

Jane Doe

vs.

Joseph Ladapo

Transcript of Video Recording

August 03, 2023



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JANE DOE,
Plaintiff,
vs.
JOSEPH LADAPO,
Defendant.

CASE NO. 423CV114RHMAF

TRANSCRIPTION OF VIDEO RECORDING
FLORIDA RULES COMMITTEE
FLORIDA BOARD OF MEDICINE
FLORIDA BOARD OF OSTEOPATHIC MEDICINE
AUGUST 3, 2023

TRANSCRIBED AUDIO RECORDING BY:
Julie Thompson, CET

Job No.: 323393

1 Thereupon,

2 The following proceeding was transcribed from an
3 audio recording:

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5 CHAIRMAN ZACHARIAH: Hi. Good afternoon.

6 I'm Zach Zachariah, Chairman of the Rules Committee.

7 Let's have the Florida Board of Medicine
8 and Osteopathic Medicine join Rules, and let's bring
9 the committee to order. Let the record reflect the
10 time is 4 o'clock.

11 And can we take the roll call.

12 SECRETARY: Yes. Dr. Zachariah is present.

13 CHAIRMAN ZACHARIAH: Here.

14 SECRETARY: Mr. Romanello?

15 VICE-CHAIR ROMANELLO: Here.

16 SECRETARY: Dr. Ackerman?

17 CHAIRMAN ACKERMAN: Present.

18 SECRETARY: Dr. Vincent.

19 DR. VINCENT: Present.

20 SECRETARY: Dr. Derick?

21 DR. DERICK: Present.

22 SECRETARY: Dr. Diamond?

23 DR. DIAMOND: Present.

24 SECRETARY: Dr. Hunter?

25 DR. HUNTER: Present.

1 SECRETARY: Dr. Pages?

2 DR. PAGES: Present.

3 SECRETARY: Dr. Di Pietro?

4 DR. DI PIETRO: Present.

5 SECRETARY: Dr. Kirsh?

6 DR. KIRSH: Present.

7 SECRETARY: Dr. Mortensen has been excused.

8 Also present are Mr. Paul Vazquez, Executive
9 Director, Board of Medicine, Ms. Danielle Terrell,
10 Executive Director, Board of Osteopathic Medicine,
11 Christopher Dierlam, Board Council, Donna McNulty,
12 Board Council, Cassandra Fulham (phonetic), Senior
13 Legal Assistant, Cherise Strickland, Program
14 Operations Administrator, Brad Dalton, Public
15 Information Officer.

16 Chair, you have a quorum.

17 CHAIRMAN ZACHARIAH: Ma'am, thank you. You
18 know, we have four items on the agenda, and we go
19 off the order. And I will take item number three,
20 the physician assistant licensure.

21 EXECUTIVE DIRECTOR VASQUEZ: I'll go.

22 Thank you, Dr. Zachariah.

23 The issue on this tab relates to new
24 legislation that was passed this last session on
25 House Bill 1133, with regard to physician assistant

1 licensure. The new legislation created a catch-all
2 provision that allows the Board to approve an
3 applicant for licensure if they have passed the
4 appropriate examination, even if they don't satisfy
5 the education requirements, or otherwise satisfy the
6 education requirements of the statute.

7 What we are looking for at this time is the
8 ability to have delegated authority to Board staff
9 to be able to process those applications and
10 administratively approve them like they do other
11 initial applications.

12 This is just a new pathway for them to come
13 in through the licensure process. It didn't
14 previously exist. It requires Board approval. And
15 ultimately, it would be ratified by the Board, but
16 we're asking for the ability to administratively
17 approve these.

18 CHAIRMAN ZACHARIAH: Thank you.

19 Do I hear a motion to delegate authority to
20 the staff?

21 CHAIRMAN ACKERMAN: So moved.

22 DR. DIAMOND: Diamond second.

23 UNIDENTIFIED FEMALE: Second.

24 CHAIRMAN ZACHARIAH: Is there any further
25 discussion?

1 Hearing none. All in favor, say aye.

2 MEMBERS: Aye.

3 CHAIRMAN ZACHARIAH: Any opposed?

4 The motion carries unanimously.

5 Now let's go to tab four. This is a JAPC
6 letter we received and -- Christopher.

7 ATTORNEY DIERLAM: Yes. Thank you very
8 much, Dr. Zacheriah. Very briefly, as Dr. Zacheriah
9 pointed out, we did -- the Board did receive a
10 letter, both boards. Both the Board of Osteopathic
11 Medicine and the Board of Medicine received a letter
12 from the Joint Administrative Procedures Committee
13 on July 21st. It's contained on page 46 of your
14 materials.

15 Very briefly, JAPC pointed out really only
16 one relatively minimal issue with all the consent
17 forms that were adopted by this rule via emergency
18 rule. The issue that JAPC pointed out was specific
19 to two of those consent forms. The feminizing
20 medication consent form for adults, and the
21 masculinizing consent form for adults.

22 And the only issue JAPC had was with the
23 language that requires "a thorough psychological and
24 social evaluation performed by a Florida licensed
25 board-certified psychiatrist, or a Florida licensed

1 psychologist before beginning hormone replacement
2 therapy and every two years thereafter."

3 JAPC's concerns kind of focus on the
4 opinion that that requirement constitutes a standard
5 of practice. JAPC pointed out that the statute
6 clearly granted the Boards the authority to adopt
7 standards of practice for minors but did not do so
8 for adults.

9 So JAPC has basically asked the Board to
10 address her concerns, and at this point it would be
11 appropriate for the Board to again discuss JAPC's
12 concerns and what the Board feels would be an
13 appropriate action at this point. Thank you.

14 CHAIRMAN ZACHARIAH: Anything from the
15 Board members?

16 Yeah, David? Dr. David?

17 DR. DIAMOND: Yes. I'm in agreement. I
18 think that the JAPC made an important and valuable
19 comment here, and I think it stands correct.

20 DR. DERICK: We had a long discussion about
21 this last time too.

22 CHAIRMAN ACKERMAN: Right.

23 DR. DERICK: So there was, you know,
24 concern about it being inappropriate or too much.
25 So I agree, as well.

1 VICE-CHAIR ROMANELLO: Okay. Yeah.
2 Dr. Derick, you had mentioned it. And certainly,
3 the AG's office, Mr. Dierlam and Ms. McNulty
4 highlighted that issue. So I think -- I would tend
5 to agree with JAPC's analysis here.

6 ATTORNEY DIERLAM: Let me just put out one
7 more point of clarification, since Dr. Mortensen
8 isn't here. You're absolutely right, Dr. Derick,
9 Mr. Romanello. This issue was discussed at the
10 prior Rules meeting.

11 And again, Dr. Mortensen made some comments
12 along the lines of the fact that she believed that
13 these sort of requirements are quite often contained
14 in consent forms. And that that was again the
15 response and why Dr. Mortensen, at least, and the
16 Board I think kind of agree, that that could
17 theoretically give the Board rule-making authority,
18 because these requirements are often contained in
19 consent forms. And since the board clearly has the
20 authority to adopt a consent form, it would entail
21 such a requirement.

22 Again, that was just the comments of
23 Mr. Mortenson -- or Dr. Mortensen, I beg your
24 pardon. And she's not present today, so I just
25 wanted to make sure --

1 VICE-CHAIR ROMANELLO: Right.

2 CHAIRMAN ACKERMAN: -- that they were
3 reflected on the record again. Thank you.

4 CHAIRMAN ZACHARIAH: At this time does --
5 do you have any comments, Dr. Vincent?

6 DR. VINCENT: I mean, you know, if you look
7 at like the 2017 Endocrine Society Guidelines
8 (Indiscernible).

9 CHAIRMAN ZACHARIAH: Yeah. You have to
10 press the button.

11 DR. VINCENT: I did (Indiscernible).

12 DR. DERICK: Maybe get closer to the mic.

13 DR. VINCENT: Can you hear me now?

14 MEMBERS: No.

15 DR. BENSON: No. It's just in the
16 Endocrine Society guidelines, too. They -- they
17 stipulate that as part of a -- their recommendations
18 that there's a thorough psychological evaluation and
19 assessment at baseline, and that there is no
20 interfering psychological conditions that could
21 impact the workup or clinical evaluation.

