutes. 4 Α 5 Okay. All right. Turning to implementation 0 of the rule with managed care plans. Did Florida 6 7 Medicaid managed care plans -- well, we've already answered that. What's the purpose of Inter-Qual? 8 Α Inter-Qual? 10 Uh-huh. 0 11 I don't have the answer to that. Α 12 Okay. Are you familiar with it at all? Q 13 Α I'm not familiar with Inter-Qual. 14 Did AHCA develop, or help develop language for 0 notices of adverse benefit determinations in order to 15 16 incorporate the categorical exclusion of treatment for 17 gender dysphoria? 18 Α No. 19 AHCA didn't assist at all in developing the 20 language for those denials for terminations? 21 No, managed care plans were -- handled those 2.2 themselves. 23 Okay. Did AHCA review any of the language 0 that managed care plans submitted to AHCA for review? 24 2.5 Α No.

Page 201 1 Same question for notices of outcome relied on 0 2. by EO Health? 3 No, AHCA wasn't directly involved in those. Α Did they review the notices of outcome 4 Q 5 language? 6 Α No. 7 Okay. What about Magellan? Q 8 Α Magellan? No. 9 0 Did AHCA develop or help develop language for 10 any other types of notices used to notify a Medicaid 11 recipient of a denial or termination of treatment for 12 gender dysphoria? 13 Α No. 14 All right. Can I have the notice of adverse benefit determination, and that's Bates-stamped 15 Defendant\_ 000292335, I think. We'll check? Did I get 16 it right? I don't think I did. I'll read the correct 17 18 Bates-stamp on -- so this is going to be the Molina 19 Health Care Notice of Adverse Benefit Determination. 20 I'm not going to name the Medicaid recipient. And the date stamp appears to be cut off, but it is dated 21 2.2 October 26th, 2022, and the initials for the recipient 23 are AS. 2.4 (Whereupon, Exhibit No. 15 was marked for

identification.)

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MR. JAZIL: Counsel, can we agree that this should be confidential, attorney's eyes only?

MS. DEBRIERE: Absolutely.

MR. JAZIL: Do you mind if I write that on top of the --

MS. DEBRIERE: Not at all. Not at all. So the previous Bates stamp I gave was not correct, but the Bates stamp on this exhibit is cut off, so I can't provide the actual number, but I think I've sufficiently described it. And, of course, it will be Exhibit 15.

## BY MS. DEBRIERE::

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Q All right. This particular notice of adverse benefit determination is from Molina. In that second page there, it runs through AHCA's medical necessity definition, correct?

A Yes, that's consistent.

Q And that's consistent across notices of adverse benefit determinations?

A So each health plan is a little idiosyncratic in how they do NABD's. We'd have -- we'd have to verify with managed care plans. I mean, the contracts does provide specific requirements when it comes down NABD's and sending them.

MS. DEBRIERE: Mo, do you know if you guys have

Page 203 produced an NABD template to us? 1 MR. JAZIL: We've never --3 MS. DEBRIERE: I know they exist. They should be pretty easy to --4 5 MR. JAZIL: I'll check. What's that stand for, 6 again? 7 THE WITNESS: Notice of Adverse Benefit Determination. It's a long phrase for a denial. 8 BY MS. DEBRIERE:: 9 Or termination or reduction? 10 0 11 Or termination, or reduction. Α 12 Or partial reduction. Q 13 Α It's --14 Okay. So this particular notice of adverse 0 benefit determination is to an actual Medicaid 15 recipient, correct? 16 17 Α Yes. 18 And it looks like it's been it's denying a 19 request for coverage of testosterone cypionate. 20 Α That's correct. 21 Okay. And what is the reason for the denial? 0 2.2 Α The box for other authority non-covered benefits is checked off. 23 2.4 Why isn't the, request service is not a 0 covered benefit, checked off? 25

Page 204 1 Α We would have to ask that question of the 2. plans. 3 Okay. So you don't require some kind of uniform response to not -- that plans must provide when 4 5 there's a non-covered benefit? We're not aware of one. There -- I don't 6 7 think there's one mentioned in the contract. 8 Okay, but I guess my other question is, would 0 it be equally sufficient, had they checked off, must 10 meet accepted medical standards and not be experimental? 11 They could have checked that box. They could 12 have checked, the requested service is not a covered 13 benefit. They could have checked other boxes, as well. 14 Okay, but it is accurate to say that it is not 0 a covered benefit? 15 16 Yeah, that is accurate. 17 Is any plan allowed to currently cover treatment for gender dysphoria of the services listed 18 and 59G-1.050(7)? 19 20 For any plan right now currently? A 21 0 Yes. 2.2 Α No. No plan can cover them. 2.3 Since the adoption of the categorical 0 exclusion of treatment for gender dysphoria, how many 24 2.5 notices of adverse benefit determination have been sent

to Medicaid beneficiaries that denied coverage for services on the basis of --

A So for MMA plans, so we did a little looking into this -- so for managed medical assistance, which most of these recipients, given their ages, are going to be on MMA, we do not actually require the MMA plans to submit reports regarding how many NABD's that they actually mail out to their enrollees. Long-term care, that process is different. We do require them for long-term care to mail those to report to the Agency how many NABD's they are sending out, but for MMA we currently don't have that as a requirement.

Q Okay. So is that -- does the same hold true for notice of appeal plan -- plan appeal resolutions?

A As far as that goes, I don't think -- I don't think we're collecting information from the plans on those.

Q Okay. So generally, not just as related to treatment of gender dysphoria?

- A Generally.
- O What about notice of outcomes?
- A Notice of outcomes, I don't think we're collecting them from those informations either.
- Q Okay. Just generally, do any of those notices include reference to the variance in waiver process

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Page 206 described at Florida Statute 120.542? 1 No. I mean, we definitely -- I mean, so 2 looking at this, this is in compliance with what we do, 3 we require them to have, which is an appeals process. 4 5 So, no, we don't -- we do not require the plans to include the procedures for variances. 6 7 Okay. So those procedures are not listed in 0 8 notices of denial? 9 A That would be correct. Okay. How many grievances have been submitted 10 0 11 to AHCA regarding a claim related to AHCA's adoption of 12 the categorical exclusion of treatment for gender 13 dysphoria? 14 So that information, we do have a complaint 15 hub for recipients and providers who'd like to submit 16 complaints, be given the -- when the questions came in, 17 we, of course, have to reach out because our complaint 18 hub is actually down in Fort Myers, so it's not -- it's 19 not here locally, so that's information we're still in 20 the process of obtaining. And once you obtain that, you'll provide it to 21 2.2 us? 23 MR. JAZIL: Yes. 24 MS. DEBRIERE: Can you put that as a follow-up? 25 BY MS. DEBRIERE::

- Q How many -- how many appeals of Notice of

  Adverse Benefit Determination denying care on the basis

  of the exclusion have there been?
- A As far as appeals going up to the fair hearing level, I think that's zero.
- Q Okay. What about -- yeah, so that would include both notice of plan appeal resolutions as well as notice of outcome?
  - A Yeah.

