CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

NO. DIVISION: SECTION:

SUSIE SOE, a minor, by and through her parents and guardians, SANDRA SOE and STEPHEN SOE; SANDRA SOE; STEPHEN SOE; DANIEL DOE, a minor, by and through his parents and guardians, DIANA DOE and DAVID DOE; DIANA DOE; DAVID DOE; MAX MOE, a minor, by and through his parent and guardian, MICHAEL MOE; MICHAEL MOE; NIA NOE, a minor, by and through her parent and guardian, NANCY NOE; NANCY NOE; GRANT GOE, a minor, by and through his parents and guardians, GRACE GOE and GREG GOE; GRACE GOE; and GREG GOE,

VERSUS

THE LOUISIANA STATE BOARD OF MEDICAL EXAMINERS; TERRIE R. THOMAS, KIM S. SPORT, RITA Y. HORTON, JUZAR ALI, RODERICK V. CLARK, LESTER W. JOHNSON, PATRICK T. O'NEILL, JAMES A. TAYLOR, JR., LEONARD WEATHER, JR., and CHERYL HAYES WILLIAMS, in their official capacities as members of the Louisiana State Board of Medical Examiners; and ELIZABETH MURRILL, in her official capacity as Attorney General of Louisiana.

FILED: _____ _____
DEPUTY CLERK

VERIFIED PETITION FOR DECLARATORY AND PERMANENT INJUNCTIVE RELIEF ENJOINING THE IMPLEMENTATION OR ENFORCEMENT OF LOUISIANA ACT 466 OF 2023, La. R.S. §§ 40:1098.1–1098.6

NOW INTO COURT, through undersigned counsel, comes Susie Soe, a minor, by and through her parents and guardians Sandra and Stephen Soe; Sandra Soe; Stephen Soe; Daniel Doe, a minor, by and through his parents and guardians, Diana and David Doe; Diana Doe; David Doe; Max Moe, a minor, by and through his parent and guardian, Michael Moe; Michael Moe; Nia Noe, a minor, by and through her parent and guardian, Nancy Noe; Nancy Noe; Grant Goe, a minor, by and through his parents and guardians, Grace and Greg Goe; Grace Goe; and Greg Goe, who file this Verified Petition for Declaratory and Permanent Injunctive Relief to enjoin the implementation or enforcement of La. R.S. §§ 40:1098.1–1098.6, and who respectfully aver as follows:

NATURE OF ACTION

1.

Plaintiffs Susie Soe, Daniel Doe, Max Moe, Nia Noe, and Grant Goe (the "Minor Plaintiffs"), along with hundreds of other transgender adolescents in Louisiana, are faced with the loss of access to safe, effective, and necessary medical care they need to treat their gender dysphoria—a serious medical condition—because Louisiana has singled out transgender minors for discrimination by enacting a categorical prohibition on medical treatments for transgender

adolescents, that are available to others, if such treatments validate or affirm a transgender adolescent's identity. In so doing, Louisiana has endangered the health and wellbeing of Susie Soe, Daniel Doe, Max Moe, Nia Noe, and Grant Goe, as well as interfered with the right of their parents to direct their medical care.

2.

Louisiana's ban on gender-affirming medical care for minors, La. R.S. §§ 40:1098.1–1098.6, as enacted by Act 466 (hereafter referred to as "Act 466," the "Health Care Ban," "HB 648," or "the Act"), is unconstitutional under the Constitution of the State of Louisiana and violates the rights of transgender adolescents and their parents.

3.

On July 18, 2023, the Louisiana House and Senate overrode then-Governor John Bel Edward's veto of Act 466. The Act bans the provision of medical treatment to a minor if such medical treatment "validate[s] a minor's perception of the minor's sex, if the minor's perception is inconsistent with the minor's sex," as defined by the statute. In other words, through this Act, Louisiana has prohibited the provision of necessary affirming medical care only for minors who are transgender, notwithstanding that the same treatments and procedures are available to all others. The Act thus does not protect any children, but rather harms them. By banning medical professionals in Louisiana from providing safe, effective medical care to minors with gender dysphoria, the Act prohibits the only safe and effective treatment for transgender adolescents with gender dysphoria. What is more, Act 466 was passed by the Legislature despite the objections of medical professionals, parents, and transgender youth.

4.

By selectively banning treatments for transgender youth, the Act deprives Louisiana transgender adolescents of medically necessary and often life-saving care that has proven to be effective in treating a transgender adolescent's gender dysphoria and addressing the depression, anxiety, and other serious health conditions that can result from untreated gender dysphoria.

5.

The Minor Plaintiffs, along with hundreds of other minors in Louisiana, are thus poised to lose access to safe, effective, and well-established necessary medical care because Louisiana has singled them out for a discriminatory treatment in violation of the guarantees to equal protection of the laws and equal dignity provided by the Louisiana Constitution.

6.

The Health Care Ban also strips parents of their right to direct the care and upbringing of their children, including the right to decide, with their child's health care providers, the best course of action for the health of their child. The Health Care Ban is broad government overreach into the most personal and intimate aspects of the relationship between parents and their children.

7.

The Health Care Ban further violates the Louisiana Constitution by unlawfully interfering with Minor Plaintiffs' fundamental right to decide whether to obtain or reject medical treatment, with the support of their parents and upon the advice of their medical providers.

8.

The Health Care Ban further forbids health care professionals from doing their jobs, threatening health care professionals with a minimum two-year suspension of their professional or occupational license or certificate if they provide appropriate, medically necessary gender-affirming care to their patients consistent with the standard of care.

9.

The Health Care Ban is causing devastating and unjustified harm to Louisiana youth.

JURISDICTION AND VENUE

10.

Jurisdiction and venue are proper in this Court, pursuant to La. Const. V, § 16 and La. R.S. § 13:5104(A).

11.

Under La. R.S. § 13:5104(A), a suit against an officer or employee of the state or state agency may be brought in the parish in which the claims arose.

12.

This action arises in Orleans Parish. Defendant Louisiana State Board of Medical Examiners and Defendants Terrie R. Thomas, Kim S. Sport, Rita Y. Horton, Juzar Ali, Roderick V. Clark, Lester W. Johnson, Patrick T. O'Neill, James A. Taylor, Jr., Leonard Weather, Jr., and Cheryl Hayes Williams, who are sued in their official capacities as members of Defendant Louisiana State Board of Medical Examiners, are based in Orleans Parish and are responsible for the primary enforcement of the Act. Act 466, § 1098.3. Under the Act, any investigation or

enforcement on account of a healthcare professional prescribing, administering, or providing medical care banned under Act would occur in Orleans Parish.

13.

The Soe, Doe, and Moe families are all domiciled in Orleans Parish and are challenging the Health Care Ban, which prevents them from accessing medically necessary gender-affirming medical care in their home parish.

14.

While the Noe family is domiciled in Terrebonne Parish and the Goe family is domiciled in Livingston Parish, Nia Noe's and Grant Goe's gender-affirming medical care providers are located in Orleans Parish. The Noe and Goe families may also be joined in this action based on ancillary venue. *Shreveport Citizens for Good Government v. City of Shreveport*, 40,570-CW, 40,519-CA (La. App. 2 Cir. 9/9/05), 910 So.2d 482, 484.

PARTIES

Plaintiffs

15.

Plaintiffs Susie, Sandra, and Stephen Soe live in Orleans Parish, Louisiana. Sandra and Stephen Soe are the parents of Susie Soe, a nine-year-old transgender girl. Susie has been diagnosed with gender dysphoria. Susie knew from a very young age that her gender identity did not match her sex assigned at birth, and she generally lives as the girl she is in every aspect of life. However, with her puberty approaching, Susie will need medical care that is prohibited by the Health Care Ban. Because Susie Doe is a minor, and to protect the privacy and safety of the Soe family, Susie, Sandra, and Stephen seek to proceed in this case under pseudonyms, and to seal affidavits and verification revealing their identities. *See* Ex Parte Motion for Leave to Proceed Under Pseudonyms, For a Protective Order, and to Seal Affidavits and Verification Revealing Plaintiffs' Identities, filed concurrently.

16.

Plaintiffs Daniel, Diana, and David live in Orleans Parish, Louisiana. Diana and David Doe are the parents of Daniel Doe, a sixteen-year-old transgender boy. Daniel has been diagnosed with gender dysphoria. Daniel lives as a boy in every aspect of his life. Following the advice of Daniel's health care providers, Daniel is currently receiving medical treatment in the form of hormone therapy that will be prohibited by the Health Care Ban. Because Daniel Doe is a minor, and to

protect the privacy and safety of the Doe family, Daniel, Diana, and David seek to proceed in this case under pseudonyms, and to seal affidavits and verification revealing their identities. *See* Ex Parte Motion for Leave to Proceed Under Pseudonyms, For a Protective Order, and to Seal Affidavits and Verification Revealing Plaintiffs' Identities, filed concurrently.

17.

Plaintiffs Max and Michael Moe live in Orleans Parish, Louisiana. Michael Moe is the father of Max Moe, a sixteen-year-old transgender boy. Max has been diagnosed with gender dysphoria. Max lives as a boy in every aspect of his life. Following the advice of Max's health care providers, Max is currently receiving medically necessary care in the form of hormone therapy that will be prohibited by the Health Care Ban. Because Max is a minor, and to protect the privacy and safety of the Moe family, Max and Michael seek to proceed in this case under pseudonyms, and to seal affidavits and verification revealing their identities. *See* Ex Parte Motion for Leave to Proceed Under Pseudonyms, For a Protective Order, and to Seal Affidavits and Verification Revealing Plaintiffs' Identities, filed concurrently.

18.

Plaintiffs Nia and Nancy Noe live in Terrebonne Parish, Louisiana. Nancy Noe is the mother of Nia Noe, a fourteen-year-old transgender girl. Nia has been diagnosed with gender dysphoria. Nia lives as a girl in every aspect of her life. Following the advice of Nia's health care providers, Nia is currently receiving medically necessary puberty-delaying treatment and has been advised that she would soon need hormone therapy, each of which are prohibited by the Health Care Ban. Because Nia is a minor, and to protect her privacy and safety of the Noe family, Nia and Nancy seek to proceed in this case under pseudonyms, and to seal affidavits and verification revealing their identities. *See* Ex Parte Motion for Leave to Proceed Under Pseudonyms, For a Protective Order, and to Seal Affidavits and Verification Revealing Plaintiffs' Identities, filed concurrently.