22 So that is considered part of the Endocrine
23 Society. That's 2017. They haven't been updated.
24 They're saying they might update them in -- soon,
25 but that hasn't been published yet.

1 VICE-CHAIR ROMANELLO: Dr. Vincent, I
2 agree. And that's why this is kind of like along
3 the lines of the conversation we had at the last
4 meeting. So that's certainly what the association
5 says, and certainly what the practice would be.

6 But here, the statute that was passed does
7 not give the Board the authority to put this into
8 the rule, as the AG's office pointed out. So it --

9 UNIDENTIFIED MALE: Is it --

10 VICE-CHAIR ROMANELLO: -- if there's
11 anybody else that wants -- I mean, I would be --

12 UNIDENTIFIED MALE: Is it not that they
13 give the authority, or they're asking for why it's
14 in the rule?

15 ATTORNEY DIERLAM: Those questions are two
16 in the same.

17 DR. VINCENT: Why it's in the --

18 ATTORNEY DIERLAM: They're basically
19 stating they don't believe we have rule-making
20 authority for that provision. So basically, JAPC is
21 I think -- to read between the lines, they're
22 basically asking the board to either explain why it
23 thinks it has rule-making authority for that
24 requirement, or to get rid of it. One or the other.

25 But that's, I think, reading between the

1 lines of JAPC's correspondence. They're asking
2 those two questions.

3 CHAIRMAN ZACHARIAH: Yeah. Dr. Diamond
4 then --

5 DR. DIAMOND: Yes. I would like to move to
6 strike this particular language from the rule. If
7 you need -- If need be, I can -- I can quote it
8 directly, or you can just refer to what we were
9 discussing earlier.

10 DR. HUNTER: Second.

11 VICE-CHAIR ROMANELLO: Second.

12 MS. MCNULTY: Do you want me to read the
13 exact language? That would be --

14 DR. DIAMOND: Yes. So -- so why don't you
15 read into -- into the record the exact language --

16 MS. MCNULTY: Okay.

17 DR. DIAMOND: -- which I'm going to move to
18 strike.

19 MS. MCNULTY: Okay. And this is in both of
20 the forms that are referenced by JAPC and for both
21 boards. "Before beginning HRT and every two years
22 thereafter, you must undergo a thorough
23 psychological and social evaluation performed by a
24 Florida licensed board-certified psychiatrist or a
25 Florida licensed psychologist. The psychiatrist or

1 psychologist must submit a letter to the prescribing
2 physician confirming this."

3 DR. DIAMOND: Thank you.

4 CHAIRMAN ZACHARIAH: Yeah. Dr. Derick?

5 DR. DERICK: I just -- I agree with
6 striking it. And I guess we can move forward. I
7 just want to say, there is some precedent for
8 informed consent to have sort of stipulations like
9 these. For example, if you're on a dangerous
10 medication, if you, you know, decide that you'll do
11 regular bloodwork.

12 So there is some precedent for it. But I
13 agree in this case that it seems like it should be
14 removed.

15 CHAIRMAN ZACHARIAH: Dr. Hunter?

16 DR. HUNTER: I would disagree with this. I
17 think the example I use as a pediatrician is that --
18 what you're saying, is we have a child who's
19 undergoing chemotherapy. We recognize the risks.
20 Doxorubicin and the risk to the heart, and recommend
21 ongoing follow-up for cardiac complications.

22 I'm looking at a paper right now from
23 Denmark June 27th, since we last met, that shows the
24 long-term ongoing mental health issues in the adult
25 population.

1 And so the problem exists, we're just not
2 fully addressing it. I think we recognize that the
3 concern exists. But I understand that this is more
4 of a, I guess a legal issue, an authority issue.
5 Not -- I don't want us to say we're not recognizing
6 that the problem exists.

7 VICE-CHAIR ROMANELLO: Right. And I don't
8 think by potentially acting and considering the --
9 Dr. Diamond's motion that -- that the Board would be
10 saying that. I think we're just recognizing there's
11 limits on the authority the Board has to promulgate
12 this in a rule.

13 Donna?

14 MS. MCNULTY: Thank you. I concur with
15 those comments. But I wanted to also state for you
16 all that whatever the appropriate standard of care
17 is, regardless of what your informed consent is,
18 that it remains, just like any area of practice. So
19 the standard of care is the standard of care.

20 So we were just talking about what is going
21 in the informed consent. So I just wanted to remind
22 you all of that.

23 EXECUTIVE DIRECTOR TERRELL: Can I just --
24 a point of clarification. And this is for
25 Ms. McNulty and Mr. Dierlam. So as far as the rule-

1 making and authority, that only goes for the
2 emergency rules, and not any permanent rules? Is
3 that how I'm reading the JAPC letter --

4 MS. MCNULTY: The what rules?

5 EXECUTIVE DIRECTOR TERRELL: -- or is it --

6 MS. MCNULTY: I mean, when it -- not rule
7 -- when we get to the permanent rules, we can talk
8 about what's appropriate there.

9 EXECUTIVE DIRECTOR TERRELL: Okay.

10 MS. MCNULTY: But the authority to do
11 something remains the same.

12 ATTORNEY DIERLAM: Right.

13 DR. DI PIETRO: Okay.

14 ATTORNEY DIERLAM: It's going to be the
15 same whether it's an emergency rule or the permanent
16 rule. We'll still have the same "rule-making
17 authority."

18 EXECUTIVE DIRECTOR TERRELL: Okay.

19 MS. MCNULTY: Because the statute is the
20 same.

21 ATTORNEY DIERLAM: Right.

22 CHAIRMAN ZACHARIAH: So we have a motion by
23 Dr. Diamond. Do we hear the second?

24 DR. VINCENT: Yeah. (Indiscernible)

25 UNIDENTIFIED MALE: Have a second. I

1 apologize.

2 DR. BENSON: I'm sorry. I already
3 seconded.

4 CHAIRMAN ZACHARIAH: Okay. We have a
5 motion to second. Is there any further discussion?

6 DR. BENSON: I mean, if you look at Bates
7 1205, that's the Endocrine Society recommendations
8 for youth and adults. So there's already standards
9 of recommendations as far as mental healthcare.

10 So if we're making a recommendation that's
11 outside of what's -- that doesn't seem like that's a
12 good idea to me to make a recommendation that's
13 outside of the standard of practice.

14 CHAIRMAN ZACHARIAH: Thank you.

15 Well, we have a motion seconded. Do I hear
16 any other discussion?

17 All in favor, say aye.

18 MEMBERS: Aye.

19 CHAIRMAN ZACHARIAH: Any opposed?

20 MEMBERS: Aye.

21 CHAIRMAN ZACHARIAH: Two opposed. Thank
22 you so much.

23 UNIDENTIFIED FEMALE: (Indiscernible)

24 ATTORNEY DIERLAM: Okay. And if you don't
25 mind, I'll go ahead and ask the SER questions again,

1 just for Board information, that this vote now has
2 been approved by the Board. This will result in the
3 Board filing new emergency rules to incorporate two
4 new consent forms, the adult masculinizing and
5 feminizing forms.

6 DR. DERICK: You mean without that language
7 if you're going --

8 ATTORNEY DIERLAM: Right. Without the
9 language. Right.

10 Will the proposed rule amendments have an
11 adverse impact on small business, or will the
12 proposed rule amendments be likely to directly or
13 indirectly increase regulatory costs to any entity
14 in excess of \$200,000 within one year after the
15 implementation of the rule?

16 DR. DIAMOND: Diamond moves no.

17 UNIDENTIFIED MALE: Second.

18 CHAIRMAN ZACHARIAH: There's a motion
19 seconded. Any discussion here?

20 And then all in favor, say aye.

21 MEMBERS: Aye.

22 CHAIRMAN ZACHARIAH: Any opposed?

23 The motion carries.

24 ATTORNEY DIERLAM: And should a violation
25 of this rule or any part of this rule be designated

1 a minor violation?