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- Q Okay. Prior to August 21st, 2022, did AHCA ever reverse a decision made by AHCA or by a plan to deny pubertal suppression therapy for the treatment of gender dysphoria?
  - A We did not.
  - Q You never reversed a decision to deny?
  - A To deny?
- O Yeah.
- A No, we never did. Sorry. I misunderstood the question.
- Q Okay. I just want to make sure you're understanding. So prior to the adoption of the categorical exclusion, did AHCA ever reverse a decision to deny puberty suppression therapy for the treatment of gender dysphoria?
  - A So if a plan reviewed for medical necessity

Page 208 criteria decided, no, it didn't meet the criteria and 1 issued denial, no, we never reversed it. What about upon a fair hearing review? 3 Q Are we talking about, like, since 2015? 4 Α 5 Well, I'm asking ever, but if 2015 is a 0 6 helpful marker. 7 Α I don't have that information offhand. Is that information you can obtain? 8 0 Α I think we can. 10 Prior to August 21st, 2022, did AHCA ever 0 11 reverse a decision to deny cross-sex hormone therapy for 12 the treatment of gender dysphoria? And by reverse I 13 include at the fair hearing level. 14 That's information that we would have to Α 15 obtain. 16 Same question for surgery in furtherance of 17 the treatment for gender dysphoria. At the fair hearing level, we would have to 18 Α 19 obtain that. 20 So you will tell us the number of times, if 21 ever, that AHCA reversed a decision at the fair hearing 2.2 level to provide treatment in furtherance of -- services 23 and treatment for gender dysphoria? 2.4 Α We can confirm it. It's probably zero.

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Okay.

Page 209 As far as overturning a decision that was 1 2. already a denial, it's probably going to be zero, but we just want to confirm. 3 Okay. I'll tell you, we have different 4 0 5 information. 6 Α Okay. 7 How many AHCA fair hearings have been provided 0 where the categorical exclusion of treatment for gender 8 dysphoria was an issue? 10 Α Well, can you repeat that? 11 How many AHCA fair hearings have occurred 0 12 where the subject at issue was the categorical exclusion 13 of treatment for gender dysphoria? So where the rule 14 exclusion --We'll have to obtain those numbers. 15 Α 16 Did any -- do final orders in general 17 reference the variance and waiver process described at Florida Statute 120.542? 18 19 You'll have to slow down and ask the question A 20 a little bit --21 Sure. Sure. The final orders that are issued 2.2 at the end of any AHCA Medicaid fair hearing, do those 23 written final orders contain any reference to the variance and waiver process at Florida Statute 120.542? 24

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I don't think the final orders do. I don't

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Page 210
 1
      think they do.
 2
           0
                Okay. Is there any way you can get
      confirmation of that answer?
 3
                I mean, we could obviously pull up a copy of
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           A
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      the final order and see if that information is included.
                If we had a copy of an AHCA final order, would
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7
      that be sufficient to determine, and it did not list it,
8
      would that --
9
               I'll defer to our attorneys, if that's
      sufficient.
10
                MR. JAZIL: That'd be sufficient. If you have
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12
           one, you can show it to him.
13
                MS. DEBRIERE: Well, we can pull one up, can't
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           we?
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                MS. CHRISS: Just one?
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                MS. DEBRIERE: Yeah. Yeah. Why not. Yeah, as
17
           long as their name's blocked out, which really
           shouldn't matter here because we're dealing with an
18
19
           AHCA employee.
20
                THE WITNESS: Yeah. I mean, I'm cleared to
           review PHI and recipient information. It shouldn't
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           be a problem.
23
                MS. DEBRIERE: Do you want another one? I can
           send you another one. Bear with me one second.
24
                I'm going to forward you this email. And
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Page 211
           it's -- I can tell you what the name of the
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 2
           document is. It's the last document, 23. That
           should be the last one. Chelsea's copied on that
 3
           one, too.
 5
                THE WITNESS: Okay.
                MS. DEBRIERE: Okay. Okay. So feel free to
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7
           just scroll through it and see if you see any
           reference -- oh I'm sorry, it isn't a touchscreen?
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9
                THE WITNESS: I don't know where the scroll
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           bar.
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                MS. CHRISS: It's just -- just use two fingers
12
           and just go like that.
13
                MS. DEBRIERE: Oh, it's a Mac.
14
                MS. CHRISS: I'm sorry.
15
                THE WITNESS: Okay. There it goes. Yeah.
16
           Ipads and iPhones I'm good with, Mac's I never got
17
           comfortable with.
18
                MS. DEBRIERE: The next exhibit I'm going to do
19
           is emails related to the policy transmittal and the
20
           policy transmittal itself, if that helps.
                MS. DUNN: Yep.
21
22
                THE WITNESS: So are we talking about the --
23
           that last paragraph on the final page that's, like,
24
           notice of judicial review?
25
      BY MS. DEBRIERE::
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Page 212 1 Yes. So does that relate to the variance 2 waiver process? 3 I mean, it doesn't point out the variance processes as described in section -- or Chapter 120. 4 5 think that's more if they want to appeal to the next 6 level -- next court level. I don't think that's in 7 response to the variance process. That's a different 8 process. 9 0 Okay. Thank you. So it does not mention the 10 variance waiver process --11 MR. JAZIL: Would it be possible just to read 12 off the --13 MS. DEBRIERE: Yes, absolutely. So it says at 14 the bottom: Notice of a right to judicial review. 15 A party who is adversely affected by this final 16 order is entitled to judicial review, shall be 17 instituted by filing the original notice of appeal 18 with the Agency clerk of AHCA, and a copy along with the filing fee prescribed by law with the 19 20 District Court of Appeal and appellate district where the Agency maintains its headquarters or 21 2.2 where a party resides. Review proceedings shall be 23 conducted in accordance with the Florida appellate rules. The Notice of Appeal must be filed within 24 30 days at the rendition of the order to be 25

Page 213 reviewed. 1 2 THE WITNESS: Our various processes doesn't 3 involve appellate courts, so it would not be an appellate case, so it's a different affair. 4 5 BY MS. DEBRIERE:: Thank you. Okay. Did AHCA work with Florida 6 0 7 Medicaid managed care plans to implement the exclusion set forth in 59G-1.050(7) in any way? 8 No. I mean, the publication's in the Florida 9 Α Administrative Register, that was to provide ample 10 11 notice -- public notice that the rule's changing, the 12 managed care plans are responsible for keeping up with 13 changes to manage -- to AHCA's coverage policies and 14 administrative policies. 15 What about plan transmittal? Are you maybe 16 forgetting those? 17 We do not do a plan transmittal for this. Are Α 18 you referring to a policy transmittal? 19 0 Yes. 20 We did not send out a policy transmittal. Α 21 Okay. Okay. So we have what's marked as 2.2 Exhibit 16 and Exhibit 17. Exhibit 16 is some emails 23 from Dede Pickle to Jason Weida, cc'ing Ann Dalton. And those are dated August 22, 2022. I believe that's where 24 they start. Also involved are you, Matt, and Ashley 25