19.

Plaintiffs Grant, Grace, and Greg Goe live in Livingston Parish, Louisiana. Grace and Greg Goe are the parents of Grant Goe, a thirteen-year-old transgender boy. Grant has been diagnosed with gender dysphoria. Grant lives as a boy in every aspect of his life. Following the advice of Grant's health care providers, Grant is currently receiving medically necessary puberty-delaying treatment and has been advised that he would soon need hormone therapy, each of which are

prohibited by the Health Care Ban. Because Grant is a minor, and to protect the privacy and safety of the Goe family, Grant, Grace, and Greg seek to proceed in this case under pseudonyms, and to seal affidavits and verification revealing their identities. *See* Ex Parte Motion for Leave to Proceed Under Pseudonyms, For a Protective Order, and to Seal Affidavits and Verification Revealing Plaintiffs' Identities, filed concurrently.

Defendants

20.

Defendant Louisiana State Board of Medical Examiners is the agency that is empowered to grant and revoke the licenses of medical practitioners in Louisiana, impose discipline upon them, and otherwise regulate medical practice in Louisiana. *See* La. Rev. Stat. §§ 37:1263, 37:1270.

21.

Defendants Terrie R. Thomas, Kim S. Sport, Rita Y. Horton, Juzar Ali, Roderick V. Clark, Lester W. Johnson, Patrick T. O'Neill, James A. Taylor, Jr., Leonard Weather, Jr., and Cheryl Hayes Williams are members of Defendant Louisiana State Board of Medical Examiners and are sued in their official capacities. The individual members of the Louisiana State Board of Medical Examiners are the duly appointed members of the agency that is empowered to grant and revoke the licenses of medical practitioners in Louisiana, impose discipline upon them, and otherwise regulate medical practice in Louisiana. *See* La. Rev. Stat. §§ 37:1263, 37:1270. In their capacity as members of a "professional or occupational licensing board," they are expressly authorized to enforce the Health Care Ban. Act 466, § 1098.3.

22.

Defendant Elizabeth Murrill is the Attorney General of the State of Louisiana and is sued in her official capacity. The Attorney General of the State of Louisiana is expressly authorized "to bring a civil action to enforce compliance" with the Health Care Ban. Act 466, § 1098.6.

FACTUAL ALLEGATIONS

I. Medical Guidelines for the Treatment of Gender Dysphoria

23.

Health care providers in Louisiana use evidence-based, well-researched, and widely accepted clinical practice and medical guidelines to assess, diagnose, and treat adolescents with gender dysphoria. Decades of clinical experience and a large body of research have demonstrated

that these treatments are safe and effective at treating gender dysphoria in adolescents, and consequently inform how this treatment is provided.

24.

Gender identity refers to a person's innate sense and deeply held understanding of their own gender. Everyone has a gender identity.

25.

Living in a manner consistent with one's gender identity is critical to the health and well-being of any person, including transgender people.

26.

A person's gender identity is a fundamental aspect of human development. There is a general medical consensus that there are significant biological bases for gender identity.

27.

A person's gender identity usually matches the sex they were designated at birth based on the appearance of their external genitalia.

28.

A person is typically assigned "Male" or "Female" at birth, and this sex designation is typically based solely on genitalia.

29.

Designations based on genitalia alone, however, do not account for the multitude of other factors that bear on one's sex. These other factors include hormones, internal reproductive organs, chromosomes, secondary sexual characteristics that develop during puberty, brain anatomy, and gender identity. There are many sex characteristics that may not be aligned in any given person. Because all of the physiological aspects of a person's sex are not always aligned with each other, the terms "sex designated at birth" or "sex assigned at birth" are more precise than the term "biological sex".[1]

30.

A transgender person is a person whose gender identity does not align with the sex they were assigned at birth. A transgender boy or man is someone who has a male gender identity but

[1] For these reasons, the Endocrine Society, an international medical organization representing over 18,000 endocrinology researchers and clinicians, warns practitioners that the terms "biological sex" and "biological male or female" are imprecise and should be avoided.

was designated a female sex at birth. A transgender girl or woman is someone who has a female gender identity but was designated a male sex at birth.

31.

Some transgender people become aware of having a gender identity that does not match their assigned sex early in childhood. For some others, the onset of puberty and the resulting physical changes in their bodies lead them to recognize that their gender identity is not aligned with their sex assigned at birth.

32.

A cisgender person is a person whose gender identity does align with the sex they were assigned at birth.

33.

Just as a cisgender person cannot change their gender identity or turn it on or off, neither can a transgender person, given the innate nature of gender identity.

34.

Gender dysphoria is codified in the American Psychiatric Association's *Diagnostic & Statistical Manual of Mental Disorders, Fifth Edition, Text Revision* ("DSM-5-TR") as the diagnostic term for the clinically significant distress that results from the lack of congruence between a person's gender identity and their sex assigned at birth. For one to be diagnosed with gender dysphoria, this incongruence must last at least six months and be accompanied by clinically significant distress or impairment in social, occupational, or other important areas of functioning.[2]

35.

Being transgender is not a medical condition to be cured. The American Psychiatric Association explains: "[t]he presence of gender variance is not the pathology." Instead, gender dysphoria is a condition because of the "distress caused by the body and mind not aligning and/or social marginalization of gender-variant people."[3] Not all transgender people experience gender dysphoria.

36.

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[2] AM. PSYCHIATRIC ASS'N, DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS, TEXT REVISION F64.0 (5th ed. 2022).

[3] American Psychiatric Association, Guide for Working with Transgender and Gender Nonconforming Patients: Gender Dysphoria Diagnosis (last accessed October 2023), https://perma.cc/5D3Y-XQ5X.

If left untreated, gender dysphoria can cause significant lifelong distress, clinically significant anxiety and depression, self-harming behaviors, substance misuse, and suicidality. Studies show that 51% of transgender young people have attempted suicide at least once, compared to 14% of adolescents without gender dysphoria.[4]

37.

Major medical and scientific organizations including the American Medical Association, the American Academy of Pediatrics, the Pediatric Endocrine Society, and the American Psychiatric Association, recognize the necessity of medical treatment for gender dysphoria and have endorsed the evidence-based clinical guidelines for the assessment, diagnosis, and treatment of gender dysphoria published by the World Professional Association for Transgender Health ("WPATH") and the Endocrine Society. [5]

38.

The medical treatment for gender dysphoria seeks to eliminate or alleviate the clinically significant distress by helping a transgender person live in alignment with their gender identity. This treatment is sometimes referred to as "gender transition," "transition-related care," or "gender-affirming care."

39.

WPATH has published the *Standards of Care for the Health of Transgender and Gender Diverse People* ("WPATH Standards of Care" or "SOC") since 1979. The current version is SOC 8, published in 2022. WPATH SOC 8 is widely accepted and recognized as authoritative to provide safe, effective, and medically necessary care to youth with diagnosed gender dysphoria.

40.

The WPATH Standards of Care provide guidelines for multidisciplinary care of transgender individuals, including adolescents and adults, and describe criteria for medical

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[4] Russell B. Toomey, Amy K. Syvertsen & Maura Shramko, *Transgender Adolescent Suicide Behavior*, 142 PEDIATRICS (2018), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6317573/.

[5] *See* Eli Coleman et al., *Standards of Care for the Health of Transgender and Gender Diverse People*, Version 8, 23 Int'l J. Transgender Health S1, S5 (2022), available at https://doi.org/10.1080/26895269.2022.2100644 ("WPATH Standards of Care Version 8"); Wylie C. Hembree et al., *Endocrine Treatment of Gender Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline*, 102 J. Clinical Endocrinology & Metabolism 3869, available at https://academic.oup.com/jcem/article/102/11/3869/4157558.

interventions to treat gender dysphoria—including puberty-delaying medication, hormone treatment, and surgery when medically indicated—for adolescents and adults.

41.

The SOC 8 is based upon a rigorous and methodological evidence-based approach. Its recommendations are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options, as well as expert consensus. The SOC 8 incorporates recommendations on clinical practice guideline development from the National Academy of Medicine and the World Health Organization.

42.

The SOC 8's recommendations were graded using a modified GRADE (Grading of Recommendations, Assessment, Development, and Evaluations) methodology considering the available evidence supporting interventions, risks and harms, and feasibility and acceptability.

43.

The Endocrine Society has published clinical practice guidelines (the "Endocrine Society Guidelines") that similarly provide protocols for the medically necessary treatment of gender dysphoria similar to those outlined in the WPATH Standards of Care.

44.

The guidelines for the treatment of gender dysphoria outlined in the WPATH Standards of Care and in the Endocrine Society Guidelines are comparable to guidelines that medical providers use to treat other conditions.

45.

These clinical practice guidelines by WPATH and the Endocrine Society are widely accepted as best practices for the treatment of adolescents and adults diagnosed with gender dysphoria and have been recognized as authoritative by leading medical organizations, including the American Academy of Pediatrics, American Medical Association, Academy of Child & Adolescent Psychiatrists, American Psychiatric Association, and Pediatric Endocrine Society, among others.

46.

The precise treatment for gender dysphoria depends upon each person's individualized needs, and the guidelines for medical treatment differ depending on whether the treatment is for an adolescent or adult.

47.

Before the onset of puberty, consistent with the WPATH Standards of Care and the Endocrine Society Guidelines, no interventions beyond mental health counseling are recommended or provided to any person. At this stage of development, social gender transition may also occur (e.g., taking on a certain name, using different pronouns). No pharmaceutical or surgical interventions are recommended for pre-pubescent minors.

48.

After the onset of puberty, medical interventions may become medically necessary and appropriate for someone with gender dysphoria under the WPATH SOC 8 and the Endocrine Society Guidelines.

49.

Under the WPATH SOC 8 and the Endocrine Society Guidelines, pediatric endocrinologists and other clinicians work with qualified mental health professionals experienced in diagnosing and treating gender dysphoria.

50.

