

Jane Doe

vs.

Joseph Ladapo

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June 30, 2023

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

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CASE NO. 423CV114RHMAF

TRANSCRIPTION OF AUDIO RECORDING  
FLORIDA BOARDS OF MEDICINE AND  
OSTEOPATHIC MEDICINE JOINT  
PUBLIC MEETING  
JUNE 30, 2023

TRANSCRIBED AUDIO RECORDING BY:  
Julie Thompson, CET

Job No.: 323393

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

4 \*\*\*\*\*

5 CHAIRMAN ACKERMAN: Good afternoon,  
6 everyone. Welcome to our meeting today. Welcome to  
7 our virtual meeting. It's good to see everybody  
8 here today. I see a lot of our -- I see some of our  
9 board members, and I'm glad you all could make it on  
10 the virtual Zoom.

11 I'm calling to order a joint meeting of the  
12 Boards of Osteopathic Medicine and the Board of  
13 Medicine. This is a meeting specific to the  
14 standards of practice for gender dysphoria and also  
15 emergency rules regarding gender dysphoria.

16 Before we begin, I like to ask staff to  
17 call roll.

18 SECRETARY: Thank you. Dr. Ackerman is  
19 present.

20 Mr. Romanello?

21 VICE-CHAIR ROMANELLO: Here.

22 SECRETARY: Okay. Dr. Coffman?

23 DR. COFFMAN: Present.

24 SECRETARY: Dr. Derick?

25 DR. DERICK: Here.

1                   SECRETARY: Ms. Garcia?  
2                   MS. GARCIA: Present.  
3                   SECRETARY: Dr. Hunter?  
4                   DR. HUNTER: Present.  
5                   SECRETARY: Dr. Pages?  
6                   DR. PAGES: Present.  
7                   SECRETARY: Dr. Vila?  
8                   DR. VILA: Present.  
9                   SECRETARY: Dr. Zachariah?  
10                  DR. ZACHARIAH: Here.  
11                  SECRETARY: Okay. Dr. Barsoum, Dr. Benson,  
12 Dr. Diamond, Ms. Justice, Dr. Pimentel and  
13 Dr. Wasylik have been excused.  
14                  And also present are Mr. Paul Vasquez,  
15 Executive Director of Board of Medicine,  
16 Mr. Christopher Dierlam, board council, Donna  
17 McNulty, board council, Cassandra Phillips, senior  
18 legal assistant, myself, Cherise Strickland, program  
19 operations administrator, and Mr. Brad Dalton,  
20 public information officer.  
21                  EXECUTIVE DIRECTOR TERRELL: Good  
22 afternoon. I'll now take roll for the Board of  
23 Osteopathic Medicine, if you are done, Ms.  
24 Strickland?  
25                  SECRETARY: Yes, ma'am. I am.

1 EXECUTIVE DIRECTOR TERRELL: Okay.

2 CHAIRMAN ACKERMAN: Thank you,

3 Ms. Strickland

4 EXECUTIVE DIRECTOR TERRELL: For the Board  
5 of Osteopathic Medicine, Dr. Kirsch?

6 VICE-CHAIR KIRSH: Here.

7 EXECUTIVE DIRECTOR TERRELL: Dr. Mortenson?

8 DR. MORTENSON: Here.

9 EXECUTIVE DIRECTOR TERRELL: Dr. Williams?

10 I know he was having some trouble getting  
11 on. We will come back to him. If staff could look  
12 for him on the back end to make sure his microphone  
13 is activated.

14 Dr. Ducatel? Dr. Ducatel here?

15 EXECUTIVE DIRECTOR VASQUEZ: He was  
16 earlier.

17 EXECUTIVE DIRECTOR TERRELL: Yeah.

18 Ms. Jackson?

19 MS. JACKSON: Present.

20 EXECUTIVE DIRECTOR TERRELL: And,

21 Mr. Creegan? I can see you, Mr. Creegan.

22 CHAIRMAN ACKERMAN: Mr. Creegan, you're  
23 muted when you should have unmuted.

24 EXECUTIVE DIRECTOR TERRELL: Yeah. I can  
25 hear you now. Okay, perfect.

1           And Dr. Di Pietro is excused from the  
2 meeting. We do have a quorum.

3           I see Dr. Ducatel signing on right now.

4           Good afternoon, Dr. Ducatel.

5           DR. DUCATEL: Good morning.

6           CHAIRMAN ACKERMAN: I don't see him.

7           EXECUTIVE DIRECTOR TERRELL: And that does  
8 give us a quorum for the Board of Osteopathic  
9 Medicine.

10           We also have with us the program office  
11 administrator, Carol Taylor, and myself, Director of  
12 the Board of Osteopathic Medicine, Danielle Terrell.

13           And I will turn it over to Mr. Vasquez, I  
14 think, for some instructions.

15           CHIARMAN ACKERMAN: Okay. So just to  
16 clarify before we go to Mr. Vasquez.

17           So thank you, Ms. Strickland.

18           Thank you, Ms. Terrell.

19           We have a quorum from both boards currently  
20 here; is that correct? Just to be sure.

21           Okay, good. I see the nods, "yes." Okay,  
22 great.

23           EXECUTIVE DIRECTOR TERRELL: That is  
24 correct.

25           MS. STRICKLAND: Yes.

1 CHAIRMAN ACKERMAN: Thank you, ma'am.

2 Okay. Mr. Vasquez, please begin with some  
3 opening remarks.

4 EXECUTIVE DIRECTOR VASQUEZ: Thank you.

5 Good afternoon. It's Friday, June 30th,  
6 2023. The time is 1:04 p.m. My name is Paul  
7 Vasquez. I'm the Executive Director of the Florida  
8 Board of Medicine.

9 This is a duly noticed meeting -- joint  
10 meeting of the Boards of Medicine and Osteopathic  
11 Medicine. This is a public meeting and is being  
12 recorded. The audio will be available on the  
13 Boards' websites next week.

14 I'll now go over some instructions so this  
15 meeting will be successful and the board members  
16 will be able to take care of the matters that are  
17 before them today.

18 Board members are reminded to mute their  
19 microphones, except when they have been recognized  
20 by the Chair to speak. Anytime you are not muted,  
21 background noises will interfere with the meeting  
22 when others are speaking.

23 The public's microphones and cameras will  
24 be deactivated during the meeting, except when a  
25 member of the public has been recognized by the

1 Chair to speak. At that time, the person's  
2 microphone will be activated. Once activated, the  
3 person will have to unmute themselves in order to  
4 address the Boards.

5 Each member of the public recognized by the  
6 Chair will have three minutes to speak. At the  
7 conclusion of the three minutes, the person's  
8 microphone will be deactivated.

9 There is a court reporter in the meeting.  
10 When anyone speaks to the Board, it's important that  
11 you state your name for the record. This is  
12 particularly important when the Board members make  
13 and second motions.

14 Only one person should attempt to speak at  
15 a time. Please do not speak over others. This  
16 causes confusion for everyone and makes it more  
17 difficult for the court reporter and for Board staff  
18 that are taking meeting minutes.

19 Finally, please remember this is a public  
20 meeting. When your microphone is unmuted or your  
21 camera is activated, any side conversations and  
22 activities will be recorded and become part of the  
23 public record.

24 The Boards of Medicine and Osteopathic  
25 Medicine are apolitical bodies that have the primary



1 mission of protecting the people of the state of  
2 Florida. As with any issue before the Boards, the  
3 board members will look to the available science and  
4 appropriate standard of care, while putting aside  
5 any personal feelings they may have on the issues  
6 before them today.

7 I again want to take the opportunity to  
8 thank the Joint Rules Legislative Committee and the  
9 Boards for their continued efforts to address the  
10 requirements of Senate Bill 254 titled, Treatments  
11 for Sex Reassignment.

12 The Governor signed SB 254 into law on May  
13 17, 2023, and it became effective upon signing. The  
14 law, as enacted, requires the Boards of Medicine and  
15 Osteopathic Medicine to do the following: adopt  
16 emergency rules within 60 days pertaining to  
17 standards of practice under which a patient younger  
18 than 18 years of age may continue to be treated with  
19 a prescription if such treatment for sex  
20 reassignment was commenced before and is still  
21 active on the effective date of the law.

22 In developing rules under this paragraph,  
23 the Boards must consider requirements for physicians  
24 to obtain informed consent from such patients,  
25 parent and legal guardian. For such prescriptions

1 and treatments, the Boards must consider the  
2 provision of professional counseling services for  
3 patients by a board-certified psychiatrist licensed  
4 under Chapter 458 or Chapter 459, or a psychologist  
5 licensed under Chapter 490 in conjunction with any  
6 prescription treatment.

7           The law also requires the Boards to adopt  
8 emergency rules regarding informed consents to  
9 inform patients 18 years of age or older of the  
10 nature and risk of sex reassignment prescriptions or  
11 procedures in order for the patient to make a  
12 prudent decision.

13           At a Joint Rules Legislative Committee held  
14 on June 1, 2023, the following occurred: an  
15 emergency rule was developed to attempt to provide a  
16 way for patients receiving sex reassignment  
17 prescription to continue to receive such  
18 prescriptions while the Board's work to implement  
19 provisions of Sections 456.52 1, 2, and 6 Florida  
20 statutes.

21           Pursuant to Section 456.52 Florida  
22 statutes, the Committee began the process of and  
23 made provision for the development of a standard of  
24 practice and informed consents for minors continuing  
25 to receive sex reassignment prescriptions and

1 informed consents for adults who will receive sex  
2 reassignment prescriptions and procedures.

3 An interim meeting was scheduled for June  
4 23, 2023, at 1:00 p.m. with the intention of  
5 completing the emergency rulemaking mandated by  
6 Section 456.52 Florida statute. The Boards of  
7 Medicine and Osteopathic Medicine approved a  
8 modified version of the Committee's emergency rule  
9 on June 2, 2023, and June 20, 2023, respectively.

10 At a Joint Rules Legislative Committee held  
11 last week on June 23, 2023, the following occurred:  
12 a final draft of a practice standard for minors  
13 receiving treatment prior to the effective date of  
14 the law was developed. Final drafts of three  
15 informed consent forms for minors were developed,  
16 and final drafts of three informed consent forms for  
17 adults were developed.

18 At today's joint virtual meeting of the  
19 Boards of Medicine and Osteopathic Medicine, the  
20 Boards will be considering the actions taken by the  
21 Joint Committee last week.

22 In terms of how this meeting will be  
23 conducted, it is the Committee's expectation that we  
24 will have civil discourse while discussing the  
25 issues on today's agenda. If necessary, the Boards

1 reserve the right to limit the participation of any  
2 individual who chooses to disrupt the progress of  
3 the meeting, so please conduct yourselves  
4 accordingly.

5 Limited public comment will be allowed  
6 today as time permits. As part of the registration  
7 process for this meeting, members of the public were  
8 given the opportunity to indicate their desire to  
9 make public comments during this meeting.

10 As in the past, the following guidelines  
11 will apply to public comments: interested parties  
12 will be limited to three minutes to provide comment,  
13 which may only be extended by the Chair if time  
14 permits based on the number of proposed speakers.

15 If an interested party is part of a larger  
16 group of persons, you're requested to identify one  
17 individual who will speak on behalf of the group if  
18 possible. And interested parties may use pseudonyms  
19 if they do not wish to identify themselves on the  
20 record.

21 Public comment will be received in the  
22 order of registration. At the appointed time, the  
23 Chair will call the names of those members of the  
24 public who registered to speak. If you no longer  
25 wish to speak, or if you're not available to speak

1 when your name is called, the Chair will move on to  
2 the next name on the list.

3           Based on the number of individuals desiring  
4 to speak, it is evident that not everyone who wishes  
5 to speak will be able to speak, given the nature and  
6 time constraints of the meeting. An email address  
7 was provided in the official notice of this meeting,  
8 which is available in the Florida administrative  
9 register. The email address will be open for 24  
10 hours after conclusion of this meeting to receive  
11 written comments from anyone who was not able to  
12 address the Boards today.

13           Thank you, Chair.

14           CHAIRMAN ACKERMAN: Thank you, Mr. Vasquez.  
15 Excellent, excellent, excellent summary of what's  
16 gone on over the past few months. Very much  
17 appreciated.

18           So just to refresh your memories, we had a  
19 meeting last week. Many of you were there. Many of  
20 you were not, but many of you were there, were part  
21 of the Joint Rules Making Committee. We had a very  
22 productive meeting last Friday here in Jacksonville,  
23 and we received lots of wonderful comment from the  
24 public as well. And we incorporated a number of  
25 changes, and we incorporated some of that comment

1 into the drafts we put together.

2 So what I'd like to do today is kind of go  
3 through the draft emergency rules and the consent  
4 forms and find out -- and discuss amongst ourselves  
5 before we get to public comment.

6 Where we left it last week, we had a few  
7 changes that we made to our documents at that time,  
8 and staff was going to take those changes and  
9 incorporate into those documents. And staff was  
10 also going to look through those documents with a  
11 fine-tooth comb and make whatever other changes  
12 because of some small -- whatever's changed in  
13 language that they need to make based on the  
14 comments that we had.

15 And so we're going to let the staff give  
16 some of those -- tell us some of those changes. I  
17 think that'll help us to have a more appropriate  
18 conversation.

19 So the first thing I'd like to do is look  
20 at the emergency rule for -- the draft emergency  
21 rule for minors. And that draft emergency rule for  
22 minors is on Bates 67. And so I want staff to tell  
23 us what pertinent changes we need to look at in that  
24 document.

25 EXECUTIVE DIRECTOR VASQUEZ: Thank you,

1 Dr. Ackerman.

2 With regard to the rule relating to minors,  
3 my notes indicate that in Subsection 4A, there was a  
4 deletion of a word "prescribing" so that the  
5 language would now read, "Physical examination of  
6 the patient conducted by the physician must be  
7 documented."

8 CHAIRMAN ACKERMAN: Based on Bates 69, for  
9 those of you that are following in the agenda  
10 viewer, the top of 69.

11 EXECUTIVE DIRECTOR VASQUEZ: And the other  
12 changes would include some technical changes that  
13 had to be made to the rules related to hyperlinks.  
14 Just so everyone knows, when the consent forms  
15 actually become effective when the emergency rule is  
16 filed, they're going to be found on the websites for  
17 the Boards. They're not going to be found through  
18 the Department of State hyperlink because that's not  
19 how emergency rules work. That's my understanding.  
20 So we had to take out the hyperlinks to the  
21 Department of State website.

22 And we also changed a title of one of the  
23 consent forms, which also had to translate over into  
24 the rule. And it's the masculinizing -- actually,  
25 it's the testosterone treatment, I believe,

1 originally. We changed that to masculinizing  
2 medications instead of testosterone treatment. And  
3 so we'll also revisit that.

4 CHAIRMAN ACKERMAN: It's on page 68.

5 EXECUTIVE DIRECTOR VASQUEZ: It's going to  
6 be --

7 CHAIRMAN ACKERMAN: Page 68.

8 EXECUTIVE DIRECTOR VASQUEZ: Okay. Thank  
9 you.

10 CHAIRMAN ACKERMAN: In the emergency rule,  
11 it's Bates 68. When you get to the consent form for  
12 that, we'll talk about that.

13 EXECUTIVE DIRECTOR VASQUEZ: And that's the  
14 only changes that I'm aware of in this particular  
15 rule draft. Ms. McNulty may know of others, but  
16 those are the ones I'm aware of.

17 CHAIRMAN ACKERMAN: Thank you, Mr. Vasquez.  
18 Ms. Donna?

19 ATTORNEY MCNULTY: That is correct. And  
20 the Department has actually obtained form numbers  
21 for each of these forms. And when the rule is  
22 published, those will be included as well as the  
23 link to the Board's website. But we will not be  
24 able to obtain those links until the day we file the  
25 emergency rule, which will be next week, hopefully.



1 CHAIRMAN ACKERMAN: Thank you. Thank you.  
2 So before we get to the -- we're going to  
3 get to the consent forms in a second, but any of the  
4 board members have any comments about the emergency  
5 rule? And if you want to speak, I'm looking at you  
6 all. You can raise your hand, or there is a  
7 function on the Teams where you can raise your hand.  
8 I don't know how that works. Let me try it, see if  
9 you could see me raise my hand. You see me raise my  
10 hand? I do it -- yeah. See that? That's pretty  
11 cool. Can I take it down? There you go.

12 So you can raise your hand like that. So  
13 see what I just did on mine? Hit that little hand  
14 button, and there, see it comes up. So you can do  
15 that too. Either that or just raise your hand on  
16 the camera, and I'll see you like this.

17 DR. WILLIAMS: Yeah, I just --

18 CHAIRMAN ACKERMAN: Yes, Greg? We can't  
19 hear you. Go ahead. Speak. Go ahead.

20 DR. WILLIAMS: This is Dr. Williams. I  
21 missed the roll call. I wasn't able to -- I am  
22 here.

23 CHAIRMAN ACKERMAN: Okay. And Mr. --

24 EXECUTIVE DIRECTOR TERRELL: Thank you,  
25 Dr. Williams. I've noted that. We were having some

1 technical difficulties this afternoon with  
2 Dr. Williams, but we got it worked out. So he is  
3 present.

4 CHAIRMAN ACKERMAN: Mr. Romanello?

5 VICE-CHAIR ROMANELLO: Thank You,  
6 Dr. Ackerman.

7 Hey. So, Dr. Ackerman, just from a process  
8 perspective, is it your plan to discuss the rules,  
9 take public comment, and then vote towards the end  
10 of the meeting? Or how are we going to -- yeah.

11 CHAIRMAN ACKERMAN: So my plan is just  
12 discuss the rules, discuss the consents both from  
13 the children and the adults, then take public  
14 comment, and then have some more discussion if need  
15 be. And then after the discussion that we may need  
16 to have, then have a vote on the whole package or  
17 vote for them individually, whatever way we see fit.

18 VICE-CHAIR ROMANELLO: Yeah. Thank you.

19 CHAIRMAN ACKERMAN: You like that? That  
20 works?

21 EXECUTIVE DIRECTOR VASQUEZ: And point of  
22 clarification, Donna, correct me if I'm wrong. My  
23 understanding is since both Boards have quorum, that  
24 if there are changes or tweaks that You all want to  
25 make in the discussion process at the beginning of

1 the meeting, you're able to take a vote on those  
2 collectively and then vote separately at the end of  
3 the meeting on the final approval of everything.

4 ATTORNEY MCNULTY: That is correct. So  
5 that's correct if everybody understands. So if you  
6 have a problem on form one, page three, and somebody  
7 wants clarification, you can amend it. That way  
8 everybody in the public sees what it is. You all  
9 see it, but the ultimate vote will be at the end.  
10 But agree.

11 CHAIRMAN ACKERMAN: Dr. Vila? Dr. Vila,  
12 you're muted.

13 DR. VILA: Yeah. Dr. Ackerman, I'm sorry.  
14 I was muted. I've read both of these rules, and I  
15 think they're good rules. I don't have any  
16 comments. I'm only just jumping in to make that  
17 just in case the other board members also feel  
18 pretty good. And again, I guess you don't want a  
19 motion at this time; is that correct?

20 CHAIRMAN ACKERMAN: No. I think we'll take  
21 a motion after the -- it doesn't really matter. We  
22 could either take a motion now and then have the  
23 public comment and vote on it later because it's a  
24 motion on the table, or we can just do it all later.

25 DR. VILA: Yeah, no. It's fine. Just so

1 you get some feedback from the members.

2 CHAIRMAN ACKERMAN: Thank you.

3 DR. VILA: I'm comfortable with both rules.

4 Thank you.

5 CHAIRMAN ACKERMAN: Okay. Well, let's move

6 on then since no one else has their hand raised.

7 Let's move on to consent for minors.

8 So the consent form for minors, consent for  
9 use of puberty blockers in minors, which is Bates  
10 Number 4. So I'll open the -- well, first, we'll go  
11 to the staff to see what changes were made in that  
12 from the last meeting.

13 EXECUTIVE DIRECTOR VASQUEZ: Unless I'm  
14 mistaken, I don't see any on my list for this  
15 particular document.

16 CHAIRMAN ACKERMAN: Okay. Any comments  
17 from any of the Board members? I have one comment  
18 that I -- we'll get to you in a second.

19 I'll let you go first, Nick. Go ahead.

20 VICE-CHAIR ROMANELLO: Nope. I was just  
21 going to thank Dr. Mortenson and Dr. Benson for the  
22 work on the consent forms. We discussed them at  
23 great length last week, and appreciate all of the  
24 hard work and the effort of the folks who put in to  
25 develop the consents as well as the public comment

1 last week that we used to help modify them last  
2 week.

3 CHAIRMAN ACKERMAN: Okay. Just a couple  
4 things that I have on here.

5 No, no, no. Not on this one. I had it on  
6 the adult one, I think. I had a comment on that.  
7 Some of the things that came up from public comment  
8 before was issues like if you look on Bates number  
9 6, there was some concerns that the number 3,  
10 suffering from psychiatric comorbidity that  
11 interferes with the diagnostic workup of treatment  
12 that came -- there was a lot of public comment about  
13 that. I think that language is good in there. The  
14 public was concerned that any psychiatric  
15 comorbidity would put a block in their ability to be  
16 able to get to the proper treatment that they need.  
17 But I think that it says that this comorbidity must  
18 interfere. That's up to the judgment of the  
19 treating physician whether or not that comorbidity  
20 interferes.

21 And number 4 has psychological and social  
22 support during treatment. That came out from the  
23 public as well. There was concerns about that, and  
24 I think that that's ambiguous enough that that  
25 shouldn't cause any disruption or any inability to

1 get the treatment that they feel that they need.

2 But I'm very happy with this form as the way it's  
3 been modified.

4 So then moving on. Consent for --

5 DR. DERICK: I'm going to -- sorry,  
6 Dr. Ackerman.

7 CHAIRMAN ACKERMAN: Yes, Ms. Derick?

8 DR. DERICK: One, this is kind of a minor  
9 technical issue, but the first one is this meets the  
10 criteria for gender dysphoria. Would it be more  
11 appropriate to say, "has met" the criteria for  
12 gender dysphoria?