2 DR. DIAMOND: Move no.

3 DR. DERICK: Second.

4 DR. VINCENT: I second.

5 CHAIRMAN ZACHARIAH: Motion seconded.

6 Any discussion? Hearing none.

7 All in favor, say aye.

8 MEMBERS: Aye.

9 CHAIRMAN ZACHARIAH: Any opposed?

10 Motion carries.

11 ATTORNEY DIERLAM: And then the final

12 inquiry is whether or not the committee would like

13 to add a sunset provision to this rule. I would

14 once again point out the rule is clearly mandated by

15 statute. Thank you.

16 DR. DIAMOND: I move no.

17 DR. DERICK: Second.

18 CHAIRMAN ZACHARIAH: Well, thank you. This

19 time we go on to tab number one. Standards of

20 practice in the treatment of gender dysphoria in

21 minors.

22 Go ahead.

23 ATTORNEY DIERLAM: Yeah. Absolutely.

24 Thank you very much --

25 VICE-CHAIR ROMANELLO: Did we -- did we

1 vote on the last --

2 ATTORNEY DIERLAM: Yes.

3 VICE-CHAIR KIRSH: -- motion? We did?

4 VICE-CHAIR ROMANELLO: What was it? It was
5 a vote regarding sunset provision?

6 ATTORNEY DIERLAM: Yep. Got it.

7 Yeah. So very briefly, the next item for
8 the Board to consider is on the same issue, if you
9 will. But whether or not the Board or how the Board
10 would like to move forward with formal rule making.

11 Again, the Board has adopted these consent
12 forms via emergency rule, and pursuant to the
13 language in the bill, they remain in effect until
14 replaced by formal rules. However, I would advise
15 again that the Board move forward in that formal
16 rule-making process in a, you know, timely, diligent
17 manner.

18 So, you know, I think really there's kind
19 of three main options as far as where the Board
20 would like to go from here as far as adopting formal
21 rules. Would it like to move forward with adopting
22 the existing emergency rules as formal rules, as is?

23 Would the Board like to kind of start with
24 the existing --

25 DR. DIAMOND: Excuse me, as --

1 ATTORNEY DIERLAM: As amended today.

2 DR. DIAMOND: As amended as of just now.

3 Yes.

4 ATTORNEY DIERLAM: Thank you for -- yes.

5 You're absolutely right. As voted today.

6 Or would the Board like to start with those
7 current emergency rules as amended today and
8 delegate the authority to members once again to work
9 on those rules and kind of perhaps make any
10 modifications, whatever it may be?

11 Or perhaps the third option would be to
12 start from scratch and start over, begin with new
13 consent forms, if that's the Board's pleasure.

14 But again, those are the three main options
15 I can consider. I think it goes without saying,
16 there's one of them that Ms. McNulty and myself
17 probably would not prefer. But regardless, those I
18 think are the three options for the committee,
19 unless there's others. Thank you.

20 CHAIRMAN ACKERMAN: So I think we have a
21 good emergency rule in place. I think we should
22 move forward with that. I don't think we should
23 adopt it as a permanent rule just yet.

24 I think that we should delegate -- not
25 delegate authority, but ask Dr. Benson on the -- on

1 the allopathic Board and Dr. Mortenson on the
2 Osteopathic Board to take some input that we might
3 get over the next few months, digest that, let that
4 distill a little bit and see how things pan out, and
5 then perhaps come to a subsequent meeting in October
6 or December, right, and -- and make recommendation
7 to us at that point for any kind of modifications,
8 for us to then ratify it then. So that's my -- my
9 thoughts. And I would like to put that forth as a
10 motion.

11 VICE-CHAIR ROMANELLO: I'll second that
12 motion.

13 CHAIRMAN ZACHARIAH: The motion is
14 seconded.

15 Dr. Amy?

16 DR. DERICK: I just wanted to say that I
17 agree with that. I think that it's important.
18 We've gotten a lot of good feedback from the public,
19 and we've taken their feedback and incorporated it
20 into the other drafts that we've done. And I think
21 that it requires time. We need to have time to see
22 how it goes, and then we'll be able to get better
23 feedback to make it the best we can. So I agree.

24 CHAIRMAN ACKERMAN: Right. I think there
25 will be some issues that may come up that we don't

1 know about yet as people try to implement things and
2 try to implement these rules. And I'm sure we'll
3 have some good feedback to massage this a bit.

4 ATTORNEY DIERLAM: As a point of
5 clarification, Dr. Ackerman, would you also like to
6 include noticing the proposed rules for development,
7 obviously? Not propose the language --

8 CHAIRMAN ACKERMAN: Absolutely.

9 ATTORNEY DIERLAM: But that would put the
10 rules out there in the public forum and perhaps
11 allow additional comment.

12 CHAIRMAN ACKERMAN: Right. That would --
13 that would encourage feedback.

14 ATTORNEY DIERLAM: Absolutely.

15 CHAIRMAN ACKERMAN: Much-needed feedback.

16 ATTORNEY DIERLAM: So would you like to
17 include that in your motion?

18 CHAIRMAN ACKERMAN: Yes, please. Thank
19 you.

20 CHAIRMAN ZACHARIAH: Do I hear a second?

21 (Cross talk)

22 Yeah. I am sorry. Is the motion is
23 seconded?

24 VICE-CHAIR ROMANELLO: I don't --

25 CHAIRMAN ZACHARIAH: Is there any further

1 discussion for the Board?

2 If not, all in favor, say aye.

3 MEMBERS: Aye.

4 CHAIRMAN ZACHARIAH: Any opposed?

5 Motion carries unanimously.

6 MS. MCNULTY: Is that for both tabs one and
7 two? For tabs one and two? So the vote -- I know
8 it was for tab one, but is it also for tab two?

9 CHAIRMAN ZACHARIAH: Yes. So let the
10 record -- Ackerman. I think it applies to tab one
11 and tab two. Is that okay?

12 CHAIRMAN ACKERMAN: Yes. Right. Yes.

13 CHAIRMAN ZACHARIAH: Yeah. It was
14 (Indiscernible).

15 CHAIRMAN ACKERMAN: That was my intent, for
16 it to apply to both tabs one and two.

17 MS. MCNULTY: I didn't hear Dr. Ackerman.

18 CHAIRMAN ACKERMAN: It was my intent of the
19 motion, was to apply to tabs one and tab two. The
20 adults and the kids.

21 MS. MCNULTY: For clarification, just for
22 the record, because this is controversial, could you
23 entertain a vote to clarify that's --

24 CHAIRMAN ZACHARIAH: Yes.

25 MS. MCNULTY: -- both tabs one and two?

1 CHAIRMAN ZACHARIAH: Okay.

2 MS. MCNULTY: Full development?

3 CHAIRMAN ZACHARIAH: Let's make a motion
4 including tab one and tab two so there's no --
5 there's no doubt about that. So let's --

6 CHAIRMAN ACKERMAN: So my motion is to
7 adopt the emergency rules for now, and delegate to
8 Dr. Benson --

9 MS. MCNULTY: We already on the emergency
10 rules. We're just talking about the permanent
11 rules.

12 CHAIRMAN ACKERMAN: So my motion is to not
13 put forth emergency rules just yet, but to wait a
14 few months and let Doctors Benson and Dr. Mortensen
15 get feedback from Board members, from the public,
16 and then make recommendations to this Committee to
17 make -- to help us develop a permanent rule.

18 MS. MCNULTY: And this is for both the
19 adult and minor rules for both Boards? Just --
20 that's the part I'm (indiscernible).

21 VICE-CHAIR ROMANELLO: Yes. For
22 (Indiscernible) consent --

23 CHAIRMAN ACKERMAN: Yes. The adult rules
24 and the minor rules for both Boards of Medicine and
25 Board of Osteopathic Medicine.