For many transgender adolescents, puberty and the development of characteristics incongruent with their gender identity can cause extreme distress. Therefore, the standard of care in certain cases is to consider the use of puberty-delaying medication, also known as puberty blockers, which can minimize and potentially prevent the heightened gender dysphoria as well as the development of the durable, often permanent, unwanted physical changes that puberty causes.

51.

Puberty-delaying medication refers to the gonadotropin-releasing hormone ("GnRH") agonist treatment.

52.

Puberty-delaying medication works by temporarily pausing a person's endogenous puberty at the stage of pubertal development that the person is in at the time of treatment. For transgender girls, this treatment pauses the physiological changes typical of male puberty and prevents the development of associated secondary sex characteristics like facial hair and a pronounced "Adam's apple." It also prevents the deepening of the young person's voice and genital growth. For transgender boys, puberty-delaying treatment prevents the development of breasts and

menstruation. The use of these interventions after the onset of puberty can eliminate or reduce the need for surgery later in life.

53.

Puberty will resume if puberty-delaying medications are stopped, making the treatment reversible. Puberty-delaying medications do not cause infertility.

54.

Under the Endocrine Society Guidelines, transgender adolescents who have reached puberty may be eligible for puberty-delaying treatment if:

- A qualified mental health professional has confirmed that:
  - The adolescent has demonstrated a long-lasting and intense pattern of gender dysphoria (whether suppressed or expressed);
  - Gender dysphoria worsened with the onset of puberty
  - Any coexisting psychological, medical, or social problems that could interfere with treatment have been addressed, such that the adolescent's situation and functioning are stable enough to start treatment;
  - The adolescent has sufficient mental capacity to give informed consent to this (reversible) treatment;
- And the adolescent:
  - Has been informed of the effects and side effects of treatment (including potential loss of fertility if the individual subsequently continues with sex hormone treatment) and options to preserve fertility;
  - Has given informed consent and (particularly when the adolescent has not reached the age of legal medical consent, depending on applicable legislation) the parents or other caretakers or guardians have consented to the treatment and are involved in supporting the adolescent throughout the treatment process;
- And a pediatric endocrinologist or other clinician experienced in pubertal assessment:
  - Agrees with the indication for gonadotropin-releasing hormone ("GnRH") agonist treatment;
  - Has confirmed that puberty has started in the adolescent;

- Has confirmed that there are no medical contraindications to GnRH agonist treatment.[6]

55.

Similarly, the WPATH Standards of Care recommend that health care professionals assessing transgender adolescents only recommend the provision of puberty-delaying medications as treatment when: (a) the adolescent meets the necessary diagnostic criteria; (b) the experience of gender incongruence is marked and sustained over time; (c) the adolescent demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment; (d) the adolescent's mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and treatment have been addressed; (e) the adolescent has been informed of the reproductive effects, including effects on fertility, and these have been discussed in the context of the adolescent's stage of pubertal development; and (f) the adolescent has reached Tanner stage 2 of puberty for pubertal suppression to be initiated. The WPATH Standards of Care further recommend that health care professionals working with transgender adolescents undertake a comprehensive biopsychosocial assessment of the adolescent prior to initiating any medical treatment, and that this be accomplished in a collaborative and supportive manner.

56.

Puberty-delaying treatment is reversible. If such treatment is stopped and no gender-affirming hormone therapy is provided, there are no lasting effects of the treatment. Endogenous puberty resumes and patients undergo puberty on a timeline typical of their peers.

57.

If gender-affirming hormones are prescribed to initiate hormonal puberty consistent with gender identity after puberty-delaying treatment has been received, transgender adolescents will develop secondary sex characteristics typical of peers with their gender identity.

58.

If gender-affirming hormone treatment is provided after puberty-delaying treatment, patients undergo puberty consistent with their gender identity on a timeline typical of their peers.

59.

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6 Hembree, et al., *supra* note 5, at 3878 tbl.5.

On its own, puberty-delaying treatment does not permanently affect fertility. However, because puberty-delaying treatment followed by gender-affirming hormone therapy can affect fertility, patients are counseled about the risks and benefits of treatment and provided information about fertility preservation.

60.

Puberty-delaying treatment has been shown to be safe for adolescents and effective at treating gender dysphoria in this age-group. This treatment can be lifesaving due to its effect of lowering depression, anxiety, and suicidality.

61.

A significant body of scientific research shows that puberty-delaying medications are safe and effective and help improve psychological functioning and quality of life in transgender adolescents.

62.

For some older adolescents, it may be medically necessary and appropriate to treat gender dysphoria with gender-affirming hormone therapy (e.g., testosterone for transgender boys and estrogen and testosterone suppression for transgender girls). This treatment sometimes follows the use of puberty-delaying treatment.

63.

Under the Endocrine Society Guidelines, transgender adolescents may be eligible for gender-affirming hormone therapy if:

- A qualified mental health professional has confirmed:
  - The persistence of gender dysphoria;
  - Any coexisting psychological, medical, or social problems that could interfere with treatment (e.g., that may compromise treatment adherence) have been addressed, such that the adolescent's environment and functioning are stable enough to start sex hormone treatment;
  - The adolescent has sufficient mental capacity to estimate the consequences of this (partly) irreversible treatment, weigh the benefits and risks, and give informed consent to this (partly) irreversible treatment;
- And the adolescent:

- Has been informed of the party irreversible effects and side effects of treatment (including potential loss of fertility and options to preserve fertility);
- Has given informed consent and (particularly when the adolescent has not reached the age of legal medical consent, depending on applicable legislation) the parents or other caretakers or guardians have consented to the treatment and are involved in supporting the adolescent throughout the treatment process;

- And a pediatric endocrinologist or other clinician experienced in pubertal induction:
  - Agrees with the indication for sex hormone treatment;
  - Has confirmed that there are no medical contraindications to sex hormone treatment.[7]

64.

As with puberty-delaying medications, the WPATH Standards of Care recommend that health care professionals assessing transgender adolescents only recommend the provision of gender-affirming hormones as treatment when: (a) the adolescent meets the necessary diagnostic criteria; (b) the experience of gender incongruence is marked and sustained over time; (c) the adolescent demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment; (d) the adolescent's mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and treatment have been addressed; and (e) the adolescent has been informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility, and these have been discussed in the context of the adolescent's stage of pubertal development. Again, a comprehensive biopsychosocial assessment of the adolescent prior to initiating any medical treatment is recommended.

65.

For transgender boys and men, hormone therapy involves treatment with testosterone. For transgender girls and women, hormone therapy involves treatment with testosterone suppression and estrogen. Hormone therapy can have significant masculinizing or feminizing effects and can

[7] Hembree, et al., *supra* note 5, at 3878 tbl.5.

assist in bringing transgender people's secondary sex characteristics into alignment with their gender identity, and, therefore, is medically necessary care for transgender people who need it to treat their gender dysphoria.

66.

Gender-affirming hormone therapy does not necessarily result in a loss of fertility. Many people treated with hormone treatment can still conceive children, in some cases while undergoing treatment, or after discontinuing treatment temporarily.

67.

Though gender-affirming hormone therapy does not necessarily result in a loss of fertility, transgender adolescents and their parents or guardians are counseled on the potential risk of the medical intervention and treatment only begins where parents and adolescents are properly informed and consent/assent to the care. This is standard for all medications that affect fertility, even outside of the context of gender dysphoria.

68.

Gender-affirming hormone therapy is safe and effective at treating gender dysphoria in adolescents. Decades of clinical experience and research document the efficacy and safety of using gender-affirming hormone therapy to treat gender dysphoria in adolescents and adults.

69.

Under the clinical practice guidelines, some older transgender adolescents also may receive medically necessary chest reconstructive surgeries before the age of majority provided that the adolescent has lived in their affirmed gender for a significant period of time.

II. The Louisiana State Legislature's Passage of Act 466

70.

On July 18, 2023, the Louisiana State Legislature overrode John Bel Edwards' veto of House Bill 648. On July 19, 2023, House Bill 648 officially became Act 466, with an effective date of January 1, 2024.

71.

Act 466 prohibits health care professionals from knowingly "[altering] a minor's appearance in an attempt to validate a minor's perception of the minor's sex, if the minor's perception is inconsistent with the minor's sex." Act 466 forbids health care providers from providing gender-affirming medical care to transgender youth, with some time-limited exceptions

for patients who are already receiving treatment. Under Act 466, for health care professionals who continue to provide gender-affirming medical care to their minor patients in violation of the Act, their professional or occupational licensing boards are required to discipline them by revoking their professional or occupational license or certificate for a minimum of two years.

72.

Health care professionals who violate Act 466 may also be subject to suit by the Attorney General. Act 466 extends the ordinary statute of limitations for medical malpractice suits, allowing a patient who received the banned care to sue any time before they turn thirty or within three years from when "the person discovered or reasonably should have discovered the injury."

73.

The State Legislature titled Act 466 "The Stop Harming Our Kids Act." This name is deeply antithetical to the actual purpose and effect of the Act, which bans well-established and needed medical treatment of gender dysphoria in adolescents. Far from preventing harm to minors, the Health Care Ban's prohibition on medically appropriate gender-affirming medical care *causes* harm.

74.

In passing the Health Care Ban, the State Legislature ignored testimony from Louisiana doctors about the myriad and often lifesaving benefits that gender-affirming medical care provides to transgender adolescents with gender dysphoria. The State Legislature ignored testimony about the unavoidable harm that would be done to the health and well-being of transgender adolescents if the Act went into effect.

75.

The State Legislature ignored the testimony of transgender youth who shared painful experiences and spoke to the value of receiving treatment for gender dysphoria.

76.

The State Legislature ignored the testimony of transgender adults who spoke to the importance of gender-affirming medical care from their personal experiences of having grown up as transgender youth in Louisiana.

77.

The State Legislature ignored the testimony of parents who pleaded for their children's health and survival, stating unequivocally that this health care treatment is necessary for the well-

being of their children. Parents testified that their children with gender dysphoria had tried to commit suicide or had strong suicidal tendencies. Parents who are longtime residents of Louisiana testified that they would be forced to move out of Louisiana if Act 466 became law to save their child's life.

78.

In his veto of the Health Care Ban, then-Governor Edwards expressed grave concern that the ban "denies healthcare to a very small, unique, and vulnerable group of children" based on "propaganda and misinformation." He called the bill "part of a targeted assault on children that the bill itself deems not 'normal,'" and raised several concerns regarding the constitutionality of the bill.[8]

79.