13 CHAIRMAN ACKERMAN: Yeah. I agree with  
14 you, and I was -- I had more concerns about that in  
15 the adult one. I was going to make a -- that was my  
16 recommendation to change that on Bates -- I think  
17 Bates 41 in the adult one because --

18 I think Dr. Derick is right here because  
19 maybe these people had been gender dysphoric, but  
20 now that they're treated, they may not have gender  
21 dysphoria. So "has met" means that they were --  
22 they had it before. So was that a recommendation  
23 for change?

24 DR. DERICK: Yes, please.

25 CHAIRMAN ACKERMAN: Is there a second to

1 that motion? I guess the motion would be to --  
2 instead of saying -- on Bates 6, number 1, instead  
3 of "meets the criteria of gender dysphoria," "has  
4 met" instead of meets --

5 VICE-CHAIR KIRSH: Chairman, I second that  
6 motion. Dr. Kirsh.

7 CHAIRMAN ACKERMAN: All those in favor of  
8 amendment, please signify by saying aye?

9 MEMBERS: Aye.

10 CHAIRMAN ACKERMAN: Opposed?

11 DR. VILA: Aye. I'm not opposed, I'm  
12 sorry, Dr. Ackerman. I just --

13 CHAIRMAN ACKERMAN: I got it. I got a  
14 thumbs up at the right time.

15 DR. VILA: Slow to unmute.

16 CHAIRMAN ACKERMAN: Okay, good. And so I  
17 see some hands raised. Are these hands raised to  
18 speak, I guess?

19 So, Bill, was that hand raised of yours to  
20 speak, or was that a vote yes?

21 VICE-CHAIR KIRSH: Neither. I was just  
22 notifying you I was going to (indiscernible).

23 CHAIRMAN ACKERMAN: Okay.

24 Dr. Hunter? Dr. Hunter, your hand is  
25 raised? I don't see you.

1 DR. HUNTER: My hand is raised to speak.

2 CHAIRMAN ACKERMAN: Okay. Yes, sir.

3 DR. HUNTER: Well, first of all, I agree  
4 with what you said earlier, Dr. Ackerman, in your  
5 comments five minutes ago. I had one concern about  
6 a phrase on Bates page 4 regarding mental health  
7 providers where it says -- one, two, the third  
8 paragraph down, "One option available was a  
9 psychological therapy with a mental health provider  
10 that has experience in treating minors with gender  
11 dysphoria." And I think we could remove "with  
12 gender dysphoria."

13 I'm not sure the Board should be mandating  
14 what type of therapist a child or parent should be  
15 going to. And, I mean, any therapist can address  
16 the common comorbid mental health issues, the  
17 depression, anxiety self-harm issues that are often  
18 present, and to confine it. There's enough trouble  
19 finding mental health therapists.

20 CHAIRMAN ACKERMAN: Okay.

21 DR. HUNTER: And I get a holistic mental  
22 health therapist that can look at the whole -- the  
23 child in totality, not just from a gender  
24 perspective, may be beneficial. And that's up to  
25 the family ultimately as to who they want to go see.



1 CHAIRMAN ACKERMAN: So let --

2 MS. DERICK: I second that motion.

3 CHAIRMAN ACKERMAN: So let me ask you a  
4 question regarding that. So this is the first page  
5 of this consent, which is Bates 4.

6 DR. HUNTER: Yes.

7 CHAIRMAN ACKERMAN: And that's that third  
8 paragraph. You want to take out the -- you want to  
9 just -- the first sentence, you want to just put a  
10 period after "provider" and get out the -- take out  
11 the "has experience," et cetera, et cetera. But

12 DR. HUNTER: Yes.

13 CHAIRMAN ACKERMAN: Okay. So on Bates 6 --  
14 so that first page is kind of an overview of what  
15 should be proper care. But on Bates 6, it  
16 specifically says in Bates 6, number 12, "Will  
17 require an annual mental health assessment by a  
18 board-certified Florida licensed psychiatrist or  
19 psychologist." I just want to make sure I  
20 understand. That's a separate issue.

21 DR. HUNTER: 13, I think. Item 13, I  
22 think, is what I'm addressing.

23 CHAIRMAN ACKERMAN: Okay. Because number  
24 12, and correct me, counsel, if I'm wrong, but  
25 that's by statute that it has to be a board-

1 certified psychiatrist or psychologist; is that  
2 correct?

3 DR. MCNULTY: Your statute says "shall  
4 consider."

5 DR. HUNTER: Right.

6 DR. DERICK: I think they're two separate  
7 things though on the first page. It's talking about  
8 like options of not pursuing that treatment. And  
9 then on Bates 6, it's if you are undergoing that  
10 treatment, you need to have mental health assessment  
11 by a board-certified psychiatrist or psychologist.

12 CHAIRMAN ACKERMAN: Okay. So in interest  
13 of time, let's move on this.

14 So then on Bates 4, in that line with  
15 Dr. Hunter's recommendation, which was -- I'm sorry  
16 -- motion, which was seconded. Is there any more  
17 with the discussion on that one page?

18 Dr. Vila?

19 DR. VILA: Yeah. I would just modify the  
20 motion so that it says "a mental health professional  
21 with experience in minors." I would leave the  
22 "experience in minors" in, and then I would just --  
23 I would only omit the three words "with gender  
24 dysphoria." I don't know how Dr. Hunter feels about  
25 that.

1 CHAIRMAN ACKERMAN: Dr. Hunter?

2 DR. HUNTER: I think that I would -- I  
3 don't have a strong feeling. I think as a  
4 pediatrician, whether a 16, 17, 15 year old sees an  
5 adult or child therapist depends on where they're at  
6 developmentally. And I think they could be  
7 adequately cared for by an adult therapist depending  
8 on where they're at. So I'm not strong on either  
9 side.

10 DR. VILA: All right. Was the original  
11 motion to just delete at therapy "with a mental  
12 health provider"? Is that where you're  
13 recommending?

14 DR. HUNTER: Yeah. Well, I would just  
15 "with a mental health provider" and leave it to the  
16 family and the child --

17 DR. VILA: Okay. Thank you.

18 DR. HUNTER: -- and their primary care  
19 physician to determine who might be best to address  
20 the issue depending on the situation we're dealing  
21 with in totality.

22 DR. VILA: Okay. I'm good with that.  
23 Never mind, Dr. Ackerman.

24 CHAIRMAN ACKERMAN: Okay. Chris?

25 ATTORNEY DIERLAM: I just want to allow the

1 record to reflect, and I believe, I know the Board's  
2 sentiment here, but are these changes changes that  
3 the Board would like to carry throughout the  
4 remaining forms as well? This is the same language  
5 throughout the minor. So I just wanted to make sure  
6 that when the Board is voting, they're voting to  
7 make those changes throughout all of the consent  
8 forms. Thank you.

9 CHAIRMAN ACKERMAN: Okay. So that's how we  
10 did it last week, guys. And so unless there's  
11 strong opposition to that, we'll make  
12 (indiscernible) go all the way through.

13 DR. HUNTER: That's present in the  
14 feminizing consent and the masculinizing consent.

15 CHAIRMAN ACKERMAN: I don't want -- I don't  
16 want to have discuss it again.

17 DR. HUNTER: Yes.

18 CHAIRMAN ACKERMAN: Pat, before we go to  
19 Donna -- actually Donna's hands raised three times.  
20 So, Pat, is there anything else you want to say?  
21 Your hand is still raised.

22 DR. HUNTER: I'm going to try to take it  
23 down.

24 CHAIRMAN ACKERMAN: Okay, Donna.

25 ATTORNEY MCNULTY: Okay. Thanks. I'm new

1 to this hand raising thing. So I wasn't sure if it  
2 was on or off. I couldn't tell. Also --

3 CHAIRMAN ACKERMAN: Probably two times.

4 ATTORNEY MCNULTY: Okay. You could --  
5 okay. I'm not sure how to take them down, but okay.

6 So on the previous one we say "has met."  
7 That also is in the actual rule language. So at  
8 some point, I'm assuming -- is it correct you want  
9 to change your rule language for the minors to say  
10 "has met" instead of "meets the criteria"? Is that  
11 correct as well? The actual rule language under --

12 CHAIRMAN ACKERMAN: Yeah, correct.

13 ATTORNEY MCNULTY: Four, V-1

14 CHAIRMAN ACKERMAN: Has met. Right. That  
15 means they don't have to actively meet the criteria.

16 ATTORNEY MCNULTY: Understand.

17 CHAIRMAN ACKERMAN: That would -- it needs  
18 to flow through everywhere.

19 ATTORNEY MCNULTY: Thank you.

20 CHAIRMAN ACKERMAN: I see another hand  
21 raised. I just can't tell where it's -- ready for  
22 participants to speak yet.

23 So I'm sorry, Mr. William Elijah, you can  
24 raise your hand, but we're not ready for public  
25 comment yet.

1 Anything else on the puberty blockers?

2 Okay. Seeing there is not, let's go into  
3 the next form. Bates form -- Bates page 13,  
4 "feminizing medications for patients with gender  
5 dysphoria."

6 EXECUTIVE DIRECTOR VASQUEZ: All right, Dr.  
7 Ackerman. Based on my notes, there was a change in  
8 the title of this form to include the word  
9 "parental." Instead of informed consent, it's  
10 informed parental consent to make it consistent.  
11 There was a strike in number 8. I'm trying to  
12 remember exactly where that was, and you can help  
13 me, Danielle, if you know better than me. But it  
14 was the strike of the words "gender-affirming."

15 There was a provision that was not  
16 currently in the blocked language. It was a  
17 separate paragraph, standing alone, that had to do  
18 with "should not" treatment options and "with  
19 caution" treatment options. We moved those to the  
20 blocks so that they would have to be initialed. And  
21 that would be -- and again, I don't have Bates  
22 numbers because I'm working on a hard copy. But  
23 that's going to be under the risks of estrogen  
24 section.

25 CHAIRMAN ACKERMAN: That would be Bates 18.

1 The risk begin on Bates 18.

2 EXECUTIVE DIRECTOR VASQUEZ: And it's the  
3 same exact language. It's just being reformatted  
4 into the blocks.

5 CHAIRMAN ACKERMAN: And before it was in  
6 the overview in the beginning?

7 EXECUTIVE DIRECTOR VASQUEZ: It was not in  
8 the overview, but it was in a section where it was  
9 standing alone. It wasn't initialed. It wasn't  
10 anything.

11 CHAIRMAN ACKERMAN: Okay. It's the house  
12 --

13 EXECUTIVE DIRECTOR VASQUEZ: So we moved it  
14 into the blocks.

15 CHAIRMAN ACKERMAN: A housekeeping item.

16 EXECUTIVE DIRECTOR VASQUEZ: Correct.

17 CHAIRMAN ACKERMAN: Okay.

18 EXECUTIVE DIRECTOR VASQUEZ: Thank you.

19 CHAIRMAN ACKERMAN: Anything else,

20 Mr. Vasquez?

21 EXECUTIVE DIRECTOR VASQUEZ: No. That's  
22 all I have on this one.

23 CHAIRMAN ACKERMAN: Okay. Board members,  
24 any discussion?

25 Dr. Coffman?

1 DR. COFFMAN: Should it be when you have  
2 the initials, it says "parent legal guardian  
3 required" for the one and then option for a section.  
4 Should it be also required for the minor?

5 EXECUTIVE DIRECTOR VASQUEZ: My  
6 understanding is that the statute only requires the  
7 signature of one parent or a legal guardian.

8 CHAIRMAN ACKERMAN: No, no. The question  
9 -- Dr. Coffman's question is: should we -- the minor  
10 is required as well, right?

11 EXECUTIVE DIRECTOR VASQUEZ: Yes.

12 CHAIRMAN ACKERMAN: Should we have the word  
13 "required" on the form where it says minor?

14 EXECUTIVE DIRECTOR VASQUEZ: We can make  
15 that change on both of them if you want to.

16 CHAIRMAN ACKERMAN: Yeah. On all of them  
17 we can put that there. I think it's a good idea.  
18 It just keeps it all consistent. So the statute  
19 requires only one parent.

20 EXECUTIVE DIRECTOR VASQUEZ: Correct.

21 CHAIRMAN ACKERMAN: So the other parent is  
22 just out. But the statute also requires the minor  
23 sign. So I think Dr. Coffman's point is excellent,  
24 that we should put "required" there as well.

25 Is there any objection to that? If there's



1 not, we'll just move forward with that -- with the  
2 affirmation.

3 Any other comments from the board members?  
4 Dr. Hunter?

5 DR. HUNTER: Thank you, Dr. Ackerman.

6 On Bates page 16 -- and I believe this is  
7 on the masculinizing form also -- box 3, "The  
8 treatment will not change the minor sex  
9 chromosomes." I would just ask that we remove the  
10 word "chromosomes" because that is just more precise  
11 language. Because sex can be defined many different  
12 ways, anatomically, biologically, what type of  
13 gamete you produce, your functional role in  
14 reproduction. So just by removing chromosomes, it  
15 makes the less -- makes the language more precise  
16 and makes clear this treatment may bring your body  
17 into alignment with your gender identity, but it  
18 will not change your sex.

19 CHAIRMAN ACKERMAN: Where's Dr. -- what's  
20 her name? Is she here? All right.

21 Dr. Mortenson, are you on the call?

22 DR. MORTENSON: Yes, I'm here.

23 CHAIRMAN ACKERMAN: What's your thoughts  
24 about that?

25 DR. MORTENSON: I mean, to say that it's

1 not going to change. Your chromosomes would cover  
2 all of the chromosomes. When we're saying sex  
3 chromosomes, we're specifically discussing the XX  
4 and the XY genes.

5 CHAIRMAN ACKERMAN: Right. So Dr. Hunter  
6 says we don't need to even say chromosomes, just --  
7 it will not change the minor's sex. I think this  
8 language was originally developed by you, or in part  
9 by you, you and Dr. -- I can't think of his name.  
10 Sorry.

11 MR. HUNTER: Dr. Vincent.

12 CHAIRMAN ACKERMAN: Yeah, Dr. Vincent. So  
13 I don't know who -- where that language came from.  
14 So that's why I'm going to you because you're the  
15 original -- one of the authors of this.

16 DR. MORTENSON: It's more of a biology  
17 thing. When we discuss sex, it's XX from genetics,  
18 XX and XY. So just because you're going on  
19 medications that can feminize you or masculinize  
20 you, it's never going to change your genetics of you  
21 being XX or XY.

22 CHAIRMAN ACKERMAN: So do you agree with  
23 that, Dr. Hunter, or not?

24 DR. HUNTER: My experiences with talking  
25 with and knowing patients who have transitioned, and

1 particularly, I know quite a few females who thought  
2 that they would start making -- with long enough  
3 period of time on testosterone, they might start  
4 making sperm. They didn't think their chromosomes  
5 would change, but they thought they might start  
6 making sperm.

7           So I think just saying your sex will not  
8 change covers everything. I think it encompasses  
9 any idea that your sex might change anatomically,  
10 functionally, the gamete you will produce -- you  
11 won't stop producing eggs and start producing sperm,  
12 vice versa. I think the language is more precise to  
13 say will not change the minor's sex, period. I'm  
14 not --

15           EXECUTIVE DIRECTOR VASQUEZ: Dr. Ackerman?

16           CHAIRMAN ACKERMAN: Yes, Mr. Vasquez.

17           EXECUTIVE DIRECTOR VASQUEZ: This is the  
18 important information. There is a definition of sex  
19 in the statute.

20           CHAIRMAN ACKERMAN: Can you tell us this --  
21 the definition?

22           EXECUTIVE DIRECTOR VASQUEZ: I'm looking  
23 for my copy right now. Donna may have it available  
24 before I do.

25           ATTORNEY DIERLAM: I have it if you like,

1 Dr. Ackerman.

2 CHAIRMAN ACKERMAN: Go ahead, Chris.

3 ATTORNEY DIERLAM: Under 456.001, Sub 8,  
4 sex means, "The classification of a person as either  
5 male or female based on the organization of the  
6 human body of such person for a specific  
7 reproductive role as indicated by the person's sex  
8 chromosomes, naturally occurring sex hormones, and  
9 internal and external genitalia present at birth."

10 CHAIRMAN ACKERMAN: So would it be easier  
11 just to add another box, one that says chromosomes  
12 and one that says sex?

13 DR. HUNTER: I think sex covers it all,  
14 especially based on that definition. This is  
15 Patrick Hunter.

16 CHAIRMAN ACKERMAN: Okay.

17 Dr. Mortenson, do you agree with that or  
18 not?

19 DR. MORTENSON: I'm okay with that change  
20 based on what that definition is.

21 CHAIRMAN ACKERMAN: Dr. Hunter, you want to  
22 make a motion?

23 DR. HUNTER: I want to make a motion that  
24 we remove the word "chromosomes" in the feminizing  
25 and masculinizing forms so they're consistent and

1 more precise.

2 CHAIRMAN ACKERMAN: Is there a second?

3 DR. COFFMAN: Second. Dr. Coffman.

4 DR. VILA: Second also.

5 CHAIRMAN ACKERMAN: Yeah. And a reminder,

6 when this -- Staff, this will flow through the other

7 -- all the consent forms where that language is.

8 All those in favor?

9 DR. DERICK: I have a question.

10 CHAIRMAN ACKERMAN: Yes, Doctor.

11 DR. DERICK: Do you want to say sex as

12 defined in Statute 4, whatever it was?

13 ATTORNEY MCNULTY: I think that's more

14 accurate.

15 DR. MORTENSON: I like that.

16 ATTORNEY MCNULTY: I like that.

17 CHAIRMAN ACKERMAN: Sex as defined by

18 Florida statute? Sex as defined by Florida statute?

19 ATTORNEY MCNULTY: As defined by 456.001,

20 Subsection 8.

21 CHAIRMAN ACKERMAN: Dr. Hunter, you'll take

22 that as a friendly amendment.

23 DR. HUNTER: Yes.

24 CHAIRMAN ACKERMAN: Okay.

25 Dr. Vila?

1 DR. VILA: You know, my concern is that  
2 when you put that in there to the lay person that's  
3 reading it, that means nothing to them.

4 DR. HUNTER: Yeah. I would stop listening.  
5 I would stop reading at that point as a parent.

6 DR. VILA: I think it's actually  
7 counterproductive. It's just important -- what  
8 we're trying to say here is it's not going to change  
9 the biological sex at birth. And that's what -- and  
10 so, if you just use -- leave it as the word "sex,"  
11 it's not going to change it. It's going to change  
12 -- this whole consent form goes through and explains  
13 what it does change. That one line explains what  
14 it's not going to change. And so I would be against  
15 adding Florida statute reference or whatever. I  
16 would just leave it as it's not going to change the  
17 minor's sex.

18 DR. DERICK: I think you're probably right,  
19 Dr. Vila, on that because then they have to cross-  
20 reference a separate document.

21 DR. VILA: Yeah.

22 CHAIRMAN ACKERMAN: Dr. Pages?

23 DR. PAGES: I just have a question for  
24 Dr. Hunter. So I don't see the downside to leaving  
25 the word "chromosome" as it's written. Can you --

1 and -- I would leave it the way it is.

2 DR. HUNTER: I guess, as a parent, I --  
3 even as a -- you just need to -- I think that  
4 language needs to be as simple and as precise as  
5 possible. And for a lot of people, they won't know  
6 necessarily what chromosomes are, what their genes  
7 are, what their genetics are. Most people define  
8 sex by what your anatomical makeup is.

9 So I just say "sex" is more precise. It  
10 covers your anatomy. It covers the gamete you  
11 produce, whether you make sperm, whether you make  
12 eggs. It covers your chromosomes. It covers every  
13 possible interpretation of anyone reading this  
14 document might think sex is.

15 DR. PAGES: So how about if you say sex or  
16 chromosomes?

17 DR. HUNTER: I don't know that the "or  
18 chromosomes" is necessary, because it's included,  
19 depending on however the person want -- reading it,  
20 how they want to define sex, how that person defines  
21 it.

22 As physicians, we define -- we understand  
23 sex as defined in all the ways we've been talking.  
24 For the patient reading it, however they want. I  
25 just think it needs to be clear that your body may

1 come in alignment with your identity, but your  
2 innate sex will not change, however you define it.

3 DR. COFFMAN: Why not put "this treatment  
4 will not change the minor's biological sex or  
5 chromosomes?"

6 DR. PAGES: Correct. I agree with that.

7 DR. HUNTER: I think that's fine. I don't  
8 feel strong. I mean, I think the idea that the  
9 statute helps define it is also -- I mean, it the  
10 statute isn't --

11 CHAIRMAN ACKERMAN: Right. But we're not  
12 referencing the statute. This is in a conceptual --

13 DR. HUNTER: No, no, no, no.

14 CHAIRMAN ACKERMAN: I like Dr. Coffman's  
15 language too.

16 DR. HUNTER: Yeah. Biological sex or  
17 chromosomes, I can live with that.

18 CHAIRMAN ACKERMAN: Okay. Well, restate  
19 that, Dr. Coffman?

20 DR. COFFMAN: I'd like to make a motion to  
21 change the Block 3 on Bates page 16 to, "This  
22 treatment will not change the minor's biological sex  
23 or chromosomes."

24 DR. PAGES: I second that.

25 CHAIRMAN ACKERMAN: Any more discussion?



1 All those in favor?

2 MEMBERS: Aye.

3 CHAIRMAN ACKERMAN: All those opposed?

4 Thank you.

5 And, Staff, make sure that flows through to  
6 all the documents that are pertinent.

7 Dr. Pages, your hand is still raised. If  
8 you could figure that out, that'd be nice. It would  
9 make it easier for me.

