

Attachment 15

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OKLAHOMA**

PETER POE, et al.,

Plaintiffs,

v.

GENTNER DRUMMOND, et al.,

Defendants.

Case No. 23-cv-00177-JFH-SH

**DECLARATION OF SHAUNA M. LAWLIS, M.D. IN SUPPORT OF
PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION**

I, Shauna Lawlis, M.D., pursuant to 28 U.S.C §1746, hereby declare as follows:

1. I am a Plaintiff in this action. I am bringing my claims on behalf of myself and my patients. I offer this Declaration in support of Plaintiffs' Motion for a Preliminary Injunction. I have personal knowledge of the facts set forth in this Declaration and could and would testify competently to those facts if called as a witness.

2. I graduated from medical school in 2011 and completed a residency in pediatrics in 2014 at Baylor College of Medicine and Texas Children's Hospital. Following my residency, I completed a fellowship at the Cincinnati Children's Hospital with a focus on Adolescent Medicine in 2017. During both my residency and fellowship programs, I received training and obtained clinical experience in the provision of gender-affirming health care to gender-diverse youth.

3. I specialize in adolescent medicine and am an Assistant Professor in the Section of Adolescent Medicine, Department of Pediatrics, University of Oklahoma Health Sciences Center, where I instruct medical students in the field of adolescent medicine.

4. I have been a licensed physician in Oklahoma since 2017 and am Double Board Certified by the American Board of Pediatrics in Pediatrics and in Adolescent Medicine. I specialize in the care of transgender adolescents and gender diverse children.

5. Over the course of my medical career, including my residency and fellowship, I have provided health care services and treatment to over 500 gender diverse and transgender young people and their families, and currently treat around 250 patients of varying ages, up to 24 years old.

6. Since 2017, I have worked at the Adolescent Medicine Roy G. Biv Program at Oklahoma Children's Hospital ("the Roy G. Biv Program" or "Program"), which provides health care to gender diverse youth, including gender-affirming medical care to transgender adolescents with gender dysphoria.

7. The Roy G. Biv Program was the largest, and only, multidisciplinary academic clinic in Oklahoma dedicated to providing care to transgender and gender diverse youth with both medical and mental health services, including consultation for families with gender diverse children and, when appropriate, medications to delay puberty and gender-affirming hormone treatment in adolescent patients with gender dysphoria. A copy of the "Sexuality & Gender Identity Issues" web page for Oklahoma Children's Hospital as of September 29, 2022 describing these health services is enclosed as **Exhibit 1**.

8. The Program treats patients in accordance with evidence-based, well-accepted clinical practice guidelines, including the standards of care developed by the World Professional Association for Transgender Health ("WPATH") and guidelines published by the Endocrine Society. It has a multidisciplinary team of providers, including adolescent medicine physicians,

mental health providers, dietitians, and others, to ensure that each patient receives appropriate, individualized, and necessary care.

9. Prior to starting puberty-delaying medications or hormone treatment, every patient at the Program was carefully assessed for gender dysphoria consistent with the established evidence-based guidelines. Ongoing mental health care was recommended as indicated for each patient, based on the patient's individual needs, and referrals were provided to patients and their families, as necessary. Because many of our patients lived far from Oklahoma City, some patients would work with mental health providers closer to their home while others would work with the mental health providers at the Program.

10. Prior to the passage of the Senate Bill 3, which was signed into law on October 4, 2022 ("SB3"), the Roy G. Biv Program was seeing over 350 gender diverse and transgender patients of varying ages, of which only a subset was receiving gender-affirming medical care in the form of puberty delaying medications or hormone treatment as treatment for gender dysphoria. However, after the passage of SB3, OU Health stopped providing puberty-delaying treatment and hormone therapy to adolescents under 18 to treat gender dysphoria.

11. At the Roy G. Biv Program, I provided puberty-delaying treatment for transgender patients with gender dysphoria after the onset of puberty, if such treatment was medically indicated for the patient. This treatment pauses puberty and provides the young person more time to understand their gender identity without having to experience the anxiety and distress associated with developing undesired secondary sexual characteristics that do not match their gender identity. It also provides the patient and their family with more time to work together, along with their providers, to decide on the best long-term course of appropriate medical treatment for the young person.

12. For patients whose gender identity has been persistent and consistent, I would explore gender-affirming hormone therapy (testosterone suppression and estrogen for transgender girls and testosterone for transgender boys) with the adolescent patients and their families, usually beginning around the age of 14, and initiate such treatment if medically indicated. The purpose of this treatment is to attain the appropriate masculinization or feminization of the transgender person to achieve a gender phenotype that matches as closely as possible to their gender identity. Eligibility and medical necessity are determined case-by-case, based on an assessment of the adolescent's unique cognitive and emotional maturation and ability to provide a knowing and informed assent. The decision would be made only after a careful review with the adolescent and parents/guardians of the potential risks and benefits of hormone therapy.

13. No medical treatments are indicated or provided for pre-pubertal children (i.e., children who have not yet reached puberty) with gender dysphoria.