1 DR. VINCENT: There's six consent --
2 different consent -- three minors and three for
3 adults.

4 CHAIRMAN ACKERMAN: Yep.

5 CHAIRMAN ZACHARIAH: So it should be a
6 motion --

7 CHAIRMAN ACKERMAN: And do we need to -- do
8 I need to put with a deadline, like the end of the
9 year?

10 MS. MCNULTY: I don't think so.

11 DR. VINCENT: Yeah.

12 CHAIRMAN ACKERMAN: I would hope we could
13 get it done by the end of the year.

14 DR. DERICK: What about the part about
15 officially starting the process? Does that need to
16 be incorporated?

17 MS. MCNULTY: For the rule to adopt.

18 DR. DERICK: For rule adoption? That was
19 part of your motion?

20 CHAIRMAN ACKERMAN: Yes. That's part of
21 the motion, to officially adopt the process for
22 permanent rule development.

23 DR. DIAMOND: So a motion to second?

24 CHAIRMAN ZACHARIAH: So the motion is
25 seconded. Any discussion?

1 Hearing none, all who approve say aye.

2 MEMBERS: Aye.

3 CHAIRMAN ZACHARIAH: Any opposed?

4 The motion carries unanimously.

5 If the public wants to make any comments
6 briefly, we can have that for the next 10 minutes or
7 so. If not, you can come at the -- at the workshop
8 or at the next meeting to make a comment to the next
9 meeting. What do you guys prefer?

10 SECRETARY: Thirty minutes.

11 (Indiscernible)

12 CHAIRMAN ZACHARIAH: I think the names that
13 we have here is Ms. Anna Eskamani?

14 ANNA ESKAMANI: Eskamani.

15 CHAIRMAN ZACHARIAH: Eskamani.

16 ANNA ESKAMANI: Very close. Thank you, sir.

17 CHAIRMAN ZACHARIAH: Go ahead.

18 REPRESENTATIVE ESKAMANI: Thank you so
19 much, Chair. Testing. There we go. Thank you so
20 much, Chair. I'll be very brief, as I know you all
21 are very brief as well.

22 So I'm Representative Anna V. Eskamani,
23 serving District 42 in the Florida State House.
24 Welcome to Orlando, for those who are visiting us
25 for this meeting.

1 So I've been attending multiple Board of
2 Medicine meetings, and I do appreciate the pause on
3 formal rules, because I think we are not only taking
4 in feedback, but we're seeing the effect. So three
5 quick points, if I may.

6 So first of all, the restrictions when it
7 comes to who can prescribe and provide medication,
8 and who can provide gender-affirming care,
9 obviously, you know, statute dictates all that as
10 well.

11 But I will say, just for your information,
12 we're seeing huge impact in the community as many of
13 our patients who receive gender-affirming care were
14 receiving it from nurse practitioners, not
15 necessarily MDs or DOs.

16 So it's really upset the entire field of
17 medicine in regard to these patients. So I want to
18 just put that on the record as an area of concern
19 for your awareness.

20 And then also just the current emergency
21 informed consent language as it stands now. We do
22 find much of it to be arbitrary and capricious. We
23 also have concerns about the guidance not being
24 based upon evidence that is medicine-based.

25 And in fact the Miami Harold just did a

1 story this week that you might have seen where a lot
2 of the basis of this legislation, and then, of
3 course, parts of the rule making process have been
4 based in just misguided information, a lot of
5 political sensationalism versus what is the best
6 care practice.

7 So we have a lot of concerns about that. I
8 know some of that comes out of legislature, so it's
9 not necessarily in your purview, per se. But as
10 medical experts and folks who provide care to your
11 patients, I think it's important to not ignore that
12 reality that we are making rules upon junk science.

13 And it's really important for the patients
14 here to be supported in who they are and not to have
15 to jump through hoops and hurdles to access care.
16 We are seeing people leave the state of Florida
17 right now because of these laws. And it's
18 incredibly scary and heartbreaking, and as
19 individuals, I'm elected. You are appointed to
20 serve in these positions. You went to medical
21 school. You trust in your trades.

22 We are in a period where, you know, I think
23 our collective goal is always do no harm, but this
24 process, the law, and thus, the rules are definitely
25 creating a lot of harm. I just want to put that on

1 the record. Thank you.

2 CHAIRMAN ZACHARIAH: Thank you.

3 The next is speaker Representative Harris.

4 DR. DIAMOND: Can I make a comment while
5 we're waiting for our next speaker?

6 CHAIRMAN ZACHARIAH: Yes.

7 DR. DIAMOND: As -- as I'm listening to
8 comments and reading things, is this an appropriate
9 time to share with the members of the Committee some
10 ideas in terms of understanding the emergency rule
11 in terms of development? Is this an appropriate
12 time to raise any points?

13 CHAIRMAN ZACHARIAH: You know, we can
14 probably consider something like that after we hear
15 the public.

16 DR. DIAMOND: Okay.

17 CHAIRMAN ZACHARIAH: Okay. Representative
18 Harris, pleased to see you.

19 REPRESENTATIVE HARRIS: Thank you. Thank
20 you very much. Good morning, everybody. Welcome to
21 Orlando, for those who are not from here.

22 So I really would like to echo my
23 colleague's points, especially when it comes to
24 listening to the medical science behind the
25 treatment of gender-affirming care and making sure

1 that we are using that to -- there we go. Is that
2 better? Making sure that we are using that as our
3 guide as to how we're going to implement these
4 rules.

5 I believe that, as was stated, we are
6 losing people from the state. Really good people,
7 because they cannot get the care that they need.

8 It is also causing frustration for people
9 who -- for doctors who aren't necessarily even
10 providing gender-affirming care to that many
11 patients as these doctors and nurse practitioners
12 often have patients that they see for other reasons.
13 But it has no impacted their ability to even provide
14 care to patients who aren't looking for gender-
15 affirming care. And I think that we need to make
16 sure that we have that top of mind, as well. That
17 at the end of the day, healthcare is healthcare, and
18 that is what we want to make sure we're providing to
19 people.

20 And I really liked Ms. Eskamani's point
21 that collectively, as a legislator, and you as
22 doctors, we are here to do no harm. And we want to
23 make sure that that is the top priority when we are
24 looking at these rules.

25 So thank you for your time this morning.

1 Thank you for allowing us to speak.

2 CHAIRMAN ZACHARIAH: Thank you so much.

3 Next is Allen Grossman.

4 ALLEN GROSSMAN: Thank you, Dr. Zacheriah.

5 I'm not sure, with your directions to Dr. Diamond,
6 whether now is the right time to do this or not, but
7 I guess I'll go ahead.

8 An issue has come up for hospitals in the
9 state of Florida about what to do with patients that
10 show up at their doorstep that are under ongoing
11 care as discussed in this statute and rule, and what
12 they're supposed to do about continuing treatment
13 while they're in the hospital.

14 In any other situation, diabetes, cancer,
15 or whatever else, there would be ongoing care for
16 however they're being treated by their primary
17 physicians or their specialist physicians without
18 interruption while they're in the hospital.

19 With this statute and rule, they're left in
20 kind of a limbo of what they're supposed to do with
21 these patients that show up and can establish that
22 they're under current treatment and then letting
23 them go forward with maintenance of that treatment.

24 As I am sure you are all aware, hospitals
25 do not allow patients to bring medications into the

1 hospital with them. They have to be ordered in the
2 hospital and provided in the hospital.

3 So we would like you to consider what
4 hospitals are supposed to do. My initial thought
5 had been to come and ask you to try and develop a
6 carve-out, both in your emergency rules and in your
7 permanent rules, for that situation. I'm not sure
8 what -- whether that should be now or later, but
9 that's what I wanted to discuss with you today. And
10 hopefully you all will take into consideration that
11 situation.

12 Right now the hospitals don't know what
13 they're supposed to. And much of what's required in
14 here doesn't work in a normal hospital situation in
15 terms of specific consent to process like is here.
16 That the patient has already done because they're
17 already under treatment, and whether they should
18 have to redo that in the hospital, or not be able to
19 do it at all, or whatever. And it's a difficult
20 situation for them to find themselves in.

21 I can't give you statistics of how many
22 people are going to end up in the hospital. I have
23 no idea. But the hospitals are concerned about this
24 as a problem, and have asked I would address. The
25 hope was a carve-out that would allow them to

1 continue established treatment and be treated more
2 in terms -- well, first of all, in the minor
3 provision, you can do that in your standards of
4 care. So it could -- it could just be a carve-out
5 for hospitalized patient who is already under
6 treatment.