10 Anything else on this form on the  
11 feminizing hormones for minors?

12 Okay. Moving on. Masculinizing hormones  
13 for minors, Bates page 26.

14 Mr. Vasquez, take it away.

15 EXECUTIVE DIRECTOR VASQUEZ: Thank you.  
16 It's the same issues as the other document. The  
17 title was changed to include the word "parental" for  
18 parental -- informed parental consent. There was a  
19 strike of the words gender-affirming in one section  
20 of the document. And then the "should not" and  
21 "with caution" provisions were also put into the  
22 blocks as in the other document. So that should  
23 have covered everything.

24 CHAIRMAN ACKERMAN: Comments from the board  
25 members on this form?

1                   Okay. Good. So seeing that there aren't  
2 any, let's move on to the emergency rule for adults.

3                   Mr. Vasquez or Ms. McNulty?

4                   EXECUTIVE DIRECTOR VASQUEZ: Other than the  
5 technical changes that we previously discussed, I  
6 don't believe there were any changes to this  
7 document.

8                   CHAIRMAN ACKERMAN: Okay. Any comments  
9 from the board members on this document? It's very  
10 similar to the other document.

11                  DR. DERICK: I have a comment.

12                  CHAIRMAN ACKERMAN: What is that?

13                  DR. DERICK: So on Bates page 41, of  
14 course, we had talked before about changing one to  
15 "has met the criteria." But in the -- it seems to  
16 me, and we discussed this, and I thought maybe we  
17 agreed upon it last Friday, but that gender  
18 dysphoria is marked and sustained might be  
19 redundant. It should just be taken out. It's  
20 number 3 on Bates page 41.

21                  CHAIRMAN ACKERMAN: Well, we're not at that  
22 page yet. I'm just doing the rule first. We'll go  
23 -- we'll get there in just one second.

24                  DR. DERICK: Sorry.

25                  CHAIRMAN ACKERMAN: I'm on Bates 71.

1 Right. Mr. Vasquez? Donna? I'm on Bates  
2 71. And we'll go on to that.

3 Mr. Vasquez, you didn't talk about that,  
4 right?

5 EXECUTIVE DIRECTOR VASQUEZ: I'm not sure  
6 what you're asking me, Dr. Ackerman.

7 ATTORNEY MCNULTY: Dr. Ackerman, are you on  
8 the rule or the form?

9 EXECUTIVE DIRECTOR VASQUEZ: That should be  
10 the rule.

11 CHAIRMAN ACKERMAN: I'm on the rule. I'm  
12 on the rule, not the form yet.

13 ATTORNEY MCNULTY: Okay. So on the rule  
14 it's the same changes that the title -- the --  
15 making sure the titles are correct as mentioned with  
16 the other items and the forms will -- we will be  
17 inserting the correct form numbers. We will be  
18 deleting the ability to obtaining the copies of the  
19 forms from the Department of State.

20 Just so the public is clear, when the  
21 emergency rule is filed, all the forms, adults and  
22 minors, will be able to be obtained from the Board's  
23 websites. And the link will be inserted in the rule  
24 as it's filed.

25 CHAIRMAN ACKERMAN: Thank you. So we're

1 just doing the emergency rule right now.

2 Dr. Derick, we'll get to yours in just a  
3 second. I don't imagine there's much discussion on  
4 the rule because it's the same as the other one.

5 So now, let's go to the consent form for  
6 feminizing hormones for adults, which begins on  
7 Bates 38.

8 And, Dr. Derick, where are you? Bates  
9 what?

10 DR. DERICK: Hold on one second.

11 CHAIRMAN ACKERMAN: And we'll get to you in  
12 just one second. Just tell me the Bates number that  
13 you were looking at because I want to get started.

14 DR. DERICK: 41, it was.

15 CHAIRMAN ACKERMAN: Okay. Good. So that's  
16 within this -- that'll be on Bates 41 for you,  
17 Dr. Derick.

18 But before you speak, Dr. Derick, Staff,  
19 feminizing hormones for adults. So feminizing  
20 medications for patients with gender dysphoria for  
21 adults, beginning with our Bates 38, please review  
22 the changes that have been made from the last  
23 meeting.

24 EXECUTIVE DIRECTOR VASQUEZ: All right.  
25 There is a strikethrough in gender-affirming in

1 number 8, which is on the third page of my document.

2 CHAIRMAN ACKERMAN: Bates 41.

3 EXECUTIVE DIRECTOR VASQUEZ: And the  
4 "should not" and "with caution" provisions were  
5 moved into blocks for the purposes of initialing,  
6 which would be under risk of estrogen.

7 CHAIRMAN ACKERMAN: Risk of estrogen, which  
8 is on Bates 43.

9 EXECUTIVE DIRECTOR VASQUEZ: And that's all  
10 I have for the feminizing.

11 CHAIRMAN ACKERMAN: Okay. Dr. Derick?

12 DR. DERICK: Yeah, it's just more of a  
13 technical correction I thought we agreed upon last  
14 Friday, but maybe we didn't. Bates page 41, you  
15 know, of course, we will change Number 1 to "has met  
16 the criteria." But in light of that, it seems that  
17 number 3 is redundant, that it's marked and  
18 sustained.

19 CHAIRMAN ACKERMAN: I think you're correct.  
20 We did discuss that, and I don't think we had much  
21 discussion. I think people agreed with you.

22 You all remember, Mr. Romanello,  
23 Dr. Kirsch?

24 DR. KIRSCH: Yes. I absolutely agree that  
25 I think that was we discussed it.

1 CHAIRMAN ACKERMAN: Right. And you  
2 recalled us removing that line?

3 DR. DERICK: I think we -- I'm not sure if  
4 we voted on it, but I would like to -- if we didn't  
5 make a motion to strike number 3. I think it's more  
6 of a technical thing, but it seems redundant. And I  
7 think people may be confused.

8 CHAIRMAN ACKERMAN: So Dr. Derick's motion  
9 is to strike Number 3 on Bates page 41. Is there a  
10 second?

11 DR. KIRSCH: I'll second that, Dr. Kirsch.

12 CHAIRMAN ACKERMAN: Thank you. Any  
13 discussion regarding that?

14 DR. COFFMAN: Will that carry through on  
15 all documents that have the same statement?

16 CHAIRMAN ACKERMAN: Yep.

17 DR. DERICK: Yes.

18 DR. KIRSCH: It should.

19 DR. COFFMAN: Okay. Second.

20 CHAIRMAN ACKERMAN: Thank you, Dr. Coffman.  
21 Although, Dr. Kirsch actually seconded, but we'll  
22 let you help him out.

23 All those in favor?

24 MEMBERS: Aye.

25 CHAIRMAN ACKERMAN: All those opposed?

1 UNIDENTIFIED FEMALE: Aye.

2 CHAIRMAN ACKERMAN: Thank you, all.

3 Any other comments on consent for  
4 feminizing hormones for adults, which begins on  
5 Bates 38 and goes to Bates 49?

6 Good. Seeing, there's not, let's move on  
7 to consent for masculinizing hormones for adults,  
8 beginning on Bates 50.

9 Mr. Vasquez?

10 EXECUTIVE DIRECTOR VASQUEZ: Thank you,  
11 Dr. Ackerman.

12 There was a strikethrough of gender-  
13 affirming in number 8 on the third page. The title  
14 was changed, I believe, from testosterone treatment  
15 to masculinizing medications for consistency, and  
16 the "should not" and "with caution" provisions" were  
17 moved into blocks so that they would be initialed.  
18 And that's on page -- looks like page 6 of my  
19 document.

20 CHAIRMAN ACKERMAN: Page 6 of yours, which  
21 is, I think, Bates 55.

22 EXECUTIVE DIRECTOR VASQUEZ: I believe  
23 that's everything.

24 CHAIRMAN ACKERMAN: Thank you, Mr. Vasquez.  
25 Any other board members from other board

1 have any comments or concerns regarding this  
2 document?

3 Good. Good. Good. Good.

4 Okay. So I think we're ready -- although  
5 we'll do it in a little bit. We're ready -- I think  
6 we're all pretty happy with what we have here right  
7 now. It's 1:50 right now. I'd like to --

8 DR. DERICK: What about surgical?

9 CHAIRMAN ACKERMAN: Pardon me?

10 EXECUTIVE DIRECTOR VASQUEZ: We need to do  
11 surgical.

12 DR. DERICK: Surgical treat -- the surgical  
13 forms for adults.

14 DR. COFFMAN: We're on the surgery.

15 CHAIRMAN ACKERMAN: I'm sorry. I'm sorry.  
16 I'm sorry. I'm sorry. Bates 60, consent for  
17 transition surgery for adults.

18 Mr. Vasquez.

19 EXECUTIVE DIRECTOR VASQUEZ: I have nothing  
20 on this one.

21 CHAIRMAN ACKERMAN: Okay. Any comments  
22 from the board members?

23 (No audible response)

24 Great. Okay. It's 1:51 right now. And I  
25 think it's appropriate time to open up to public



1 comment. Let's say it's 1:50 -- 2 o'clock. Why  
2 don't we go until about 3:20 or if public comment is  
3 truncated before that -- is over before that. I'd  
4 like to give people three minutes apiece to speak.  
5 I'm going to start with the first.

6 The last name is Lancaster. First name is  
7 E. E Lancaster.

8 Okay. Now, some of these people, who in  
9 the beginning have registered, we were not  
10 completely clear whether or not they wanted to make  
11 public comment. So since E Lancaster -- since  
12 they're not speaking right now, let's go to the next  
13 person. And that would be Joe Yocaba (phonetic).

14 Okay. No, Joe. Well, I know there's  
15 someone here for sure who wants to speak, and I see  
16 that she's on the call. So let's go to her. And  
17 this is Representative Anna Eskamani. I know she's  
18 there. I'll like to give deference to our members  
19 of -- elected officials.

20 So, Representative Eskamani from Orlando,  
21 are you here? You're raising your hand? That's  
22 good. Maybe she's clapping. Someone's clapping. I  
23 can't turn you on. So help me, Staff.

24 REPRESENTATIVE ESKAMANI: Hey.

25 CHAIRMAN ACKERMAN: There you are. There

1 you are. Thank you, Representative Eskamani.

2 You're on the line?

3 REPRESENTATIVE ESKAMANI: I am here. Thank  
4 you so much for the opportunity to speak. And with  
5 that said, I'm sorry I missed the last two Board of  
6 Medicine meetings. I've been traveling this summer  
7 for different work stuff. So I appreciate the  
8 opportunity to share my public comments here  
9 virtually.

10 So if you're ready, I'll get started.

11 CHAIRMAN ACKERMAN: Yes, ma'am.

12 REPRESENTATIVE ESKAMANI: Okay. Awesome.  
13 So, again, my name is Anna V. Eskamani. Proud to  
14 serve District 42 in the Florida State House  
15 Representative, and of course, here to issue my  
16 comment on these informed consent processes.

17 I first just want to provide context that  
18 our LGBTQ plus patients right now in Florida are  
19 really struggling, not just with the implementation  
20 of a -- of another medical bill tomorrow, but also,  
21 of course, the fact that this bill went into effect  
22 upon signature has created complete chaos in the  
23 medical field for many of our constituents not being  
24 able to have their prescriptions filled. And of  
25 course, many providers have stopped providing care

1 because they're waiting for these forms. So I do  
2 appreciate the effort to expedite it because it  
3 really is essential right now.

4           With that said, I'm disappointed by parts  
5 of the forms and really troubled by what some parts  
6 I see as misleading or at the very least,  
7 politically motivated. In particular, the notion  
8 that gender-affirming care is based upon very  
9 limited poor quality research and is purely  
10 speculative. I just don't think that type of  
11 language is necessary, especially since we do have,  
12 you know, very well established medical  
13 organizations that support gender-affirming care or  
14 at least provide, you know, important studies and  
15 reference. And so I just feel like any language  
16 that has a bias to it really shouldn't be in an  
17 informed consent form.

18           And I do speak from experience. I worked  
19 at Planned Parenthood before I ran for office. And  
20 I put this in my comment for the earlier June  
21 meeting that the only other, you know, medical field  
22 that I see this type of onerous burdensome and  
23 political motivated restrictions is abortion care.  
24 And those are very political. It's not based on  
25 guidance of medicine, but it is just a political

1 partisan preference.

2           With that said, I do want to just echo, I  
3 heard some feedback about what type of mental health  
4 provider should be able to give that approval for  
5 gender-affirming care. And I believe the way the  
6 law is written is that for minors, it's restricted  
7 towards those specific licensed psychiatrists. But  
8 that's not the case for adults. And whenever you  
9 set those type of restrictions -- and you all know  
10 this already, we don't have a lot of providers in  
11 Florida for any area of specialty, let alone gender-  
12 affirming care. But when you set those type of  
13 restrictions, you're making it really hard for  
14 people to navigate these hoops. And I hope that's  
15 not the goal. But if it's not the goal, then you  
16 need to open it up to allow other types of  
17 providers, as statute lets you, to provide that  
18 mental health assessment.

19           With that said, the way the forms stand  
20 now, to me it seems pretty clear that it is designed  
21 to create new barriers rather than prioritize  
22 patient well-being. So I do urge changes to be made  
23 to not create additional barriers that are not  
24 required by statute. Statute does, of course,  
25 require informed consent, but even some of these,

1 you know, hoops that you're creating for adults,  
2 it's just not in statute to do that. So I really  
3 encourage you to stick to what's in the book of the  
4 law and don't go beyond that because it's just not  
5 necessary.

6 So thank you so much for the opportunity to  
7 comment.

8 CHAIRMAN ACKERMAN: Thank you. Thank you,  
9 Representative. Thank you for your input. We'll  
10 get back and look at that regarding the mental  
11 health providers for adults when we have our  
12 discussion a little bit later on.

13 Cora Merritt?

14 Next I have is Luke Monaco. Okay. Luke  
15 Monaco appears to be coming on the line.

16 LUKE MONACO: Hello. All right. I think  
17 that's working now. Are you able to hear me now?

18 CHAIRMAN ACKERMAN: Yes. And we have the  
19 timer going for three minutes.

20 Thank you, sir.

21 LUKE MONACO: All right. Awesome. So I  
22 saw you all a few weeks ago back in public at the  
23 first meeting, and I'm honestly really impressed  
24 with a lot of what's been said here, what's been  
25 taken care of.

1 My big concerns are relating to how we are  
2 navigating folks who are already patients and who  
3 have already gone through these processes. For  
4 example, myself, this is now a year like 12 that  
5 I've been on testosterone and -- also 12 years since  
6 I've had top surgery, for example. And I'm now  
7 wondering, am I going to have to go through hoops of  
8 finding a psychiatrist or a psychologist, when I  
9 haven't seen someone in a very long time because I  
10 have no mental health crisis or mental health  
11 illness at all to deal with.

12 So that's a concern for me is does this  
13 apply to only new patients, or is this for folks who  
14 are already patients? And I know that some of the  
15 language in there was a little bit fuzzy for me  
16 personally as an outside perspective. So I would  
17 just want to know if we're going to clarify that.

18 The other thing that I'm concerned about,  
19 there was conversation earlier about it won't change  
20 sex, for example. I would personally, from my  
21 perspective, prefer you to just include the language  
22 that's in the bill so that folks know what you mean  
23 exactly by sex when they're reading this consent  
24 form.

25 It also concerns me because there's a

1 conundrum between the words, saying that it will not  
2 change sex when what the wording you used previously  
3 in the forms are sex reassignment. So if it's not  
4 changing sex, why are we now calling it sex  
5 reassignment? So I would want that to be clarified.  
6 I know that you struck out gender-affirming. Maybe  
7 there's another verbiage you can use instead. I  
8 wasn't really prepared to provide that comment,  
9 because I wasn't sure that was going to be  
10 discussed. But that would be my concern.

11           And then I also -- I think I've said enough  
12 there. But hopefully that gives you some food for  
13 thought and some things to think on.

14           Thank you so much.

15           CHAIRMAN ACKERMAN: Yeah. Thank you, Luke.  
16 That's excellent. Before you leave, stay on there  
17 for a second. One of the board members hand -- has  
18 her hand raised.

19           LUKE MONACO: Absolutely.

20           CHAIRMAN ACKERMAN: And I don't know if she  
21 wants to ask you a question on it.

22           Dr. Derick?

23           DR. DERICK: I just wanted to make a  
24 comment, just because this is the second time this  
25 has come up. I appreciate your thoughtful

1 suggestions.

2           If you look at the adult consent form, we  
3 moved it so that it would -- said that those -- the  
4 mental health assessments would be recommended and  
5 not required. And so it -- I want to make sure,  
6 because if we continue --

7           LUKE MONACO: Can you tell me the Bates on  
8 that?

9           DR. DERICK: If you look at the consent for  
10 feminizing hormones for adults, for example, which  
11 is our Bates 41, which is page 4 of 12 of the PDF,  
12 it separates the requirements in the  
13 recommendations. And so that was contemplated and  
14 discussed for many hours last week.

15           And so for adults, it is not our intent to  
16 be obstructionist with continuation of care, rather  
17 give recommendations related to standard of care  
18 that we believe would be in the best interest of the  
19 patient. But it's not, as written, a requirement.

20           And the other point to Representative  
21 Eskamani's informed consent related to the lack of  
22 data, I think that the discussion was also that --  
23 it's not required that there's only one informed  
24 consent. If there are different benefits that the  
25 prescribing physician wants to highlight on a



1 separate informed consent, there can be, you know --  
2 this is not the only consent form that could be  
3 given to a patient, and so different perspectives  
4 can be given by people who may have opposing  
5 viewpoints on this.

6 So I just wanted to put that out there  
7 because as we go through the discussion,  
8 everything's been so helpful, and last week was very  
9 helpful too from the public comment. But just so  
10 that that's out there, that that's not a  
11 requirement.

12 CHAIRMAN ACKERMAN: Thank you. Thank you,  
13 Dr. Derick.

14 Thank you, Luke.

15 Next is Maury Rubin (phonetic).

16 Steven Rocca (phonetic) or Rocca. Jesse --  
17 Steven. Okay. Almost skipped you, Steven.

18 Steven Rocca, go ahead. Are you on the  
19 line? I see you're trying to get in. I saw Steven  
20 a second ago. There we go. Maybe.

21 STEVEN ROCCA: Hello. Can you hear me?

22 CHAIRMAN ACKERMAN: Yes. Hear you fine  
23 now. I'm starting your timer. Thank you, Steven.  
24 Welcome.

25 STEVEN ROCCA: I'll keep mine brief.

1                   Good afternoon, all. My name is Steven  
2 Rocca. I am the policy director for Prism Florida,  
3 a youth-led LGBTQ organization serving South  
4 Florida.

5                   The issue I would like to highlight is a  
6 portion of the language used in the patient  
7 information and informed consent section. Gender-  
8 affirming care is not purely speculative as this  
9 version of the form claims.

10                  The first gender identity clinic was opened  
11 by Johns Hopkins Hospital in 1966. People in trans  
12 media have taken hormones for decades. And to say  
13 that only subtle improvements were seen in patients'  
14 mental health would be laughable if it weren't so  
15 dangerous. That kind of thinking is what gets  
16 critical healthcare ripped away from those who need  
17 it most.

18                  Gender-affirming care helped me, and I'm  
19 nowhere near alone in that experience. It gives me  
20 the confidence to walk through the world as the man  
21 that I am without fear or debilitating self-  
22 consciousness regarding the incongruence of mind and  
23 body.

24                  I demand the removal of this inflammatory  
25 opinionated language from these forms. Medical

1 misinformation has no place in mind. Thank you for  
2 your time.

3 CHAIRMAN ACKERMAN: Thank you, Steven.  
4 Thank you for your input, and thank you for being  
5 here today and taking time out of your day to join  
6 us.

7 Jessica Wilson? Jessica Wilson?

8 Steven, if you could take your hand down,  
9 that would be good too.

10 Jessica Wilson. Seeing that I don't see  
11 Jessica Wilson.

12 Let's go to Brandi Scapalis (phonetic).

13 BRANDI SCAPALIS: Hi. My name is Brandi  
14 Scapalis. And I have, for the past two years, been  
15 a doctoral student in social work and --

16 CHAIRMAN ACKERMAN: Thank you for being  
17 here today.

18 BRANDI SCAPALIS: -- have read a  
19 substantial amount of the literature.

20 Can you hear me?

21 CHAIRMAN ACKERMAN: Yeah. We hear you  
22 fine. I was saying -- I was thanking you for being  
23 here.

24 BRANDI SCAPALIS: Okay. So I've read a  
25 substantial amount of the medical and mental health

1 literature on this, and I'm going to echo what the  
2 last speaker said. The section that says, "Medical  
3 treatment of people with gender dysphoria is based  
4 on very limited, poor-quality research with only  
5 subtle improvements seen in some patients'  
6 psychological functioning in some but not all  
7 research studies. This practice is purely  
8 speculative, and the psychological benefits may not  
9 outweigh the substantial risks of medical treatments  
10 and in many cases the need for life-long medical  
11 treatments."

12           That is just not true. I've read thousands  
13 of pages of literature. And actually, the research  
14 on this goes back further than Johns Hopkins, a lot  
15 further, to the early 20th century in Germany under  
16 Magnus Hirschfeld. Unfortunately, that research was  
17 destroyed by the Nazis as one of the earliest book  
18 burnings. But this research is 100 years old, and  
19 it is not speculative. It's over 100 years old.  
20 It's not speculative, and it's not based on limited,  
21 poor-quality research.

22           Now, I know where the state got this  
23 language from, but that source is also considered to  
24 be a biased source. It's not in the peer-reviewed  
25 literature. And so the peer-reviewed literature on

1 this is substantial, and that goes for both the  
2 medical and mental health literature. I would also  
3 suggest removing that part of that section. Thank  
4 you.

5 CHAIRMAN ACKERMAN: Thank you so much,  
6 Brandi.

7 Next is Emily Gray. Emily Gray.

8 Lakely Love or Lakely Love. Please forgive  
9 me if I mispronounce it. Last name Love, first name  
10 Lakey, L-a-k-e-y.

