IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF FLORIDA
Tallahassee Division

AUGUST DEKKER, et al., *Plaintiffs*, v. SIMONE MARSTILLER, et al., *Defendants*.	Case No. 4:22-cv-00325-RH-MAF

EXPERT DECLARATION OF
ARMAND H. MATHENY ANTOMMARIA, MD, PhD, FAAP, HEC-C

I, ARMAND H. MATHENY ANTOMMARIA, MD, PhD, FAAP, HEC-C, have been retained by counsel for Plaintiffs in connection with the above-captioned litigation.

1. This declaration provides the following expert opinions, which are explained in further detail below:

2. General Medicaid Policy Rule 59G-1.050 (the Exclusion) excludes certain medical services, which I will refer to as gender-affirming medical care, from coverage when these interventions are used to treat gender dysphoria.[1]

[1] Gender dysphoria is "a marked incongruence between one's experienced/expressed gender and their assigned gender" which is "associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning." American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. American Psychiatric Publishing; 2013.

3. In the Exclusion and in other supporting documents, the Florida Agency for Health Care Administration (AHCA) persistently mischaracterizes these treatments and singles them out for anomalous treatment by withholding Medicaid coverage for them only when they are used to treat gender dysphoria. Specifically, AHCA mischaracterizes

a. individuals as diagnosing themselves with gender dysphoria,

b. treatments for gender dysphoria and "off-label" treatments as experimental,

c. treatments of gender dysphoria as "eminence-based medicine" and the evidence base supporting many medical treatments, and

d. the informed consent process for the treatment of gender dysphoria in minors.

4. Treatment of gender dysphoria is not experimental, is supported by evidence of its safety and efficacy, and is consistent with generally accepted professional medical standards.

5. I have actual knowledge of the matters stated in this declaration. In preparing this declaration, I reviewed the Exclusion, "Florida Medicaid: Generally Accepted Professional Medical Standards Determination on the Treatment of

Gender Dysphoria" (GAPMS Memo)[2], including Attachment G[3], a commissioned, unpublished paper written by G. Kevin Donovan, MD, MA, entitled "Medical Experimentation without Informed Consent: An Ethicist's View of Transgender Treatment for Children." I also reviewed the materials listed in the attached Bibliography (Exhibit B), and I may rely on those documents as additional support for my opinions. I have also relied on my years of research and other experience, as set out in my curriculum vitae (Exhibit A), and on the materials listed therein. The materials I have relied upon in preparing this declaration are the same types of materials that experts in medicine and bioethics regularly rely upon when forming opinions on the subject. I may wish to supplement these opinions or the bases for them as a result of new scientific research or publications, or in response to statements and issues that may arise in my area of expertise.

BACKGROUND AND QUALIFICATIONS

6. I am the Director of the Ethics Center, the Lee Ault Carter Chair of Pediatric Ethics, and an Attending Physician in the Division of Hospital Medicine at Cincinnati Children's Hospital Medical Center ("Cincinnati Children's"). I am also

[2] June 2022. Accessed September 6, 2022. Available at https://ahca.myflorida.com/letkidsbekids/docs/AHCA_GAPMS_June_2022_Report.pdf.

[3] May 12, 2022. Accessed September 6, 2022. Available at https://ahca.myflorida.com/letkidsbekids/docs/AHCA_GAPMS_June_2022_Attachment_G.pdf.

a Professor in the Departments of Pediatrics and Surgery at the University of Cincinnati College of Medicine.

7. In 2000, I received both my medical degree from Washington University School of Medicine in St. Louis, Missouri and my PhD in Religious Ethics from The University of Chicago Divinity School. I completed my Pediatrics residency at the University of Utah in 2003.

8. I have been licensed to practice medicine since 2001 and am currently licensed to practice medicine in Ohio. I have been Board Certified in General Pediatrics since 2004 and in Pediatric Hospital Medicine since the inception of this certification in 2019. I have been certified as a Healthcare Ethics Consultant since the inception of this certification in 2019.

9. I have extensive experience as a practicing pediatrician. I have been in clinical practice since 2003 and approximately 30 percent of my current effort is dedicated to caring for hospitalized patients.