Prior to Act 466's passage, in March 2023, the Louisiana Department of Health published a 43-page Study on Gender Reassignment Procedures on Minors, in response to HR 158 of the 2022 Regular Legislative Session, which directed the Department of Health to prepare a report about the potential risks and prevalence of gender-affirming medical procedures in Louisiana.[9]

80.

The Health Department's report contained, among other things, Louisiana Medicaid administrative data pertaining to medical procedures for gender dysphoria in minors, and a review of available published evidence and policy literature on the topic.

81.

The Health Department's report noted, accurately, that "The care of youth identifying as transgender or gender diverse is an active area of study that has resulted in evidence-based standards of care for their diagnosis and treatment. All major medical societies in the U. S. endorse health coverage for evidence-based transition-related care for GD, including the American Medical Association, the American Academy of Pediatrics, the American Psychiatric Association, the American College of Obstetrics and Gynecology, and the Endocrine Society."

82.

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[8] Governor Edwards's veto message can be found at: https://www.legis.la.gov/Legis/ViewDocument.aspx?d=1333382.

[9] Louisiana Department of Health, STUDY ON GENDER REASSIGNMENT PROCEDURES ON MINORS: RESPONSE TO HR 158 OF THE 2022 REGULAR SESSION (March 2023), https://ldh.la.gov/assets/docs/LegisReports/HR158_2022RS_LDHReport.pdf.

The Health Department's report made clear that gender dysphoria is a medical diagnosis.

83.

The Health Department's report noted that for youth who received gender-affirming medical care, "Psychiatric, or mental health outcomes (e.g., depression, suicidal ideation) improved after treatment and when compared to individuals not treated."

84.

According to the Health Department's report, "Regret or retransition in youth is rare (1% or less) in large cohorts with formal diagnostic procedures after diagnosis of GD and start of treatment."

85.

Based on available data (from 2017 to 2021), the Health Department reported that zero transgender minors had received Medicaid coverage for gender-affirming surgery of any kind.

86.

In passing the Health Care Ban, the State Legislature ignored the detailed findings of the Health Department's report, and the wide body of medical literature summarized therein.

87.

Contrary to the medical consensus, the Health Care Ban mischaracterizes gender dysphoria as merely a "perception" transgender youth may have about themselves, and declares that widely accepted medical treatments for gender dysphoria "shall not be considered healthcare services."

88.

Instead of looking to medical literature or crediting the testimony of transgender youth and their doctors, the Louisiana Legislature relied on misinformation and unfounded stereotypes about transgender youth to pass the Health Care Ban.

89.

A House Health and Welfare Committee hearing was held on May 2, 2023. That hearing was over five hours long, with detailed testimony from health care providers, parents, and affected youth. Representative Hughes of the House Health and Welfare Committee proposed an amendment to require a minimum of two years of professional counseling before treatment, express written consent from the parent or legal guardian, and a ban only on surgery for minors. He proposed these changes to "add a sense of balance, respect the standards of care, [] make sure that parents are at the table" and to keep "some of the most vulnerable kids in this world …

alive."[10] Representative Firment, the bill's author, opposed this amendment and claimed that puberty-delaying treatment and hormones have been "discredited" as treatment, and that gender-affirming care is "experimental, unproven, and unnecessary."

90.

The Louisiana House had a floor debate regarding Act 466 on May 16, 2023, during which Representative Firment was directly asked if he "supports the idea that either an adult or child could be transgender." Representative Firment refused to answer the question.

91.

A Senate Health and Welfare Committee hearing was held on May 24, 2023. It was over two hours long. Again, multiple health care professionals, parents of transgender children, advocates, opponents, and gender dysphoric youth and adults testified. Multiple health care professionals stated that puberty blockers and hormones are necessary treatments for some adolescents with gender dysphoria and that the treatment is in line with the standard of care.

92.

Multiple people spoke about the deep harm caused by a lack of access to treatment for gender dysphoria, including increased risk of suicidality. A Louisianian testified: "My wife's first suicide attempt was in the third grade when she was eight years old. . . . She tried to take her life two more times before she reached adulthood and could finally transition, and I am so grateful and so lucky that she made it to adulthood, but a lot of kids are not that lucky. She never tried to end her life because of who she was but because of the world that she was living in and what the world told her she was . . . Our choice today is whether or not we get to say to our kids, our trans kids . . . thank god we live in Louisiana and you can get the care that you need and you get to be who you are and you get to get to adulthood, or do we have to just keep saying to our kids thank god you survived, thank god you threw up the pills, thank god the gun didn't go off, thank god you made it."

93.

On June 2, 2023, the Judiciary Committee voted to report the bill with amendments to push the effective date back to January 1, 2024, because the bill introduces "significant" medical and

[10] These proposed amendments, while still inconsistent with established clinical practice guidelines and likely unlawful, were meant to minimize the harmful impact of the bill.

legal changes, including requiring children to be "wean[ed]" off of medication that currently stabilizes them.

94.

Pushing back the effective date of the Health Care Ban—like the one-year titration period that will allow some transgender youth to continue receiving medically necessary health care, but in smaller and smaller doses—will only defer the harm of Act 466, not prevent or mitigate it.

95.

On July 18, 2023, when the Louisiana House suspended the rules to call the bill out of order to quickly override the Governor's veto, Representative Landry spoke in opposition to the Act, stating "I have a lot of friends in here who are trans…. I can't imagine how nervous and afraid they are constantly walking into this building knowing there are people in here who actually want to hurt them and who want them to leave the state."

96.

On July 18, 2023, the Louisiana Senate also suspended the rules to override the veto. Senator Morris, who spoke in favor of the Bill, incorrectly referred to gender-affirming treatments as "experimental" and said that gender-affirming treatments do not have a medical basis.

97.

At the same hearing, Senator Fesi raised his cell phone into the air and said, "A lot of the problem is this. Fads get started and the first people who pick up on fads are children"—likening the existence of transgender people to a trend on social media, and suggesting that adolescents are faking gender dysphoria for attention. Transgender people have always existed. For example, late nineteenth century American newspapers recount the story of Jack Garland (Babe Beane), a transgender man who fought in the Spanish American war, and whose grandfather was Louisiana Supreme Court Justice (and former Congressman) Rice Garland.[11]

98.

Act 466 was part of a deluge of bills in the Louisiana legislature recently that have targeted transgender people and sought to minimize their existence.

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[11] *See* Brief of Law & History Professors as Amici Curiae, at 10-16 in *R.G. & G.R. Harris Funeral Homes, Inc. v. Equal Employment Opportunity Comm'n,* No.18-107 (U.S. 2019) *available* at https://chlpi.org/wp-content/uploads/2013/12/Stephens-Amicus-As-Filed-7.3.19.pdf.

99.

During the 2023 legislative session, the Louisiana State Legislature *also* passed the "Don't Say LGBTQ+" Bill, House Bill 466, the Pronoun Restriction Bill, House Bill 81, and Act 436 which limits what minors can check out at public libraries, primarily censoring LGBTQ+ materials. House Bill 466 would have banned teachers and school employees from talking about gender identity and sexual orientation. House Bill 81 would have allowed schools to intentionally misgender transgender and non-binary students and forcibly out them. Governor Edwards vetoed House Bills 466 and 81.

100.

The legislative history demonstrates that the State Legislature's ban on gender-affirming medical care is an expression of legislators' disapproval of transgender people, based in impermissible animus. Act 466 has no rational connection to protecting children from harm.

101.

The Health Care Ban is part of a nationwide mania to score political points at the expense of a discrete and insular group of vulnerable people. More than twenty states have passed similar laws, nearly all of which have been subject to challenge in court.[12]

III. Act 466 Harms Transgender Adolescent Louisianans and Their Parents.

102.

The Health Care Ban outlaws all gender-affirming medical care for the treatment of gender dysphoria in minors. This is despite the prevailing medical and scientific literature that shows the life-saving nature of these treatments for transgender youth. In passing the Act, the legislature has attacked the health and lives of transgender youth in the state of Louisiana.

103.

The Health Care Ban targets the ability of "healthcare professionals" to deliver medically necessary care that is consistent with their medical judgment and generally accepted medical practices. The Health Care Ban places restrictions on a broad variety of health care professionals, including physicians, physician assistants, nurses, emergency medical technicians, paramedics, pharmacists, clinical laboratory scientists, and professional counselors like psychologists or social workers. Act 466 §1098.1(1) citing RS 14:34.8(B)(3).

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[12] *See* Movement Advancement Project, "Bans on Best Practice Medical Care for Transgender Youth," *available at* https://www.lgbtmap.org/equality-maps/healthcare_youth_medical_care_bans.

104.

The Health Care Ban prohibits "the prescription or administration" of puberty-delaying treatment and hormone therapy "to alter a minor's appearance in an attempt to validate a minor's perception of the minor's sex, if the minor's perception is inconsistent with the minor's sex."

105.

The Health Care Ban prohibits these treatments despite the fact that these treatments are effective and well-supported by medical literature, and despite the fact that they are the standard of care to treat gender dysphoria in transgender youth.

106.

The Health Care Ban also prohibits health care professionals from the "performance" of a broad array of surgeries to treat gender dysphoria. §1098.2(A)(3); §1098.2(A)(4); §1098.2(A)(5); §1098.2(A)(6).

107.

Some of the surgeries listed in subsections (A)(5) and (6) of the Act are sometimes medically indicated for older adolescents, on a case-by-case basis after careful consultation between the adolescent, the parents, and the patient's care team.

108.

The legislative record contains no evidence that *any* of the surgical procedures named in the Health Care Ban are currently being performed on minors in Louisiana. As recounted above, a Report prepared by the Louisiana Department of Health (at the behest of the 2022 Regular Legislative Session) confirms that zero minors received Louisiana Medicaid coverage for gender-affirming surgery from 2017-2021 (the years for which data was available).

109.

The consequences for health care providers who fall afoul of the Health Care Ban are steep. With the Health Care Ban in effect, medical professionals face revocation of "any professional or occupational license or certificate . . . for a minimum of two years," and civil damages, simply for providing gender-affirming medical care that is consistent with the prevailing medical standard of care.

110.