11 Yarrow Koning. Yarrow Koning, K-o-n-i-n-g,  
12 Koning. Here we go. Yarrow Koning, I see you.  
13 That's a good thing. I think we're letting you in,  
14 or we're trying to let you in. There we go. I see  
15 you now. Welcome. Can you hear me okay?

16 YARROW KONING: Yes. Can you hear me?

17 CHAIRMAN ACKERMAN: Perfectly. Thank you,  
18 ma'am.

19 YARROW KONING: Members of the Board, my  
20 name is Yarrow Koning. Until just this month,  
21 resident of Palm Beach County, but recently moved  
22 out of state due in part to policies being discussed  
23 at today's meeting. I've attended other Board of  
24 Medicine meetings on this topic. This is the first  
25 I've been permitted to speak, as public comments

1 were cut short at the other meetings I attended.

2 I wish I didn't have to spend my Friday  
3 afternoon here listening to dehumanizing discussions  
4 about critical healthcare that has improved my life  
5 and the lives of so many people I love. It's  
6 disheartening to engage in a public comment process  
7 that feels mostly like political feeder, but I'm  
8 here because I'm a trans educator who works with  
9 youth; and I care about the well-being of all kids,  
10 including trans youth.

11 I've personally had trans kids tell me they  
12 can't wait to turn 18 and leave Florida to escape  
13 political climate here, including being able to  
14 access medication. I know families who are fleeing  
15 the state because they're scared for the well-being  
16 of their children. So I'm here to speak to you to  
17 tell you things you already know because it's always  
18 right to speak up in the face of injustice and  
19 because trans people, kids and adults, deserve so  
20 much better than this.

21 So here's the truth of the matter. In  
22 short, the truth you already know, the point of  
23 medicine is, or at least it should be, to help  
24 people live happier, healthier, longer, more  
25 fulfilled lives. Gender-affirming care does all

1 these things, and the barriers you continue to put  
2 in place to access it means so many people will live  
3 less happy, less healthy, shorter, and less  
4 fulfilled lives.

5           The point of informed consent is, or at  
6 least should be, to give patients accurate  
7 information they need, not perpetuate misinformation  
8 and scare them away from procedures for someone  
9 else's political gain. The informed consent process  
10 created here includes misinformation that some other  
11 speakers have already referenced, and requirements  
12 that would make it incredibly difficult, if not  
13 impossible, for trans people to access gender-  
14 affirming care.

15           The most ironic part of this all, though,  
16 is that limiting access to gender-affirming care  
17 will not stop kids from being trans or adults from  
18 being trans. Trans people have always existed and  
19 will always exist. Limiting access to gender-  
20 affirming care doesn't protect anyone. It simply  
21 makes life more difficult for kids and adults who  
22 already face so much trans-focused violence in our  
23 day-to-day lives. I have nothing further to say  
24 today.

25           CHAIRMAN ACKERMAN: Thank you very much.

1 Thank you for coming today and joining us.

2 Kristin Krabelling. Kristin Krabelling.

3 Erica Imaoka, I-a -- I'm sorry -- I-m-a-o-

4 k-a, Imaoka. Erica Imaoka. There she is. Erica.

5 We'll give Erica a second.

6 ERICA IMAOKA: Hi.

7 CHAIRMAN ACKERMAN: Hi. Good afternoon.

8 Thank you. Thank you for being here.

9 ERICA IMAOKA: Thanks for the opportunity  
10 to give comments. I was at the meeting last week,  
11 so I'm glad to see that we are closer to having  
12 something to put out. I'm an advanced practice  
13 nurse here in Florida and provide gender-affirming  
14 hormone therapy to adults.

15 So I just have a couple of comments. One  
16 is on the psychological evaluation. It isn't in  
17 that part where it's numbered, but it does still  
18 live on page, I believe, it's 40, if I have the  
19 documents correct, on page 40. It says what are the  
20 requirements to receive hormone replacement therapy.  
21 In the second paragraph, it says before beginning or  
22 continuing HRT, you must undergo a thorough  
23 psychological and social evaluation performed by a  
24 Florida licensed, board-certified psychiatrist or  
25 psychologist.



1 So --

2 CHAIRMAN ACKERMAN: Correct.

3 ERICA IMAOKA: -- just a little confusing  
4 because the language is still in that space. So  
5 just wondering if it's going to be removed, can it  
6 be removed there too so there's not any confusion  
7 about what the requirement is.

8 CHAIRMAN ACKERMAN: That's -- just to  
9 respond to you. That's a little bit different.  
10 That's by statute. That has to be a board-certified  
11 psychiatrist or Florida-licensed psychologist to  
12 begin or continue HRT.

13 ERICA IMAOKA: Okay. So then my -- I guess  
14 my follow-up question to that is for those who are  
15 continuing or already receiving HRT, what timeline  
16 then do they have to have that completed in?

17 CHAIRMAN ACKERMAN: Someone help me here on  
18 that.

19 DR. DERICK: Could I ask a question of  
20 staff while you look this up, Dr. Ackerman?

21 CHAIRMAN ACKERMAN: Yeah.

22 DR. DERICK: Staff, is this -- was it part  
23 of the statute for the minors only, or was it minors  
24 and adults?

25 ATTORNEY MCNULTY: Dr. Derick, this is

1 Donna, if I may. It's for the minors the -- the  
2 statute says the Board shall consider requirements  
3 in the informed for professional counseling by  
4 board-certified psychiatrists or the licensed  
5 psychologist. So the informed consent for adults  
6 does not say that in the statute. So on page 39 or  
7 40 that you're discussing in the adults, is that --

8 CHAIRMAN ACKERMAN: Right. It's page 40.  
9 It's consent to feminizing hormones for adults.  
10 It's the third page of that document, Donna.

11 DR. DERICK: Well, that's, I think, an  
12 important thing that Erica pointed out --

13 ATTORNEY MCNULTY: I do too.

14 DR. DERICK: -- and we can talk about it.

15 ATTORNEY MCNULTY: Yes.

16 DR. DERICK: So thank you, Erica, for  
17 pointing that out. I guess we kind of missed that.

18 CHAIRMAN ACKERMAN: And Erica is not the  
19 first one. I think one of the earlier speakers,  
20 Representative Eskamani, brought up the same thing.  
21 Someone early on said the same thing about that.

22 So we -- I think we'll -- thank you, Erica.  
23 We'll talk about that when we get back to our  
24 discussion.

25 ERICA IMAOKA: Okay. Thank you. And then

1 I had another one for -- on page 41 under number  
2 eight. It says, "understand the effects of hormone  
3 treatment on reproduction and they have explored  
4 reproductive options." I guess I just want a little  
5 bit of clarification because that is something that  
6 -- I mean, as an advanced practice nurse, I know  
7 like we're not probably going to be doing this part  
8 anymore, but even when our physicians are  
9 explaining, what does "explored" mean? Is there a  
10 requirement to that or is it just as long as the  
11 provider feels they have been given the information  
12 on what that looks like or --

13 CHAIRMAN ACKERMAN: I think that's  
14 intentionally ambiguous, I think.

15 ERICA IMAOKA: Okay.

16 CHAIRMAN ACKERMAN: Other folks can chime  
17 in. I don't think you'll want us to put anything  
18 more --

19 ERICA IMAOKA: No.

20 CHAIRMAN ACKERMAN: Be happy with the  
21 ambiguity.

22 ERICA IMAOKA: Okay, great. I love that.  
23 And then on page 67, and this isn't actually part of  
24 the consent; but it was under the draft. So I was  
25 just a little confused.

1 CHAIRMAN ACKERMAN: This is the consent --  
2 Erica, this is the consent for tradition surgery for  
3 adults? You said page 67.

4 ERICA IMAOKA: 67, yeah. I think that's  
5 the page that it's on. Let me just scroll down real  
6 quick. Sorry. This document is -- it's very slow  
7 on my computer.

8 CHAIRMAN ACKERMAN: Yeah. That's just --  
9 67 is just -- is a draft emergency rule.

10 ERICA IMAOKA: Okay. So then -- so if it  
11 doesn't live in the actual consent, then it doesn't  
12 matter. I guess I'm just wondering. So I guess  
13 where I get confused is that it says that if someone  
14 has already -- consent is not required for renewal  
15 of a prescription. So does that mean if someone is  
16 already established in care with like an advanced  
17 practice nurse now they have to be with a physician,  
18 but do they -- before they can get like a refill on  
19 their prescription, do they have to be seen in  
20 person immediately or can they get the refills so  
21 that they're not out of medication before they have  
22 that initial in-person visit established with a  
23 physician?

24 CHAIRMAN ACKERMAN: Counsel?

25 My understanding is they can get it

1 renewed, but they can't get new drugs or increasing  
2 of dosage.

3 ERICA IMAOKA: Okay.

4 ATTORNEY DIERLAM: And Dr. Ackerman, this  
5 is board counsel Chris Dierlam. This really isn't a  
6 proper forum for the board to be opining on specific  
7 inquiries such as that. Really, the best way for  
8 those issues to be handled would be the filing  
9 through some sort of declaratory statement.

10 Also, whenever you reference the renewal or  
11 filling of certain prescriptions, that's obviously  
12 an issue that would fall under the jurisdiction of  
13 the Board of Pharmacy. So again, I would just  
14 caution the board from providing too much guidance  
15 particular to the filling of prescriptions because  
16 that's an issue that, again, we would need to  
17 discuss with our counterparts, the Board of  
18 Pharmacy. Thank you.

19 CHAIRMAN ACKERMAN: Erica, you need to wrap  
20 up because we're over your three minutes. You want  
21 to make a quick statement?

22 ERICA IMAOKA: No. That was all. I just  
23 wanted to clarify those things. That's it. Thank  
24 you so much.

25 CHAIRMAN ACKERMAN: Thank you. Thank you.

1 Dr. Derick, did you -- you had your hand  
2 raised before. Anything else you wanted to say?

3 DR. DERICK: No. That was helpful. Thank  
4 you.

5 CHAIRMAN ACKERMAN: Okay. Thank you,  
6 Erica.

7 Sara Danker. Sara Danker, D-a-n-k-e-r.  
8 And I know Sara Danker is on the line. I see her  
9 -- I see her name. There she comes. There's Sara,  
10 masked up in the ICU or something.

11 We can't hear you yet. Unmute, Sara.

12 SARA DANKER: Can you hear me now?

13 CHAIRMAN ACKERMAN: There you go. There  
14 you go.

15 SARA DANKER: Okay.

16 CHAIRMAN ACKERMAN: Yep.

17 SARA DANKER: Okay, great.

18 CHAIRMAN ACKERMAN: Thank you for joining  
19 us from the operating room, Sara.

20 SARA DANKER: Thank you for giving me the  
21 opportunity to speak. Sorry for the setting. My  
22 name is Sara Danker. I'm a board-certified plastic  
23 surgeon in Miami. My practice is primarily gender-  
24 affirming care. To start, I'll say that when I read  
25 the surgical consent, I was quite relieved. So

1 thank you for doing the process some justice.

2 As somebody who's both participated in the  
3 surgical care of hundreds of gender diverse patients  
4 and somebody that's participated in research on the  
5 topic, I do take great issue with the third  
6 paragraph that has already been mentioned that  
7 medical treatment is based on limited and poor-  
8 quality data, and that improving psychological  
9 functioning is subtle.

10 There are numerous prospective trials  
11 demonstrating the satisfactory positive quality of  
12 impacts on the lives of these patients.

13 Just this week I saw a patient from top  
14 surgery. This patient was so ashamed and  
15 uncomfortable with their chest prior to surgery that  
16 they couldn't pick up their niece or nephew and  
17 wasn't comfortable with their partner laying her  
18 head on their chest.

19 One month after the surgery, the patient  
20 took a shower with their partner for the first time.  
21 So you know, tell me if you think that's not a -- or  
22 that's a subtle improvement in functioning. And  
23 from someone who's generally against this whole  
24 process, I think that if it weren't for that  
25 paragraph, this would be a very respectable

1 document. So that's my bit on that.

2 So another correction I have is for the  
3 surgical consent under phalloplasty. It's important  
4 to note that not all patients who get phalloplasty  
5 has a urethra created or have their internal organs  
6 removed. So it's possible to have phalloplasty  
7 without removing their vagina or their internal  
8 organs (indiscernible) only phalloplasty.

9 On page three, I recommend something  
10 (indiscernible) nose and chin and jaw surgery  
11 (indiscernible), swelling (indiscernible).

12 And on page five, the second item, I  
13 recommend changing that the treatment will not  
14 prevent -- saying that the treatment will not  
15 prevent psychiatric events to may not prevent  
16 psychiatric events.

17 And also, under bottom surgery, I think  
18 that surgeon should decide the frequency of follow-  
19 up visits. I can tell you weekly visits for months  
20 after bottom surgery is neither feasible nor  
21 necessary.

22 Lastly, I just want to state that since I'm  
23 a plastic surgeon at an academic center, I see many  
24 times where patients who have major life-threatening  
25 complications and also regret surgery after major



1 cosmetic procedures. And so I just want to say that  
2 maybe the time would be better spent trying to  
3 protect those patients. They're the ones who are  
4 truly at risk here, and we're really doing our best  
5 to take care of our trans community.

6 So anyway, thank you for the opportunity to  
7 talk. And I do give you all some credit for doing  
8 the process some justice, but I think there's room  
9 for improvement. So thank you.

10 DR. VILA: Dr. Danker, are you currently  
11 operating on a patient?

12 SARA DANKER: I'm about to --

13 CHAIRMAN ACKERMAN: Thank you, Doctor.

14 SARA DANKER: -- but not -- not a gender  
15 patient. Don't worry.

16 CHAIRMAN ACKERMAN: Thank you, Doctor.

17 DR. VILA: I mean, I just think it's highly  
18 inappropriate. All of these comments you could have  
19 sent to us. I'm an anesthesiologist, and I'd be  
20 (indiscernible) so I think it's inappropriate.

21 SARA DANKER: Well, I'm sorry you feel that  
22 way. I --

23 CHAIRMAN ACKERMAN: Thank you, Dr. Vila.

24 Can we please cut off -- can we please cut  
25 off Dr. Danker?

1 SARA DANKER: Thank you.

2 CHAIRMAN ACKERMAN: Okay. Olivia Fine.

3 Olivia Fine. Okay.

4 How about Lane Alvarez. Lane Alvarez.

5 Lane is coming on. I think I saw Lane coming a

6 second ago.

7 LANE ALVAREZ: Hello. Can you hear me?

8 CHAIRMAN ACKERMAN: Yes, we can. Thank

9 you, Lane.

10 LANE ALVAREZ: Okay. Thank you. Yeah. It

11 just took a little bit for the mic to let me unmute.

12 CHAIRMAN ACKERMAN: Yeah. So many people

13 on, I think we have a delay. But thank you for

14 being here today.

15 LANE ALVAREZ: Okay. Thank you. I guess I

16 just want to reiterate a few of the points made

17 earlier, so I'll try to be quick. A lot of the

18 information that you have in these forms -- in the

19 beginning of the forms, as Representative Eskamani

20 and others have commented, is misleading and

21 inaccurate, and I think that's highly inappropriate

22 in a doctor's visit. We want to have science-based

23 information instead of political influenced

24 language.

25 The other thing is that looking at the

1 requirements that you have, it seems like a lot of  
2 this is just putting onerous additional burdens on  
3 those who are trying to seek care, okay. For  
4 example, having the in-person visits instead of  
5 telehealth visits, having all these extra  
6 appointments for psychologists, for suicide risk  
7 assessments every three months. I mean, I don't  
8 understand why that can't be combined with the  
9 visits with the doctor that you have every few  
10 months anyway. So it just seems like lots of extra  
11 money and time. It's going to make it harder for  
12 people to get the care that they need.

13           People have been on puberty blockers and  
14 hormones. This is not new. And yet, now we're  
15 asking them to get regular DEXA scans once a year.  
16 Minors have to get hand x-rays. That's all new.  
17 And I don't understand the reason we need to have  
18 these extra appointments that can just provide  
19 blocking.

20           So I also am concerned about where you talk  
21 about the psychological comorbidities. Specifically  
22 are you talking about depression, anxiety, autism,  
23 ADHD, anything that can be used to prevent people  
24 who might have both those and gender dysphoria from  
25 getting care that they need? I think that's not a

1 great idea because sometimes gender-affirming care  
2 is exactly what is needed to alleviate some of  
3 those. For example, depression and anxiety has been  
4 shown to go down with hormone therapy. So I'm not  
5 sure why we're setting up all these roadblocks. And  
6 those were my basic concerns. Thank you for your  
7 time.

8 CHAIRMAN ACKERMAN: Thank you, Lane. Thank  
9 you for being here today.

10 Next I have is Jon Harris Maurer. Jon  
11 Harris Maurer.

12 Saw Jay Kirkley pop up. Jay Kirkley, are  
13 you with Jon Harris Maurer? Is that your hand  
14 raised? That's your hand raised. Thank you.

15 Jon Harris Maurer.

16 We'll move onto the next one I have, which  
17 is Brian Schleifer.

18 Whoa, whoa, whoa. Jon Harris Maurer is  
19 here. I see that -- I see -- Jon Harris, are you  
20 going to speak? We'll go back to Jon Harris.

21 Staff, is Jon Harris unable to get on, or  
22 are you not letting him in?

23 DR. DERICK: Yeah. Jay Kirkley is with  
24 Equality Florida so they might be in a group. Yeah.  
25 Actually, he just popped up.

1 CHAIRMAN ACKERMAN: Okay. I see Jon  
2 Harris. So who's speaking now; is this Jon Harris  
3 or is this somebody else? You said your name was  
4 Jay Kirkley.

5 (Indiscernible)

6 I don't see Jon Harris.

7 JON HARRIS MAURER: This is Jon Harris.  
8 Are you able to hear me now?

9 CHAIRMAN ACKERMAN: Yes, I am. And who are  
10 you with? Are you representing a group, Jon?

11 JON HARRIS MAURER: Yes. On behalf of  
12 Equality Florida.

13 CHAIRMAN ACKERMAN: There. I see your face  
14 now. Wow, great. Thank you for being here.

15 JON HARRIS MAURER: Absolutely. My  
16 apologies for the technology issues. But --

17 CHAIRMAN ACKERMAN: So tell me something  
18 before you start, was it us or is it you? I want to  
19 know if our staff is doing it right.

20 JON HARRIS MAURER: I think that was on my  
21 end. My apologies.

22 CHAIRMAN ACKERMAN: Okay, good. Okay,  
23 good. Keep up the good work, Mr. Vasquez and your  
24 staff.

25 JON HARRIS MAURER: I appreciate the

1 opportunity to comment. I will say Equality Florida  
2 is deeply concerned that the proposed consent forms  
3 are misleading and don't reflect the medical  
4 consensus when it comes to gender-affirming care.  
5 As the American Medical Association has stated,  
6 every major medical association recognizes the vital  
7 role of gender-affirming care and improving the  
8 physical health and mental well-being of transgender  
9 individuals.

10                 Studies have consistently demonstrated that  
11 providing gender-affirming care that is both age  
12 appropriate and evidence based leads to improve  
13 mental health outcomes. Yet, the proposed forms  
14 require patients to sign off on a statement claiming  
15 this treatment is "based on very limited, poor-  
16 quality research" and "purely speculative." This is  
17 untrue, and Equality Florida strongly believes that  
18 Floridians deserve to be informed by science, not  
19 partisan rhetoric that we're seeing in these forms.

20                 For minors, the proposal includes multiple  
21 substantive burdensome and potentially costly  
22 requirements. These sort of requirements should be  
23 left to the discretion of a prescribing physician  
24 based on an individualized assessment.

25                 Moreover, for adults, the proposal exceeds

1 the rulemaking directive of the legislature which  
2 only directed the boards to adopt forms that "inform  
3 the patient of the nature and risks." Instead, the  
4 proposed form lists eight specific requirements for  
5 you to receive and continue treatment.

6           Imposing requirements constitutes an  
7 unauthorized standard of care. Those requirements,  
8 one of which I understand may be removed, should be  
9 converted to recommendations on the whole for a  
10 prescribing physician to consider in making, again,  
11 an individualized assessment.

12           Our concern is that these consent forms are  
13 about creating new barriers to care and not about  
14 patient well-being. Please do revise these forms  
15 with input from proper experts with the urgency  
16 required by these state-imposed circumstances.  
17 Thank you. And we hope that you'll continue to  
18 protect transgender Floridians and ensure that they  
19 do have reasonable access to care.

20           CHAIRMAN ACKERMAN: Thank you, Jon. Thank  
21 you, Jon.

22           Let's go back to Brian Schleicher.

23           Okay. Allen Grossman. Allen Grossman.  
24 Are you here Allen? Maybe Allen didn't really want  
25 to speak.

1 Mr. Vila -- Dr. Vila.

2 DR. VILA: Mr. Chair, if I can make a  
3 recommendation that you announce the next two  
4 speakers and then introduce the one that you're on  
5 so that the follow-up speakers will have a chance to  
6 get positioned. Thank you.

7 CHAIRMAN ACKERMAN: Thank you. Excellent  
8 suggestion. I will do that.

9 So next is Kelly Barton -- I'm sorry. Next  
10 is Katherine Campbell.

11 I ask Kelly Barton and Rene D. to stand by.  
12 You'll be next.

13 So Katherine Campbell.

14 The other two I just mentioned, you can get  
15 on, just don't speak until we're ready for you.

16 So no Katherine Campbell. How about Kelly  
17 Barton?

18 Oh, Rene is there. We'll get to you in a  
19 second, Rene, with all your flags. I like that. No  
20 Kelly Barton.

21 So, Rene, the floor is yours. I know  
22 you're there.

23 And while Rene gets teed up, let me call  
24 the next couple, three names. I have Selene Adams,  
25 Kate Steinle, and Jen Cousins.