10. I also have extensive experience as a bioethicist. Bioethicists examine the ethical issues that arise in medicine and the life sciences. I was Chair of the Ethics Committee at Primary Children's Medical Center in Salt Lake City, Utah from 2005 to 2012 and have been Director of the Ethics Center at Cincinnati Children's since 2012.

11. I regularly consult on patients in the Transgender Health Clinic at Cincinnati Children's whose care presents unique ethical issues and participate in the Clinic's monthly multidisciplinary team meetings. I remain current with the medical and bioethics literature regarding the treatment of individuals with gender dysphoria, particularly minors. I am also the Chair of Cincinnati Children's Fetal Care Center's Oversight Committee which provides the Center with recommendations on the use of innovative treatments and experimental interventions.

12. I am a member of the American Academy of Pediatrics (AAP), the American Society for Bioethics and Humanities (ASBH), the Association of Bioethics Program Directors, and the Society for Pediatric Research. I was a member of the AAP's Committee on Bioethics from 2005 to 2011. I have also served as a member of the ASBH's Clinical Ethics Consultation Affairs Committee from 2009 to 2014 and currently serve on its Healthcare Ethics Consultant Certification Commission.

13. I am the author of 39 peer-reviewed journal articles, 11 non-peer-reviewed journal articles, 6 book chapters, and 27 commentaries. My peer-reviewed journal articles have been published in high-impact journals including the *Journal of the American Medical Association* and *Annals of Internal Medicine.* I am also an

author of 17 policy statements and technical reports, including 4 as lead author, by the AAP.

14. I am a member of the Executive Editorial Board and the Associate Editor for Ethics Rounds of *Pediatrics*. *Pediatrics* is the AAP's flagship journal and Ethics Rounds is a type of article in which commentators analyze cases that raise ethical issues. I am an active peer reviewer for many medical journals, including the *American Journal of Bioethics* and the *Journal of Pediatrics*. I also review abstracts for the annual meetings of professional organizations, including the Pediatric Academic Societies and ABSH. I was previously a member of the editorial boards of the *Journal of Clinical Ethics* and the *Journal of Medical Humanities*.

15. I previously testified as an expert witness at trial or deposition in the following cases: *Brant v. Rutledge*, Case No. 4:21CV450-JM (E.D. Ark.), *Doe v. Abbott*, No. D-1-GN-22-000977, 2022 WL 628912 (Tex. Dist. 353rd Judicial District, March 2, 2022), and *Eknes-Tucker* v *Marshall*, Case No. 2:22-cv0-184-LCB (M.D. Ala. May 13, 2022).

16. I am being compensated at an hourly rate of $250 per hour for preparation of expert declarations and reports, and $400 per hour for time spent preparing for or giving deposition or trial testimony. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I provide.

GENDER DYSPHORIA IS A MEDICAL DIAGNOSIS

17. As the GAPMS Memo correctly acknowledges, gender dysphoria is a medical diagnosis contained in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM)* 5th ed. The DSM contains specific criteria for clinicians to establish this diagnosis.[4]

18. However, the GAPMS Memo falsely characterizes individuals with gender dysphoria as "self-diagnosing." GAPMS Memo at 30; Attachment G at 5. The diagnosis of gender dysphoria in adolescents and adults, like many other common medical diagnoses, relies on individuals' self-report of symptoms. The diagnosis of migraine headaches, for example, depends on individuals' report of the number, duration, and characteristics of their headaches. The characteristics include the headaches' location, quality, intensity, and aggravating factors as well as the presence of nausea and/or vomiting, and light and sound sensitivity. It is common for diagnostic criteria to utilize qualitative terms, e.g., the intensity of migraine headaches is moderate to severe.[5] Like gender dysphoria, there is no confirmatory laboratory or radiographic study for the diagnosis of migraine headaches. Radiographic studies and electroencephalograms (EEG) are only used if the history

[4] American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. American Psychiatric Publishing; 2013.

[5] Headache Classification Committee of the International Headache Society (IHS). The international classification of headache disorders, 3rd edition. *Cephalalgia*. 2018;38(1):1-211.

and physical examination suggest that the headache is secondary to another condition, e.g., meningitis or subarachnoid hemorrhage.[6]

19. Individuals with symptoms of gender dysphoria may anticipate their diagnosis in the same way that individuals with fever, cough, and difficulty breathing may reasonably suspect that they have pneumonia. It is, however, incorrect to suggest that these patients "self-diagnose," or that such suspicions serve as the basis for the diagnosis or subsequent treatment. Only licensed healthcare providers or teams of providers, based on patient reports and, in the case of minors, parent reports, make the diagnosis of gender dysphoria and any subsequent treatment recommendations.