All of the care prohibited by the Health Care Ban is still available to other minors in Louisiana—just not to transgender kids. For example, puberty-delaying medications (puberty

blockers) can be used to treat precocious puberty, the premature initiation of puberty, as well as other conditions. Act 466 only bans its use when provided to treat a transgender adolescent's gender dysphoria, which meaningfully reduces the distress experienced by such youth.

111.

Furthermore, the Act allows for medical treatment that affirms the gender identity of cisgender patients but not for transgender patients. For example, by including the condition "if the minor's perception is inconsistent with the minor's sex," *see* § 1098.2, in its prohibitory language, the Act allows hormone therapy to be available for non-transgender patients who experience delayed puberty. This therapy may still be prescribed, in order to help non-transgender patients avoid the social stigma of undergoing late puberty, and to help them develop secondary sex conditions that are in line with their gender identity. However, transgender patients seeking to develop secondary sex characteristics in line with their gender identity, or who suffer from social stigma because their gender identity does not align with their physical characteristics, are targeted for the withholding of medical care under the Health Care Ban, regardless of their physician's determination of its necessity.

112.

The Health Care Ban arbitrarily burdens transgender adolescents by forbidding them to access medically necessary treatment that is consistent with the standard of care, while allowing others to receive the exact same care.

113.

The Health Care Ban had an effective date of January 1, 2024. Since then, no health care providers in Louisiana are permitted to prescribe gender-affirming medical care to new patients, or to prescribe new forms of gender-affirming medical care to current patients (e.g., transitioning a patient from puberty-delaying treatment to hormones).

114.

For patients who are already receiving care, the Health Care Ban provides a one-year titration period. Under the Health Care Ban, medical providers are permitted to continue care for some patients on an extremely limited basis, "if, prior to January 1, 2024, a health care professional . . . determines and documents in the minor's medical record that immediately terminating the minor's use of the drug or hormone would cause harm to the minor, the healthcare professional

may institute a period during which the minor's use of the drug or hormone is systematically reduced and discontinued. The period may not extend beyond December 31, 2024."

115.

The Health Care Ban is causing significant harm to transgender adolescents in Louisiana. Some families are having to take the extreme step of fleeing the state of Louisiana to ensure care for their children and obtain medical treatment. Families unable to travel or move away from the state are forced to watch their children suffer from gender dysphoria with severely limited options for critical medical care. Likewise, medical professionals who provide gender-affirming medical care have to choose between keeping their medical licenses and providing medically appropriate, potentially life-saving care to their patients.

IV. Act 466's Impact on Plaintiffs

116.

The Health Care Ban threatens the health and well-being of all five Minor Plaintiffs: Susie Soe, Daniel Doe, Max Moe, Nia Noe, and Grant Goe. Four of the Minor Plaintiffs—Daniel Doe, Max Moe, Nia Noe, and Grant Goe—are currently receiving gender-affirming medical care that has been recommended by their health care providers as necessary to treat their gender dysphoria and which will be forbidden when the Health Care Ban's one-year titration period comes to an end. One of the Minor Plaintiffs (Susie Soe) will need gender-affirming medical care when she reaches the appropriate stage of puberty—care that will be impossible for her to access in Louisiana now that the Health Care Ban is in effect.

The Soe Family

117.

Susie Soe is a nine-year-old girl. She works hard in school, and she loves to swim. Susie lives in Orleans Parish with her mother Sandra, her father Stephen, and her brothers.

118.

Susie is transgender. When Susie was born, she was designated as male on her birth certificate, but her gender identity is female.

119.

From the time that Susie was only three years old, she has recognized herself as a girl. Before her fourth birthday, Susie said to her mother, “Every day before I go to bed, I want to be a girl when I wake up.”

120.

Sandra engaged her daughter in conversations about what she had said, and ultimately realized that being a girl is an intrinsic part of who Susie is.

121.

Sandra then talked with her husband, Stephen, about the conversations she and Susie had been having. Stephen responded with immediate support for his daughter, saying, “Well, I guess I’m going to go buy a princess dress.”

122.

With the support of her parents, Susie has taken steps to socially transition and live openly as the girl she is.

123.

When Susie’s parents bought her a Barbie, she burst into happy tears in the store.

124.

When Susie first got a stereotypically female haircut, she said it was the first time that she looked like herself.

125.

When she was still in kindergarten, Susie expressed her gender dysphoria by engaging in destructive behavior, cutting up all of her traditionally masculine clothing.

126.

Later that year, Susie started going to school in traditionally feminine clothing, and has continued to do so. She uses the girls’ bathroom at school.

127.

Susie has continued to thrive academically, but she suffered socially after her social transition because of the way that her classmates and their parents reacted.

128.

At her fifth birthday party, when Susie still presented in a more traditionally masculine way, every kid in her class came to her birthday party. But when she turned six, after she started to present in a more traditionally feminine manner, only three kids attended.

129.

Susie has said that she would rather have one or two friends who accept her for who she is rather than more friends who do not support her being herself.

130.

The August before first grade, Susie had her first appointment at a specialized gender clinic in Orleans Parish, where Susie also met with an endocrinologist. Because Susie was so young at the time, she waited over a year and a half for her second appointment at the gender clinic.

131.

Susie is adamant that she is a girl. The thought of experiencing male puberty is extremely distressing to Susie.

132.

Sandra and Stephen worry that Susie's gender dysphoria will only grow worse if she is not able to access gender-affirming medical care when she starts puberty.

133.

Susie recently met with her endocrinologist for the second time. When Susie found out that her endocrinology appointment was scheduled before the end of this year, she cried tears of happiness and relief, because she knew about the Health Care Ban, and she desperately wanted an appointment before it goes into effect.

134.

At the appointment, Susie's endocrinologist determined that she had not yet started puberty. According to the endocrinologist, Susie will likely not begin puberty Tanner stage 2—the stage at which puberty-delaying medication would be medically appropriate—for another six months. By that time, Susie will be blocked from accessing medically necessary care by the Health Care Ban.

135.

Because of the Health Care Ban, Susie's endocrinologist informed her parents that they cannot keep Susie on as a patient for gender-affirming medical care.

136.

Susie, her parents, and her medical care team believe that puberty-delaying treatment—at the medically appropriate time—will be critical to preventing the extreme depression and anxiety that typical male puberty would cause for Susie.

137.

Sandra and Stephen are worried about Susie's future, health, and wellbeing if she is forced to undergo a puberty inconsistent with her gender identity. They are thus worried about how they will obtain puberty-delaying treatment for Susie when she needs it and how they might secure such care for Susie even if out of state.

138.

The Soe family has a lot of close friends nearby, and they do not want to move. Louisiana is their home. However, they are deeply concerned about Susie's health and well-being when the medical care that she needs is blocked by the state.

The Doe Family

139.

Daniel Doe is a 16-year-old boy. Daniel likes being out in nature. He works on a farm and loves dogs.

140.

Daniel is transgender. When Daniel was born, he was designated as female on his birth certificate, but his gender identity is male.

141.

Ever since he was a young child, Daniel has rejected gender norms.

142.

As a young child, Daniel preferred to have short hair (a buzzcut) and did not wear traditionally feminine clothing. He also loved the colors pink and purple.

143.

However, when Daniel was in the fourth grade, he had to switch schools after his family moved to Orleans Parish from another state. At his new school, Daniel was bullied for his short hair and the way he dressed. To stop the bullying, he grew out his hair. Still, Daniel did not feel comfortable gender norms based on his sex assigned at birth.

144.

When he was 15, Daniel came out to his family as transgender.

145.

Both of Daniel's parents, Diana and David, are supportive of Daniel's identity, as is Daniel's older brother.

146.

Daniel's parents took some time to adjust. Both say they initially experienced a sense of loss and that Daniel's coming out made them feel like they were losing a daughter. Even though she did not fully understand Daniel's experiences, Diana could tell that there was no ambivalence about her son's identity.

147.

Indeed, it was important for Diana to meet Daniel where he was, because as a parent, she wanted her child to be able to inhabit himself fully.

148.

For Diana, part of meeting Daniel where he was meant finding appropriate medical care for him. It was important to Diana that her son had the right doctor. Following the advice of Daniel's pediatrician, Daniel's parents sought care from a specialized provider. Ultimately, they made Daniel an appointment with a medical provider (a physician) in Orleans Parish who had experience treating gender dysphoria and working with transgender patients.

149.

Daniel's doctor diagnosed him with gender dysphoria.

150.

In October 2022, Daniel was prescribed testosterone for his gender dysphoria.

151.

Daniel also wears a binder to flatten his chest and help with the dysphoria he experiences. Daniel is interested in obtaining chest surgery as treatment for gender dysphoria in the future, if appropriate and recommended by his health care providers.

152.

In addition, to the doctor he sees for gender-affirming medical treatment, Daniel also sees a therapist and a psychiatrist to manage his ADHD.

153.

After Daniel came out to his family and began obtaining gender-affirming medical care, his parents noticed that he seemed to become more himself. He was less anxious, more even keeled, and more confident.

154.

Before commencing gender-affirming medical treatment for his gender dysphoria, Daniel had distress about his body.

155.

Thanks to the treatment, Daniel now has more body hair and more even distribution of body fat. These changes have made Daniel more comfortable in his own body.

156.

Daniel has no intention of changing his name, as Daniel's choice to express himself in a way that defies gender stereotypes does not change his gender identity, which is male.

157.

The passage of the Health Care Ban has been very distressing for Daniel. He has expressed fears that he could be taken away from his parents, or that they could be arrested for providing him care that he needs.

158.

Daniel is fearful of not only what the Act means for his access to the care he needs but for the profound impact the Health Care Ban has on other transgender youth in Louisiana.

159.

For Daniel's parents, not providing Daniel with the care that he needs is not an option. As such, they have considered alternate means to continue Daniel's medical care, which would come at great cost.

160.

Still, Daniel and his family do not want to leave Louisiana, which is their home.

The Moe Family

161.

Max Moe is a sixteen-year-old boy from Louisiana. He is a straight-A student and plays cello in his school orchestra.

162.

Max is transgender. He is a boy who identifies as male, but he was designated female at birth.

163.

Max's father, Michael Moe is supportive of his son's identity and medical transition. While she was alive, Max's mother was equally supportive. Sadly, Max's mother passed away unexpectedly last year.