1 So Rene D, come on. I saw you.

2 RENE DAVIS: Hello.

3 CHAIRMAN ACKERMAN: There's Rene.

4 RENE DAVIS: Can everybody hear me?

5 CHAIRMAN ACKERMAN: Perfectly. Thank you.

6 The floor is yours.

7 RENE DAVIS: All right. Hi, everyone. My  
8 name is Rene Davis. I'm a resident of Brevard  
9 County, and a local activist and represent dozens of  
10 trans-Floridians here in the state, who I am in a  
11 thread with right now that are actively listening to  
12 this conversation. Thank you for having it be  
13 public. They are providing a lot of sort of  
14 firsthand accounts on their personal experience with  
15 this. And they're very -- you know, very --  
16 obviously, very interested in making sure these  
17 forms are helping them get access to care and not  
18 hindering it, and that they -- you know, that they  
19 have the patient's well-being in interest.

20 So at some point, I'm probably going to  
21 jump to those and read a couple of those stories. I  
22 find them very compelling and relevant to this  
23 discussion. Before I do that, I just want to echo a  
24 few different sentiments that have already been  
25 stated. Regarding the language on the form, reading

1 -- describing gender-affirming care is experimental.

2 I just want to put on record here, there's  
3 a formal report and statement that came out, I  
4 think, about two weeks ago, from the American  
5 Medical Association, which, as you know, is a large  
6 governing body in medical science.

7 And I just want to quickly read one of  
8 their formal statements here. And I quote, it says,  
9 "Due to widespread misinformation about medical care  
10 for transgender and gender diverse teams, 18 states  
11 have passed laws or instituted policy banning  
12 gender-affirming care.

13 All right. These policies do not reflect  
14 the research landscape. More than 2000 scientific  
15 studies have examined aspects of gender-affirming  
16 care since 1975." Right.

17 And I think others have mentioned that  
18 there's also been gender-affirming care, you know,  
19 as earlier as the '20s and '30s, which,  
20 unfortunately, a lot of that information was lost by  
21 the book burnings that took place during, you know,  
22 the Nazi regime. And it's important to note that  
23 the first treatment of HRT was actually done on cis  
24 people back in the '30s. The first HRT treatment  
25 for a cis woman occurred prior to the treatment for

1 trans women. Same thing for trans men and cis men.

2 So I think this -- it's very dangerous to  
3 have this misleading rhetoric because if I'm a trans  
4 person wanting to get care, I should know the  
5 baseline risks based on the overall governing body  
6 of research, right, not one or two cited studies  
7 that are irregular from the body of research.

8 So I would also encourage this Board to  
9 file a motion to strike the ability of the Board to  
10 cite research and reference itself. I know some of  
11 you have cited your own research to justify some of  
12 the statements you've made, if those statements are,  
13 in fact, true.

14 Every single valid body of scientific  
15 research should have multiple forms of evidence from  
16 multiple authors, from multiple institutions. So if  
17 you want to sit here and impose this rhetoric that  
18 gender-affirming care is experimental, I would ask  
19 you to provide resources that cite that outside of  
20 this Board's existing knowledge, just to -- you  
21 know, that would be a little less biased.

22 CHAIRMAN ACKERMAN: Thank you, Rene.

23 RENE DAVIS: So --

24 CHAIRMAN ACKERMAN: Your time is up. Thank  
25 you. Thank you for being here today.

1 RENE DAVIS: Thank you.

2 CHAIRMAN ACKERMAN: Thank you for your  
3 time.

4 Next I have is Selene Adams. I don't see  
5 Selene Adams teed up yet. After Selene Adams, I  
6 have Kate Steinle, and then Jen --

7 SELENE ADAMS: Hi. I'm --

8 CHAIRMAN ACKERMAN: -- Cousins.

9 SELENE ADAMS: -- Selene Adams. Hi.

10 CHAIRMAN ACKERMAN: Okay. Hang on. Hang  
11 on -- hang on, Selene.

12 Hang on one second. One second. I just  
13 want to make sure Kate Steinle, Jen Cousins, and  
14 Simone Chriss are ready to go next.

15 So Selene Adams, please begin.

16 SELENE ADAMS: Thank you. I have nothing  
17 further to add than other people have spoken more  
18 succinctly and with more bases so I would like to  
19 yield my time. But I would like to very much  
20 acknowledge and appreciate my fellow speakers for  
21 bringing such concise thoughts to this hearing.

22 CHAIRMAN ACKERMAN: Thank you so much.  
23 Thank you for being sensitive to our time today.

24 Kate Steinle.

25 Jen Cousins.

1                   After Jen Cousins -- I'll give Jen a second  
2 to come on -- we have Simone Chriss. Simone Chriss  
3 has spoken to us before. Andrea Montanez is after  
4 Simone Chriss. Andrea Montanez after Simone Chriss.

5                   Jen Cousins. Okay.

6                   Simone Chriss, are you there? Simone  
7 Chriss represents Southern something. She's a  
8 lawyer. Well, no. So I guess Simone Chriss isn't  
9 here. So I'll ask for Andrea Montanez. Following  
10 Andrea Montanez, I have Kendra Parris and Jerrica  
11 Kirkley.

12                   Okay. Andrea Montanez. Thank you.

13                   Before Andrea speaks, again, I have Kendra  
14 Parris, Jerrica Kirkley, and then Jay Kirkley.

15                   So Andrea. Oh, there you are. I just saw  
16 you last week. Didn't we talk?

17                   ANDREA MONTANEZ: Yes. Good afternoon.

18                   CHAIRMAN ACKERMAN: You're before me  
19 everywhere.

20                   ANDREA MONTANEZ: Yes. We find everywhere,  
21 unfortunately. I hope, so we don't have to do  
22 anymore because we're lonely.

23                   CHAIRMAN ACKERMAN: Well, thank you.

24                   ANDREA MONTANEZ: But anyway, my name is  
25 Andrea Montanez. I use the pronoun she/her. I

1 represent Health Community Center and Women Voices  
2 of South Florida. I would like to have the  
3 attention of all of you today. I really cite to  
4 most medical, but I want to address all you as a  
5 whole body of the Board of Medicine.

6 I need you to know that we exist; that we  
7 are affected by the healthcare physically, socially,  
8 and financially, and this is too confuse for me and  
9 my community.

10 This is a basic, basic medical needs we  
11 have before because it's something we needed. You  
12 are really making -- looking doctor look very bad in  
13 Florida. You seem to think you are the only ones  
14 who understand what is science. It seems you think  
15 Floridians are not intelligent. Please, please  
16 listen to your peers. Listen to who actually work  
17 with us in the community. Listen to the nurse  
18 practitioner. I still don't see why we don't have  
19 the nurse practitioner when they take care of me for  
20 couple of years.

21 And everything I see that. Listen to them  
22 because they know about us, what kind of concern  
23 for, what treatment we need, and we don't need to  
24 change the name. This is basic. Still using your  
25 medical authority to derail (indiscernible) your

1 profession.

2           When serving your duty as a Board, make  
3 medical decision, not political ones, please. Show  
4 that Florida that doctor has ethical principles and  
5 (indiscernible) respect the Constitution of the  
6 United States, the country coming for freedom, and I  
7 ask for that. Please listen to your peers and  
8 keeping working and something is going to helping  
9 us. Not (indiscernible) this. Thank you.

10           CHAIRMAN ACKERMAN: Thank you, Andrea. And  
11 good seeing you again. Thank you for your  
12 participation every -- every week.

13           ANDREA MONTANEZ: Thank you, Doctor.

14           Next is Kendra Parris and then I have --  
15 after Kendra, I have Jerrica Kirkley and Jay  
16 Kirkley, and following the Kirkleys -- I assume  
17 they're related. Following the Kirkleys, I have  
18 Chris Newland. Okay. No Kendra Parris.

19           How about the Kirkleys, Jerrica or Jay, or  
20 both? Oh, I see Chris Newland is getting ready.  
21 That's good to see.

22           Kirkleys here? There we go. We got -- we  
23 have Jerrica. Nice that you're here, ma'am.

24           JERRICA KIRKLEY: I'm Dr. Jerrica Kirkley.  
25 I go by she/her pronouns, and I'm the cofounder and

1 Chief Medical Officer of Plume, also a trans woman  
2 and recipient of gender-affirming care myself, and a  
3 --

4 CHAIRMAN ACKERMAN: Stop -- stop one  
5 second.

6 JERRICA KIRKLEY: Yep.

7 CHAIRMAN ACKERMAN: So Jen Cousins, I did  
8 see that you're here. I'm going to get to you after  
9 the Kirkleys. So just --

10 JERRICA KIRKLEY: Okay.

11 CHAIRMAN ACKERMAN: -- please stay on. I  
12 know I skipped over you.

13 So go ahead, Dr. Kirkley.

14 JERRICA KIRKLEY: Yes. So we take care of  
15 many transgender diverse folks across the country.  
16 We do it via telehealth platform and have over  
17 hundreds of years of gender-affirming care  
18 experience on our team, and grateful for the  
19 opportunity to speak at this meeting. Thank you.

20 So I want to speak to SB-254, but also to  
21 the consent form specifically, and just note that  
22 the law and the consent forms are in direct  
23 opposition, as noted by many folks today, to  
24 evidence-based guidelines for care and undermine  
25 long-established medical standards of care and



1 practice protocols that we've had in place.

2 Gender-affirming care, as we know, is  
3 supported by many major healthcare organizations,  
4 just as Rene noted earlier, including the American  
5 Medical Association, American Academy of Pediatrics,  
6 the Endocrine Society.

7 And we do have a robust body of research  
8 that continues to grow in supporting gender-  
9 affirming care access and that it is lifesaving and  
10 positively impacts many people, including over 2000  
11 studies since 1975.

12 But this law and the consent form set a  
13 dangerous precedent, as it fundamentally creates a  
14 two-tiered health system in Florida where trans and  
15 gender diverse individuals will not be able or will  
16 be severely restricted in their ability to access  
17 the care that they need as compared to cisgender  
18 individuals.

19 Patients seeking gender-affirming care will  
20 be segregated from the rest of the population, only  
21 be allowed to be seen by an MD or a DO rather than a  
22 NP or PA, who we know provide a significant portion  
23 of primary care in gender-affirming care in Florida  
24 and around the country.

25 In addition, these patients will be

1 required to be seen in person to get that consent  
2 form, which is a major barrier in care. We know  
3 that 85 percent of trans individuals in 2022 did not  
4 go into a physical healthcare facility when they  
5 needed to because of fear of discrimination and  
6 mistreatment.

7           And to speak to the consent forms  
8 specifically, I do agree that I would say -- I would  
9 recommend removing the requirement of an evaluation  
10 or letter from a psychiatrist or psychologist, as  
11 that's not supported by the WPATH Standards of Care,  
12 Version 8. WPATH version 8 also notes what is  
13 recommended is a diagnosis of gender incongruence  
14 and not a diagnosis of gender dysphoria. So I would  
15 recommend striking gender dysphoria completely and  
16 anchoring on the evidence-based guidelines that we  
17 have, which recommend gender incongruence.

18           I would recommend removing the need for a  
19 witness signature in the consent form for adults, as  
20 this poses an unnecessary barrier.

21           And while these might not fall within the  
22 statutes we're discussing today, I do encourage you  
23 all to use your power and your privilege and your  
24 positions on this Board to push back and not require  
25 adult patients to sign an informed consent form that

1 is unprecedented. And really most medical practices  
2 that we have, we don't require informed consent  
3 forms be signed. That should be something that's  
4 navigated by the physician or the clinician  
5 providing that care and the patient themselves and  
6 understanding how informed consent works best in  
7 that situation.

8           And lastly, of course, that all clinicians  
9 provide this care that is lifesaving. We have a  
10 massive shortage in providing this care in a real  
11 life-threatening situation for many trans and gender  
12 diverse individuals, which includes nurse  
13 practitioners and physician assistants.

14           So I really appreciate your time today in  
15 taking the diligence to work on this consent form to  
16 meet the needs of the trans and gender diverse  
17 community. Thank you.

18           CHAIRMAN ACKERMAN: Thank you, Dr. Kirkley.

19           Now, I have two Kirkleys that wanted to  
20 speak. I assume you're both together, and that was  
21 it, or is there a second --

22           JAY KIRKLEY: No.

23           JERRICA KIRKLEY: Not -- not related.

24           CHAIRMAN ACKERMAN: Oh, not related. Okay.  
25 So you are Jay?

1 JAY KIRKLEY: Yes.

2 CHAIRMAN ACKERMAN: Okay.

3 JAY KIRKLEY: No. I'm Jay.

4 CHAIRMAN ACKERMAN: Okay. I'm sorry.

5 Forgive my confusion. Hopefully you understand my

6 confusion. Okay. So now we're up to Jay. Jay

7 Kirkley.

8 JAY KIRKLEY: Yes, sir. Yes, Dr. Ackerman.

9 CHAIRMAN ACKERMAN: Okay. Thank you. So  
10 hang on.

11 So, Jen Cousins, I know you're there. Let  
12 me get through the two Kirkleys, and then we'll get  
13 to you.

14 So Jay, go ahead, sir.

15 JAY KIRKLEY: Thank you so much. I want to  
16 say good afternoon to the Board -- to both Boards.  
17 My name is Jay, and I work with Equality Florida,  
18 but I'm here of a personal capacity speaking, so not  
19 with the organization. But I wanted to echo a lot  
20 of the comments made by previous commentators. I  
21 think they touched on a lot of things, and I'm going  
22 to talk about them again.

23 One, specifically, is the initial second  
24 paragraph that's been brought up a lot talking about  
25 how it is based on very limited, poor-quality

1 research. I think this is what other people have  
2 said is inputting a partisan lens to what gender-  
3 affirming care is. It talks about acknowledging and  
4 letting people know about both the benefits and the  
5 harms that are -- that are offered in gender-  
6 affirming care.

7           But this consent form neglects to include  
8 benefits, significant benefits. It neglects to talk  
9 about the positive things in a sufficient capacity  
10 compared to all of these negative harms that may be  
11 potentially caused by this gender-affirming care.  
12 And so I think that is something the Board needs to  
13 consider when writing this thing to include more of  
14 the benefits and to show that these benefits allow  
15 patients to flourish as they are.

16           I would also like to remind the Board about  
17 these consent forms that youth patients right now  
18 cannot start new care. It seems to me like these  
19 consent forms are crafted in a way that is designed  
20 to make a checkpoint before they start care. So I'd  
21 like to remind the Board that these are youth that  
22 are in the middle of their treatment and have been  
23 blocked by this law and are waiting for this to  
24 begin.

25           This isn't a block to make new patients

1 consider it. These are patients that have  
2 considered it. They have started, and now they're  
3 blocked in continuing their care. And these extra  
4 additional barriers are simply just more barriers,  
5 more time, more -- more things they have to do  
6 before they can even begin.

7           And then finally, I'd just like to thank  
8 you for the work that you've done in trying to craft  
9 consent forms that appease all of our concerns, as  
10 well as doing your job, and so I thank you for that  
11 and the work that you've done. And that's it.  
12 Thank you so much. Have a great day.

13           CHAIRMAN ACKERMAN: Thank you so much.  
14           Okay. Chris Newland. We're up to you,  
15 Chris.

16           No, I'm sorry. Jen Cousins. We're going  
17 to Jen Cousins. I've been skipping over Jen Cousins  
18 for a while. So, Jen Cousins, why don't you get  
19 yourself teed up.

20           We have Chris Newland after Jen Cousins,  
21 and I know Chris Newland is on the -- is in the  
22 queue, and Joe Mario Pedersen. Joe Mario Pedersen  
23 will be following that, and then William Elijah  
24 Clark. And I know I saw William Elijah Clark  
25 earlier on the line. So right now, we're on, as I

1 said, Jen Cousins.

2 JEN COUSINS: Hi. Good afternoon, Board.

3 I have to apologize. I had another meeting pop up

4 at the last minute so I'm only just getting into

5 this now. But I've been attending every single

6 meeting that you've had since this started last

7 year.

8 And first of all, I want to say, you know,

9 we really need you to think about the lives of the

10 people that bad practice here could destroy. I have

11 watched friends who are adults face barriers to

12 receiving their healthcare over the last month.

13 I've watched fellow parents just absolutely break

14 down over what they're going to do to protect their

15 children who they feel the State wants to just

16 destroy.

17 You know, I'm a big believer in hindsight

18 is 20/20, and I have to say that we all knew that

19 this bill was going to be passed into law as it went

20 through the legislature. There was no doubt about

21 it. And you know, I would like to say that I wish

22 you all had watched that and started working on

23 these forms beforehand, as soon as it passed its

24 final floor vote to start crafting these forms so

25 that we didn't wind up in this situation where we

1 had patients who could no longer access their  
2 healthcare.

3 As a previous commenter said, you know,  
4 these forms are full of all the horrible risks of  
5 what could possibly happen if you should do gender-  
6 affirming healthcare, but nobody is recognizing the  
7 benefits. You know, I have personally watched  
8 people transition and reap the benefits of gender-  
9 affirming care.

10 And I just want you to remember when you're  
11 doing all this that these are human lives that are  
12 no different from your sons, your daughters, your  
13 spouses, your friends, your neighbors, your  
14 coworkers. These are all human people who deserve  
15 to be treated respectfully and with care, and I  
16 really want you to hold that into your hearts as you  
17 go forward with all of this. Thank you.

18 CHAIRMAN ACKERMAN: Thank you, Jen. Thank  
19 you very much for your time and thank you for being  
20 here. I'm glad you were able to get your time to  
21 speak and come back with us.

22 So Chris Newland. Following Chris Newland  
23 is Joe Mario, William Elijah Clark, and then Ocean  
24 Price.

25 So Chris Newland.



1                   CHRIS NEWLAND: Thank you very much,  
2 Mr. Chairman. And very quickly, I would like to  
3 thank both the Boards for their work on this. And  
4 especially want to thank staff for its efforts in  
5 trying to get these forms up as quickly as possible  
6 once you approve them today so that we can continue  
7 to and start the care that these people need. Thank  
8 you for your time and attention.

9                   CHAIRMAN ACKERMAN: Thank you, Chris.  
10 Thank you.

11                   Joe Mario Pedersen, you're next. There's  
12 Joe. And while Joe is getting teed up, after Joe is  
13 William Elijah Clark, Ocean Price, and Bryce  
14 Hackmeyer.

15                   JOE MARIO PEDERSEN: Hello. Thank you very  
16 much for taking my comment here. As you all said,  
17 my name is Joe Mario. I'm actually a reporter from  
18 Orlando. I work over at the NPR Member station,  
19 90.7 WMFE. I've been covering this story. And I've  
20 been looking for some clarity on a part of the bill  
21 and was hoping you all might be able to provide some  
22 of that clarity today.

23                   Part of the bill dictates that only  
24 physicians can be providers for care such as HRT for  
25 transgender folk. And as I'm sure, you know, most

1 of you are aware, the majority of those who are  
2 seeking that kind of care were doing so within  
3 clinics, and nursing practitioners were the ones who  
4 were providing that care. Under SB-254, that's no  
5 longer possible.

6 And I've been trying to find out as to why  
7 nursing practitioners have -- are no longer -- why  
8 it's considered that nursing practitioners are no  
9 longer able to provide that sort of care. And I've  
10 received some very mixed answers on that. I was  
11 wondering if the Board had been provided with any  
12 sort of clarity from the bill's sponsors as to why  
13 nursing practitioners no longer provide that care.

14 CHAIRMAN ACKERMAN: So Joe, we have -- this  
15 isn't a forum for that.

16 ATTORNEY DIERLAM: Dr. Ackerman, if I may.  
17 I beg your pardon. I really do not mean to be rude.  
18 I do not mean to cut you off in any way at all, but  
19 I believe it would be important that we direct this  
20 individual to Mr. Brad Dalton. He's the  
21 Department's --

22 CHAIRMAN ACKERMAN: Exactly. Chris --

23 ATTORNEY DIERLAM: -- Press Secretary.

24 CHAIRMAN ACKERMAN: Chris, just give me a  
25 second. That's --

1 ATTORNEY DIERLAM: Okay.

2 CHAIRMAN ACKERMAN: -- exactly what --

3 ATTORNEY DIERLAM: Thank you. I apologize.

4 CHAIRMAN ACKERMAN: Right. This isn't a  
5 forum for Q&A from the press. Brad Dalton is our  
6 press liaison, whatever -- press secretary, whatever  
7 his title is. But he's the one that's most -- has  
8 the best ability to do this. But thank you for  
9 being here and thank you for your comments and your  
10 concerns regarding those Floridians that are of the  
11 transgender community.

12 Move on to William Elijah Clark. I thought  
13 I saw William Elijah.

14 WILLIAM ELIJAH CLARK: Hi. I'd like to  
15 request that I speak after 2 o'clock. Thank you.

16 CHAIRMAN ACKERMAN: Who was that? Who's  
17 speaking? Is that William --

18 WILLIAM ELIJAH CLARK: Wait. Not 2  
19 o'clock. 3 -- yes, this is he.

20 CHAIRMAN ACKERMAN: Well --

21 WILLIAM ELIJAH CLARK: (Indiscernible)

22 CHAIRMAN ACKERMAN: -- Elijah -- I'm going  
23 to put you at the end. If the end is after 3  
24 o'clock --

25 WILLIAM ELIJAH CLARK: Yep.

1 CHAIRMAN ACKERMAN: -- that's great.

2 WILLIAM ELIJAH CLARK: (Indiscernible)

3 CHAIRMAN ACKERMAN: If it ends before 3  
4 o'clock, you're SOL.

5 So Ocean Price.

6 WILLIAM ELIJAH CLARK: Yeah.

7 CHAIRMAN ACKERMAN: I'll get back to you  
8 again. Don't worry, William. I got you.

9 Ocean Price. Ocean Price.

10 Bryce Hackmeyer. Bryce Hackmeyer.

11 Oh, Ocean Price is here. Hang on. Ocean  
12 Price coming on.

13 So before Ocean speaks, I have three more  
14 after Ocean, and that would be Bryce Hackmeyer,  
15 Danielle Proculo, and Cameron Jones.