14. When Program patients informed me that they are moving out of state, I provided them with information about clinics and providers that provide gender-affirming medical care for transgender adolescents with gender dysphoria wherever they are moving. I consider it part of my obligation to care for my patients to maintain continuity of care by helping them find care they need if I am unable to continue providing such care.

15. Some of the same treatments I provide to my transgender patients at the Program, I also provide to cisgender patients. For example, in my general adolescent pediatric practice, I provide testosterone suppressants to treat cisgender girls with polycystic ovarian syndrome, which can cause symptoms such as facial hair growth. In such cases, this treatment is to affirm the gender of cisgender patients.

16. In connection with the introduction and subsequent passage of SB3, OU Health announced that it would cease providing gender-affirming medical treatment for gender dysphoria to patients under the age of 18. A copy of the “Sexuality & Gender Identity Issues” web page for Oklahoma Children’s Hospital as of October 5, 2022, including the “Official Statement on Behalf of OU Health,” is enclosed as **Exhibit 2**.

17. As a result of OU Health’s decision in light of SB3, and in order to ensure continuity of care for my patients, I worked with Oklahoma Children’s Hospital and Diversity Family Health, a private health clinic working primarily with the LGBTQ community, to get credentialed to provide care and volunteer one day per week at Diversity Family Health. There I currently see my Roy G. Biv Program patients who require prescriptions for puberty-delaying medications and gender-affirming hormone therapy. I also worked with other patients and their families to provide them with referrals to other providers so that they would not be adversely affected by OU Health’s decision to stop providing gender-affirming medical care in light of SB3.

18. While the move to provide care one day per week at Diversity Family Health has allowed me to continue to provide necessary care for my patients, it has been difficult logistically for me and my patients, as we are now deprived of working within a singular multidisciplinary clinic. The move caused significant distress to myself, my patients, and their families.

19. If S.B. 613 takes effect, I will be prohibited from providing puberty-delaying medications and gender-affirming hormone therapy to my transgender patients not only at Oklahoma Children’s Hospital but also elsewhere in Oklahoma, because the treatments relate to “gender transition.” However, I will be able to continue providing the same treatments to my cisgender patients to treat other conditions.

20. If the S.B. 613 takes effect, I will not be able to treat my transgender patients with gender dysphoria in accordance with the accepted standards of care. If I were to follow the widely accepted and evidence-based protocols for treating gender dysphoria, I would face adverse licensing action or other judicial or administrative consequences, including potentially criminal charges.

21. As noted above, I have already experienced the effects of SB3 which forced the Roy G. Biv Program to cease providing gender-affirming medical care and has harmed my patients and their families.

22. Based on my personal experience in treating hundreds of adolescents with gender dysphoria, I believe that S.B. 613, if permitted to take effect, will significantly and severely compromise the health of my patients. During the months of public discussion around a potential ban on gender-affirming medical care, transgender adolescent patients disproportionately presented for admission to the emergency room for attempted suicide and suicidal thoughts. My office has also received many calls from patients' families panicking because their children were expressing suicidal thoughts related to the prospect of losing the healthcare they rely on for their well-being.

23. Being forced to deny my patients medically necessary care that is medically indicated and oft times lifesaving for some patients violates the tenets of my profession by leaving my patients to suffer needless pain.

24. I am gravely concerned about my patients' ability to survive, much less thrive, if S.B. 613 takes effect.

25. My concerns are not alleviated by the provision in S.B. 613 that allows for a six-month period of gradually decreasing my patients' existing regimens for puberty-blocking

medication or hormones. While tapering down may prevent some of my patients from suffering the most severe side effects from the abrupt withdrawal of their medications, providing my patients with sub-therapeutic doses of puberty-blocking medication or hormones would be inconsistent with the evidence-based medicine that I practice.

26. Once my patients begin receiving sub-therapeutic doses of puberty-blocking medication, they will begin endogenous hormonal puberty inconsistent with their gender identity. I would fully expect their gender dysphoria to worsen as they begin to develop secondary sex characteristics inconsistent with their gender. That has been my observation when my patients, for insurance or other reasons, have experienced interruptions or delays in their puberty-blocking treatments.

27. Similarly, as my transgender adolescent patients who are receiving hormone therapy begin to take sub-therapeutic doses, I anticipate that their gender dysphoria will increase: the hormone therapy they take brings their bodies into alignment with their gender identity, reducing the distress from the incongruence.

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

Executed on this 29th day of April 2023.

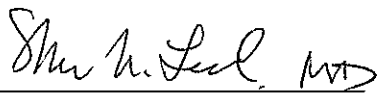

Shauna M. Lawlis, M.D.

Exhibit 1

Return to OU Health



Insurance & Billing Patient Portals Education Health Professionals

WAYS TO GIVE

HEALTH SERVICES

FIND A DOCTOR

FIND A LOCATION

RESEARCH

CHILDREN'S PATIENTS & FAMILIES



Oklahoma Children's Hospital > Children's Services > Adolescent Medicine > Sexuality & Gender Identity Issues

Sexuality & Gender Identity Issues

Finding a way through the challenges of growth and development from childhood to young adult can involve many issues related to gender identity or sexual orientation. As you or a loved one in your family up to age 24 face these concerns, know that you're not alone. You can find compassionate and affirming care for all your health needs.