164.

Max initially started questioning his gender identity when he was in seventh grade.

165.

Growing up, Max never gravitated towards any stereotypically feminine activities. He was not interested in playing dress-up, or in wearing makeup; indeed, Max resisted wearing dresses.

166.

As Max got older, he cut his hair very short, started dressing in masculine clothing, and began styling himself in a more masculine way. His father, Michael, took him fishing and hunting.

167.

During this time (middle school), Max was intensely self-conscious of his physical characteristics, which led to a near-constant state of discomfort. He was often uncomfortable and anxious, and found it hard to talk because he hated his voice for sounding feminine.

168.

In eighth grade, Max came to realize that he was a boy. He told a friend first.

169.

Even though he had come to understand himself as a transgender male, it was difficult for Max to socialize because he was scared that he would be seen as female.

170.

About six months after he first told a friend he was transgender, Max came out to his parents as a boy and told them he wanted to medically transition.

171.

Max's parents scheduled him for an appointment at a clinic in Orleans Parish, and he started care there in November 2021.

172.

During an appointment, Max's care team informed Michael that Max had shared he was experiencing suicidal ideation, in part, related to his gender dysphoria. Indeed, Max had been experiencing distress as a result of his gender dysphoria for some time.

173.

Michael was devastated to learn of the distress his son Max was experiencing and wanted to know how he could best support his son.

174.

Thereafter, Max had multiple visits with physicians and was seen by an endocrinologist, psychiatrist, and a doctor specializing in adolescent medicine. Max also had significant lab work done, including an evaluation of his bone density. Max and his parents had lengthy discussions with the care team where the medical professionals fully shared all possible benefits and risks of treatment options.

175.

Max's parents were supportive of Max receiving gender-affirming medical treatment, as recommended by Max's providers. They also wanted to be deliberative and intentional in how they approached the care. As such, Max started out by taking puberty-delaying medication as a first step.

176.

In January 2022, following the recommendations from his health care providers, Max began taking puberty-delaying medication, Lupron, as treatment for his gender dysphoria.

177.

In Summer 2022, following the recommendations from his health care providers, Max was prescribed testosterone to treat his gender dysphoria, which he continues to take on a weekly basis.

178.

Starting gender-affirming medical care has been greatly beneficial for Max. Since he started care, Max's distress has been ameliorated and he no longer experiences suicidal ideation. Max says that he finally felt happy.

179.

Before starting treatment, Max would get so distressed when looking at his body that he would collapse to the floor and struggle with suicidal thoughts. Now, he no longer has such feelings. Instead, he feels far more comfortable and confident in his body.

180.

Max knows about the violence that transgender people face across the country, but he became less stressed and more comfortable as he began to see physical changes from gender-affirming medical care. He is happy with the hormone treatment that he has been prescribed.

181.

Under the Health Care Ban, Max may only continue taking testosterone until December 2024. As a result, Max will be unable to receive testosterone from his health care providers in Louisiana for a few months before he turns 18.

182.

Max and Michael are worried about what the lack of access to gender-affirming hormone treatment would mean for Max, who has greatly benefited from such care. They are also worried about what a reduction in the dosage of Max's prescription—contrary to established, evidence-based guidelines—might mean for Max's development.

183.

Max is terrified of a reduction of his treatment might mean and worries that his mental health will deteriorate. Max would also be uncomfortable with the permanent changes his body would undergo in that period (breast growth, fat redistribution, etc.) and of the anxiety and distress it might cause.

184.

Not providing clinically appropriate medical care that Max's doctors have recommended for Max is not an option for Max and Michael. As a result, Michael has been forced to explore alternative options, including traveling out of state, to ensure that Max receives the medical care that he needs.

185.

The Health Care Ban will prevent Max from accessing medically necessary care that his health care providers have recommended as treatment for his gender dysphoria.

The Noe Family

186.

Nia is a 14-year-old girl. She loves high heels and thrift store shopping, and she wants to be a fashion designer. Nia lives with her mother, Nancy, and her maternal grandparents in Terrebonne Parish. Nia's father passed away when she was two years old.

187.

Nia's family has a fixed income. Her mom is unemployed and receives disability benefits, and Nia receives her medical care coverage through Medicaid.

188.

Nia is transgender. When she was born, she was designated as male on her birth certificate, but her gender identity is female.

189.

Even before Nia came out as transgender, she has loved to wear “girlie” clothes and jewelry. She loved pink and bright colors, and would often design and sew doll clothes. She began telling her family that she was a girl when she was two or three years old.

190.

When Nia was six years old, she was diagnosed with gender dysphoria by a clinical psychologist. Nia has also been diagnosed with ADHD, anxiety, and autism.

191.

Nia regularly sees a mental health counselor and manages her ADHD with medication. Prior to getting diagnosed and starting treatment for her ADHD, Nia used to act out in school and her teachers found her behavior hard to manage.

192.

According to Nancy, while Nia’s behavioral issues improved somewhat after she commenced treatment for ADHD and autism, such treatment did not address all of Nia’s distress. Nia still seemed uncomfortable and reserved and as if she was holding back.

193.

Nia has always said she was a girl, but when Nia was about 10 or 11 years old, she began talking about wanting to be a girl in a more specific and determined way.

194.

When Nia was twelve years old, Nia’s gender-affirming medical care team, which includes a pediatrician and an endocrinologist, recommended that she start puberty-delaying medication as treatment for her gender dysphoria.

195.

Nia receives a puberty-delaying shot of Lupron every three months as treatment for her gender dysphoria.

196.

In 2021, her family was temporarily displaced as a result of Hurricane Ida and Nia started to be homeschooled. Thereafter, Nia asked to continue being home schooled for a time so that she could transition and start to live as a girl.

197.

Nia was homeschooled for two years. She returned to in-person school for 9th grade.

198.

Nia was outed at her new high school when her legal name (which is a traditional masculine name) was called out by a school employee as students were dispersing when the teacher was absent. As a result, she has experienced bullying from some of her classmates, including name-calling and being called a "she-male."

199.

On one occasion, one of her classmates put a grasshopper in her hair. On another occasion, a boy at her school asked to see her genitals. These incidents and others have been very distressing for Nia, but they have not caused to question her identity and she is determined to let such incidents derail her.

200.

Despite the bullying, Nia's mother says that Nia is happier now than before. Nia's mother believes that with her transition, Nia is now who she is meant to be.

201.

Indeed, now that she is taking Lupron, Nia has the space to feel more like herself, and she has blossomed.

202.

Before Nia went on puberty-delaying medication, she had no confidence in herself. Now, she has become more social at school and has more friends than she ever did before. Nancy has also observed Nia be more outgoing now than before she transitioned.

203.

Nia has a close circle of friends who support her and accept her identity. She also has a close relationship with her maternal grandmother who has supported and advocated for Nia throughout her transition.

204.

Prior to the passage of the Health Care Ban, Nia's medical care team planned for her to begin taking estrogen (hormone therapy) in late 2023. When Nia's doctor first recommended starting hormone therapy, Nancy wanted to make sure this treatment was the right choice and engaged in extensive conversation with Nia and her health care team.

205.

However, after the Health Care Ban passed, Nia's care team was no longer willing to start her on estrogen knowing that they would have to stop after the Ban took effect.

206.

Nia's mother is extremely concerned that obtaining medically necessary health care will become increasingly difficult with the Health Care Ban in effect.

207.

Nia is terrified of what will happen if she is forced to discontinue puberty-delaying medication without being allowed to begin hormone therapy. She is worried about the changes her body will go through, and worries about growing a mustache, developing an Adam's apple, and developing a deeper voice.

208.

Nancy fears that Nia will be at risk of suicide if she cannot continue with her medically necessary gender-affirming care.

209.

Given their limited financial means, Nia's family is very concerned about how to secure Nia's continued treatment. Even looking for out of state options would represent a significant hardship for a family of such limited financial resources.

210.

Nonetheless, Nancy is committed to ensuring Nia is able to access the medical care that she needs.

The Goe Family

211.

Grant Goe is a thirteen-year-old boy, born and raised in Louisiana. He loves to draw and is constantly designing and making costumes and props. He also loves animals of all kinds. Grant lives in Livingston Parish with his mother Grace, his father Greg, and his younger sister.

212.

Grant is transgender. He is a boy with a male gender identity, but when he was born he was designated as female.

213.

Grant was uncomfortable with his gender from a young age, having never felt like a girl. When he was seven years-old, Grant started to change his style and social cues to be more masculine.

214.

Grant developed anxiety and depression in third grade. He began to self-harm.

215.

When his mother, Grace, discovered that Grant was self-harming, she took him to see a psychiatric nurse. The nurse told Grace that it seemed like Grant had a secret, but she did not know what it was.

216.

In 2020, Grant started regularly meeting with a mental health counselor.

217.

In January 2021, Grant told his mother that he did not identify as a girl. Grace was not surprised, and his family was supportive.

218.

When Grant's pediatrician learned that he did not identify as a girl, she referred Grant to more specialized care. Later in the year, Grant met with an endocrinologist who determined that he was already in Tanner Stage 2 of puberty. The idea of beginning menstruation had always been very distressing to Grant. After a long evaluation and follow-up, the care team recommended Grant start puberty-delaying treatment.

219.

In October 2021, Grant began Lupron to delay puberty and treat his gender dysphoria. This treatment significantly relieved the distress that he had felt about menstruation and potential breast

growth. The treatment also gave Grant space he needed to think about his gender identity, with time to secure access to medical professionals and support systems for his health and safety.

220.

During the summer of 2022, Grant came out to his mother when she picked him up from camp. Grant asked his mom to walk around the campgrounds with him and told her, “I’m a boy.” Grace realized that this was the secret that Grant had been carrying for years.

221.

Grant told his family that he wanted to use “he” and “him” pronouns and be referred to by his chosen male name.

222.

Grant saw the camp as a space to try presenting in a more masculine way and to use his masculine name. When people called him by his masculine name at camp, Grant was happy. Although he was scared about how other people would respond outside of camp, grant knew that using his masculine name made him feel like himself.

223.