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Page 214
      Peterson. Also, I just want to note that Exhibit 17 is
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 2
      an SMMC policy transmittal dated August 22nd, 2022.
                (Whereupon, Exhibit Nos. 16 - 17 were marked
 3
      for identification.)
 4
 5
      BY MS. DEBRIERE::
                Getting back to the list of questions. So did
 6
 7
      AHCA not send the plan policy transmittal out, Exhibit
 8
      17?
 9
           A
                We did not send them out.
10
           0
                Why?
11
                Pretty much because all it's doing is
           A
12
      reproducing what was already stated in the rule. The
13
      rules -- the rule -- the policy changes already in rule,
14
      that was announced through the FAR. Policy
15
      transmittal's a little superfluous at this point.
16
                Why draft an entire plan transmittal and then
17
      not send it out?
18
                Which this happens frequently. Sometimes we
19
      will draft something and later decide not to -- not to
20
      use it, or not to utilize that content in favor of
      different strategy. So, in this case, since the rule --
21
22
      since the rule change itself was pretty self-explanatory
23
      and pretty direct, just we later deemed wasn't
24
      necessary.
                Who made the decision not to send out the
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           O
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Page 215 policy transmittal? 1 I think that would have been -- that would 2 3 have been Secretary Weida. Only Secretary Weida? Is it Weida or Weida? 4 0 5 Weida. I mean, as Assistant Deputy Secretary, he would be within his purview to decide whether or not 6 7 to send something out -- or to send something out, but 8 given that the rule itself was self-explanatory, and we 9 just decided that a policy transmittal wasn't necessary. 10 All right. In the email exchanges -- I think 11 it's on the second page -- oh, and Jason Weida, at this 12 time that he made this decision, was not the 13 Secretary -- AHCA's Secretary, correct? At the time 14 this was sent, Mr. Weida was not the AHCA Secretary, 15 correct? 16 Right, he was Assistant Deputy Secretary for 17 Policy and Quality. 18 On the last page, it looks like you were the person who drafted the first policy transmittal, is that 19 20 correct? Yes. Yeah, I mean, Dede and I, it was a 21 22 collaborative effort between the two of us. We were, of 23 course, working on each other's language. Why did you think Dede -- why did you and Dede 24 0 think it was important to draft a policy transmittal? 25

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Page 216
 1
           A
                We were asked to.
 2
           0
                By who?
                I think Ann Dalton asked Dede to work on it.
 3
           A
                Okay. And later -- well, let's look to --
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           0
 5
      Ashley Peterson says on August 22, 2022 at 10:35 a.m.:
      I added one thing to help clarify that these drugs will
 6
7
      still be provided, just not for gender dysphoria.
8
      Please let me know if you think this is unnecessary or
9
      adds confusion.
10
                So at least Ashley thought there was some
11
      clarity that could be provided to plans on the
12
      implementation of the exclusion.
                MR. JAZIL: Object to form.
13
                THE WITNESS: Okay. There's several emails.
14
15
           Which one are you --
16
      BY MS. DEBRIERE::
17
                This one is from Ashley to Dede, copying you.
           Q
18
           A
                August 22nd, 11:04 a.m. That's Dede --
                10:35 a.m.
19
           0
20
           A
                Okay.
21
           0
                It's DEF_0002587.
2.2
           Α
                Okay. I think it was just a minor, minor
23
      technical catch. I mean, when we worked on this, I
24
      mean, we were just fine tuning the drafts.
                And further up Ann wants to include the 60-day
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           0
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language in the alert, which has been later included. What is the 60-day language?

A That would be the bottom paragraph of the policy transmittal.

Q Okay. And that you're referring to starts with: To ensure the safe discontinuation of puberty blockers or hormone and hormone antagonists for the treatment of gender dysphoria?

A Uh-huh.

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Q Then the managed care plan must notify its subcontractors, providers, enrollees receiving active treatment and changes in coverage, and they must honor any current prior authorization of prescribed outpatient drugs for the treatment of gender dysphoria through 60 days after the date of this policy transmittal. So that means that under the 60-day rule for continuity of care, the managed care plans were to continue coverage of the prescribed outpatient drugs for the treatment of gender dysphoria, correct?

A Only for those existing prior authorizations had already been approved.

Q Okay. So that meant that AHCA was -- or that Florida Medicaid was covering this drugs?

A Yeah, just for the sake of honoring existing PA's.

Q Was it not important that the plans know that they should maintain continuity of care?

A It's actually in the contract. I mean, when you refer to continuity of care, can you clarify what you mean by continuity of care?

Q In this instance, I'm talking about the continued coverage for 60 days of those prescribed outpatient drugs for the treatment of gender dysphoria.

A As far as the continuity of care went, I mean, there -- as far as medically necessary services, enrollees are always going to have access to those. So when it comes to the continuity of care, whether or --

Q They're not going to have access to services that have been previously covered, but now are excluded, correct?

A That'd be correct.

Q Okay. So the 60-day continuity of care ensures that after that categorical exclusion is adopted, those individuals continue to access that care for 60 days?

A This, of course, was a draft. It was never sent out.

Q At some point, AHCA thought that the 60-day period of continuity of care should apply in this situation, correct?

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A Since this was a draft and it was not -- not officially sent out, this is not -- since it is draft language, it is not an official transmittal, we sent out to the health plan, so this does not formally represent the views of the Agency. This is a -- this is a draft that we created, deliberated upon and decided not to send out.

O Who decided?

A That would, of course, been leadership. That would have been -- would have gone to Assistant Deputy Secretary Weida.

Q And he was the only one who was involved in that decision, correct?

A I mean, since he oversees the bureau policy, that's -- which means policy transmittal, yes, he had -- is within his -- is within his job description and his responsibilities and rights to veto sending out a policy transmittal.

Q Okay. Since the policy transmittal was not sent out, then is it AHCA's position that those who had a current prior authorization at the time that categorical exclusion was adopted, was not entitled to the 60-day continuity of care period -- were not entitled?

A So once the rule went into effect, that was,

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of course, the notice of the plans that the coverage for these services has to stop.

Q Immediately?

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- A Well, I mean, that's based on what the rules say, yeah.
- Q Okay. So they -- that means that the plans were not to implement this 60-day period of continuity of care as described in this transmittal?
- A Right, we didn't provide notice of -- them of this.
- Q Okay. And it was AHCA's position that Medicaid beneficiaries were not entitled to that?
  - A That's correct.
- Q Okay. You previously noted how people on hormones may go through withdrawal, there was something as part of your 2022 GAPMS request. Why wasn't that important to communicate to the plans?
- A Well, because withdrawal is not gender dysphoria. It's a different -- that's a different -- it'd be a different diagnosis altogether.
- Q But in the decision to no longer cover drugs that may cause withdrawal, was it important to communicate to the plans or providers that they may need to help facilitate transition off those drugs that would no longer be covered?

A We were leaving that to the health plans to manage independently, as well as the providers of these services.

MS. DEBRIERE: Do we have a document titled Florida Medicaid health alert? You just -- under DEF\_000258815. I feel like I've had the same Bates stamp number. So we're marking as Exhibit 18, the Florida Medicaid health care alert sign-off form.

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

THE WITNESS: I'm familiar with that. I drafted it.

## BY MS. DEBRIERE::

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- Q That would definitely have been one of my questions.
- A No, I'm listed on there as the analyst who drafted it.
  - Q And there's Dede and Ann.
- 19 A Yeah.
  - Q Okay. Did this healthcare alert go out to all providers?
    - A That provider alert did not go out.
  - Q And the provider alert on the back, it lists that same language to ensure the safe discontinuation of puberty blockers or hormones and hormone antagonists for

the treatment of gender dysphoria, or allow transition to payment to non-Medicaid funding sources. You incorporated the reference to the 60-day continuity of care period. You drafted that one. Did you include that 60-day language?

- A Yeah. I -- yeah, I did include that.
- Q Why did you think it was important to include?

A Because at the time we were -- we were creating a provider alert in sync with -- in sync with the policy transmittal, so we wanted to make sure that they used the same language and addressed the same things.