20. Self-report is also relevant to research on many medical conditions. For example, a study published in the high-impact *New England Journal of Medicine* investigated medications for the treatment of migraines in children and adolescents ages 8 to 17. This study relied on participants' self-reports; they kept a "headache diary" to record the number of days they experienced headaches and other symptoms like fatigue and dry mouth.[7]

[6] Steiner TJ, Jensen R, Katsarava Z, et al. Aids to management of headache disorders in primary care, 2nd edition. *J Headache Pain*. 2019;20(1):57.

[7] Powers SW, Coffey CS, Chamberlin LA, et al. Trial of amitriptyline, topiramate, and placebo for pediatric migraine. *N Engl J Med*. 2017;376(2):115-124.

GENDER-AFFIRMING MEDICAL CARE IS NOT EXPERIMENTAL

21. Clinical practice and research are distinguished by their goals and methods. The goal of clinical practice is to benefit individual patients, and its method is individualized decision-making. The goal of research is to contribute to generalizable knowledge, and its method uses formal protocols that describe the research study's objectives and procedures.[8]

22. To the extent that the GAPMS Memo uses the term "experimental" or "investigational" to convey that gender-affirming medical care is new, untested, or different, that suggestion is baseless. GAPMS Memo at 29, 30; Attachment G at 1, 4. Hormone treatment for gender dysphoria began after estrogen and testosterone became commercially available in the 1930's. The first documented male to female gender-affirming genital surgery was performed in 1931 and Christine Jorgensen famously underwent gender-affirming surgery in 1952.[9] The use of gonadotropin releasing hormone analogues, also known as puberty blockers or puberty-delaying medications, to treat gender dysphoria in adolescents, while more recent, is also not new. The first reference to this treatment in the medical literature was in 1998, over twenty years ago.[10] Prospective observational trials of puberty blockers began

[8] National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. *The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research.* The Commission; 1978.

[9] Stryker S. *Transgender History*. 2nd ed. Seal Press; 2017.

[10] Cohen-Kettenis PT, van Goozen SH. Pubertal delay as an aid in diagnosis and treatment of a

recruiting participants in 2000.[11] Gender-affirming medical care is supported by clinical studies, the same type of studies that support many other widely accepted medical treatments, as detailed below.

23. The clinical use of puberty blockers, gender-affirming hormone treatment and surgeries is not research or experimentation. When administering these treatments, clinicians seek to benefit individual patients and adjust the treatment based on individual patients' responses.

24. The GAPMS Memo's suggestion that, because puberty blockers and gender-affirming hormone treatment are being used "off-label," they are experimental, untested, or unsafe is also misleading. GAPMS Memo at 8, 14, 16, 19, 21; Attachment G at 4. Off-label use of medications is legal, common, and often evidence-based.

25. Approval by the U.S. Food and Drug Administration (FDA) is not required for all uses of a medication. Once the FDA has approved a medication for one indication,[12] thereby agreeing that it is safe (*i.e.*, its benefits outweigh its

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transsexual adolescent. *Eur Child Adolesc Psychiatry*. 1998;7(4):246-248.

[11] de Vries AL, Steensma TD, Doreleijers TA, Cohen- Kettenis PT. Puberty suppression in adolescents with gender identity disorder: A prospective follow-up study. *J Sex Med*. 2011;8(8):2276-2283.