Grant’s parents have seen a huge, positive change in Grant since Grant began obtaining treatment for his gender dysphoria. Although he still has anxiety, Grant is no longer socially withdrawn. His mother no longer has to check him daily for injuries from self-harm. He is a bright, energetic, and creative kid, and this shines through now.

224.

Grant wants to develop more masculine physical features and requested to start testosterone toward the beginning of 2023. On May 1, 2023, Grant and his family had an appointment with his care team. Grant clearly explained why he wanted hormone treatment, and he was able to list the concerns and changes to look for in his body if he were to start treatment. The medical team determined that Grant was sufficiently mature to understand the risks and benefits of testosterone.

225.

On May 1, 2023, Grant received his first, and only, shot of testosterone, as the next day, the House Health and Welfare Committee held the first hearing about the Health Care Ban. On May 2, 2023, Grace received a call from Grant’s doctor, who told her that any future testosterone treatment would have to be discontinued because there was not enough time to get Grant to a “therapeutic dose” with the risk of the legislation passing.

226.

The news that Grant would not be able to continue taking testosterone made him feel depressed and frustrated.

227.

The gender-affirming medical care that Grant receives is helping him. Grant feels better in his own body when he is able to be more masculine.

228.

Grant is distraught at the idea of experiencing female puberty, and he is afraid of what will happen when he cannot continue to receive puberty-delaying medication and start testosterone due to the Health Care Ban.

229.

Because of the Health Care Ban, Grant's parents spent money to travel and explore the possibility of establishing out-of-state care this summer. After meeting with the out-of-state care team, M's parents realized how much they connect with and trust Grant's care team in Louisiana—whom they have been working with for years.

230.

Because of the sweeping language in the Health Care Ban, Grace, who is a licensed professional counselor, is worried about her own professional medical license when the Ban goes into effect, because of her involvement in Grant's care.

231.

Grant's parents are deeply afraid of the impact that the Heath Care Ban will have on Grant and his family. Grant is distressed at the thought of losing access to the medically necessary medication he has been taking for over two years. He is scared that his body will undergo unwanted, permanent changes that are inconsistent with his gender identity.

232.

Grace and Greg worry that Grant's gender dysphoria, depression, and anxiety will worsen if he loses access to medically necessary gender-affirming care.

233.

Grant and his sister have spent their whole lives in Louisiana. Grant has been open with his friends about his transgender identity, and he was looking forward to starting in-person school again. Both Grace and Greg were born in Louisiana, and Grant can trace back nine generations of

his family in the state. Grant's parents do not want to leave their home, but they are worried that they will have to leave to get the medical care that Grant needs.

CAUSES OF ACTION

234.

Plaintiffs expressly state that they are not asserting or attempting to assert any claim under the United States Constitution or any federal statute.

COUNT I
Deprivation of the Right to Parental Autonomy
(Article I, Sections 2 and 5 of the Louisiana Constitution)

235.

Plaintiffs incorporate by reference paragraphs 1 through 234 as though fully set forth herein.

236.

By enforcing the Health Care Ban, Defendants are preventing parents from making medical care decisions concerning their children in violation of the right to parental autonomy of Parent Plaintiffs Sandra and Stephen Soe, Diana and David Doe, Michael Moe, Nancy Noe, and Grace and Greg Goe.

237.

Article I, Section 2 of the Louisiana Constitution provides that "No person shall be deprived of life, liberty, or property, except by due process of law."

238.

Article I, Section 5 of the Louisiana Constitution provides that "Every person shall be secure in his person, property, communications, houses, papers, and effects against unreasonable searches, seizures, or invasions of privacy."

239.

The Louisiana Constitution's fundamental right to privacy also includes parental autonomy to make decisions regarding the care of their child. La. Const. art I, § 5.

240.

Louisiana law recognizes that "among the decisions that an individual may make without unjustified government interference are personal decisions relating to … child rearing and education." *State v. Perry*, 91-KP-1324 (La. 10/19/1992), 610 So. 2d 746, 756.

241.

Fundamental due process liberty interests cannot be infringed upon by the government *at all*, no matter what process is provided, unless the infringement is narrowly tailored to serve a compelling state interest. *See Kinnett v. Kinnett*, 17-CA-625 (La. App. 5 Cir. 8/6/2020), 302 So. 3d 157, 189, *rev'd on other grounds* (quoting *Reno v. Flores*, 507 U.S. 292, 302 (1993)).

242.

That fundamental right of parental autonomy includes the right of parents to seek and to follow medical advice to protect the health and wellbeing of their minor children. Indeed, the right to child-rearing is intrinsically linked to and encompasses the ability to make decisions about the medical care for a child. It is a parent's responsibility to help weigh the benefits and drawbacks of treatment for their child.

243.

Parents' fundamental right to seek and to follow medical advice is at its apex when the parents' and child's liberty interests in pursuing a course of medical care align, and the child's medical providers agree and have recommended as appropriate the course of medical treatment.

244.

The Act's prohibition on providing evidence-based and medically necessary care for adolescents with gender dysphoria stands directly at odds with the fundamental right to make decisions concerning the care of their children of parents like Plaintiffs Sandra and Stephen Soe, Diana and David Doe, Michael Moe, Nancy Noe, and Grace and Greg Goe, particularly when it aligns with the adolescent's liberty interests.

245.

The Act entirely precludes the exercise of parental autonomy in deciding how best to treat a transgender minor with gender dysphoria. The Act prevents health care professionals from prescribing medically accepted, standard treatment for gender dysphoria, robbing parents of the ability to direct the care and upbringing of their minor children, including making health care decisions on their behalf.

246.

The constitutional right to privacy also applies where there is a reasonable expectation of privacy.

247.

The Act barges into Louisiana families' living rooms and strips Louisiana parents, including Parent Plaintiffs Sandra and Stephen Soe, Diana and David Doe, Michael Moe, Nancy Noe, and Grace and Greg Goe, of the right to seek, direct, and provide medical care that their children need.

248.

The Health Care Ban invades reasonable expectation of privacy, destroying the right of parents to make medical decisions for the benefit of their children.

249.

The Health Care Ban does nothing to protect the health or wellbeing of minors. To the contrary, it gravely threatens the health and wellbeing of adolescents with gender dysphoria by denying their parents, including the Parent Plaintiffs, the ability to obtain necessary and often lifesaving medical care for their children.

250.

The Health Care Ban's prohibition against the provision of medically accepted treatments for adolescents with gender dysphoria is not narrowly tailored to serve a compelling government interest. It also is not rationally related to any legitimate government interest.

251.

Defendants are liable for their violation of the right to parental autonomy guaranteed by the Louisiana Constitution.

252.

Plaintiffs are entitled to declaratory and injunctive relief, in the form of an injunction prohibiting Defendants from implementing or enforcing the Health Care Ban.

COUNT II
Deprivation of the Right to Medical Autonomy and to Obtain Medical Treatment (Article I, Sections 2 and 5 of the Louisiana Constitution)

253.

Plaintiffs incorporate by reference paragraphs 1 through 234 as though fully set forth herein.

254.

By enforcing the Health Care Ban, Defendants are depriving Plaintiffs Susie Soe, Daniel Doe, Max Moe, Nia Noe, and Grant Goe of their right to medical autonomy and to obtain medical treatment with the consent of their parents and as recommended by their medical providers.

255.

Article I, Section 2 of the Louisiana Constitution provides that "No person shall be deprived of life, liberty, or property, except by due process of law."

256.

Article I, Section 5 of the Louisiana Constitution provides that "Every person shall be secure in his person, property, communications, houses, papers, and effects against unreasonable searches, seizures, or invasions of privacy."

257.

The Louisiana Constitution thus protects the fundamental right to privacy and autonomy in health care, including the "right to decide whether to obtain or reject medical treatment." *Hondroulis v. Schuhmacher*, 88-8600 (La. 9/12/1988), 553 So. 2d 398, 415.

258.

Under Louisiana law, a regulation that imposes a burden on a person's fundamental rights (including the right to medical autonomy) can only be justified by compelling state interests and must be narrowly drawn to express only those interests. Such regulations are subject to strict judicial scrutiny.

259.

The Act thus, on its face and as applied, violates patients' right to make medical decisions in concert with their parents free from government interference.

260.

The Act's prohibition on providing evidence-based and medically necessary care for transgender adolescents with gender dysphoria stands directly at odds with transgender adolescents' right to obtain the medical treatment they need, as recommended by their medical providers and with the support of their parents, and thus violates the right to obtain medical treatment of Minor Plaintiffs Susie Soe, Daniel Doe, Max Moe, Nia Noe, and Grant Goe.

261.

None of the care prohibited by the Act will be permitted for *any* patients, including Minor Plaintiffs, after December 31, 2024.

262.

The Act prohibits Plaintiff Susie Soe from initiating any gender-affirming medical treatment for her gender dysphoria after January 1, 2024, even if such treatment has been deemed medically necessary and appropriate by their health care providers.

263.

The Act prohibits Plaintiffs Nia Noe and Grant Goe from continuing with puberty-delaying medications as treatment for gender dysphoria after December 31, 2024, even if such treatment has been deemed medically necessary and appropriate by their health care providers.

264.

The Act also prohibits Plaintiffs Nina Noe and Grant Goe from initiating gender-affirming hormone therapy as treatment for their gender dysphoria after January 1, 2024, even if such treatment has been deemed medically necessary and appropriate by their health care providers.

265.

The Act prohibits Plaintiffs Daniel Doe and Max Moe from continuing with gender-affirming hormone therapy as treatment for gender dysphoria after December 31, 2024, even if such treatment has been deemed medically necessary and appropriate by their health care providers.

266.

The Act also prohibits older transgender adolescents like Plaintiff Daniel Doe from obtaining gender-affirming chest surgery as treatment for gender dysphoria after January 1, 2024, even if such treatment has been deemed medically necessary and appropriate by their health care providers.

267.

The Act is contrary to the prevailing medical standard of care.

268.

The Act does nothing to protect the health or well-being of minors, and instead, harms the health and wellbeing of transgender minors like Plaintiffs Susie Soe, Daniel Doe, Max Moe, Nia

Noe, and Grant Goe. It gravely threatens the health and well-being of transgender adolescents, including Plaintiffs Susie Soe, Daniel Doe, Max Moe, Nia Noe, and Grant Goe, by denying them the ability to obtain evidence-based, necessary, and often life-saving care.