7 And -- and for the adults, there's a
8 general provision about renewals not having to go
9 through this process, and that maybe that in
10 hospitalization situation, they could be treated as
11 just a temporary renewal of the same medication that
12 they're already under treatment for. And that,
13 theoretically, I think there's a good argument there
14 that that could fall under the provisions of the
15 statute if you put it in your rules as an
16 interpretation of the statute.

17 So that was what I wanted to discuss with
18 you today, and try to get some guidance from you,
19 not only in terms of what the hospitals should be
20 doing now, but possibly consider putting some
21 language in your permanent rules that provides for
22 that.

23 CHAIRMAN ZACHARIAH: Thank you.

24 ALLEN GROSSMAN: Thank you.

25 CHAIRMAN ZACHARIAH: I think next is

1 Nicholas Newlan.

2 NICHOLAS NEWLAN: Very quickly, the
3 American College of Physicians would like to echo
4 Mr. Grossman's comments.

5 Essentially, what our members are asking
6 is, may they continue treatment for hospitalized
7 patients? Must they continue treatment for
8 hospitalized patients, and if they do, must they get
9 a new consent form?

10 We would suggest that they just be allowed
11 to continue the treatment without having to go
12 through another set of hoops.

13 Thank you for your time and attention.

14 CHAIRMAN ZACHARIAH: Thank you. Next is
15 Gigi Blou.

16 UNIDENTIFIED FEMALE: (Indiscernible)

17 CHAIRMAN ZACHARIAH: Kit.

18 KIT: I think that people are being far too
19 charitable to you. It should be noted that you
20 aren't just doing this because you were forced to.

21 Multiple months ago, by multiple months
22 ago, I mean almost a year ago at this point, you
23 started the process to ban gender-affirming
24 treatment for minors. This wasn't due to any
25 legislation. The legislation at that point didn't

1 exist. That was out of active malicious intent.

2 The idea of like pretending that there's
3 some good faith involved here or that our public
4 input means anything is very, very funny, given that
5 the vast majority of you were appointed literally
6 because you donated to Ron DeSantis, totaling almost
7 \$300,000.

8 It's cool to have this like aesthetic of
9 like nice -- like niceness. Like oh, no we're
10 forced to do this. We really care. But you just
11 flat-out don't. And I think that people are being
12 way, way, way too polite.

13 ATTORNEY DIERLAM: I think your comments
14 have gone outside the scope of the agenda --

15 KIT: Okay.

16 ATTORNEY DIERLAM: -- and the discussion up
17 to this point.

18 KIT: The people making -- the people
19 making these decisions are directly in the scope of
20 the agenda, because you are the people making these
21 decisions, and the decisions will be impacted by you
22 who are forming this.

23 CHAIRMAN ZACHARIAH: Thank you so much.
24 Appreciate it. Okay.

25 Next is Carlos Guillermo Smith.

1 CHAIRMAN ZACHARIAH: His -- the name was
2 Kit, K-i-t.

3 Excuse me. You are Carlos Guillermo Smith?

4 CARLOS GUILLERMO SMITH: Yes, sir.

5 CHAIRMAN ZACHARIAH: Thank you, sir. Go
6 ahead.

7 CARLOS GUILLERMO SMITH: Good afternoon,
8 Board members. My name is Carlos Guillermo Smith.
9 I'm the senior policy advisor for Equality Florida.
10 Some of you may know me from my years as a member of
11 the Florida House of Representatives, where I served
12 on numerous healthcare committees that developed and
13 passed policy to promote the health and the overall
14 well-being of the people of this state.

15 As you already heard and will continue to
16 hear, the existing emergency rules and forms that
17 are arbitrary and capricious are already causing
18 major disruption in access to care. It is creating
19 a crisis for care for trans and nonbinary folks in
20 the state of Florida.

21 We at Equality Florida and the vast
22 majority of those from the public who are here today
23 call on you to exercise your independent and
24 professional judgment and put public health over
25 politics.

1 We urge the Boards to make rules and forms
2 that are based on reality and based on facts that
3 reflect the medical consensus which supports gender-
4 affirming care across the United States.

5 Our trans and nonbinary residents of this
6 state are depending on you to adopt rules and forms
7 that are rooted in their well-being, the patients'
8 well-being, rather than intentionally creating
9 arbitrary and capricious barriers to care for
10 Floridians.

11 It is your ethical and moral obligation to
12 adopt rules that are medically accurate and based on
13 guidance from the leading professional organizations
14 in the world. The Professional Association for
15 Transgender Health, WPATH, and the Endocrine
16 Society.

17 For many, as you know, this is a matter of
18 life and death. Gender-affirming care is essential,
19 life-saving healthcare for transgender people to be
20 able to live full and authentic lives.

21 These forms must emphasize the well-
22 documented benefits of access to gender-affirming
23 care.

24 All eyes are on you. And you already know,
25 the courts have struck down Florida's Medicaid

1 agency rule banning coverage of gender-affirming
2 care for minors and adults and have already issued a
3 preliminary injunction against rules in sections of
4 Senate bill 254, because these politically-motivated
5 restrictions to life-saving care are
6 unconstitutional. And because free states don't
7 interfere with adults and parents' decisions about
8 their personal healthcare that is widely accepted by
9 medical professionals.

10 Please do the right thing, and when you do,
11 adopt permanent forms and rules that put the life
12 and health of the patient first. Thank you.

13 CHAIRMAN ZACHARIAH: Thank you so much.

14 Next is Kyle Moore.

15 KYLE MOORE: Hi. I'm Kyle Moore, and I am
16 a disabled trans man. Your decisions directly
17 affect me in so many different ways. And I want to
18 point out that the evidence that is being used for
19 these decisions has been proven to be doctored based
20 on political points.

21 The DeSantis administration paid fringe
22 medical consultants over 300,000 to endorse
23 restrictions on trans healthcare and give raises to
24 State employees who went along with it.

25 Court documents show that one employee

1 received a 200K raise on a 60K salary.

2 The people who are on this Board are on
3 this Board because they donated money. The people
4 who get to keep their jobs and who are determining
5 who gets what healthcare have those jobs because
6 they either agree with what the man with all the
7 money says, or because they paid to be there.

8 I am urging you, please listen to us.
9 Those of us who you are directly affecting, not the
10 person who is paying all of your bills, not the
11 person who you're making charitable donations to,
12 those of us whose lives are on the line.

13 The people have spoken. We have spoken
14 time and time again, begging you not to ban our
15 life-saving healthcare based on political science.
16 So please, just listen to us.

17 CHAIRMAN ZACHARIAH: The next speaker is
18 Renee Davis.

19 RENEE DAVIS: Thank you, Board. Hello. I
20 am Renee Davis. I would describe myself as an
21 independent researcher and activist.

22 I want to be very brief. And this -- you
23 know, this conversation is funny because we're
24 saying the same things over and over again because
25 you know what you're doing. We know what you're

1 doing. And we're going through these motions to
2 deliberate and just have these nice sort of taking
3 at face value. And it's just -- it's -- it's very
4 frustrating to have to be professional in this
5 environment.

6 So I'm just going to read two direct quotes
7 from some other really great journalists in this
8 space.

9 The first is reporting that the petition
10 for this Board to initiate these rule makings, the
11 report that was used, the GAPMS report, was actually
12 contracted by five outside medical consultants, as
13 briefly mentioned, three of which, the majority of
14 this Committee, right -- three of which worked for
15 the Catholic Medical Association. And within their
16 explicit mission statement and practice of care,
17 it's not in their belief system to even recognize
18 transgender care as a legitimate form of medical
19 science.

20 So obviously, you know, this whole reason
21 we're here is based off false pretenses. And I
22 think you've heard enough statements today to
23 realize that it's no longer a matter of doing the
24 right thing. It's also a matter of self-
25 preservation here.

1 All of you are licensed professionals, and
2 there is court cases left and right across the state
3 of Florida and across the country where the judges
4 are siding with the transgender community.