16 So, Ocean, please speak.

17 OCEAN PRICE: Hi. This is Ocean Price. I  
18 was at the meeting last week as well. And first of  
19 all, I wanted to say that I really appreciate a lot  
20 of the changes that were made like towards the --  
21 like throughout the last meeting. I feel like a lot  
22 of stuff was clarified and a lot of things weren't  
23 really necessary were removed, so I feel like that  
24 went in a really positive direction.

25 And I'm really happy to see that it seems

1 like the consent forms, or at least the emergency  
2 rule versions, will be ready soon so that,  
3 hopefully, I will be able to move forward with my  
4 top surgery, which, as I mentioned before, had been  
5 canceled because of the lack of consent forms.

6           And I wanted to say that for moving forward  
7 for like the final version of the form, I agree with  
8 -- with what other people -- other speakers from the  
9 public have said. I agree that the -- that the  
10 evidence of the benefits of gender-affirming care  
11 are not really speculative or limited or poor  
12 quality.

13           I feel like the research that went into  
14 this -- making this document has been very biased,  
15 and I think that should be reconsidered going  
16 forward with the final consent form. But I do feel  
17 like for now it's really important to get a consent  
18 form out so that people can continue their care or  
19 receive their care that -- that they are already  
20 planned on receiving to avoid further disruption of  
21 people's lives.

22           I also think that it's important that if  
23 you're going to say that sex cannot be changed in  
24 the form that -- I believe it was Luke that said  
25 that it should be defined in the form. I agree with

1 that because if the concern is that people will  
2 believe that -- that it will change the reproductive  
3 functioning, then that should be specifically  
4 included because there are a lot of aspects of sex  
5 that are changed by -- by hormone replacement  
6 therapy.

7           And I also think that moving forward, sort  
8 of going back to my first point, it's important  
9 to -- to discuss it with doctors who specialize in  
10 this field and work with transgender patients and  
11 who are -- who have a better understanding of this  
12 because, especially at the last meeting, I felt like  
13 --

14           CHAIRMAN ACKERMAN: Thank you, Ocean.  
15 Thank you, Ocean.

16           OCEAN PRICE: Sorry.

17           CHAIRMAN ACKERMAN: Your time is up.  
18 You're doing great. And we appreciate your -- your  
19 input. Thank you so much.

20           Bryce Hackmeyer. After Bryce Hackmeyer, I  
21 have Danielle Proculo and Cameron Jones.

22           Is Bryce Hackmeyer here?

23           And staff, I just got an alert on my  
24 screen, says five minutes left of my meeting. Do  
25 you have to renew the license or something?

1 UNIDENTIFIED MALE: No, Dr. Ackerman. The  
2 meeting will continue.

3 CHAIRMAN ACKERMAN: Okay, good. Good,  
4 good, good. Just don't want this to all cut out.  
5 Danielle Proculo.

6 BRYCE HACKMEYER: Dr. Ackerman -- sorry.  
7 This is Bryce Hackmeyer.

8 CHAIRMAN ACKERMAN: Oh, thank you, Bryce.  
9 Thank you for being here.

10 So after Bryce is Danielle Proculo and then  
11 Cameron Jones. And then we'll go back to William  
12 Elijah Clark.

13 So go ahead, Bryce.

14 BRYCE HACKMEYER: Awesome. Good afternoon,  
15 members of the Joint Boards of Medicine. Thank you  
16 for having us today. I'd like to start off by  
17 thanking you all for the changes made last week  
18 during the Joint Board's Rules and Legislative  
19 Committee meeting. I am Bryce Hackmeyer. I am the  
20 Health and Technology Director at Women's Voices of  
21 Southwest Florida and as well as the cofounder of  
22 Justice Advocacy Network.

23 I had a few concerns. Although there were  
24 changes -- many changes made to the adult forms that  
25 I appreciate, requirements moved into

1 recommendations, I do have -- I do take issue with  
2 the third paragraph under patient information and  
3 informed consent on all forms, which is a sentiment  
4 echoed throughout this public comment with -- "with  
5 words such as poor-quality research, subtle  
6 improvements seen in some patients' psychological  
7 functioning, very limited, poor-quality research,"  
8 excuse me, as well as, "purely speculative in  
9 practice."

10                   And I did hear a physician on this board  
11 mention earlier in this meeting that other  
12 physicians can incorporate other opinions into their  
13 own consent forms. And I do not disagree with that  
14 statement at all. I guess my question would be why  
15 is it that the Boards of Medicine, the Joint Boards  
16 of Medicine, are taking this opinionated stance  
17 regarding practice throughout the state of Florida.

18                   While, you know, individual practitioners  
19 may choose to develop their informed consent forms  
20 differently, I question the necessity of such a  
21 paragraph existing in the first place in this form.  
22 Not that there needs to be something in opposition  
23 to what this -- what's currently in there, but I  
24 just question its existence in the first place.

25                   Another concern of mine -- I apologize for



1 the noise in the background -- is that on the  
2 informed consent form and assent forms for minors,  
3 the extensive list of requirements still remains,  
4 and these costs rack up into the four -- yes, four  
5 figures, I believe, and, potentially, five figure  
6 costs annually for trans patients and their  
7 families. And I would advise that the Joint Boards  
8 of Medicine look into various costs associated with  
9 and without insurance coverage of such treatments,  
10 considering the fact that minors who have already  
11 been undergoing gender-affirming care would be  
12 affected by these informed consent forms and would  
13 be subjected to these requirements.

14 So not being able to pay for such  
15 treatments or such required testing and whatnot  
16 could render a minor detransition against their own  
17 will, which, to me, is an unforgivable situation  
18 that I believe the Boards of Medicine should look  
19 into preventing to the best of its ability.

20 Thank you so much you all, and -- for  
21 giving me the opportunity to speak, and I hope you  
22 all have a great rest of your day.

23 CHAIRMAN ACKERMAN: Thank you, Bryce.  
24 Thank you, Bryce.

25 Danielle Proculo. Danielle Proculo.

1 DR. VILA: Mr. Chair, this is Dr. Vila.

2 Would you mind if I made a comment?

3 CHAIRMAN ACKERMAN: I would love it.

4 DR. VILA: Yeah. So there's -- there's  
5 this recurring theme among much of the testimony, and  
6 it's a criticism of the term poor-quality studies.  
7 And I think it probably deserves just a statement to  
8 nonphysicians and nonscientists what -- that term  
9 poor-quality studies is not like an adjective. It's  
10 not like we're describing it. That is -- that is  
11 very standard medical terminology that describes to  
12 the absence of the highest quality of studies that  
13 exist, and that's prospective, randomized,  
14 controlled studies that have large numbers of  
15 patients and follow those patients over an adequate  
16 period of time to provide good predictive value.  
17 That would be good studies.

18 So this is just -- it's a medical term, and  
19 all of us doctors are used to using it, poor-quality  
20 studies. It doesn't -- it doesn't mean that -- it  
21 doesn't mean anything judging those studies. It  
22 just means that they don't meet the standard of what  
23 we in medicine refer to as high-quality studies.

24 Again, it needs to be a study that's  
25 designed and done prospectively. The patients need

1 to be randomized and there need to be controls. And  
2 there are no studies. And so this is just a fact.  
3 This is not -- it's not a judgment. It's a fact  
4 that there are -- that these studies are poor  
5 quality. They don't meet the standards for high  
6 quality studies.

7 And I -- it's concerning me. I feel bad  
8 for the public because I think if I did not know  
9 this about that descriptor, poor-quality studies, I  
10 might feel the same way they do. So anyway, I felt  
11 like that was helpful to mention that. Thank you,  
12 Mr. Chair.

13 CHAIRMAN ACKERMAN: Yeah. Thank you very  
14 much, Dr. Vila. That's exactly right. You know, we  
15 -- high quality studies are randomized clinical  
16 trials, prospective, and these studies aren't that  
17 type.

18 So we have --

19 DR. HUNTER: Dr. Ackerman.

20 CHAIRMAN ACKERMAN: Who's that?

21 DR. HUNTER: This is Patrick Hunter.

22 CHAIRMAN ACKERMAN: Yes, sir.

23 DR. HUNTER: I just wanted to chime in with  
24 what Dr. Vila said about the low-quality studies. I  
25 think there's increasing recognition worldwide and

1 in the American press. Frankly, there's been  
2 some -- a few newspaper articles about how the  
3 United States and the American healthcare  
4 organizations are falling out of line with Europe.

5 To that end, we all know Finland, Sweden,  
6 Norway, England, are changing their policies. Their  
7 healthcare authorities are emphasizing psychological  
8 care and greatly concerned about youth transition.

9 Two weeks ago, there was a worldwide  
10 conference in Helsinki, Finland, that I was aware of  
11 where over 70 mental health providers from all over  
12 the world, from Australia to the United States and  
13 everywhere in between, attended to address the  
14 concerns about the low-quality evidence.

15 And just this morning, I took a phone call  
16 from Europe about this, and have had emails from  
17 Belgium, France, and Finland about these issues and  
18 why the United States is out of line with the rest  
19 of Europe.

20 So the evidence is low quality, and I think  
21 -- I appreciate many of the comments. This board  
22 sincerely wants what is best for trans-identified  
23 youth, youth with gender dysphoria, and adults. And  
24 it is not settled, as it appears to be, based on  
25 what's happening in Europe and the quality of the

1 evidence that exists in this field.

2 CHAIRMAN ACKERMAN: Thank you, Dr. Hunter.

3 DR. HUNTER: Thank you.

4 CHAIRMAN ACKERMAN: Danielle Proculo.

5 DANIELLE PROCULO: Hi. Yep. I'm here. So  
6 I'm actually interested that you made that comment,  
7 Dr. Vila, especially because if this is an informed  
8 consent form, why are we using hyper-specific  
9 scientific language in it? If we're going to say  
10 it's poor-quality research, why not just say it's  
11 not been peer-reviewed or whatnot? There's no  
12 reason to use poor quality as a scientific term in a  
13 layman's form. It doesn't make any sense to me.

14 I have a couple more things to go over.  
15 Also, many of the people who have made a lot of  
16 these statements are scientists with graduate  
17 degrees and know full well what poor quality means.  
18 They just object to it, again, because it's not a  
19 form for lay people. This is not going to be -- you  
20 know, there's no reason -- this isn't a peer-  
21 reviewed like form or whatever.

22 I have some other issues that I have with  
23 this. What are we doing about people who have  
24 ambiguous sex at birth? There is people, you know,  
25 with like Klinefelter syndrome or androgen

1 sensitivity syndrome that might have XXY or XY and  
2 have a female (indiscernible) type. How does this  
3 law interact with them if they wish to receive  
4 cross-gender hormones? Does it matter the sex  
5 assigned at birth?

6 Another one. Will we do this for non-sex-  
7 related hormones or for treatments for low T in  
8 menopause? How far will this go? Will there be  
9 informed consent, you know, for hormones like  
10 insulin? Insulin can kill you. It was used for the  
11 VA murders in 2017-2018. Will these forms be  
12 required if there's an injunction?

13 And also, I mean, this is going to make a  
14 backlog. Will you be willing to use State assets to  
15 subsidize these increased burdens, and, if so, why  
16 not? Why are you putting these increased burdens on  
17 the taxpayers?

18 And finally, I have a couple of interests  
19 with conflict of interests. Do you feel it's  
20 ethical to make rulings like this when a lot of you  
21 do not have experience with gender-affirming care,  
22 particularly, youth gender-affirming care? And  
23 given that it's on the Governor's agenda, which,  
24 collectively, you guys gave \$700,000 to. Do you  
25 feel that that is ethical?

1 CHAIRMAN ACKERMAN: Thank you for your  
2 comments.

3 And we'll move onto Cameron Jones.

4 Dr. Hunter, I see your hand raised. Is  
5 that an old hand up or is that something new?

6 DR. HUNTER: It is down. Sorry.

7 CHAIRMAN ACKERMAN: That's okay.

8 And who's this here? I can't tell who this  
9 is. Someone else has their hand raised. It's down  
10 now.

11 Okay. No Cameron Jones. So let's go back  
12 to William Elijah Clark.

13 WILLIAM ELIJAH CLARK: Hi. Can you all  
14 hear me? My name is William Elijah Clark. I think  
15 most of the general public has answered their  
16 questions. I apologize for my delay. I work  
17 multiple jobs.

18 Anyway, I think for the sake of time, I'm  
19 going to ask my two main questions. First and  
20 foremostly, what HIPAA compliance do you all have  
21 planned for this form? Given that you are asking  
22 for initials, that is personally -- that is personal  
23 health information, and I am deeply concerned about  
24 that privacy component.

25 And secondarily, I also want to ask why

1 you're asking for psychiatric evaluations for people  
2 who are continuing HRT, when -- particularly for  
3 those who have had nephrectomies or orchiectomies  
4 who -- essentially, they are waiting at this time  
5 for something, and not having gonads, as you all  
6 should know, does create bone health issues. And  
7 the lack of this consent form is ultimately harming  
8 people from a health economics perspective in terms  
9 of --

10 CHAIRMAN ACKERMAN: Thank you --

11 WILLIAM ELIJAH CLARK: -- we're ultimately  
12 creating health issues.

13 CHAIRMAN ACKERMAN: Okay. Thank you for  
14 your comments. And we'll move --

15 WILLIAM ELIJAH CLARK: Would you be willing  
16 to answer my questions?

17 CHAIRMAN ACKERMAN: This forum isn't really  
18 a back-and-forth forum for answering questions.

19 We'll discuss it in a few minutes. When we've done  
20 the public comment, we'll discuss amongst the board  
21 members. And the board members, some of them may or  
22 may choose not to bring it up. And we'll look at  
23 answering them or addressing them at that point.

24 So that ends the list that I have of people  
25 who preregistered to make comments. There are some



1 people that registered late or were beyond the  
2 deadline for putting in their request for comments.  
3 I have about eight people.

4 Also, Mr. Vasquez, if you can help me out  
5 and call up those eight people.

6 DR. DERICK: Dr. Ackerman.

7 UNIDENTIFIED MALE: Dr. Ackerman.

8 CHAIRMAN ACKERMAN: By the way, I only want  
9 to go until 3:20, as I said, so we have about 10  
10 minutes left.

11 DR. DERICK: Dr. Ackerman.

12 CHAIRMAN ACKERMAN: Yes, Dr. Derick.

13 DR. DERICK: I saw Dr. Haller come on the  
14 line. Is he one of the people who wants to speak?

15 CHAIRMAN ACKERMAN: I don't know, but he  
16 had a chance to register way before this, so we'll  
17 see. I don't know.

18 Mr. Vasquez.

19 EXECUTIVE DIRECTOR VASQUEZ: The first name  
20 on the list is Lana Don.

21 CHAIRMAN ACKERMAN: That's not a real name.

22 EXECUTIVE DIRECTOR VASQUEZ: The next name  
23 on the list is Michael Haller.

24 CHAIRMAN ACKERMAN: There's your answer,  
25 Dr. Derick.

1 Dr. Haller. Dr. Haller, I see your hand  
2 raised. You can turn on your microphone.

3 DR. MICHAEL HALLER: Yes. Can you hear me?

4 CHAIRMAN ACKERMAN: We hear you now, Mike.

5 DR. MICHAEL HALLER: Sorry. I was muted  
6 before. Thanks for allowing me to comment. So I  
7 would just like to state that, you know, this Board  
8 of Medicine is grossly exceeding the scope of your  
9 authority and going much further than is required  
10 under SB-254. What you're proposing is not an  
11 informed consent form. You're going far further and  
12 essentially trying to create a new standard of care  
13 when one already exists.

14 Again, your inclusion of language that's  
15 not aligned with the standards of care is quite  
16 concerning. The ongoing emphasis on the idea that  
17 there's low-grade -- low-quality evidence for  
18 gender-affirming care is extremely problematic. You  
19 know, there's far less evidence on the opposite  
20 side. But doing nothing is not ineffective. So  
21 this is a conversation that physicians have with  
22 their patients all day, every day. And so to try to  
23 put this specific language in a consent form is,  
24 again, entirely disingenuous, and you all know that;  
25 and it's shameful.

1           The bias that's being represented by the  
2 medical world organizations that you chose --

3           CHAIRMAN ACKERMAN: Please, Dr. -- please,  
4 Dr. Haller. Please, Dr. Haller. I take offense to  
5 your comments. Don't tell us what we know and don't  
6 call us shameful.

7           DR. MICHAEL HALLER: You can take offense.  
8 I'm still speaking so --

9           CHAIRMAN ACKERMAN: Well, I'll cut you off.  
10 I'll cut you off if you continue to be offensive.

11          DR. MICHAEL HALLER: Okay. I'm not saying  
12 it to be offensive to you. If you take offense,  
13 that's your decision, but I'm just stating facts.

14          So you continue to assert that the way  
15 Florida is treating patients is different than other  
16 countries. And no matter how many times you say it,  
17 it's just not true. There's no country in Europe  
18 that entirely bans treatment, and you're effectively  
19 trying to do that.

20          I guess I would ask, and I know you're not  
21 going to -- you know, you're not going to answer  
22 this for me, but perhaps you can in your  
23 discussions: is how can you be moving forward in  
24 this rulemaking process to make this consent when a  
25 federal court has said this is an unconstitutional

1 act? I would really be interested to understand how  
2 you feel it's appropriate to move forward given  
3 that's the case. Thank you, sir.

4 CHAIRMAN ACKERMAN: Mr. Vazquez.

5 EXECUTIVE DIRECTOR VASQUEZ: Next name is  
6 Kiara Tropiton.

7 Next name is Daniel -- did she come on?  
8 There she is.

9 CHAIRMAN ACKERMAN: That's Maria. Call up  
10 the next couple so they know to get in the queue.

11 EXECUTIVE DIRECTOR VASQUEZ: The next one I  
12 have is Daniel Garechi. After that is Ash Buck and  
13 Sho Tu.

14 CHAIRMAN ACKERMAN: No, no. Those aren't  
15 real names.

16 KIARA TROPITON: I'm here. I'm here. It  
17 wasn't letting me go before. Can I go now?

18 CHAIRMAN ACKERMAN: Yeah, yeah. Just  
19 relax, relax. We know you're there.

20 KIARA TROPITON: Okay.

21 CHAIRMAN ACKERMAN: So you have those other  
22 names that are out there.

23 So Kiara, go ahead, ma'am.

24 KIARA TROPITON: Thank you so much. Hey,  
25 point of information. How many transgender people

1 are all on these boards? Do we have an answer?

2 CHAIRMAN ACKERMAN: No. We're not going to  
3 have -- go back and forth discussion.

4 KIARA TROPITON: Okay. I'm going to take  
5 that as zero. I believe that if you had any  
6 transgender person on your boards that they would  
7 have spoken up and rejected much of the language  
8 used tonight and would have pushed for rules about  
9 the language that you can use to refer to people as.  
10 For instance, transgender men were referred to as  
11 females trying to masculinize themselves. That's  
12 inappropriate.

13 If we had a transgender person on the  
14 board, they would have been able to speak to that.  
15 They would have been able to speak to the fact that  
16 transgender people are not trying to change their  
17 hormones or to be able to produce -- to produce  
18 sperm. We are trying to live our lives.

19 And now if our sex education is so poor in  
20 this country and this state that young people think  
21 that they can -- that they were born with a vagina  
22 they can produce sperm, that's a separate issue.  
23 But I wanted to speak on a few very important  
24 things.

25 I live in Pensacola. Florida is my life.

1 I love this place. And one of the things I do is I  
2 organize in my community. I talk to transgender  
3 people every day, and I can tell you that there are  
4 transgender friends of mine who are dusting off  
5 their visa to German, to Canada, and to other places  
6 to try to get out of this state because of what is  
7 happening.

8           Everybody on this Board has been on  
9 testosterone or on estrogen for decades. You  
10 understand that because -- just because you may be  
11 in a category that may -- you know, maybe people on  
12 testosterone are more likely to experience such and  
13 such complications, that affects everybody, not just  
14 transgender people. What we are talking is  
15 discriminating against us on the basis of sex.

16           And I want to point out something to you.  
17 You have a very strong responsibility. You have to  
18 enforce the Constitution. As it was mentioned,  
19 courts across this country are ruling against the --  
20 against these blanket bans. And just because Ron  
21 DeSantis is telling you to do something, you still  
22 have to hold to your obligation to enforce our  
23 Constitution, to enforce the laws of this country.

24           In Florida, 1.5 million people cannot vote  
25 so we are not able to even choose our legislature.

1 You have a very high responsibility. When Latino  
2 people -- when our families are being -- when your  
3 Governor -- when a governor is telling us that they  
4 could ask for our papers, our civil rights have been  
5 eroded so you have an even higher --

6 CHAIRMAN ACKERMAN: Okay --

7 KIARA TROPITON: -- responsibility to stop  
8 the war on our healthcare. We are not surprised by  
9 --

10 CHAIRMAN ACKERMAN: Time is up. I  
11 appreciate your --

12 KIARA TROPITON: (Indiscernible) paralyzed  
13 by despair as -- as -- as a great organizer said. I  
14 thought you should know that. And I really want you  
15 to --

16 CHAIRMAN ACKERMAN: Okay. So thank you.  
17 Mr. Vazquez, who do we have next?

18 EXECUTIVE DIRECTOR VASQUEZ: Daniel  
19 Garechi. Next name is Ash Buck.

20 CHAIRMAN ACKERMAN: Next name after that  
21 one, please. That's not a real name.

22 EXECUTIVE DIRECTOR VASQUEZ: Sho Tu, Theona  
23 Robinson, and Maura Sargent are the last ones.

24 CHAIRMAN ACKERMAN: So any of those three  
25 can come on the line.

1 (No audible response)

2 Okay. So this ends our public comment  
3 period. Thank you all for your -- thank you all for  
4 your input, and especially thank those of you who  
5 gave a very thoughtful discussion and thoughtful  
6 input to us.