- Q And why wasn't this sent out?
- A Because -- because, well, we've deemed that the notice of the rule is sufficient, and that once the rule had said that AHCA will no longer cover these services, we could no longer cover those services. I mean, the rule was clear-cut. It's very -- I mean, language is pretty -- pretty straight to the point and direct.
  - O Who made the decision not to send this out?
- A That would have come from Assistant Deputy Secretary Weida at the time.
  - O Did you agree with that decision?
  - A I thought it was sufficient. I actually

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Page 223 thought given that we put the rule out there, the rule is very straightforward, noticing, like, we had the providers, health plans, adequate notice was given. Did Ms. Dalton agree with the decision not to 0 send any of this out? I can't speak to Ms. Dalton. She and I didn't confer on our opinions of whether to -- we didn't confer on how we felt about it. Was there any stated opposition to not sending these out? Not that I'm aware of, no. Α So in managing withdraw, how would a plan or Q provider know how to navigate that if AHCA wasn't -- if AHCA notified them that they weren't going to cover the service that was needed to help titrate individuals off of their hormones or puberty suppression therapy? So it comes back down to practitioners delivering treatment to their -- to their patients. Once again, it comes down to how, like -- you know, when

delivering treatment to their -- to their patients.

Once again, it comes down to how, like -- you know, when they know that they can't treat for gender dysphoria anymore, and they know that the individual might suffer -- might suffer withdrawal symptoms from testosterone. We, of course, did see some conflicting information on that one, whether they would experience symptoms or not, or estrogen, or if there were

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Page 224 withdrawal symptoms, you'd be treating the withdrawal. 1 2 And, of course practitioners, we do trust the medical 3 professionals to know what condition they're treating, when the -- because they do so every day when their 4 5 course -- when they're, of course, diagnoses. And, of course, when the medical coders come in there to do the 6 7 billing, it's --8 If transition involved smaller dosages of 9 hormones over time to treat gender dysphoria, how was 10 the provider and the plan to know that they could 11 continue to prescribe that? 12 It would be coming through a different 13 diagnosis code. And since we only said that for -- we 14 only said in the rule only for the diagnosis of gender 15 dysphoria. So if they're -- so if they're taking on 16 some small doesn't testosterone because of withdrawal, that's a different -- that's a different diagnosis 17 18 altogether. 19 How would they know what diagnosis code to 0 20 use? So, practitioners and providers often don't --21 22 aren't that familiar with the coding system. That's 23 where their coders do to figure out. So their coders, of course, review the medical records and, of course, 24 put in the CPT codes, they put in the ICD-10 codes, the 25

Page 225 place of service. So usually the claims process is 1 2 usually done either by often, like, a clearing house or individual coders that sometimes just rotate like a 3 circuit through different physicians offices and so 4 5 forth. So when we're talking about the safe 6 0 7 discontinuation of a medication, wouldn't the prudent 8 thing to do would be to notify providers and plans of 9 the options they had to ensure that individuals who 10 could no longer access this treatment could at least come off of it as safely as possible? 11 12 Given that physicians deal with that kind of 13 situation, for other diagnoses and medical services, we 14 just didn't feel it was necessary. That's one area we 15 were going to, like, leave it. Practitioner discretion 16 was how to withdraw their patients from testosterone or 17 estrogen, if it was even necessary at all. 18 Did any managed care plan ask questions about 0 19 how to implement the categorical exclusion of 20 gender-affirming care? 21 I don't think we received any questions for 2.2 managed care plans. 2.3 What about from providers? 2.4 I don't think we received any provider Α questions either. 25

Page 226 Did any plan communicate that they will 1 2. continue coverage in spite of the categorical exclusion? 3 Definitely no. Α Could a plan do that? 4 0 5 Well, they hypothetically can --Α Would Florida Medicaid allow them to do that? 6 0 7 Α No, we would not. I'm showing you what's marked as -- well, I 8 0 9 will be in a second -- what is marked as DEF\_ 000169125. 10 It's the template member handbook -- actually, let's 11 skip that one. I'm sorry. I'm sorry. 12 MS. DUNN: Oh, I'm sorry, we have numbers that 13 aren't lining up with --14 MS. DEBRIERE: Yeah, let's actually -- let's move to the emails from Susan Williams between her 15 16 and Magellan. I'm not sure what the Bates stamp 17 is. Okay. Thank you. 18 (Whereupon, Exhibit No. 19 was marked for identification.) 19 20 BY MS. DEBRIERE:: 21 And that's marked as 19 and it's a series of 2.2 emails between Susan Williams, Jessica Forbes at AHCA, 23 Ashley Peterson, and the first date on the document is 24 June 3rd, 2022. The subject is for treatment of gender dysphoria for children and adolescents. 25

A Well, this was -- well, we received this prior to the promulgation of the challenge exclusion.

Q You did. So, Stephanie McGriff over at Magellan says, Hi, Ashley and Susan, attached are the internal criteria not publicly posted. CCM that the implemented all meds with the gender code equals B, both in the subsequent updated denial letter that includes the non-discriminatory verbiage. What are the internal criteria she's referring to?

A So it looks like the email chain started on April 20th, following the release of the Department of Health's guidelines. So there were 14 impressions to AHCA at that time. We had just initiated the GAPMS process for these treatments.

Q Yeah. In fact -- so looking at the email from Alicia King Wilson dated April 20th -- so that would be the day that the Florida Department of Health released its guidance, right?

A Yes.

Q And Secretary Marstiller directed Tom Wallace just to start the GAPMS process.

A Yes.

Q It says: Leslie noted MMA does have an internal gender dysphoria criteria, which is attached. This internal document serves for a GnRH analog used to

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delay puberty in adolescence with gender dysphoria, but it does not speak to use of hormone therapy. This document was provided by the Agency due to a fear of hearing requests received from Lupron for recipient with this diagnosis. All requests for use of the drug at that time to delay puberty were to be vetted by AHCA before a final determination is made. Can you explain that a little bit more? What does it mean that AHCA had to vet all determinations? What determinations was AHCA vetting?

A I don't -- I mean, it's tough to fully understand the context of this email. I mean, the context level is light throughout the chain, because I mean, Magellan does handle the prior authorization of clinical reviews for drugs in the fee-for-service system.

Q Okay, but it says that this document was provided the Agency due to a fair hearing request received from Lupron first, recipient with this diagnosis, all requests required vetting by AHCA before a final determination was made. So, I mean, I interpret that to mean that anytime Magellan received a request for Lupron to treat gender dysphoria, AHCA had to vet it before a decision as to coverage would be reached. Am I wrong?

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A No, that's what it sounds like. The pharmacy -- the pharmacy processes may involve -- as far as like the pharmacist job descriptions go -- I mean, as far as like vetting, that's the kind of the questions like, are they -- because we don't do in-house prior authorizations or clinical determinations anymore. We haven't done those since SMC went into a fact.

