

# Exhibit

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CAUSE NO.

LAZARO LOE, *et al.*,

*Plaintiffs,*

v.

THE STATE OF TEXAS, *et al.*,

*Defendants.*

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IN THE DISTRICT COURT OF  
TRAVIS COUNTY, TEXAS  
\_\_\_\_ JUDICIAL DISTRICT

**AFFIDAVIT OF PATRICK W. O'MALLEY, M.D., M.P.H.**

I, Patrick W. O'Malley, M.D., M.P.H., hereby declare and state as follows:

1. I am over 18 years of age, of sound mind, and in all respects competent to testify.
2. I have personal knowledge of the facts set forth in this Declaration and could and would testify competently to those facts if called as a witness.
3. I am a Plaintiff in this action. I am bringing claims on behalf of myself and my patients.
4. I am a psychiatrist specializing in children and adolescents living in Texas.
5. I am a member of GLMA: Health Professionals Advancing LGBTQ+ Equality, as well as the American Academy of Child and Adolescent Psychiatry and the World Professional Association for Transgender Health ("WPATH").
6. In 2017, I obtained my medical degree from Texas Tech University Health Sciences Center El Paso Paul L Foster School of Medicine and my Master of Public Health from the University of Texas Houston. I completed my residency in the Department of Psychiatry at University of Texas Southwestern Medical Center, followed by a fellowship in child and adolescent psychiatry at the Baylor College of Medicine, Menninger Department of Psychiatry and Behavioral Sciences.

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7. I am board certified in psychiatry and am licensed to practice medicine in Texas. I am eligible for board-certification in child and adolescent psychiatry and will sit for my board exam this September.

8. Since 2022, I have been an assistant professor at Baylor College of Medicine, where I teach general psychiatry and child psychiatry, and I am a child psychiatrist at Texas Children's Hospital. As part of that work, I travel from Houston to Uvalde once a month to treat kids affected by the May 2022 mass shooting at Robb Elementary School. This declaration reflects my personal opinions and beliefs, and is not made as a representative of Baylor College of Medicine or Texas Children's Hospital.

9. As a child psychiatrist at Texas Children's, my patients tend to be those with more acute mental health conditions, such as severe depression or suicidality, and are usually referred to me by other providers because they are in need of a higher level of care. At least 50% of my job is running the intensive outpatient program.

10. I frequently treat patients with gender dysphoria who present with treatment-resistant anxiety and/or depression, meaning that the patient continues to experience clinically significant symptoms of anxiety and/or depression despite being treated with psychotherapy and psychiatric medications. In cases like these, it is my experience that gender-affirming medical care is often the only option to resolve those residual symptoms.

11. Approximately 20% of my practice involves treating gender dysphoria in kids. This care includes psychotherapy, psychiatric medication management, and family consultation, working with families to become open and curious about their kid's gender. My approach requires meeting families where they are and being open and accepting to where the family is. Often the child and their parents have very different views about gender. After doing an assessment with the



child and gathering medical history from the family, I present the family with what we know about gender dysphoria in adolescents. I often find myself working with families who haven't discussed gender at all, though it may have been an elephant in the room. I am the person there to say, "let's talk about the elephant in the room."

12. In my initial meetings with parents of kids with gender dysphoria, we talk about their knowledge and experience of gender and gender roles, what they've seen with their child's gender presentation, and explore cultural beliefs and traditions that they value related to gender. The goal is to foster an open, honest, and supportive discussion about what their child has experienced, and to encourage parents to be curious about their child's experience, to want to know more about what's going on with their child.

13. When addressing my patients gender dysphoria, I typically work collaboratively with other colleagues within and outside my institution to manage and treat the adolescent patient's gender dysphoria. For example, I regularly consult with colleagues such as Dr. David Paul and Dr. Richard Ogden Roberts, who are also plaintiffs in this case, when my patients require or are obtaining medical interventions such as puberty-delaying medications and gender-affirming hormones. I also regularly receive referrals from Drs. Paul and Roberts when patients of theirs are in need of psychiatric care.

14. I often see youth who are interested in pursuing medical treatment for their gender dysphoria. Consistent with the *Standards of Care for the Health of Transgender and Gender Diverse People, Version 8*, published by the World Professional Association for Transgender Health ("WPATH"), sometimes there is a need to address, though not necessarily resolve, an adolescent patient's depression, suicidality, or other mental health condition, which may or may not be related to their gender dysphoria, prior to initiating gender-affirming medical treatment. In



addition, I sometimes work collaboratively with colleagues within and outside my institution when an adolescent requires a more comprehensive assessment prior to initiating medical treatment for their gender dysphoria, or when they require management and concurrent treatment of other mental health conditions while being treated for gender dysphoria.

15. As a psychiatrist I thus regularly work in a multidisciplinary manner with colleagues, both within and outside Texas Children's, who provide gender-affirming medical care such as puberty-delaying medications and hormones, including by making assessments, providing consultations, and if necessary, writing assessment letters documenting a patient's gender dysphoria and suitability for medical treatment for gender dysphoria if required by insurance or other providers.