5 So I think you really need to ask yourself
6 here if you truly trust politicians in office who
7 may have promised you money or fame or positions.
8 If you truly trust them over the surety that judges
9 are going to side against this. That they're going
10 to recognize that people like me came up and quoted
11 the American Medical Association.

12 And what did they say? The American
13 Medical Association said, "These policies do not
14 reflect the research landscape. More than 2000
15 scientific studies have examined aspects of gender-
16 affirming care since 1975, right.

17 So all of this information is on record.
18 It's being recorded. This is going to be a very
19 easy case to prosecute, and I think you need to be
20 very careful on where you want to be in that story.
21 Thank you.

22 CHAIRMAN ZACHARIAH: Thank you.

23 The next speaker is Lola Smith. I don't
24 hear Lola Smith.

25 The next speaker is Andrea Martinez.

1 ANDREA MARTINEZ: Yeah. Hi again. This is
2 Andrea Martinez. (Indiscernible) I think I follow
3 this Board of Medicine from the day one until now
4 everywhere.

5 Today was not how I see my house, Orlando.
6 The only I'm going to say is like again is to come
7 in to say everything the same is like, it's a hard
8 time for us as a transgender community to see a lot
9 of people leaving town. A lot of the people looking
10 for that, families leaving because this and other
11 laws they create against us.

12 So you're going to do something more better
13 for us. You can do it. I see you are doctors. I
14 know that you had a specialization in different
15 things and have different clinics and have nurse
16 practitioners working for you. And you're trusting
17 them.

18 So bring the nurse practitioners back to
19 the conversation from Florida. They -- they cared
20 about us. It's like I have my -- I use a nurse
21 practitioner, and it's for everything, medical needs
22 of myself, not only the gender-affirming care.

23 So bring the MDs from the clinics here in
24 Orlando. We have several clinics for when they take
25 care of us. Bring them to the picture. You don't

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1 have to bring the transitioner of people from other
2 states to decide for us. You need to bring our own
3 people and show you what is this. Gender-affirming
4 care is a life-saving. Nothing change in me. This
5 I think is be more -- more happy, more a person.

6 I'm fighting for the rights of the people I
7 bring here. Like I said again, I came to this
8 country looking for freedom, and I found it. And
9 I'm going to keep that. And we need you too. Do
10 you what your job too for us.

11 And looking for something. This is so
12 difficult for now. I receive calls every day from
13 people. We cannot have more the hormones. We're
14 going to go -- you know, because you can find
15 everything from under the table, or you can go to
16 the black market. You don't want that. I don't
17 want to go to the hospital because I have to go to
18 black market or something. It's bad for us.

19 We're going to continue to exist. We don't
20 go nowhere. So please, bring to the table the same
21 people from Florida again. And we're looking for
22 the permanent solution. You still have time to do
23 this. Be the doctors. Be the great doctors you
24 are. It's a hard time to study and be -- I mean, I
25 know. All the careers you have. And we are

1 important too. We are patients too. We can suffer
2 cancer too. We can suffer from -- we maybe need a
3 dermatologist too. We need all of you for survive.
4 So please work for us.

5 CHAIRMAN ZACHARIAH: Thank you.

6 The next speaker is Emma Royce.

7 EMMA ROYCE: Hi. I'm a parent, and I've
8 been here before. I think you need to decide what
9 side of history do you want to stand on. It's
10 really down to that.

11 I've lived through 1970s Ireland when there
12 was a huge overreach of the state into healthcare.
13 It wasn't a good look. And you're there. You're
14 way past there at this stage. Florida is 1970s
15 Ireland.

16 It creates major health trauma for kids to
17 be abused by the same church state. And those who
18 spoke out were ridiculed and called names, like
19 Sinead O'Conner, who passed away this week.

20 And this Board believes that you know what
21 individual trans people need more than they know
22 themselves. More than their individual doctors.
23 Transgender humans are beautiful.

24 And to transgender youth, I want to say
25 that I'm sorry the double standards exist that I can

1 access hormones, but this form, the forms, all these
2 forms are a roadblock. They've already started to
3 be a roadblock in terms of access to families like
4 mine. They're cost-prohibitive and they -- they
5 basically ban and block trans care. And you are
6 going to have a wave of suicides on your conscience.

7 These Boards are presenting roadblocks to
8 mine and the expanded queer community to devalue
9 trans humans, and specifically, trampling all over
10 their rights of the humans with comorbidities.

11 Correlation does not equal causation. The
12 way the form is structured, once you have in there
13 that there's a comorbid, the doctors don't want to
14 know. They don't want to know because their
15 professional indemnity insurance is really high.

16 And unfortunately, there are other doctors
17 out there who really don't have the Hippocratic Oath
18 and the welfare of these kids at heart, and who
19 probably, like you, will not care when the wave of
20 suicide starts.

21 You know what the risks of this is, and you
22 carry on. I'm absolutely ashamed of you. And I'm
23 ashamed for the fact that not one single person
24 sitting on that Board up there is nonbinary or
25 transgender. There is no representation.

1 We have pleaded with you to do the right
2 thing, and here we are again. It's already
3 happening. One child's death, one child, one human
4 death is not worth this crap. This political fiasco
5 pretense of the Governor. Thank you.

6 CHAIRMAN ZACHARIAH: The next speaker is
7 Christina Cazanave.

8 CHRISTINA CAZANAVE: Hello. My name is
9 Christina Cazanave, and I am the legislative chair
10 for the National Association of Social Workers,
11 Florida Chapter.

12 Like our allies here today, our association
13 opposes any rules, policies, or practice that seek
14 to remove gender-affirming care access and practices
15 for adults and minors. Any reduction in care will
16 be an increase in safety and mental health concerns.

17 Today I ask you that you reconsider the
18 language for these rules and forms, especially
19 related to the consent forms.

20 Many licensed clinical social workers are
21 leaving. They are confused and looking at this from
22 an evidence-based perspective, when you are not.

23 These rules are inserting a political
24 battle into private and personal conversations
25 between adults, parents, their children, and their

1 mental health and health providers. These laws are
2 not about safety, because safety is a life-saving
3 and gender-affirming care is a life-saving method
4 for transgendered and nonbinary youth.

5 The only thing that you and we agree on is
6 that health access for all is a priority. And
7 removing any kind would increase the mental health
8 crisis in Florida who's already suffering from a
9 lack of providers.

10 A clinician and health provider who acts
11 with professional and ethical decision making should
12 be able to take care of their clients. The
13 community trusts these providers on a variety of
14 health issues, and you should, too.

15 This includes continuing public comments
16 from those who are on boots on the ground, doing
17 this service on a day-to-day, so that they can
18 provide you with recommendations that are evidence-
19 based. And that there will be no harm.

20 The health and mental health of trans
21 Floridians is important. You took an oath to do no
22 harm. So please keep that in mind when you are
23 making these decisions, because that is what we do
24 all the time. Thank you.

25 CHAIRMAN ZACHARIAH: Thank you.

1 The next speaker is Cassandra Scarb. Is

2 Cassandra Scarb --

3 CASSANDRA SCARB: I have a page and a half
4 of written remarks I'd like to make.

5 I've been on HRT for a few years now, and I
6 haven't had any issues obtaining my medication.
7 That is until the past week or so. I guess Ronald
8 Regan nailed it when he said the top nine most
9 terrifying words in the English language are, "I'm
10 here from the government, and I'm here to help."

11 Aside -- as important as HRT is for me, I'm
12 here to address today another matter, but it's
13 directly related.

14 On a side note, I have people who think I'm
15 an ideology, including various politicians on the
16 right throughout the state of Florida.

17 On my opposite side, I have people,
18 including those directly in my transgender community
19 that view me as somebody with a gender identity that
20 didn't match up with their sex assigned at birth.

21 I don't necessarily agree with any of the
22 viewpoints, but I'll come back to that momentarily.

23 And then there are the religious texts,
24 which never actually really do provide an exact
25 definition of what constitutes a male or female.