- Q Was a special exception made for the coverage of hormone therapy to treat gender -- I'm sorry -- for the treatment of puberty suppressant?
  - A No. No. Yeah.
  - Q So not to your knowledge --
- A I'm just trying to figure out what they mean by vetting. Like, in other words, does this mean -- like, is Magellan sending the determination back to AHCA for yes or no approval?
  - Q Yeah.
  - A So they could be doing that.
- O But you don't know?
  - A Don't know.
    - Q Can we find that information out?
- A We might be able to, because like -- because it's only a few emails, and we're trying to go over the process. I mean, it is possible that we could ask people who do oversee this area. I mean, they might

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Page 230 give us some information, but they may not be able to 1 describe the exact context of the email because, I mean, sometimes things get lost in translation. 3 Does Susan Williams still work here? 4 0 5 Α Yes, she does. Does Ashley Peterson still work here? 6 Q 7 Ashley Peterson recently left us. Α What's recent? 8 0 Last week. Α 10 Find another opportunity? 0 11 Yeah. Α 12 How about Kelly Reuben? Q 13 Α Kelly Reuben's still here. Jessica Forbes. 14 0 15 Α Jessica Forbes is still with the Agency. 16 Shantice Green. 0 17 No, she's not here anymore. Α 18 She find another opportunity? Q 19 I believe so, yes. Α 20 All right. So, as a reminder, all gender Q 21 codes were removed from programming as directed by the 2.2 Agency in 2017. What does that mean? 23 А I'm not sure because I'm not sure what they 24 mean by CCM. Generally, when we do -- when we make 2.5 systems updates, it's either done through a file

- maintenance or a customer service request to Gainwell Technologies oversees the FMMIS, so --
- Q You were familiar with the programming of the ICD-10 codes, but you're not familiar with programming of the gender codes?
- A Well, no, I'm familiar with the -- how diagnosis codes are programmed in the system, but this CCM acronym I'm not familiar with.
  - Q What is a gender code?
- A You mean a gender code? Well, what they mean by gender codes, I'm assuming that means the ICD-10 Code F64. That's -- that's assuming that's what that means.
  - Q What's a B for both?
- A Maybe that's written reference to male and female.
- Q What is the significance of that? Why does it matter if it's -- what are the options? B for both and then, what, M for male, F for female?
- A That could -- I mean, that's what I'm assuming based on -- based on this email chain. I mean, it's a little difficult because -- I mean, there's a lot of extrapolation and it's -- much of it's open to interpretation, so --
- Q Sorry, I lost my place. Please prepare a CCM to remove gender code from all the NDC's. What are

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NDC's? You said that?

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A National drug codes. So that's almost like -- kind of like a procedure code, because each drug has a corresponding NDC. So the system doesn't recognize drug names or recognize national drug codes.

Q Okay. And that was actually -- that instruction was provided to someone -- Arlene Elliot sent that instruction to someone back in 2017, to remove the gender code. Do you have any idea why Magellan and AHCA were talking about this on June 3rd?

A No. We hadn't announced that we were going to do a categorical exclusion yet.

Q Okay. I think this is just a place where we're going to need to reserve some time for deposition after you're able to do some adequate research on what the information this email contains, and then we can do some follow-up questioning. Okay.

You mentioned earlier, were there any communications from the plans about the exclusion prior to its adoption?

A What do you mean? Do the plans have any -- do we discuss with the plans prior? No.

Q All right. Turning to waivers and variances under Chapter 120, are you familiar with that process?

A Oh, yes, I am.

Page 233 1 Okay. I'm going to hand you a copy of the statute, Section 120.542. We'll mark that as Exhibit 2. 3 20. (Whereupon, Exhibit No. 20 was marked for 4 5 identification.) BY MS. DEBRIERE:: 6 7 Are you familiar with the statute? 0 Yes, I'm familiar with it. 8 Α 9 Based on your understanding, what is the 0 10 purpose? 11 So the purpose of this is because, of course, Α 12 agencies are granted rulemaking authority. And because 13 agencies now -- and, of course, the rulemaking process, 14 I mean, it's public, transparent, but there are times 15 that there may be an exception that's required, so it's 16 kind of like the check and balances that if a variance 17 is required on a rule that -- like a party could apply 18 to that agency that administers that rule for 19 consideration of a variance. 20 Does the purpose of the underlying rule have 21 to -- the spirit of it have to be met in granting the 2.2 variance or waiver? 23 What's meant by the spirit? Α 2.4 I'm trying to look for the specific language. 0 2.5 So under subpart two, variance and waiver shall be

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granted when the person subject to this rule

demonstrates the purpose of the underlying statute -- I

guess in this case it would be a rule -- or what statute

will we be referencing?

A Well, in legal terminology, I mean, differences between rule and statute, I mean, statutes, of course, are approved by the legislature, goes to the Governor, and the rules are done under the authority of the statutes. So, I mean, like agencies are authorized to grant variances and waivers to requirements of the rules consistent with the section and with rules adopted under the authority of the section. So, I mean, they do call out rules, specific. Then, of course, this applies to all state agencies, so --

Q Who makes a determination at AHCA whether a petitioner has established a substantial hardship under the statute?

A Those come through our General Counsel's office. So if somebody wants to request a variance, they do so through our agency clerk.

O And how is the determination itself made?

A So the agency clerk will reach out to individuals to, of course, who have pertinent knowledge about the -- about the circumstances of the request of the variance, will ask for input. And, of course, the

determination's made. It rides up to the Secretary.

The Secretary has to do the final approval for a variance.

Q So same question as to determining whether principle -- principles of fairness are violated, who makes that determination?

A So when it comes to waivers and variances, that's same process. Goes to the agency clerk. Then, of course, does an investigation, consults with individuals who are knowledgeable about the pertinent subject, and then it goes up to the Secretary.

- Q Has AHCA developed any criteria to guide its determination of whether to grant a variance or waiver from the categorical exclusion of gender-affirming care?
- A No. No, we haven't. Variances are determined on a very individualized basis.

Q So, again, turning back to the -- ensuring the purpose of the underlying statute, 120.542 specifically states that variance and waivers shall be granted when the person subject to the rule demonstrates that the purpose of the underlying statute will be or has been achieved by other means for the person. So that means the granting of the variance or waiver shows that the purpose of the underlying statute will be or has been achieved by granting it. What statute -- in reviewing

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any request for a variance or waiver from 159G-1.050(7), how would you demonstrate that the purpose -- well, what statute will be at issue, first of all?

A Well, for the statute -- I mean, would be Chapter 409. Those are the Florida Medicaid -- that consists of the Florida Medicaid statute, so --

Q What specific -- what specific provision of 409 would you be looking at?

A I mean, we'd be looking at -- well, for the variance, we'd probably be looking at, like, I mean, somewhere under 409.9, probably under covered services or optional services.

Q Okay. So how -- if someone requested a waiver or variance from 59G-1.050(7), under what circumstances would AHCA authorize coverage of the services listed in that rule?

A Well, we can't speak to those because I don't think -- we haven't gotten a request for variances on this yet. So like it says, a highly individualized process. We will be looking at in-depth at the recipient, looking at all the records available, and, of course, discussing things with various experts and so forth. But each request is individualized. So because each request is individualized and focuses on the specific individual, we can't project on what grounds we

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Page 237 would grant a variance under. 1 Well, so the June -- the categorical exclusion 3 of treatment for gender dysphoria was adopted because the certain -- AHCA found that those services were 4 5 experimental, correct? And Florida Medicaid cannot cover services that are experimental? 6 7 That's correct. So in what situation could AHCA grant a waiver 8 9 or variance covering services that AHCA has found to be 10 experimental? 11 Well, I mean, based on the rule we wouldn't. Δ 12 I mean, based on the rule, we would deny the variance, 13 but because each variance, it's individualized requests, 14 we would have to go through and evaluate each one 15 individually. 16 Would the person have to establish that the 17 service they're requesting is not experimental? We will not be placing the burden on the 18 A 19 recipient. 20 Q Who would the burden be on? 21 Well, that would be on -- it'd be an 22 individualized process, evaluating all the -- all --23 whatever medical records that we can get a hold of. That's -- that's process that we use in the past, but 24 based on the rule, I mean, yeah, we say that these 25