7 So let's move on here. So where we at here  
8 now? So let's go -- any more discussion amongst the  
9 board members regarding the forms? I'll start  
10 again. Now that we had some input, anyone want to  
11 discuss anything, make some changes? I'll just open  
12 up to anybody that wants to speak regarding any of  
13 the forms that we have, the two emergency rules and  
14 the six consent forms.

15 EXECUTIVE DIRECTOR VASQUEZ: Dr. Ackerman.

16 DR. DERICK: (Indiscernible)

17 CHAIRMAN ACKERMAN: Yes, sir.

18 EXECUTIVE DIRECTOR VASQUEZ: I'm sorry,  
19 Dr. Derick. I've had one correction pointed out to  
20 me during the process that I wanted to make you  
21 aware of.

22 CHAIRMAN ACKERMAN: Yep.

23 EXECUTIVE DIRECTOR VASQUEZ: It's on the  
24 puberty suppression treatment consent form. On page  
25 six of that document, there's just a --



1 CHAIRMAN ACKERMAN: Okay. Hang on.

2 EXECUTIVE DIRECTOR VASQUEZ: -- duplication  
3 in a list.

4 CHAIRMAN ACKERMAN: Let's give us a chance  
5 to get there.

6 EXECUTIVE DIRECTOR VASQUEZ: Okay.

7 CHAIRMAN ACKERMAN: Page six, that would be  
8 Bates -- I think it would be Bates 9. So page six,  
9 the puberty blockers in minors, right?

10 EXECUTIVE DIRECTOR VASQUEZ: Right.

11 CHAIRMAN ACKERMAN: And so what --

12 EXECUTIVE DIRECTOR VASQUEZ: And on page  
13 six under the common side effects, weight gain is  
14 listed twice.

15 CHAIRMAN ACKERMAN: Okay.

16 EXECUTIVE DIRECTOR VASQUEZ: That needs to  
17 be stricken.

18 CHAIRMAN ACKERMAN: Okay. Thank you. You  
19 see that's listed as the first bullet and about  
20 three-quarters of the way down the page as a --  
21 whatever that is, the 12th bullet or something.

22 UNIDENTIFIED MALE: And that will be done  
23 on any other form as we just heard; is that true?

24 CHAIRMAN ACKERMAN: Yeah. You guys will  
25 clean that up if it's on another form, staff?

1 EXECUTIVE DIRECTOR VASQUEZ: We will.

2 CHAIRMAN ACKERMAN: Yeah. Yeah. Any other  
3 recommendations --

4 VICE-CHAIR ROMANELLO: Dr. --

5 CHAIRMAN ACKERMAN: -- for any --

6 Yes, Mr. Romanello.

7 VICE-CHAIR ROMANELLO: Dr. Ackerman, I make  
8 a motion to approve the emergency rule 64B8ER  
9 regarding sex reassignment standards of practices in  
10 minors.

11 CHAIRMAN ACKERMAN: Okay. So stop just one  
12 second.

13 So I just for counsel, should we break out  
14 -- should we have a Board of Medicine meeting now  
15 and then a Board of Osteopathic Medicine meeting?

16 UNIDENTIFIED MALE: I think we can just --

17 ATTORNEY MCNULTY: Well -- this is Donna.

18 It's not a separate meeting. It's just --

19 UNIDENTIFIED MALE: Right.

20 ATTORNEY MCNULTY: -- that you'll entertain  
21 the vote of the Board of Medicine when you want to  
22 and then a separate vote of the Board of Osteopathic  
23 Medicine. It's still one meeting.

24 UNIDENTIFIED MALE: Right. And given --

25 CHAIRMAN ACKERMAN: So let's -- since

1 there's more discussion --

2 VICE-CHAIR KIRSH: Do you want to just go  
3 back -- Dr. Ackerman, do you just want to go back  
4 and forth?

5 CHAIRMAN ACKERMAN: Yeah, yeah. That's  
6 what we'll do.

7 VICE-CHAIR KIRSH: (Indiscernible)

8 CHAIRMAN ACKERMAN: So Mr. Romanello --  
9 exactly. That's what I'd like to do. So  
10 Mr. Romanello just made a motion for the Board to --  
11 so -- to -- for the Board of Medicine to adopt a  
12 draft emergency rule. And then what we'll do is  
13 once we vote on that, we'll let you do the same for  
14 the Osteo Board, and then we'll just go back and  
15 forth like that. Does that work?

16 UNIDENTIFIED MALE: Thank you.

17 ATTORNEY MCNULTY: Yes. However,  
18 Mr. Romanello, is your motion as amended?

19 VICE-CHAIR ROMANELLO: Yes.

20 ATTORNEY MCNULTY: Okay. Thank you.

21 CHAIRMAN ACKERMAN: Is there --

22 UNIDENTIFIED MALE: Second.

23 DR. ZACHARIAH: Yeah. Zacharia, second.

24 CHAIRMAN ACKERMAN: So on the -- for the  
25 members of the Board of Medicine, all those in

1 favor, please say aye.

2 MEMBERS: Aye.

3 CHAIRMAN ACKERMAN: All opposed.

4 (No audible response)

5 CHAIRMAN ACKERMAN: The gavel is yours,  
6 Dr. Kirsh.

7 ATTORNEY DIERLAM: Dr. Ackerman, if I may,  
8 counsel --

9 UNIDENTIFIED MALE: I think he still wants  
10 to --

11 ATTORNEY DIERLAM: I still need to ask the  
12 cert questions for the Board of Medicine, in  
13 particular, and then Ms. McNulty will need to do the  
14 same thing for the Board of Osteo, considering how  
15 there were changes made to the rules.

16 ATTORNEY MCNULTY: Just --

17 DR. DERICK: To confirm, we're voting on  
18 the rule, not the consent, right?

19 ATTORNEY MCNULTY: Well, but that is a  
20 question. Because you wouldn't do -- I mean, until  
21 you do the forms -- I mean, unless your motion  
22 contains the forms as well, which just be clear as  
23 to what you're voting on, at the end of the rule,  
24 plus the forms, whatever that is, then you ask the  
25 cert questions.

1                   ATTORNEY DIERLAM: Right. And I was under  
2 the assumption that Mr. Romanello's motion was to  
3 approve the rule language and the consent forms as  
4 well for the minors.

5                   ATTORNEY MCNULTY: Mr. Romanello.

6                   VICE-CHAIR ROMANELLO: Yeah. It's the  
7 entire rule. The rule subsumes the consent  
8 languages.

9                   ATTORNEY MCNULTY: We just want to be  
10 clear.

11                   CHAIRMAN ACKERMAN: Okay.

12                   ATTORNEY DIERLAM: Right.

13                   DR. DERICK: I have --

14                   CHAIRMAN ACKERMAN: Okay. So let's --

15                   DR. DERICK: I have comments about the  
16 adult -- the adult form though so --

17                   CHAIRMAN ACKERMAN: I know. I don't think  
18 -- I don't think that was clear so Dr. Derick has  
19 some questions, I know.

20                   So there's a motion by Mr. Romanello to  
21 approve the rule with the consents that go with it,  
22 which are all those six consents. There's a second  
23 by Zach. And before we have a vote, let's have some  
24 discussion.

25                   Dr. Derick, the floor is yours.

1 DR. DERICK: Yeah. So I mean, I think  
2 there was a New England Journal article that came  
3 out this week related to the fact that suicidality  
4 is seven times higher in transgender patients  
5 compared to their age-adjusted peers.

6 I think that it's important to have  
7 psychological and social evaluation for adults.  
8 However, I do note that it was really not our  
9 intent, I don't think, to require that as part of  
10 the adult consent form and, perhaps, on Bates page  
11 40 we could remove that stipulation under what are  
12 the requirements to receive hormone replacement  
13 therapy. The second paragraph, "Before beginning or  
14 continuing HRT, you must undergo a thorough  
15 psychological and social evaluation performed by a  
16 Florida-licensed, board-certified psychiatrist or a  
17 licensed psychologist." And then furthermore, the  
18 psychiatrist or psychologist must submit a letter to  
19 the prescribing physician confirming this.

20 I think it's not part of the statute that  
21 we had to include this. I think that it's -- it  
22 would be more consistent to put that into the  
23 recommendation section.

24 CHAIRMAN ACKERMAN: Is there -- so -- we'll  
25 get there.

1 ATTORNEY DIERLAM: (Indiscernible)

2 CHAIRMAN ACKERMAN: One second, Chris.

3 So what she's talking about is Bates page  
4 40. It's under the requirements, the second  
5 paragraph, beyond requirements. Dr. Derick is  
6 making a motion, I think, to strike that and put  
7 that language into the first page or in the review  
8 -- into the recommendations.

9 Before I get to Dr. Vila, Mr. Dierlam.

10 ATTORNEY DIERLAM: Yeah. So -- and I beg  
11 your pardon. But considering how the way the rule  
12 language is split up, there are actually two  
13 emergency rules. There's an emergency rule for the  
14 minors adopting the three minor consent forms and  
15 then an emergency rule for the adults adopting the  
16 three adult consent forms.

17 So I believe Mr. Romanello's motion was  
18 specific to the minor rule and the minor consent  
19 forms, and I believe Dr. Derick's comments might be  
20 better addressed at the next consent form once we  
21 move onto the adults.

22 CHAIRMAN ACKERMAN: Okay.

23 Dr. Vila.

24 DR. VILA: I agree with that. And I think  
25 Mr. Romanello did state minors first. And so I

1 think the vote that we just took -- or I would move  
2 that we retake that vote with the clarification that  
3 it is the minor's rule and the minor's consent forms  
4 together.

5 CHAIRMAN ACKERMAN: And you want to deal  
6 with the adult --

7 DR. VILA: Later.

8 CHAIRMAN ACKERMAN: Okay.

9 DR. VILA: Let's deal with the adults  
10 after, please.

11 CHAIRMAN ACKERMAN: Okay.

12 So any more comments regarding the minor  
13 rule and the minor consent?

14 (No audible response)

15 CHAIRMAN ACKERMAN: All those in favor,  
16 please say aye.

17 MEMBERS: Aye.

18 CHAIRMAN ACKERMAN: All those opposed.

19 (No audible response)

20 CHAIRMAN ACKERMAN: Okay. Now do I give it  
21 to Dr. Kirsh?

22 ATTORNEY DIERLAM: Unfortunately,  
23 Dr. Ackerman, I do need to ask the cert questions  
24 for the minor rules before we move forward. I  
25 apologize.



1 But the first question is will the proposed  
2 rule amendments, again regarding the minors only,  
3 have an adverse impact on small business?

4 VICE-CHAIR ROMANELLO: Romanello move no.

5 CHAIRMAN ACKERMAN: All those in favor.

6 MEMBERS: Aye.

7 CHAIRMAN ACKERMAN: Opposed.

8 (No audible response)

9 ATTORNEY DIERLAM: Is the proposed rule  
10 amendment likely to directly or indirectly increase  
11 regulatory costs to any entity, including the  
12 government, in the aggregate of \$200,000 within one  
13 year after implementation?

14 VICE-CHAIR ROMANELLO: Romanello move no.

15 DR. VILA: Vila second.

16 CHAIRMAN ACKERMAN: All those in favor.

17 MEMBERS: Aye.

18 CHAIRMAN ACKERMAN: Opposed.

19 (No audible response)

20 ATTORNEY DIERLAM: Will this rule amendment  
21 create an offense that would constitute a minor  
22 violation under the rule?

23 VICE-CHAIR ROMANELLO: Romanello move no.

24 DR. VILA: Vila second.

25 CHAIRMAN ACKERMAN: All those in favor.

1 MEMBERS: Aye.

2 CHAIRMAN ACKERMAN: Opposed.

3 (No audible response)

4 ATTORNEY DIERLAM: And then the final issue  
5 for consideration is whether or not a sunset  
6 provision should be included. And I would point out  
7 to the Board that this rule is required by statute  
8 so it's not some provision that's not necessary.

9 VICE-CHAIR ROMANELLO: Romanello move no.

10 DR. VILA: Vila second.

11 CHAIRMAN ACKERMAN: All those in favor.

12 MEMBERS: Aye.

13 CHAIRMAN ACKERMAN: Opposed.

14 (No audible response)

15 CHAIRMAN ACKERMAN: Dr. Kirsh.

16 VICE-CHAIR KIRSH: Thank you so much,  
17 Dr. Ackerman.

18 So for the Board of Osteopathic Medicine,  
19 I'd like to make a suggestion of a motion to adopt  
20 both the emergency rule, as well as the consent form  
21 for the minors. Do I hear a --

22 DR. WILLIAMS: Second.

23 VICE-CHAIR KIRSH: -- a motion? You got to  
24 make the motion.

25 DR. WILLIAMS: Okay. Then I'll make --

1 VICE-CHAIR KIRSH: So moved.  
2 DR. WILLIAMS: -- a motion.  
3 VICE-CHAIR KIRSH: So moved.  
4 DR. WILLIAMS: Williams --  
5 DR. DUCATEL: And I second.  
6 VICE-CHAIR KIRSH: Okay, excellent. Who  
7 seconded that?  
8 DR. DUCTEL: Ducatel.  
9 ATTORNEY MCNULTY: Dr. Ducatel seconded.  
10 VICE-CHAIR KIRSH: Dr. Ducatel. Excellent.  
11 Great. All in favor of the motion?  
12 MEMBERS: Aye.  
13 VICE-CHAIR KIRSH: Are there any opposed?  
14 (No audible response)  
15 VICE-CHAIR KIRSH: So the Osteopathic Board  
16 did pass on that rule for (indiscernible).  
17 VALERIE JACKSON: I oppose.  
18 ATTORNEY MCNULTY: Dr. Kirsh --  
19 VALERIE JACKSON: This is Valerie Jackson.  
20 VICE-CHAIR KIRSH: I am so sorry.  
21 So there is one opposition.  
22 VICE-CHAIR KIRSH: And, Donna, are you  
23 going to take us through the requests?  
24 ATTORNEY MCNULTY: Yes.  
25 Will the proposed rule amendments have an

1 adverse impact on small business or likely to  
2 directly or indirectly increase regulatory cost to  
3 any entity in excess of \$200,000 in the aggregate in  
4 Florida within one year after implementation of the  
5 rule?

6 DR. WILLIAMS: Williams move no.

7 VICE-CHAIR KIRSH: Okay.

8 Is there a second?

9 DR. MORTENSEN: Mortensen second.

10 VICE-CHAIR KIRSH: Okay. All in favor.

11 MEMBERS: Aye.

12 VICE-CHAIR KIRSH: Are there any opposed?

13 (No audible response)

14 VICE-CHAIR KIRSH: Hearing none, Donna.

15 ATTORNEY MCNULTY: Thank you.

16 Should a violation of this rule or any part  
17 of this rule be designated a minor violation?

18 DR. WILLIAMS: Williams no.

19 DR. MORTENSEN: Mortensen second.

20 VICE-CHAIR KIRSH: Is there a second to it?

21 And all in favor by saying aye.

22 MEMBERS: Aye.

23 VICE-CHAIR KIRSH: Any opposed?

24 (No audible response)

25 VICE-CHAIR KIRSH: There is not. The

1 motion passes.

2 Donna.

3 ATTORNEY MCNULTY: Thank you.

4 And a sunset provision to this rule, again,  
5 is required by statute.

6 VICE-CHAIR KIRSH: We have a motion on the  
7 floor.

8 UNIDENTIFIED MALE: I move no.

9 VICE-CHAIR KIRSH: No. Anybody second?

10 DR. MORTENSEN: Mortensen second.

11 VICE-CHAIR KIRSH: Mortensen second.

12 All -- all agreement to the motion say aye.

13 MEMBERS: Aye.

14 VICE-CHAIR KIRSH: Any opposed?

15 (No audible response)

16 VICE-CHAIR KIRSH: Okay.

17 Dr. Ackerman, I return it back to you for  
18 discussion of the adult. We'll do the same thing.

19 CHAIRMAN ACKERMAN: Thank you.

20 So I'd like to entertain a motion now to  
21 accept the draft emergency rule which is for adults  
22 with the consent forms that go with it.

23 VICE-CHAIR ROMANELLO: So Romanello, so  
24 moved.

25 CHAIRMAN ACKERMAN: Is there a second?

1 DR. ZACHARIAH: Zachariah second.

2 CHAIRMAN ACKERMAN: Okay. Discussion.

3 Dr. Derick. I think this is the point in  
4 time --

5 DR. DERICK: Sorry to put this in the wrong  
6 spot. Yeah. I move to strike the second paragraph  
7 on Bates page 40 related to the mandatory  
8 psychological and psychological testing by a  
9 psychiatrists or psychologists in the adult consent  
10 form, and rather, you know, include that in the  
11 recommendation portion, which I think it actually is  
12 already there.

13 CHAIRMAN ACKERMAN: Is there a second to  
14 that?

15 VICE-CHAIR KIRSH: I will second that,  
16 Dr. Kirsh.

17 DR. COFFMAN: I was going to second it.

18 CHAIRMAN ACKERMAN: Okay. Any --

19 DR. COFFMAN: Coffman.

20 CHAIRMAN ACKERMAN: Any discussion about  
21 that?

22 Dr. Vila.

23 DR. VILA: It's Vila. I'm opposed to that.  
24 If you remember the testimony that we heard, there  
25 were a number of former trans patients who testified

1 about the problems they were having and the lack of  
2 clarity that they had in their lives and the fact  
3 that they had emotional problems.

4 And I think -- I think it would be a  
5 standard of care in the state that if you're  
6 undergoing these -- these what are potentially  
7 irreversible treatments and that -- that -- this is  
8 not a large burden, right. These are -- these are  
9 treatments that we've heard significant testimony  
10 that can cause permanent harm to patients. And I  
11 just think it's within the standard of care to make  
12 sure that that kind of care is ongoing. So I'm  
13 going to speak, and I'll be voting against this if  
14 it -- if it goes in that direction.

15 DR. DERICK: One comment. I mean, we could  
16 consider striking or continuing hormone replacement,  
17 rather have it just before beginning hormone  
18 replacement therapy, you must undergo a  
19 psychological evaluation. To me, it seems like if  
20 someone's steady state for 12 years on these  
21 therapies in order for them to continue to get the  
22 medications that requires them to get this sort of  
23 appointment, you know, I think it's good medicine to  
24 do that. I'm just not sure it should be a  
25 requirement.

1 DR. VILA: Yeah, Dr. Derick. But you know  
2 how it is when you -- we have an ongoing  
3 relationship with a physician getting that -- that  
4 appointment and getting through that appointment is  
5 not -- is not a big burden. It's not a big hurdle.  
6 So -- and some of these patients had been -- had  
7 been under treatment for five or six years, and then  
8 at that point realized it was the wrong thing for  
9 their lives, and at that point, it was too late. So  
10 I'm not sure how you put a time on it. And I don't  
11 think just the initial treatment is the right time.  
12 I think there's a benefit to ongoing treatment. And  
13 so I --

14 DR. DERICK: I don't disagree with you. I  
15 just -- I 100 percent -- we're in 100 percent  
16 agreement. I just don't believe it should be in  
17 this informed consent. So I would -- instead of  
18 removing, just continuing, I still push through my  
19 original motion to remove the entire paragraph.

20 CHAIRMAN ACKERMAN: Any other comments?

21 DR. HUNTER: This is Dr. Hunter. I agree  
22 with your concerns, Dr. Derick, but I also agree  
23 with Dr. Vila. Historically, youth transition began  
24 when the Dutch looked at their adult long-term data  
25 back in the mid-'90s, and the long-term data was



1 that adults were not doing well after transition,  
2 hence, they proposed transitioning youth. And the  
3 long-term Swedish data is that adults do not do  
4 well. And we're starting to get data that the  
5 mental health problems remain. In the trans study  
6 for youth, two of the youths committed suicide in  
7 the 315 that were being transitioned in the NH  
8 study.

9 So the mental health benefits are doubtful,  
10 and Dr. Derick mentioned the recent AJM article that  
11 showed mental health benefits for adults are not as  
12 robust as we would hope they would be. So I'm not  
13 for mandating -- I mean, I think mental health needs  
14 to be part of this care. How do we make that happen  
15 or how do we encourage that that happen? I don't  
16 know. But to recognize as a profession that the  
17 hormone and surgical transition may not address all  
18 the issues. Others have recognized it. We've  
19 recognized it for decades and decades. So I don't  
20 know what --

21 VICE-CHAIR KIRSH: This is Dr. Kirsh,  
22 Mr. Chairman.

23 CHAIRMAN ACKERMAN: Yes, sir.

24 VICE-CHAIR KIRSH: Just Dr. Derick, all  
25 we're doing is putting under the recommendations,

1 not mandating it; is that not correct? Is that not  
2 your recommendation?

3 DR. DERICK: That's my recommendation is to  
4 make it a recommendation and not a mandate.

5 VICE-CHAIR KIRSH: That's right. So it's  
6 not a mandate and it doesn't prohibit somebody from  
7 getting their medications or access to care. I  
8 think that's something that's very important for us  
9 to do.

10 CHAIRMAN ACKERMAN: So Dr. Kirsh, you're  
11 speaking in favor of Dr. Derick's amendment, right?

12 VICE-CHAIR KIRSH: Absolutely. Correct.

13 CHAIRMAN ACKERMAN: Donna?

14 ATTORNEY MCNULTY: Thank you.

15 CHAIRMAN ACKERMAN: Donna.

16 ATTORNEY MCNULTY: I just -- thank you. I  
17 just wanted to remind that the standard of care is  
18 the standard of care. Whatever that is, all  
19 physicians need to comply with that, whether it's in  
20 the informed consent or not. So to put it under the  
21 recommendation doesn't mean that whatever the  
22 standard of care for whatever procedures, all  
23 physicians are required to comply with that. And as  
24 we all know, they evolve over the years too. So I  
25 just want to put that out there.