1 But through the acquisition of knowledge
2 and use of my higher mental faculties -- I'm sorry.
3 I skipped a place here. Okay. However, some
4 religious zealots may claim to be. That's to be
5 self-evident. However, if I'm standing on the beach
6 looking out at the horizon line and think I'm going
7 to fall off the edge of the earth if I go out three
8 miles, I know that's not the case. My senses are
9 deceiving me.

10 But through the acquisition of knowledge
11 and use of my higher mental faculties, I know
12 through reason -- I'm sorry; I've already read that
13 -- I won't fall off the face of the earth.

14 In 2017, the Hochman Research Institute
15 published research that uncovered a link between
16 transgender and changes in genes that process sex
17 hormones, estrogen, and androgen, revealing a
18 potential biological basis for gender dysphoria.

19 To quote Professor Harley, "We propose
20 these genetic variations could make some males less
21 able to produce androgen, causing the brain to
22 develop differently, whether you're less masculine
23 or feminine, which may contribute to gender
24 dysphoria in transgender women."

25 This research would relate to other

1 research such as those conducted by Dr. Baker
2 regarding sexual differentiation of the brain,
3 different from sexual differentiation of the body,
4 the two processes being independent from one
5 another.

6 I have to ask myself: are we even
7 determining sex correctly? How is it we can ignore
8 the sexual differentiation of the brain in
9 determining sex. The brain, an organ that requires
10 about 30 percent of our daily caloric intake to
11 function properly.

12 At least for some transgender individuals,
13 I have to ask, are we really intersex and just not
14 determining sex correctly.

15 Now, this is related to another matter
16 because the blatant hatred against the transgender
17 community being witnessed may go far beyond HRT.

18 Current events may impact the ability of my
19 community's ability to access optimal treatment for
20 a range of diseases. For example, in conjunction
21 with Texas Tech, the Laura Bush Institute Women's of
22 Health provide seed money to find novel -- to find
23 novel research unique to women's health that
24 highlight the critical issues for women and focuses
25 on the vital difference between men and woman.

1 Sex-based medicine will become more and
2 more recognized in the years ahead.

3 For a transgender individual, where a
4 female gender identity --

5 CHAIRMAN ZACHARIAH: Sir? Sir? Thank you
6 so much. Your three minutes have expired. We have
7 --

8 UNIDENTIFIED FEMALE: I think we -- we have
9 somebody that --

10 CHAIRMAN ZACHARIAH: Excuse me.

11 UNIDENTIFIED FEMALE: -- would be willing
12 to give up her speaking --

13 CHAIRMAN ZACHARIAH: Excuse me. Excuse me.
14 Excuse me. I run the meeting, not you.

15 The next speaker is Kelly Walker or
16 Wallace.

17 KELLY WALL: Hi. I'm Kelly Wall
18 (phonetic). I'd like to pass my minutes to
19 Cassandra Scarb. Thank you.

20 CASSANDRA SCARB: For a transgender
21 individual with a gender identity that matches the
22 biological sex differentiation of their brain, as I
23 mentioned above -- okay. If that person was
24 diagnosed with Lou Gehrig's disease, a disease that
25 affects the nerve cells of the brain, that have been

1 shown to impact men and women differently, if there
2 was a sex-based medicine cure today, one being for
3 male and one being for female, what treatment would
4 that person take? If you were me, what pill would
5 you take if you had sexual differentiation of the
6 brain to those that match your body, would you take
7 the pills out of the biological male or biological
8 female?

9 Lou Gehrig's disease would just be one
10 example. As the algorithms get better and AI gets
11 better, and biotechnology, and epigenetics, this is
12 going to become a very real thing where what you are
13 doing isn't just going to impact our HRT. This is
14 going to impact potentially a whole range of
15 diseases.

16 Because if you can't come to terms with
17 this right today, certainly going down the road,
18 it's going to become a whole other issue where we're
19 going to be looking at transgender issues and sexual
20 differentiation of the brain to get proper treatment
21 (indiscernible) potentially related to a whole range
22 of diseases. Thank you.

23 CHAIRMAN ZACHARIAH: The next -- the next
24 speaker is Levita Raymond. Okay. Thank you.

25 The next speaker is Autumn Franks.

1 AUTUMN FRANKS: Thank you, Board. My name
2 is Autumn Franks. I'm a 55-year-old proud,
3 transgendered woman. I want the Board to know that.
4 Gender dysphoria is a medical condition. When I
5 started my treatment, it's done wonders for me,
6 life-saving treatment.

7 I served for 30 years working in the
8 Department of Corrections in the state of Florida.
9 And on top of that, I'm an adult. I think
10 healthcare decisions should rest solely with the
11 provider and the patient. I do not see why we have
12 to have consent forms for my medical condition. It
13 seems to me other medical conditions don't require
14 the same consent forms.

15 So for that reason, I feel that I'm being
16 singled out. Why should I be singled out for care
17 that I have elected to take? I'm a responsible
18 adult and capable of making my own medical
19 decisions.

20 Thank you very much.

21 CHAIRMAN ZACHARIAH: The next speaker is
22 nurse practitioner Craig.

23 CRAIG: Thank you, Mr. Chairman. Good
24 afternoon, ladies and gentlemen of the Board. I
25 come to you not only as a member of the LGBT

1 community, but as a registered nurse for 24 years
2 and a nurse practitioner for 4. I'm an autonomous
3 family board -- family certified -- board-certified
4 family nurse practitioner.

5 Today I come to you and try to understand
6 why my prescribing abilities have been removed from
7 me. Why have I -- am unable to provide services to
8 those who are needing to -- hormone therapy?

9 Up until -- up until May, I treated these
10 -- these patients, these individuals, these human
11 beings successfully, and by evidence-based practice,
12 several of which are in this room right now.

13 I'm hoping today that you would take into
14 consideration those who suffer from depression,
15 gender dysphoria, anxiety, even suicide ideations to
16 allow them to be treated by a nurse practitioner
17 such as myself.

18 It confuses me how I'm allowed, once again,
19 as an autonomous nurse practitioner to treat a
20 cisgender female or a cisgender male with the same
21 hormones that I'm treating my transgender patients
22 with. The medications are the same. The only
23 difference is they're considered transgender.

24 Eighty-four percent of trans patients in
25 this state were treated by NPs and PAs. But what

1 about now? They have removed my ability as an
2 autonomous nurse practitioner, once again, to treat
3 those trans patients. It's discrimination at its
4 best.

5 My next question is this. While I
6 understand the state's statutes that care must be
7 provided by an MD, why is it that only after initial
8 MD, that's what it has to be? Can a nurse
9 practitioner not follow, adjust, and advise on those
10 patients as to what they need?

11 Again, I'm treating cis females and cis
12 males. What's the difference? We're just giving
13 them different hormones.

14 I can do for that -- I can do that for any
15 other patient that comes in my office. I just don't
16 get it.

17 Again, I've been practicing for three years
18 without a supervising physician over me. I can open
19 my own practice. I can do whatever I want. But
20 you're limiting me as a nurse practitioner to treat
21 these human beings, these individuals that suffer
22 from a disease because of gender dysphoria. You're
23 limiting the practice. You're limiting my practice.
24 You're limiting their healthcare.

25 We live in a free country. As a nurse

1 practitioner, primary care, I treat; I prescribe; I
2 order, and I order consults same as the MD, same as
3 you, okay. I'm limited as to other things I cannot
4 do, but I still prescribe medications.

5 I am first-hand witness. Patients come
6 into my office and start on hormone therapy. They
7 come in with depression, sickness. I mean, some
8 patients are treated -- suicide. I hope you look
9 inside and feel some compassion for these patients,
10 as they are human beings, and allow us as nurse
11 practitioners to continue care, even if it has to be
12 after an initiation. Allow them to seek care from
13 us.

14 CHAIRMAN ZACHARIAH: Thank you so much.
15 The next speaker is Debbie Parker.

16 DEBBIE PARKER: Hello. I'm Debbie Parker.
17 Good afternoon and thank you for the opportunity to
18 speak today and to urge you all to think.