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      would -- you have a categorical exclusion. While we --
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      while the variance process is available, but because we
      have a categorical exclusion, we do declare the services
 3
      to be experimental, investigational due to
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      very-low-quality evidence that -- yeah, I mean, we would
 6
      deny variance, but because variance reviews are
7
      individualized, we don't want to speak in absolute terms
8
      on the variance process. But for -- because, I mean,
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      there's all kinds of questions that could come up in the
10
      review of the medical records. Maybe it was a -- maybe
11
      it was a misdiagnosis. Maybe something else could come
12
      up. That's pretty much why. So --
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           0
                Okay.
14
                Everything is different and --
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           0
                If a person sought a waiver of the application
16
      of 59G-1.050(7) so they can receive Medicaid coverage
17
      for a mastectomy that is specifically to treat their
18
      gender dysphoria, under what circumstances would that
      waiver be granted?
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20
                For -- under what circumstances?
           A
21
           0
                Yeah.
22
           A
                Well, I mean, we did declare this service to
23
      be experimental investigational.
                So they could not get a waiver, correct? The
24
           0
      waiver would be denied?
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Page 239 Based on the very general, hypothetical 1 2 situation that you provided, straight out just for gender dysphoria, they got denied by their insured so 3 they request a variance. 4 5 0 Yeah. Based on our rule language, yeah, it'd be 6 A 7 denial. 8 And someone is entitled to a fair hearing when 0 9 Medicaid coverage is denied, correct? 10 A Yes, they are. 11 Given that the Agency has found the services 0 12 in 1.057 -- 59G-1.050(7) to be experimental, and 13 therefore never medically necessary, correct? 14 Correct. A 15 0 Could someone ever prevail at a fair hearing 16 where they sought coverage of the services for gender 17 dysphoria? 18 Well, based on our rule, based on our A 19 findings, no. Could someone use the variance or waiver 20 process to get around the final decision issued after 21 22 the fair hearing? 23 Well, I mean, they can request a variance, but then they would go through the process, but based on our 24 rule and our findings, no. 25

Page 240 How often do Medicaid beneficiaries file 1 2 variance requests? 3 So in the research for this case, we found 10 A requests, and that's since going back to about 2015, 4 5 2016. Okay. So between 2015, 2016 to present, there 6 7 has been 10 requests? 8 A That's correct. 9 Okay. These variances -- and I have copies of 10 all of them, if you'd like to reference them. They 11 request that a service that AHCA affirmatively covers. 12 So there's -- there's a few types of variances we found 13 in our review. There's situations in which AHCA 14 affirmatively covers the service, but the individual 15 wants an amount greater -- in a greater amount or 16 duration. 17 Yeah, I'm familiar with that one. It's --18 there was a variance request -- and it was actually 19 several various requests, because they were granted for 20 six months at a time. We're talking about our recipient 21 under our I-budget waiver. So, of course, our I-budget 22 waiver -- and no, it isn't, it's codified in rule. So, of course, there was a service limit on these behavior 23 assistance services at the time. They were requesting 24 additional behavior assistance services. So while -- so 25

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Page 241 because we already covered the service, and they're just 1 2 looking for additional services, you know, and that 3 that's -- that's flexibility that we can grant because we haven't actually gone through -- the service they are 4 5 requesting, we have not codified as a categorical exclusion, and we've not deemed that service be 6 7 experimental investigational. Okay. And that's true for all the services 8 0 9 that are contained in the variances --10 A Yeah, from what I could tell, they're pretty 11 much all I-budget. 12 Okay. And they -- none of the services that 0 13 they were requesting some kind of variance on had been categorically excluded, correct? 14 15 A Correct. 16 Okay. And none of them have been determined 0 17 experimental? 18 A Right. 19 Okay. Do you know of every Medicaid recipient 0 20 who made a request for a variance, if they were 21 represented by counsel? 2.2 Α No, we don't know if they were all represented 23 by counsel or not. 2.4 Because I did notice that the recipients were 0 25 all listed.

A Yeah, the recipients were listed. The information is referred to the agency clerk. Then the Agency does its internal processes.

- Q Do you know what pro se means?
- A No.

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- Q So, in any of the requests for variances to the Medicaid recipient, him or herself, do any of the direct request for the variance, or did they need assistance?
- A Given the complexities of request and legalities of it, I would -- I think it's safe to say that they had some assistance, although it's not required.
- Q Okay. Between April of 2022 and August 21st of 2022, did anyone at AHCA ever discuss the variance or waiver process for use in challenging a denial based on the categorical exclusion of treatment for gender dysphoria?
  - A No.
- Q All right. Turning to our specific clients, at anytime prior to August 21st, 2022, did Florida Medicaid cover any of the services listed at 59G-1.050(7) for the treatment of gender dysphoria and that actually --
  - A You're talking about --

		Page 243
1	Q	Everyone.
2	A	You're talking about after the hard date when
3	the ruling	g took effect?
4	Q	Anytime prior to that, did Florida Medicaid
5	cover any	of the services listed at 59G-1.05
6	A	Prior to the effective date, yes.
7	Q	Okay. So they covered puberty blockers?
8	A	Yes. Well, for that small handful of
9	recipient	s we pulled the data on, yes.
10	Q	They cover cross-sex hormone therapy for the
11	treatment	of gender dysphoria?
12	A	Yeah. I mean, as far as data showed.
13	Q	Did they cover surgery for the treatment of
14	gender dy	sphoria?
15	A	From our data revealed, yes.
16	Q	At any time prior to August 21st, 2022, did
17	Florida M	edicaid cover any of the services listed at
18	59G-1.050	(7) for August Dekker?
19	A	We did go through our we did go through
20	there the	recipient's histories, yeah.
21	Q	Did Florida Medicaid cover puberty blockers
22	for Augus	t Dekker to treat gender dysphoria?
23	A	For August Dekker?
24	Q	Yes.
25	A	Puberty blockers?

Page 244 1 0 Yes. 2 A I don't believe so, no. Did Florida Medicaid cover hormone therapy for 3 0 August Dekker in treatment of gender dysphoria? 4 5 For August Dekker, yes. I think -- I think his managed care plan, Humana was providing him those. 6 7 And he's still currently eligible for Florida 0 Medicaid? 8 Last time we checked he was still Medicaid 9 A 10 eligible. 11 Okay. And he's still enrolled in Humana, or 0 12 did he switch to another plan? 13 A Well, we haven't -- we haven't verified 14 since -- we did have an enrollment period and recipients 15 are eligible to switch plans during that enrollment 16 period. 17 In the coverage of hormones for treatment of Q August Dekker's gender dysphoria, how long -- for how 18 19 long did AHCA authorize that treatment? For how long 20 did Florida Medicaid cover that treatment? 21 I don't know the exact length. We would have 22 to go back and take a look at the records we received from Humana on the case. 23 More than six months? 24 0 I think it was more than six months. 25 A

Page 245 1 Q More than a year? 2 A That's where it gets hazy. 3 Was coverage for hormones to treat gender Q dysphoria terminated for August Dekker after August 4 5 21st? According to rule, yes, it would be 6 7 terminated. 8 Did Florida Medicaid cover surgery for August 0 9 Dekker and treatment of gender dysphoria? 10 A Yes. 11 When? 0 12 So that would have been prior to the -- that Α 13 would have been prior to the challenge exclusion being implemented. Then to clarify, that was -- is -- the 14 15 managed care plan was covering that outside our state 16 plan benefits. 17 How do you know that? 0 18 Because our state plan does not -- does not Α 19 specify the service as being -- as being mandated for 20 coverage. In other words, if Humana had denied the 21 service, well, it would have just been a denial because 2.2 it's not a -- Medicaid doesn't -- we don't have that in 23 our state plan. Managed care plans have to cover all 24 state plan services. Sex change operations are not a state plan covered service. 2.5