Addressing Sexuality & Gender Identity Issues Close to Home

No matter where you live in Oklahoma or the surrounding region, you can take advantage of the Adolescent Medicine Roy G. Biv Program at Oklahoma Children's Hospital OU Health in Oklahoma City to help you address concerns about gender identity and sexual orientation.

You'll work with our interdisciplinary team of highly trained specialists who serve the mental health, nutritional and medical needs of all LGBTQ youth, including those moving toward gender affirmation and those who identify as:

- Lesbian, gay, bisexual, pansexual, asexual or other sexual orientation
- Female-to-male transgender
- Male-to-female transgender
- Non-binary, genderfluid, agender or other gender

Designated an LGBTQ Healthcare Equality Leader by the Human Rights Campaign Foundation (HRC), OU Health and its primary care physicians offer you a commitment to patient-centered, welcoming healthcare, free from discrimination and close to home.

Gender-Affirming Treatment & Services

As a participant in the Roy G. Biv program, you benefit from the gender-affirming scope of treatment that includes:

- Discussing concerns or questions about gender
- Pausing puberty to further explore gender
- Managing gender-affirming hormone therapy
- Helping find surgeons who perform gender-affirming surgeries
- Coordinating individual and family therapy, as needed
- Collaborating with schools
- Assisting with legal name or gender marker changes
- Addressing common adolescent issues, including mood-related or menstrual problems

Learn more about [LGBTQ health services](#) at OU Health.

Your Sexuality & Gender Identity Issue Care Team

When you choose the adolescent medicine specialists at Oklahoma Children's Hospital OU Health, you'll work with a diverse team of highly trained physicians, therapists, dietitians and other healthcare specialists who use evidence-based approaches to create your individualized treatment plan and deliver the compassionate care and effective services that help you address your concerns.



Adolescent Medicine

Disordered Eating Program

Sexuality & Gender Identity Issues

Find out about our in-person and virtual urgent care

Learn More

Explore women's services at OU Health

Learn More

How may we help you?

- Log In To Patient Portal
- Request Medical Records
- Send a Greeting
- Search eHealth Library
- View All OU Health Services

Associated Providers

VIEW ALL PROVIDERS



Kelly A. Curran, MD
Adolescent Medicine
Oklahoma City, OK
[Patient Rating](#)



Shauna M. Lawlis, MD
Adolescent Medicine
Oklahoma City, OK
[Patient Rating](#)



Amy B. Middleman, MD, MPH
Adolescent Medicine
Oklahoma City, OK
[View Profile](#)

4.7 out of 5
(295 Ratings,
90 Comments)
[View Profile](#)

4.9 out of 5
(409 Ratings,
162 Comments)
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Locations Offering These Services

[VIEW ALL](#)



Oklahoma Children's Hospital — Adolescent Medicine Clinic

1200 N. Children's Ave., Suite 5F
Oklahoma City, OK 73104
(405) 271-6208

[More Information](#)



[START A VIRTUAL URGENT CARE VISIT](#)



For Hospital Information:
(405) 271-KIDS

For Oklahoma City Appointments:
(405) 271-2222

For Tulsa Appointments:
(918) 619-4400

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The University of Oklahoma Health Sciences Center is the academic partner of OU Health, the state's only comprehensive academic health system of hospitals, clinics and centers of excellence.



Exhibit 2

[Return to OU Health](#)



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WAYS TO GIVE

HEALTH SERVICES

FIND A DOCTOR

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CHILDREN'S PATIENTS & FAMILIES



[Oklahoma Children's Hospital](#) > [Children's Services](#) > [Adolescent Medicine](#) > [Sexuality & Gender Identity Issues](#)

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Official Statement on Behalf of OU Health

As Oklahoma's flagship academic health system, OU Health seeks to reduce the burden of disease and improve the health of all Oklahomans. We are proud of the integrity, professionalism, care and passion our physicians and staff provide to all of our patients. Compassionate care and patient safety always have been and will remain our top priority.

In light of the legislation signed by Governor Stitt, we have ceased hormone-related prescription therapies and surgical procedures for gender-affirming services on patients under the age of 18. OU Health provides care in accordance with all state and federal laws and in compliance with regulatory governing bodies.

Addressing Sexuality & Gender Identity Issues Close to Home

No matter where you live in Oklahoma or the surrounding region, you can take advantage of the Adolescent Medicine Roy G. Biv Program at Oklahoma Children's Hospital OU Health in Oklahoma City to help you address concerns about gender identity and sexual orientation.

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<p>Kelly A. Curran, MD Adolescent Medicine Oklahoma City, OK Patient Rating 4.7 out of 5 (295 Ratings, 90 Comments) View Profile</p>	<p>Amy B. Middleman, MD, MPH Adolescent Medicine Oklahoma City, OK View Profile</p>	<p>Shauna M. Lawlis, MD Adolescent Medicine Oklahoma City, OK Patient Rating 4.9 out of 5 (412 Ratings, 166 Comments) View Profile</p>
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Locations Offering These Services

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