269.

The Act deprives Plaintiffs of access to the most effective available medical treatment for gender dysphoria.

270.

The Act restricts and prohibits medically accepted treatment for adolescents including the Plaintiffs herein.

271.

The Act is not narrowly drawn to express a compelling state interest.

272.

Defendants are liable for their violation of the right to medical autonomy guaranteed by the Louisiana Constitution.

273.

Plaintiffs are entitled to declaratory and injunctive relief, in the form of an injunction prohibiting Defendants from implementing or enforcing the Health Care Ban.

COUNT III
Violation of the Right to Equal Protection of the Laws and Equal Dignity: Unlawful Discrimination Because of Sex (Article 1, Section 3 of the Louisiana Constitution)

275.

Plaintiffs incorporate by reference paragraphs 1 through 234 as though fully set forth herein.

276.

By enforcing the Health Care Ban, Defendants are engaging in discrimination on the basis of sex in violation of rights to equal protection under the law and equal dignity guaranteed by the Louisiana Constitution of all Plaintiffs.

277.

Article 1, Section 3 of the Louisiana Constitution guarantees that "No person shall be denied the equal protection of the laws. . . . No law shall arbitrarily, capriciously, or unreasonably discriminate against a person because of birth, age, sex, culture, physical condition, or political ideas or affiliations."

278.

When a law classifies people based on sex, the state has the burden to show the classification is not arbitrary, capricious, or unreasonable. A statute that creates sex-based classifications is unconstitutional unless the proponents of the statute prove that the classification substantially furthers a state purpose.

279.

Discrimination on the basis of nonconformity with sex stereotypes, transgender status, gender, gender identity, gender transition, and sex characteristics are all forms of discrimination on the basis of sex.

280.

The Health Care Ban classifies based on sex on its face. The Act harms transgender adolescents, including the Minor Plaintiffs Susie Soe, Daniel Doe, Max Moe, Nia Noe, and Grant Goe, by denying them medically necessary care because of their sex.

281.

The Health Care Ban also discriminates against the Parent Plaintiffs Sandra and Stephen Soe, Diana and David Doe, Michael Moe, Nancy Noe, and Grace and Greg Goe by denying them the same ability to secure necessary medical care for their children that other parents can obtain, and it does so on the basis of sex.

282.

By its very terms, the Health Care Ban facially discriminates on the basis of sex.

283.

Act 466 defines sex as the "biological indication of male or female," evidenced by "sex chromosomes," "naturally occurring sex hormones," gonads, and "nonambiguous internal and external genitalia present at birth." Act 466, § 1098.1(3).

284.

Act 466 restricts and prohibits various forms of care only when the "minor's perception is inconsistent with the minor's sex"—in other words, *only* when the minor's gender identity differs from the minor's sex assigned at birth. Act 466, § 1098.2(A).

285.

Under the terms of the Act, whether a person can or cannot receive certain treatments depends on their "biological sex," or assigned sex at birth.

286.

Under the terms of the Act, whether a person can receive certain medical treatment turns on whether they are transgender.

287.

Under the terms of the Act, whether a person can receive certain medical treatment turns on whether the care tends to reinforce or disrupt stereotypes associated with a person's sex assigned at birth.

288.

By contrast, the Act has clear exceptions to allow minors whose gender identity *does* align with their assigned sex at birth to continue to access the same medications and procedures.

289.

The Health Care Ban targets transgender adolescents for unique harm. The Health Care Ban prohibits medical treatments when provided to transgender adolescents to help align their bodies with their gender identity but permits the same medical treatments when provided to non-transgender patients to help align their bodies with their gender identity or for any other purpose.

290.

The Health Care Ban prohibits health care professionals from providing certain medically necessary care to their transgender adolescent patients that they are permitted to provide to their non-transgender adolescent patients.

291.

The Health Care Ban does nothing to protect the health or wellbeing of minors. To the contrary, it gravely threatens the health and wellbeing of adolescents with gender dysphoria like Minor Plaintiffs Susie Soe, Daniel Doe, Max Moe, Nia Noe, and Grant Goe by denying them access to evidence-based, medically necessary, and often lifesaving medical care.

292.

The Health Care Ban's sex-based classification arbitrarily, capriciously, and unreasonably allows some minor children to access medically appropriate care as prescribed by their doctors, while denying the same care to others.

293.

The Health Care Ban does not substantially further an appropriate state purpose.

294.

The Health Care Ban's targeted prohibition on medically necessary care for transgender adolescents with gender dysphoria is based on generalized fears, negative attitudes, stereotypes, and moral disapproval of transgender people.

295.

The Health Care Ban, on its face and as applied to the Minor Plaintiffs and the Parent Plaintiffs, deprives transgender adolescents and their parents of their right to equal protection of the laws and stigmatizes them as second-class citizens in violation of the Louisiana Constitution's guarantees to equal protection of the laws and equal dignity.

296.

The Health Care Ban also inflicts upon transgender adolescents and their parents, including the Minor Plaintiffs and the Parent Plaintiffs, distress, humiliation, embarrassment, emotional pain and anguish, violation of their dignity, and harms to their short- and long-term health and wellbeing from being denied access to medically necessary health care.

297.

Defendants are liable for their violation of the rights to equal protection of the laws and equal dignity guaranteed by the Louisiana Constitution.

298.

Plaintiffs are entitled to declaratory and injunctive relief, in the form of an injunction prohibiting Defendants from implementing or enforcing the Health Care Ban.

COUNT IV
Violation of the Right to Equal Protection of the Laws and Equal Dignity: Unlawful Discrimination Because of Transgender Status (Article 1, Section 3 of the Louisiana Constitution)

299.

Plaintiffs incorporate by reference paragraphs 1 through 234 as though fully set forth herein.

300.

The Health Care Ban is subject to independent constitutional scrutiny because it discriminates against transgender minors such as Plaintiffs Susie Soe, Daniel Doe, Max Moe, Nia Noe, and Grant Goe based on their transgender status.

301.

The Louisiana Constitution guarantees that "no person shall be denied the equal protection of the laws." La. Const. art. 1, § 3; *State v. Expunged Record (No.) 249,044*, 2003-KA-1940 (La. 7/2/2004), 881 So.2d 104. "A law which classifies individuals on a basis outside the scope of La. Const. art. I, § 3 will be upheld, unless a member of the disadvantaged class shows that the statute does not suitably further any appropriate state interest." *Crier v. Whitecloud*, 84-1699 (La. 10/30/1986), 496 So.2d 305; *see also Russo v. Kraus*, 2010-CA-0178, 2010-CA-0179 (La. App. 4 Cir. 9/29/2010), 49 So. 3d 941, 947.

302.

Transgender people have endured a long history of discrimination in Louisiana and across the country, and discrimination against transgender people remains widespread.

303.

The transgender minors targeted by the Health Care Ban are unable to protect their rights through the legislative process because of a lack of political power.

304.

Their gender identity is a core trait, fundamental to who they are, and it should not have to be abandoned or ignored to receive equal treatment from the state.

305.

Transgender people are a discrete and insular group—so small, in fact, that while the total number of minors receiving care for gender dysphoria in the state is currently unknown, state data from the Department of Health shows that just 57 minors received Medicaid coverage for gender-affirming medical care in 2021.

306.

Act 466 categorically bars transgender minors like Plaintiffs Susie Soe, Daniel Doe, Max Moe, Nia Noe, and Grant Goe from accessing medically necessary care to treat gender dysphoria—a condition which only transgender people have.

307.

The Act restricts care only for transgender youth, while retaining exceptions to ensure that non-transgender youth still have access to the same medical services and treatments.

308.

Act 466 purports to "stop harming our kids," yet the Health Care Ban requires physicians to deny medically necessary care to transgender adolescents, while continuing to provide the same care to non-transgender minors—including, as legislators noted during the bill's passage, to cisgender gymnasts to improve their athletic performance.

309.

The Health Care Ban inappropriately withholds appropriate medical care from transgender youth, while doing nothing to protect non-transgender children from the same exact care.

310.

The Act draws irrational and arbitrary distinctions based on transgender status, and it does not substantially further an appropriate state purpose.

311.

The Act is not rationally related to any legitimate government interest.

PRAYER FOR RELIEF

WHEREFORE, Plaintiffs Susie Soe, a minor, by and through her parents and guardians Sandra and Stephen Soe; Sandra Soe; Stephen Soe; Daniel Doe, a minor, by and through his parents and guardians, Diana and David Doe; Diana Doe; David Doe; Max Moe, a minor, by and through his parent and guardian, Michael Moe; Michael Moe; Nia Noe, a minor, by and through her parent and guardian, Nancy Noe; Nancy Noe; Grant Goe, a minor, by and through his parents and guardians, Grace and Greg Goe; Grace Goe; and Greg Goe, respectfully pray this Verified Petition be deemed good and sufficient, and after due proceedings, there be judgment against Defendants the Louisiana State Board Of Medical Examiners; Terrie R. Thomas, Kim S. Sport, Rita Y. Horton, Juzar Ali, Roderick V. Clark, Lester W. Johnson, Patrick T. O'Neill, James A. Taylor, Jr., Leonard Weather, Jr., and Cheryl Hayes Williams, in their official capacities as members of the Louisiana State Board of Medical Examiners; and Elizabeth Murrill, in her official capacity as Attorney General of Louisiana, jointly, severally, and *in solido*, and in favor of the Plaintiffs, as follows:

i. Enter a judgment declaring that:

   a. Act 466 violates the right to parental autonomy guaranteed by the Louisiana Constitution;

b. Act 466 violates the right to medical autonomy guaranteed by the Louisiana Constitution;

c. Act 466 violates the rights to equal protection of the laws and equal dignity guaranteed by the Louisiana Constitution by discriminating against Plaintiffs and all similarly situated individuals on the basis of sex and transgender status;

ii. Issue preliminary and permanent injunctions enjoining Defendants, their employees, agents, successors in office, and all others acting in concert with them, from administering or enforcing Act 466;

iii. Award Plaintiffs their costs and expenses, including reasonable attorneys' fees, together with legal interest thereon calculated from date of judicial demand; and

iv. Grant any and all other general and equitable relief to which Plaintiffs may be entitled and which the Court deems just and proper.

Respectfully submitted,

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