Page 246 1 Surgery is a state plan covered service? 0 Α Surgery, yes, but for -- but not for this --3 necessarily this condition. Does the state plan specify for what 4 Q 5 conditions services are provided? No, it doesn't break down the diagnosis codes, 6 7 but this was one -- was the plan's discretion. The plan could have said yes. The plan could have said no. 8 was up to the plan. 10 Were federal Medicaid match dollars used to 11 pay for August Dekker's surgery? 12 So capitation rates that we pay to the plans are per-member per-month rate. That is a combination of 13 14 federal matching dollars and state revenue. 15 0 Okay. At any time prior to August 21st, 2022, 16 did Florida Medicaid cover any of the services listed at 17 59G-1.050(7) for Brit Rothstein? Based on the -- based on the records that we 18 A 19 pulled, based on the recipient's individual histories 20 that we were -- we were able to locate, looked like, 21 yes, we did. 22 0 Okay. Did Florida Medicaid ever cover puberty blockers for Mr. Rothstein? 23 So for Mr. Rothstein -- so for Mr. 24 A Rothstein -- I -- so. Sorry. I think he's one of the 25

Page 247 1 adult plaintiffs? 2 0 Yes. Yes. And you said that he -- I'm sorry -- pulled in a lot of directions. 3 We did cover services that we did determine to 4 A 5 be experimental investigational prior to the challenge 6 exclusion. 7 Q And no longer cover them, correct? Yes, because of the challenge exclusion. 8 Α 0 Same question for KF. 10 A Since -- with KF, we did have a hard time 11 since for the minors we didn't have, like, their full 12 identification information. Trying to locate their 13 records in the system, I think there were encounters, 14 based on information we had, that did show they were 15 receiving GnRH. Okay. For the treatment of gender dysphoria? 16 0 17 A Yeah. 18 0 Okay. And that includes Susan Doe, as well? Based on what we could find, looked like 19 A 20 they -- that there had been some coverage. And they're -- KF is still currently eliqible 21 2.2 for Florida Medicaid, is that correct? 23 We would have -- I think -- I think they would Α 24 be, because we haven't been doing these determinations because of COVID. So, yes, they would still be 25

Page 248 Medicaid-eliqible. That would go for all the 1 plaintiffs. MS. DEBRIERE: Okay. Let's -- can we take a 3 five-minute break? 4 5 MR. JAZIL: Sure. VIDEOGRAPHER: Okay. This concludes video 6 7 four. The time is 4:15 p.m. (Brief recess.) 8 9 VIDEOGRAPHER: This is the beginning of video five. The time is 4:30 p.m. We're on the record. 10 11 BY MS. DEBRIERE:: 12 All right. Turning back quickly to plaintiff 13 August Dekker, did Humana violate Florida Medicaid 14 policy by covering his surgery for treatment of gender dysphoria? 15 16 No, they did not at the time. 17 Okay. And then I just want to talk about a 0 few more exhibits. One labeled -- we've marked as 18 19 Exhibit 21, and that is the GAPMS queue that was 20 provided to us. 21 (Whereupon, Exhibit No. 21 was marked for 2.2 identification.) BY MS. DEBRIERE:: 23 2.4 And it looks like the most recent date on that 0 25 queue was maybe an update to one of the GAPMS in 2019.

That's as far as it goes. Are all -- are these the only GAPMS that are currently pending?

A So the requests came in to pull the most recent GAPMS queue.

O Yeah.

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A So at this -- when I went through our -- we have a GAPMS folder that's on our shared drive. I did look through to see what -- we have a folder for the GAPMS queues. I did pull the most recent one. This was the most recent one that had been updated that was in there --

Q I'm sorry. Go ahead.

A This does -- this does consist of a lot of GAPMS reports, which I do remember drafting some of those as well, but this was our most recent one.

- Q And have there been GAPMS reports created after 2018?
  - A Yeah, I think there have been.
  - Q Why aren't they on this list?

A I'm not -- I'm not sure why they wouldn't be included on this list. This list should be updated on regular basis, so I'm not sure why they wouldn't be included on this, or on the list on the share drive, because the GAPMS queue is really is not so much for the GAPMS analyst, because GAPMS analysts generally have a

pretty good idea of what's outstanding, what's pending, and what's been turned in. It's more for leadership -- or their supervisor to pull and take a look at when necessary, so I'm not sure why this hasn't been listed to update in this current.

Q So whoever's working in GAPMS at the time has a good understanding of which GAPMS are pending.

A When I was -- when I had the role, I could tell you exactly where all my reports were, what their status was and where they stood in the queue. So, yeah, I kind of had all committed to memory.

Q Okay. Would that be true of anyone holding that GAPMS position?

A As far as pulling it from memory, I couldn't vouch for the other employees as to their memories, when it came down to their reports that are outstanding.

Q But they should have a good sense?

A They should have a good sense of what's pending and what's been turned in.

Q Can you provide us a list of what's pending that's not listed on this queue?

A So I think -- so I think the ones that are still pending aren't -- I think there were, like, reopened reports. I think we had gotten requests from the manufacturers of Atheno, was the asthma tests that I

2.2

discussed earlier. That was one I had to have finalized. We've gotten a request for them to -- for us to review it, provided that they don't send some more evidence and more studies that have been done after our original report. So I think that one was reopened. That one should still be pending. Then there was specially modified low-protein foods. That was another one that I had written up. We had gotten requests to reopen that one that, and to reevaluate that service. I think there was another one, which was the -- which was a bone growth stimulator called Exigent. I think that one is still outstanding and pending. Now, those are just some examples of ones I can think are still pending.

Q Were there any new requests made after December of 2018?

A Yeah. I mean, there have been some new requests for either, like, expedited GAPMS or full GAPMS. I mean, we do get the service requests in fairly frequently, so --

Q Because it would be odd if any new requests hadn't come in almost five years --

A Correct, Yeah.

Q Okay. But there's no way -- all right. And then I just want to put into the record, because we've

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Page 252 been referring to it quite a bit, we'll Mark it as 1 Exhibit 22, and that is the document from Health and 3 Human Services that we've referenced multiple times during the deposition. Is that the one you're referring 4 5 to? That's correct. This is it. 6 Α 7 (Whereupon, Exhibit No. 22 was marked for identification.) 8 BY MS. DEBRIERE:: Thank you. And then the guidance from the 10 0 11 Florida Department of Health regarding treatment of 12 gender dysphoria for children and adolescents dated 13 April 20th, 2022. That's Exhibit 23. Is that the 14 document that we've been referring to when we're talking about DOH quidance? 15 16 Yes, it is. Α 17 (Whereupon, Exhibit No. 23 was marked for identification.) 18 19 MS. DEBRIERE: And then -- I think that's it 20 for my questions. The only thing I wanted to put 21 on the record, Mo, is we are at what time, 2.2 Videographer? 23 VIDEOGRAPHER: Do you mean the whole run time 2.4 or --2.5 MS. DEBRIERE: Just the questioning time.