16. In addition, Texas Children's, where I am psychiatrist, receives state funding in many ways including, but not limited to, through Medicaid and Children's Health Insurance Program ("CHIP") payments for patients' necessary and lifesaving health care. Indeed, I see numerous young patients who receive coverage for their medical care, including for gender dysphoria, through Medicaid or CHIP.

17. Supporting transgender youth in the State of Texas by facilitating the provision of gender-affirming medical care is deeply important to me and is central to my relationships with my patients with gender dysphoria. Being a psychiatrist specializing in the treatment of children and adolescents means that I work with those youth who are most at risk for suicide, including some who are transgender, and keeping these young people alive is my number one goal.

18. While as a psychiatrist I do not directly provide, prescribe, administer, or dispense the medical interventions prohibited by SB 14, I understand that SB 14 prohibits the expenditure of public money to directly or indirectly be used, granted, paid, or distributed to any health care



provider, medical school, hospital, physician, or individual that facilitates the provision of a procedure or treatment prohibited by SB 14.

19. If SB 14 is allowed to take effect, then I would be incapable of providing my adolescent patients with gender dysphoria with the care that they need as I would be barred from working collaboratively with other providers to effectively manage and treat an adolescent's gender dysphoria, including in the ways described above, as such actions could be considered facilitation of the provision of a procedure or treatment barred by SB 14.

20. SB 14 thus prevents me from providing my transgender adolescent patients with gender dysphoria with the optimal and evidence-based care that they need and deserve. As a psychiatrist, I have seen how the gender-affirming medical interventions prohibited by SB 14 have greatly improved the mental health, wellbeing, and quality of life of my transgender patients. Conversely, I have observed how lack of access to gender-affirming medical interventions, when indicated for the patient, has led to the deterioration of my transgender patient's mental health and wellbeing.

21. I worry what will happen to my patients with gender dysphoria if SB 14 is allowed to take effect.

22. In my experience, some of my transgender adolescent patients present with depression or anxiety independent of their gender dysphoria and treating one condition will not necessarily resolve the other, while some of my transgender adolescent patients' anxiety or depression may be related to and in fact be caused by their gender dysphoria. Treatment for anxiety or depression in those circumstances would be treating a symptom, and not the condition. Without access to gender-affirming medical care, neither the anxiety or depression, nor the gender dysphoria would be fully addressed. In addition, by barring the provision of gender-affirming



medical interventions, SB 14 may lead to over-prescription of medication to treat co-occurring mental health conditions like depression or anxiety as in many instances, gender-affirming medical treatment results in the diminution or resolution of a patient's anxiety or depression, such that they do not need additional medications.

23. What is more, because the nature of my work is to treat those patients with the most acute symptoms, interruptions or discontinuations in their care would be particularly devastating, even life-threatening, to my patients. I have already had patients come to me worried about this law, worried that their symptoms will worsen if they lose access to care.

24. If SB 14 is allowed to take effect, I will be in the position of working with patients who cannot access the care they need to fully address their mental health conditions. I will bear witness to current patients' mental health deteriorating. The intensive outpatient unit I run will take on more patients because of untreated gender dysphoria and the resultant upticks in anxiety, depression, and suicidality. All of that would take a toll on me as a provider and as a person.

25. I am especially concerned for those of my patients who are insured through Medicaid and CHIP, both because they are already more likely to experience adverse social determinants of health and because they are much less likely to be able to travel out of state to continue their gender affirming medical care. When I was choosing where to work, it was really important to me that I would be able to provide care to patients with Medicaid. I consider it part of my duty as a physician to provide care to as wide a swath of the community as possible.

26. I am not at all reassured by the provision of SB 14 that requires certain patients to "wean off" their medications "over a period of time and in a manner that is safe and medically appropriate." To the contrary, there is no safe and medically appropriate time or manner in which



to wind down this medically necessary treatment, without risking exacerbating the patient’s gender dysphoria and harming their mental health and wellbeing.

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Houston, Texas, this 11<sup>th</sup> day of July, 2023.

Patrick O'Malley  
Signed on 2023/07/11 16:18:41 -6:00

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Patrick W. O'Malley, M.D., M.P.H.

**JURAT**

State of Texas )  
 )  
 County of Harris )

Before me, a notary public, on this day personally appeared, Patrick W. O'Malley, known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the foregoing instrument, and being first duly sworn by me states that the statements contained in the foregoing are true and correct to the best of his knowledge, information, and belief.

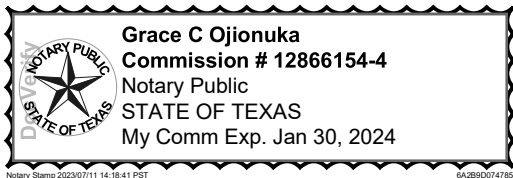
Sworn to and subscribed before me on the 11<sup>th</sup> day of July 2023, by Patrick W. O'Malley.

IN TESTIMONY WHEREOF, I have set my hand and affixed my official seal on the day

and year first written above.

*(Signature)*  
Signed on 2023/07/11 16:18:41 -6:00

Notary Public, State of Texas



Notarial act performed by audio-visual communication

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