19 I have a series of questions for you all.
20 Answers from any of you are welcome but not
21 expected. If you'd like to answer, please wait
22 until my time has expired. Thank you again.

23 My goal is to help you think for
24 yourselves, and then use your own beliefs to guide
25 your vote today.

1 First, I'll try and put a face on this.
2 Think back to your youth. Were you or someone you
3 love a bully? Or were you or your loved one the
4 target? Do you consider yourself to be brave or
5 courageous? Did you stand up for yourself or for
6 someone else?

7 Now back to the present. Have you done
8 your own research? Or have you chosen to use the
9 state of Florida's talking points on this topic to
10 inform you?

11 Have you considered how these rules will
12 affect the person or people you know? Because you
13 do know someone. You might not even be aware, but
14 there is someone with a connection to your personal
15 life that is trying to understand themselves and
16 working to find their identity. Is beginning to
17 medically transition or has been happily living as a
18 transgender individual for years.

19 Next, a quick comparison. Are you aware
20 that the work group that created the standard passed
21 on July 19th by the Florida Department of Education
22 did not hold a vote on the new black history
23 curriculum and only a small minority, two members,
24 were able to push through the many falsehoods?

25 Are you now aware of all the people, some

1 quite prominent, who have been voicing their
2 opposition to the rule, which passed unanimously?

3 Now back to you all again. Have you
4 mentally prepared yourselves for your turn to be on
5 the receiving end of significant criticism? Because
6 you will be criticized. It's my belief that you're
7 all educated, even well experienced in your field.
8 So if any of you choose to be brave or courageous
9 now, kind of like all the LGBTQIA individuals out
10 there.

11 Should you vote today from a place of
12 humanity instead of a political and self-satisfying
13 position, you'll get along just fine. You'll get
14 new jobs. Maybe speak out against a current
15 colleague. Maybe even be more respected than
16 before. Your social circle and your financial
17 situation will recover, if affected at all.

18 Please know, please remember, you will live
19 this experience with ease as compared to the many
20 transgender people you think you have the right to
21 make rules for.

22 Please do right by us all.

23 CHAIRMAN ZACHARIAH: The next -- thank you.

24 The next speaker is Salvadore Vieira. Am I
25 saying it right?

1 SALVATORE VIEIRA: Salvatore Vieira. I am
2 the volunteer program manager with Equality Florida.
3 And I am here to inform the Boards today that the
4 proposed rules and consent forms are not based in
5 factual science or research.

6 It is actually proven, like stated earlier,
7 that the research provided to come to your
8 conclusions have been hand-picked and doctored to
9 show gender-affirming care is harmful. But
10 overwhelming evidence, research, and science shows
11 that gender-affirming care is life-saving and
12 necessary.

13 I work directly with volunteers. Many of
14 the people here are -- who are here today, people
15 who take time out of their days, whether it be
16 taking time off of work or missing work, which in
17 our current economy in Florida is a very hard thing
18 to do, something you all may not understand.

19 To be here and plead not only for their
20 lives, but also to share their expertise like some
21 have shared today. So many healthcare
22 professionals, whom I know, that work directly with
23 trans Floridians, they volunteer their times with --
24 their time with us and come to these meetings to
25 urge you and tell you that none of this is based in

1 fact. And tell -- and what they are seeing in their
2 work and in their industry, in your industry, is
3 that this care saves lives.

4 Listen to us. Listen to the people.
5 Listen to the professionals. Listen to the
6 overwhelming research, science, and facts. Gender-
7 affirming care is life-saving care. Thank you.

8 CHAIRMAN ZACHARIAH: The last speaker is
9 Vanessa Galendo Jackson.

10 LOLA: Hi. My name is Lola. You called
11 me, but I wasn't here. We just got here. Can I
12 speak?

13 CHAIRMAN ZACHARIAH: See, I've given --
14 let's hear from Vanessa Galendo Jackson (phonetic),
15 if that person is here.

16 VANESSA GALENDO JACKSON: Hi. My name is
17 Vanessa, and I just want to say: what are we doing
18 here? When I look at you guys, I feel like your
19 privilege is showing. You've obviously never been
20 on this side of the bleachers before. You are
21 people of power, but show it with grace. Be an
22 advocate for those people that are your clients,
23 potentially. You are doing a disservice to these
24 good people.

25 I am just asking you to take a step back.

1 To have a little bit of empathy. God forbid that
2 one of these people walks into your door. One of
3 your clients comes up to you, and you say, "Shh,
4 it's not relevant." It's all relevant. That's what
5 a lived experience is.

6 In my realm as an OT, we call -- we have
7 what's called an occupational profile, where we
8 listen to them as a whole. We see the big pictures,
9 what their needs are, and we address them. That's
10 all I ask. Stand up for them.

11 CHAIRMAN ZACHARIAH: Okay. You can go
12 ahead. You're the last speaker for the next two
13 minutes. Go ahead.

14 LOLA: Thank you. My name is Lola Smith.
15 I'm 12 years old. I am nonbinary, and I am the
16 president of the junior chapter of Women's Voices
17 Southwest Florida.

18 Studies have -- studies of trans adults
19 have found that those with access to gender-
20 affirming care are far less prone to suicidal
21 thoughts than those forced to wait until adulthood.
22 And trans adults are already facing numerous major
23 roadblocks -- facing numerous major roadblocks, with
24 specific disparities facing those living in rural
25 areas.

1 Nearly 7 in 10 trans adults have been
2 denied treatment by insurers. And more than 1 in 5
3 trans people of color living in rural areas have to
4 travel 100 or more miles to see a trans healthcare
5 provider.

6 Your job as a doctor is to -- your job as a
7 doctor is to provide care to those in need, and
8 sitting in the Board you have unique privilege of
9 power. Power to make access to necessary life-
10 saving care as simple and affordable -- as simple,
11 affordable, and accessible as possible to the people
12 of Florida.

13 I'm asking you to take that responsibility
14 seriously and remove unnecessary barriers between
15 trans health patients and their care. Thank you.

16 CHAIRMAN ZACHARIAH: Thank you.

17 At this time, I would ask the Board members
18 if you want to revisit any one of the motions we did
19 earlier as a result of hearing the public comments
20 or testimony. Or if not, we don't have to discuss
21 that. Does any -- yeah. If nobody wants to
22 reconsider it, then they just --

23 Do we have a motion to adjourn?

24 CHAIRMAN ACKERMAN: Well, I think
25 Dr. Diamond --

1 (Cross talk)

2 CHAIRMAN ACKERMAN: Dr. Diamond wanted to
3 say something. I'd like to hear what David Diamond
4 has to say.

5 CHAIRMAN ZACHARIAH: David, do you want to
6 say something?

7 DR. DIAMOND: Yes, please. I just wanted
8 to make a comment to Dr. Benson and the Committee as
9 we're developing thoughts and ideas for the final
10 rule. There was one thing that I came across in my
11 reading that I thought I'd like to have you think
12 about a little bit.

13 I did see that the informed consent did
14 require that the periodic mental health assessment
15 and suicide evaluation questionnaire be performed by
16 a licensed mental health counselor. And I saw a
17 comment by Dr. Dayton and others that it was felt
18 that a medical physician could also serve that task.
19 And I'd like to put it to the Committee to look into
20 that as to whether the medical doctor could go and
21 serve that task as opposed to having it be required
22 by a licensed medical health provider. Thank you.

23 CHAIRMAN ZACHARIAH: Yeah. That's a good
24 point.

25 Is there any other comments by the Board?

1 If none, do I hear a motion to adjourn?

2 CHAIRMAN ACKERMAN: So moved.

3 DR. DIAMOND: I would second.

4 CHAIRMAN ZACHARIAH: And the meeting stays
5 adjourned. Thank you.

6 (END OF VIDEO RECORDING)

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Florida Rules Committee
August 03, 2023

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CERTIFICATE OF TRANSCRIPTIONIST

I certify that the foregoing is a true and accurate transcript of the digital recording provided to me in this matter.

I do further certify that I am neither a relative, nor employee, nor attorney of any of the parties to this action, and that I am not financially interested in the action.

Julie Thompson

Julie Thompson, CET-1036

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