Page 253 1 Yeah, the time that we've been live and active on the record. VIDEOGRAPHER: Five hours, eight minutes plus 3 five and a half minutes. 4 5 MS. DEBRIERE: Okay. So want to just say that we have an hour and 45 minutes of questioning --6 7 MR. JAZIL: Sure. MS. DEBRIERE: -- to reserve? 8 9 MR. JAZIL: And so the depo is open. I'd like to ask questions at the end. So I'll just reserve 10 11 that until after our second session, is that okay, 12 or would you like for me to --13 MS. DEBRIERE: Can I confer with my team 14 quickly? Okay. VIDEOGRAPHER: We will remain on the record? 15 16 MS. DEBRIERE: We'll go off the record. VIDEOGRAPHER: Okay. Off the record at 4:36 17 18 p.m. 19 (Discussion off the record.) 20 VIDEOGRAPHER: We're back on the record. The 21 time is 4:37 p.m. 2.2 MS. DEBRIERE: And plaintiff's counsel is all 23 finished with their questioning. 24 EXAMINATION 2.5 BY MR. JAZIL::

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Page 254 This is Mohammed Jazil for the defense. 1 2. try to be brief, recognizing we have time limitations 3 here. Mr. Brackett, I'd like to have you look at Exhibit 3 again. 4 5 Α Okay. Exhibit 3 has a date on it, May 20th, 2022. I 6 0 7 want the record to be clear, why is that date not 8 accurate? Α This date isn't accurate because that date 10 is -- automatically sets to the date you print it out. 11 And what sets that date? 0 12 The template is automatically set to enter in Α 13 this current date that you're viewing the document. So 14 it automatically updates the second you open it. And that's the template in the AHCA document? 15 0 16 That is our template, yeah. Α 17 And when was this GAPMS report created? Q 18 This GAPMS was originally created in 2016. Α 19 Thank you. You discussed with my friend the 0 20 variance and waiver process. Do you recall that 21 testimony? 2.2 Α Yes. You testified that the variance and waiver 2.3 24 process is individualized. Do you recall that 2.5 testimony?

Page 255 1 Yes, I do. Α 2. 0 Once a variance and waiver request comes in, 3 it goes to the clerk is what you testified to, if my understanding is correct? 4 5 Α Yes. And then the clerk routes it to whom? 6 0 7 The clerk gathers information and it has to be Α routed up to the secretary. 8 9 0 Is it routed directly to the Secretary or is 10 there any other office that it goes through first? 11 I'd have to take a look at the variances 12 It might be -- I think it probably have to route 13 through General Counsel before it goes to the Secretary. Okay. And is the General Counsel's office 14 0 15 responsible for the formulating the Agency's position on 16 legal issues? 17 Α Yes. 18 Does that include the variance and waiver Q 19 process? 20 Α Yes. 21 MR. JAZIL: I have no further questions. 2.2 FURTHER EXAMINATION BY MS. DEBRIERE:: 23 24 Just one redirect. Very brief. On Exhibit 3, 0 2.5 which is the GAPMS memo dated May 20th, 2022, that was

Page 256 1 the date it was printed out. It also appears changes were made on that date, is that correct? 3 Α Based on the comments in the edits, yeah, it looks like somebody had made changes to that document on 4 5 that date. 6 0 But you don't know who that person is? 7 Α SG, I'm -- I can't speak to who SG is. But you will find that information out for us? 8 0 9 Α We can -- we can figure out who, but we 10 would -- probably want to verify with IT. 11 MS. DEBRIERE: Okay. That's all. 12 MR. JAZIL: So, counsel, while we're still on 13 the record, he's still under oath, so I'm not going 14 to obviously talk to him about any issues that 15 might come up, but with your consent, I'd like to 16 at least work with him to gather the additional 17 information that's being sought. Is that 18 appropriate? MS. DEBRIERE: I mean, I would assume that 19 20 would be your process. 21 MR. JAZIL: He is under oath, and so I'm 2.2 obviously not going to try to, you know --

MS. DEBRIERE: I see. I see.

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MR. JAZIL: -- work with him while -- work with him on his testimony, I say, as I try to gather

Page 257 additional information, so I'll make that clear on 1 the record. VIDEOGRAPHER: Anyone else? Anybody by Zoom? 3 MS. DEBRIERE: No. 4 5 VIDEOGRAPHER: Okay. This concludes the February 8th, 2023 portion of the video-recorded 6 7 deposition of Corporate Representative for Agency for Health Care Administration. The time is 4:40 8 9 p.m. 10 COURT REPORTER: Are you going to be ordering 11 this? 12 MS. DEBRIERE: Yes. 13 COURT REPORTER: All right. And Mo has requested a rough draft. I told him I could get it 14 15 to him tomorrow. Do you guys -- would you guys 16 like one, as well? 17 MS. DEBRIERE: Yes, please. (Whereupon, the deposition was concluded at 18 19 4:40 p.m., and the witness did not waive reading 20 and signing.) 21 2.2 23 2.4 2.5

	Page 258
1	CERTIFICATE OF OATH
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5	STATE OF FLORIDA )
6	COUNTY OF LEON )
7	
8	
9	I, the undersigned authority, certify that the
10	above-named witness personally appeared before me and
11	was duly sworn.
12	
13	WITNESS my hand and official seal this 21st
14	day of February, 2023.
15	
16	
17	
18	Dann W. Veenes
19	·
20	DANA W. REEVES
	NOTARY PUBLIC
21	COMMISSION #GG970595
	EXPIRES MARCH 22, 2024
22	
23	
24	
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Page 259 CERTIFICATE OF REPORTER 1 2 STATE OF FLORIDA COUNTY OF LEON 3 I, DANA W. REEVES, Professional Court 4 5 Reporter, certify that the foregoing proceedings were 6 taken before me at the time and place therein 7 designated; that my shorthand notes were thereafter translated under my supervision; and the foregoing 8 9 pages, numbered 128 through 257, are a true and correct 10 record of the aforesaid proceedings. I further certify that I am not a relative, 11 12 employee, attorney or counsel of any of the parties, nor am I a relative or employee of any of the parties' 13 14 attorney or counsel connected with the action, nor am I 15 financially interested in the action. 16 DATED this 21st day of February, 2023. 17 18 Dann W. Perves 19 20 21 DANA W. REEVES NOTARY PUBLIC 22 COMMISSION #GG970595 EXPIRES MARCH 22, 2024 23 24 25

Page 260 1 Gary V. Perko, Esq. gperko@holtzmanvogel.com 2 3 February 21, 2023 4 5 August Dekker, et al. vs. Jason Weida, et al. RE: 6 February 8, 2023/Matthew Brackett/5696545 7 The above-referenced transcript is available for review. The witness should read the testimony to verify its 8 accuracy. If there are any changes, the witness should note those with the reason on the attached Errata Sheet. 9 The witness should, please, date and sign the Errata 10 Sheet and email to the deposing attorney as well as to Veritext at Transcripts-fl@veritext.com and copies will be emailed to all ordering parties. It is suggested 11 that the completed errata be returned 30 days from 12 receipt of testimony, as considered reasonable under Federal rules\*, however, there is no Florida statute to 13 this regard. If the witness fail(s) to do so, the transcript may be used as if signed. 14 15 Yours, 16 Veritext Legal Solutions \*Federal Civil Procedure Rule 30(e)/Florida Civil 17 Procedure Rule 1.310(e). 18 19 20 21 2.2 23 24 25

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are true.				
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	Matthe	w Brackett	DATE	

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# Federal Rules of Civil Procedure Rule 30

- (e) Review By the Witness; Changes.
- (1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:
- (A) to review the transcript or recording; and
- (B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.
- (2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES

ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF APRIL 1,

2019. PLEASE REFER TO THE APPLICABLE FEDERAL RULES

OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

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