1 CHAIRMAN ACKERMAN: So are you suggesting  
2 it be a recommendation or stay in the requirements?

3 ATTORNEY MCNULTY: Recommendation.

4 CHAIRMAN ACKERMAN: Okay.

5 Chris, you had your hand up.

6 ATTORNEY DIERLAM: Yes, sir. And to that  
7 point, exactly echoing Ms. McNulty's sentiments. I  
8 didn't know if the board wanted to consider just  
9 changing the must to a should, before beginning or  
10 continuing HRT, you should undergo a thorough  
11 psychological evaluation. Just again, something to  
12 consider. But the language as it currently states,  
13 it does state on, you know, Bates page 40, before  
14 beginning or continuing HRT, you must undergo a  
15 thorough, yada, yada, yada.

16 DR. DERICK: I think that sounds good, but  
17 it does kind of go against the header, which is what  
18 are the requirements.

19 ATTORNEY MCNULTY: Yes.

20 DR. DERICK: So it's a little bit  
21 confusing.

22 ATTORNEY MCNULTY: I think it would be  
23 confusing.

24 CHAIRMAN ACKERMAN: So if you put it under  
25 recommendations, Dr. Derick, you would want to

1 change the word from must to should, I assume,  
2 right?

3 DR. DERICK: Yes. That's correct.

4 DR. HUNTER: So you're saying to move it --  
5 this is Hunter. Move it to Bates -- or I'm looking  
6 at the page number four, the following may also be  
7 recommended by your prescribing physician, and say  
8 should.

9 CHAIRMAN ACKERMAN: Right.

10 DR. DERICK: Yeah. Should.

11 CHAIRMAN ACKERMAN: Well, it is there on  
12 page 41 on that page four, Dr. Hunter, on bullet  
13 number six?

14 DR. DERICK: Well, then maybe it's that we  
15 recommend that they have counseling with a  
16 psychologist or psychiatrist.

17 CHAIRMAN ACKERMAN: Well, it's there as a  
18 recommendation in bullet number five, a board-  
19 certified psychiatrist.

20 DR. DERICK: Oh, yeah. Then it's redundant  
21 then. You're right.

22 MR. HUNTER: Six is similar.

23 CHAIRMAN ACKERMAN: Six is a social worker  
24 or whatever, but five is the licensed  
25 psychiatrist/psychologist. So it's there. So you

1 could just strike that, and you still have it in the  
2 recommendations, Dr. Derick, I think.

3 DR. DERICK: Right. So strike it on page  
4 40, and it's there already on 41.

5 EXECUTIVE DIRECTOR TERRELL: Mr. Chair, may  
6 I point out, this statement is in the corresponding  
7 consent form so it -- I just want to clarify. If  
8 you guys want to carry that change through, if that  
9 was the proposal.

10 CHAIRMAN ACKERMAN: Which corresponding  
11 consent form, the masculinizing one?

12 EXECUTIVE DIRECTOR TERRELL: It's on --  
13 yeah. It's on both of those. So I just want to  
14 make sure you guys are --

15 CHAIRMAN ACKERMAN: All -- all three of the  
16 adult forms, feminizing, masculinizing is also in a  
17 transition surgery?

18 EXECUTIVE DIRECTOR TERRELL: It is not in  
19 the surgery, just the feminizing and masculinizing.

20 CHAIRMAN ACKERMAN: Right. So Dr. Derick,  
21 it was your intent to make your motion to delete it  
22 from both of those, correct?

23 DR. DERICK: Yes. Yes, it is.

24 CHAIRMAN ACKERMAN: And Dr. Kirsh seconded  
25 that.

1 VICE-CHAIR KIRSH: Yeah. Yes.

2 CHAIRMAN ACKERMAN: Any more discussion on  
3 this, Dr. Vila?

4 DR. VILA: Yeah. Just another quick  
5 comment. Look, I'm aware of patients that are  
6 undergoing these therapies without -- without any  
7 kind of psychological treatment. And I think a  
8 recommendation is just not adequate. I would be  
9 open to doing it every two years, you know, upon --  
10 I would be open to changing it to upon initiation of  
11 therapy and every two years after, if you all want  
12 to meet in the middle someplace. But everything  
13 that we know of, all of the studies say that there's  
14 concurrency and a high degree of comorbidity.

15 And to like make it just a recommendation  
16 is just not adequate. I just think we're falling  
17 below what we should do. We've got to protect these  
18 patients. And it's -- it's a substantial  
19 comorbidity, and requiring follow-up is just not --  
20 it's not a high hurdle considering the potential  
21 benefits.

22 So again, I urge the board members to -- if  
23 you want to vote this down, and then I will come  
24 back and revise the language upon initiation and  
25 every two years after or two years or three years

1 after, however you all want to do it.

2 But to allow these patients to go in and --  
3 and they're going -- you know, I know of an  
4 individual that's going in and not receiving any  
5 psychological counseling or therapy at all, and this  
6 is a big change in their life. I hope we can find a  
7 middle ground here.

8 CHAIRMAN ACKERMAN: Any other comments  
9 following --

10 VICE-CHAIR KIRSH: Mr. Chair  
11 (indiscernible).

12 CHAIRMAN ACKERMAN: Okay. So Dr. -- so the  
13 motion was -- I guess we're just going to vote on  
14 the amendment, or am I voting on the -- let's just  
15 vote on the amendment. Then we'll vote on the  
16 initial motion.

17 The amendment is to delete that second  
18 paragraph on page 40, the second paragraph under  
19 what are the requirements for hormone replacement  
20 therapy, and that is regarding the psychological and  
21 social evaluation. It's been made by Dr. Derick,  
22 seconded by Dr. Kirsh. All those in favor of that  
23 amendment to Dr. -- to Mr. Romanello's motion please  
24 say by saying aye.

25 EXECUTIVE DIRECTOR VASQUEZ: Dr. Ackerman,

1 I have one more question.

2 CHAIRMAN ACKERMAN: Yes, sir.

3 UNIDENTIFIED FEMALE: Aye.

4 EXECUTIVE DIRECTOR VASQUEZ: This is --  
5 this is --

6 CHAIRMAN ACKERMAN: Well, hang on. Hang  
7 on. Hang on. Mr. Vazquez wants to speak.

8 EXECUTIVE DIRECTOR VASQUEZ: This is the  
9 Board of Medicine's motion. Dr. Kirsh can't second  
10 it.

11 ATTORNEY MCNULTY: Wait. Paul, this is  
12 just for this particular thing. It's not for the  
13 whole rule.

14 EXECUTIVE DIRECTOR VASQUEZ: So this is  
15 going back to joint meeting status?

16 CHAIRMAN ACKERMAN: Right.

17 ATTORNEY MCNULTY: We're -- we're -- we all  
18 have joint meeting, but they're just talking about  
19 this one paragraph.

20 EXECUTIVE DIRECTOR VASQUEZ: Great.

21 CHAIRMAN ACKERMAN: Correct.

22 EXECUTIVE DIRECTOR VASQUEZ: Perfect.

23 Thank you. I just wanted to make sure we weren't  
24 getting screwed up procedurally.

25 CHAIRMAN ACKERMAN: Thank you. Thank you.



1                   So all those in favor of the amendment,  
2     please say so by saying aye.

3                   MEMBERS: Aye.

4                   CHAIRMAN ACKERMAN: All those opposed.

5                   MEMBERS: Aye.

6                   CHAIRMAN ACKERMAN: Well, let's do a roll  
7     call so -- because it's too confusing on this. So  
8     all those in favor -- if -- if Danielle or Paul can  
9     keep track here.

10                  All those in favor of the motion. I think  
11     I have Derick in favor of it, Romanello in favor of  
12     it.

13                  MS. GARCIA: Aye.

14                  CHAIRMAN ACKERMAN: Who's that? Who's  
15     that?

16                  MS. GARCIA: Maria, Ms. Garcia.

17                  CHAIRMAN ACKERMAN: Oh, thank you,  
18     Ms. Garcia. I don't see your picture so -- if  
19     you're not on video, it's hard to see you.

20                  So there's three people in favor. Who  
21     else? I have Garcia, Derick, and Romanello.

22                  VICE-CHAIR KIRSH: Dr. Kirsh. And then why  
23     don't -- and our Board, why don't you say for or  
24     against, your name.

25                  CHAIRMAN ACKERMAN: Wait. Who's in -- in

1 favor of it is Derick, Romanello, Garcia.

2 Kirsh, are you in favor or not?

3 VICE-CHAIR KIRSH: Yes. I seconded.

4 CHAIRMAN ACKERMAN: Right. Well, I know.

5 We have to vote -- you can second it, but you vote

6 against it so --

7 VICE-CHAIR KIRSH: Yeah. So you're right.

8 CHAIRMAN ACKERMAN: Okay. So that's four  
9 in favor. Anybody else in favor besides those four?

10 DR. WILLIAMS: Williams.

11 MS. JACKSON: I am.

12 DR. MORTENSEN: Mortensen.

13 MS. JACKSON: Valerie Jackson.

14 CHAIRMAN ACKERMAN: Jackson is in favor.

15 Greg?

16 DR. COFFMAN: Opposed.

17 CHAIRMAN ACKERMAN: Wait. I want in favors  
18 first.

19 DR. COFFMAN. Okay. I thought you said

20 Greg.

21 DR. MORTENSEN: Dr. Mortensen, in favor.

22 CHAIRMAN ACKERMAN: Okay.

23 DR. WILLIAMS: Mr. Chair, Williams

24 (indiscernible).

25 CHAIRMAN ACKERMAN: What did he say?

1 VICE-CHAIR KIRSH: Williams was in favor.

2 CHAIRMAN ACKERMAN: Williams is in favor.

3 Okay. Thank you. I couldn't hear you well.

4 Okay. You got that, Danielle and Paul?

5 Okay. All those opposed, I think we have

6 Vila opposed. I think I heard that -- that --

7 DR. COFFMAN: Dr. Coffman, opposed.

8 CHAIRMAN ACKERMAN: Coffman opposed.

9 Zach, how about you?

10 DR. ZACHARIAH: Yes, sir. Opposed.

11 CHAIRMAN ACKERMAN: Opposed.

12 DR. PAGES: Pages.

13 CHAIRMAN ACKERMAN: Pages is opposed.

14 Hunter?

15 DR. HUNTER: Hunter is opposed.

16 CHAIRMAN ACKERMAN: Okay.

17 Ducatel, where do you stand?

18 DR. DUCATEL: Opposed.

19 CHAIRMAN ACKERMAN: Opposed.

20 Ackerman is opposed.

21 Where you at? Did I miss anybody?

22 Paul, Danielle?

23 UNIDENTIFIED MALE: I have seven and seven

24 right now.

25 VICE-CHAIR KIRSH: That's what I have.

1 MR. WILLIAMS: (Indiscernible)

2 CHAIRMAN ACKERMAN: How about Chris  
3 Creegan, did we get Chris Creegan's vote?

4 ATTORNEY MCNULTY: Mr. Creegan, we can't  
5 hear you.

6 CHAIRMAN ACKERMAN: We can't hear you.

7 UNIDENTIFIED MALE: You're on mute.

8 CHAIRMAN ACKERMAN: Creegan, we can't hear  
9 you. Just -- are you -- if you're in favor, put  
10 your thumb up. If you're opposed, put your thumb  
11 down.

12 ATTORNEY MCNULTY: And -- and it needs to  
13 be audible.

14 UNIDENTIFIED MALE: Yeah.

15 CHAIRMAN ACKERMAN: Needs to be audible.  
16 Well, I understand sign language, Donna. He's --  
17 that's sign language.

18 ATTORNEY MCNULTY: It's for the record.

19 VICE-CHAIR ROMANELLO: Chris, we can't hear  
20 you.

21 CHAIRMAN ACKERMAN: Okay. So in the  
22 interest of -- listen, I'll tell you what. I  
23 withdraw my vote as abstained.

24 ATTORNEY MCNULTY: You don't get to --

25 UNIDENTIFIED MALE: You can't.

1 ATTORNEY MCNULTY: -- abstain.

2 CHAIRMAN ACKERMAN: No, no, no, no, no.

3 That won't work. That won't work. Never mind. I  
4 can't do that.

5 ATTORNEY MCNULTY: Yeah, can't do that.

6 CHAIRMAN ACKERMAN: Not abstained.

7 DR. VILA: How would you -- would you be  
8 opposed to the language upon initiation and every  
9 two years after?

10 DR. DERICK: Are you asking me?

11 DR. VILA: Yes.

12 DR. DERICK: I think looking like if the  
13 other speaker could speak, it would be voted down.  
14 So I think as a compromise as you mentioned before,  
15 you know, before beginning --

16 DR. VILA: (Indiscernible) and then we  
17 could just resolve.

18 DR. DERICK: -- and --

19 DR. VILA: Then we could just resolve --

20 DR. DERICK: I would be -- I would be in  
21 favor of that amended language, as an alternative to  
22 not having -- to having it mandated as written.

23 CHAIRMAN ACKERMAN: So let's --

24 EXECUTIVE DIRECTOR TERRELL: Can you say  
25 that one more time for me, please?

1 DR. VILA: So, Mr. Chair, I don't want to  
2 take over the meeting. If -- is the -- is the floor  
3 open for an -- for an alternative?

4 CHAIRMAN ACKERMAN: Yes, please.

5 So, Dr. Derick, will you please withdraw  
6 your motion?

7 DR. DERICK: Oh, the other motion?

8 CHAIRMAN ACKERMAN: Yes.

9 DR. DERICK: Yeah.

10 CHAIRMAN ACKERMAN: Okay.

11 So, Dr. Vila, please make a motion.

12 DR. VILA: I make a motion that that  
13 language that's -- that we're discussing be modified  
14 to that it's required that a psychiatric evaluation  
15 is required upon initiation of treatment and every  
16 two years thereafter.

17 CHAIRMAN ACKERMAN: Is there a second?

18 VICE-CHAIR KIRSH: (Indiscernible)

19 CHAIRMAN ACKERMAN: Well, hang on,  
20 Dr. Kirsh.

21 Is there a second?

22 UNIDENTIFIED MALE: Second.

23 CHAIRMAN ACKERMAN: Discussion Dr. Kirsh?  
24 Let's go to Kirsh and then Derick.

25 VICE-CHAIR KIRSH: I'll defer to Derick

1 because I don't think that was the intent of the  
2 original motion. The intent of the original motion  
3 was to recommend the mental health counseling  
4 treatment on an ongoing basis, but not mandating it  
5 for the beginning of treatment. Plus, this is an  
6 adult and they've already been in treatment. So  
7 we're now going to ask them to start doing  
8 psychiatric treatment initially before they get  
9 their medication? That doesn't make any sense.

10 DR. DERICK: I think -- I think that's a  
11 good point. And I think the clarification, and  
12 Dr. Vila, you can correct me if I'm wrong, it's  
13 before beginning the treatment at all for the first  
14 time that you're getting the treatment. That would  
15 be the requirement. And then every --

16 DR. VILA: Yes.

17 DR. DERICK: -- two years after that. And  
18 then how would you contemplate -- just because it's  
19 going to be a gray area -- for people who are  
20 currently on it, does that require them to get  
21 psychiatric treatment within two years from the  
22 order being -- or the rule being finalized?

23 DR. VILA: I would say the rule says what  
24 it says, and the rule would say upon initiation of  
25 treatment. So if they're already on treatment, it

1 would be every two years. So the person that's on  
2 treatment could wait two years from the beginning of  
3 this rule before they had to get reevaluated.

4 UNIDENTIFIED MALE: Okay.

5 CHAIRMAN ACKERMAN: All right. So the  
6 motion is to change the language to say it requires  
7 psychological/psychiatric evaluation at the  
8 beginning of treatment and then every two years  
9 thereafter. Any further discussion? All those in  
10 favor, please say so by saying aye.

11 MEMBERS: Aye.

12 CHAIRMAN ACKERMAN: All those opposed.  
13 There we go. Good. Okay. Any other changes, any  
14 other discussions for any change to any of those  
15 consent forms?

16 (No audible response)

17 CHAIRMAN ACKERMAN: Seeing that there's  
18 not, now we'll go back --

19 DR. DERICK: (Indiscernible)

20 CHAIRMAN ACKERMAN: Go ahead.

21 DR. DERICK: Never mind. It's okay.

22 CHAIRMAN ACKERMAN: So seeing there's not,  
23 we'll go back to Mr. Romanello's original motion  
24 which now is just for the Board of Medicine, right,  
25 Paul? Just for the Board of Medicine --



1 EXECUTIVE DIRECTOR VASQUEZ: Correct.

2 CHAIRMAN ACKERMAN: -- to vote on. And  
3 that is to vote on the amended draft rule and  
4 consent forms for adults. All those in favor please  
5 vote by saying aye.

6 MEMBERS: Aye.

7 CHAIRMAN ACKERMAN: Opposed?

8 Okay. Mr. Dierlam, sir.

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

15 VICE-CHAIR ROMANELLO: Romanello. Move no.

16 DR. VILA: Vila. Second.

17 CHAIRMAN ACKERMAN: All those in favor?

18 (Multiple aye responses)

19 CHAIRMAN ACKERMAN: Opposed?

20 CHAIRMAN ACKERMAN: Chris.

21 ATTORNEY DIERLAM: Will this rule amendment  
22 create an offense that would constitute a minor  
23 violation under the rule?

24 VICE-CHAIR ROMANELLO: Romanello. Move no.

25 DR. VILA: Vila. Second.

1 CHAIRMAN ACKERMAN: All those in favor?

2 (Multiple aye responses)

3 CHAIRMAN ACKERMAN: Opposed?

4 (No audible response)

5 CHAIRMAN ACKERMAN: Chris.

6 ATTORNEY DIERLAM: Does the board want to  
7 impose a sunset provision for this rule or  
8 amendment? Again, reiterating the fact that the  
9 rule is required by statute.

10 VICE-CHAIR ROMANELLO: Romanello. Move no.

11 DR. VILA: Vila. Second.

12 CHAIRMAN ACKERMAN: All those in favor?

13 (Multiple aye responses)

14 CHAIRMAN ACKERMAN: Opposed?

15 (No audible response)

16 CHAIRMAN ACKERMAN: Okay. Thank you.

17 Dr. Kirsh.

18 VICE-CHAIR KIRSH: Thank you, Dr. Ackerman.

19 So for the Board of Osteopathic Medicine,  
20 our job is to -- is to vote on the amended rule, as  
21 well as the consent forms as we've agreed to so far.  
22 And I offer a request for a -- a --

23 CHAIRMAN ACKERMAN: Motion?

24 VICE-CHAIR KIRSH: -- motion. Thank you.

25 Sheesh.

1 UNIDENTIFIED MALE: (Indiscernible) move  
2 forward.

3 UNIDENTIFIED MALE: Mr. Chairman, I move  
4 that we adopt the proposed rule as amended.

5 DR. WILLIAMS: Second. Williams.

6 VICE-CHAIR KIRSH: Thank you, Dr. William.  
7 Thank you, Dr. Ducatel.

8 So all in favor of the motion, please  
9 signify by saying aye.

10 MEMBERS: Aye.

11 VICE-CHAIR KIRSH: All opposed?

12 (No audible response)

13 VICE-CHAIR KIRSH: Hearing none, the motion  
14 passes.

15 Donna, do you want to go through the  
16 requirements of the state?

17 ATTORNEY MCNULTY: Thank you, Dr. Kirsh.

18 Would the proposed rule amendments -- will  
19 the proposed rule have any adverse impact on small  
20 business or likely to directly or indirectly  
21 increase regulatory costs to any entity in excess of  
22 \$200,000 in the aggregate in Florida within one year  
23 after implementation?

24 DR. DUCATEL: This is Ducatel. I move no.

25 DR. MORTENSEN: Mortensen. Second.

1 VICE-CHAIR KIRSH: Thank you, Dr.

2 Mortensen.

3 All in favor, please signify by saying aye.

4 (Multiple aye responses)

5 VICE-CHAIR KIRSH: All opposed.

6 (No audible response)

7 VICE-CHAIR KIRSH: Motion passes.

8 ATTORNEY MCNULTY: Should a violation of  
9 this rule or any part of this rule be designated as  
10 a minor violation?

11 DR. WILLIAMS: Williams. Move no.

12 DR. MORTENSEN: Mortensen. Second.

13 VICE-CHAIR KIRSH: Thank you. All in favor  
14 of the motion please signify by saying aye.

15 MEMBERS: Aye.

16 VICE-CHAIR KIRSH: All opposed.

17 (No audible response)

18 VICE-CHAIR KIRSH: Hearing none, the motion  
19 passes.

20 ATTORNEY MCNULTY: And do you want to add a  
21 sunset provision to this rule with the reminder that  
22 it's required by statute?

23 DR. DUCATEL: Ducatel. I move no.

24 VICE-CHAIR KIRSH: Okay. Anyone second?

25 DR. WILLIAMS: Second.

1 VICE-CHAIR KIRSH: Dr. Williams, second.  
2 All in favor of the motion, please signify  
3 by saying aye.  
4 MEMBERS: Aye.  
5 VICE-CHAIR KIRSH: Aye. And all opposed?  
6 (No audible response)  
7 Hearing none, the motion passes. Thank you  
8 so much.  
9 CHAIRMAN ACKERMAN: Thank you, Dr. Kirsh.  
10 So is there any other discussion for the  
11 greater good of the joint Boards of Medicine and  
12 Osteopathic Medicine? Seeing that --  
13 Oh, Donna.  
14 VICE-CHAIR KIRSH: There's Donna.  
15 ATTORNEY MCNULTY: Yeah. Just -- it will  
16 be quick. Just a reminder that the emergency rules  
17 that you have voted on -- hope to them filed as soon  
18 as possible next week. And a reminder that to the  
19 public that those will be posted on the board's  
20 websites so they can access them as soon as  
21 possible.  
22 CHAIRMAN ACKERMAN: Thank you, Donna.  
23 Again, I want to thank you all for taking  
24 time out of your busy afternoons today. I want to  
25 thank all the speakers, all the members of the

1 public that were here today for the thoughtful  
2 comments and input, and I call this meeting  
3 adjourned.

4 (END OF VIDEO RECORDING)

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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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