[12] According to the FDA, an indication includes several factors: the particular disease or condition or the manifestation or symptoms of the disease or condition for which the drug is approved; whether the drug is approved for treatment, prevention, mitigation, cure, or diagnosis; and the population, including age group, for which the drug is safe and effective. Center for Drug Evaluation and Research and Center for Biologics Evaluation and Research, Food and Drug Administration, U.S. Department of Health and Human Services. Indications and Usage Section

potential risks) and effective for this intended use, as is the case with the medications at issue here, prescribers are generally free to prescribe it for other indications.[13] Prescribing an approved medication for an unapproved indication is colloquially referred to as "off-label" use. The AAP Committee on Drugs states, "[i]t is important to note that the term 'off-label' does not imply an improper, illegal, contraindicated, or investigational use" and "[t]he administration of an approved drug for a use that is not approved by the FDA is not considered research and does not warrant special consent or review if it is deemed to be in the individual patient's best interest."[14]

26. The AAP Committee on Drugs further states "in no way does a lack of labeling signify that therapy is unsupported by clinical experience or data in children."[15] Among the reasons for this is that, even if there is substantial evidence

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of Labeling for Human Prescription Drug and Biological Products—Content and Format: Guidance for Industry. July 2018. Accessed August 25, 2022. Available at https://www.fda.gov/files/drugs/published/Indications-and-Usage-Section-of-Labeling-for-Human-Prescription-Drug-and-Biological-Products-%E2%80%94-Content-and-Format-Guidance-for-Industry.pdf. A medication approved for the treatment of asthma in adults would, for example, be prescribed off label if used to treat a different disease, like pneumonia, or a different age group, like children.

[13] U.S. Food & Drug Administration. Understanding unapproved use of approved drugs "off label." February 5, 2018. Accessed August 25, 2022. Available at https://www.fda.gov/patients/learn-about-expanded-access-and-other-treatment-options/understanding-unapproved-use-approved-drugs-label.

[14] Frattarelli DA, Galinkin JL, Green TP, et al. Off-label use of drugs in children. *Pediatrics*. 2014; 133(3): 563-567.

[15] *Id*.

of safety and efficacy for a new indication, a sponsor may not seek FDA approval for it because doing so is not economically beneficial.[16]

27. "Off-label" use of drugs is common in many areas of medicine, including pediatrics. For example, magnesium sulfate is only approved by the FDA for replacement therapy in magnesium deficiency, in nutrition given by vein to correct or prevent low magnesium levels, or to prevent or control seizures due to high blood pressure during pregnancy.[17] It is, nonetheless, recommend for the short-term prolongation of pregnancy and to prevent neurologic injuries to the fetus and newborn [18] and as an adjunct treatment in severe, unresponsive asthma exacerbations.[19] A recent study of children's hospitals found that in 28.1% of encounters, at least one off-label drug was prescribed.[20] Examples of medications used off-label in this study included: albuterol, which is used to treat asthma; morphine, which is used to treat pain; and lansoprazole (Prevacid®), which is used

[16] Wittich CM, Burkle CM, Lanier WL. Ten common questions (and their answers) about off-label drug use. *Mayo Clin Proc*. 2012;87(10):982-990.

[17] Magnesium Sulfate. February 2016. Accessed August 31, 2022. Available at https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/019316s024lbl.pdf.

[18] Committee Opinion No 652: Magnesium sulfate use in obstetrics. *Obstet Gynecol*. 2016;127(1):e52-e53.

[19] National Heart, Lung, and Blood Institute. Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma. 2007. Accessed August 31, 2022. Available at https://www.nhlbi.nih.gov/sites/default/files/media/docs/EPR-3_Asthma_Full_Report_2007.pdf.

[20] Yackey K, Stukus K, Cohen D, Kline D, Zhao S, Stanley R. Off-label medication prescribing patterns in pediatrics: An update. *Hosp Pediatr*. 2019;9(3):186-193.

to treat gastrointestinal reflux. The rate of off-label use may be significantly higher in certain age groups, categories of drugs, and clinical settings.

28. The GAPMS Memo misleadingly notes that testosterone is a Schedule III controlled substance because of its "high probability of abuse." GAPMS Memo at 19. But there is no evidence of abuse or dependence of anabolic-androgenic steroids from therapeutic use. And Schedule III drugs have a moderate to low potential for physical and psychological dependence.[21] Dependence has only been reported among weightlifters and bodybuilders receiving non-therapeutic, supraphysiologic doses.[22]

GENDER-AFFIRMING MEDICAL CARE IS EVIDENCE-BASED

29. AHCA also incorrectly characterizes gender-affirming medical treatment as lacking sufficient evidence of safety and efficacy. GAPMS Memo at 2. Medical care for individuals with gender dysphoria is evidence-based.

30. The major categories of studies used to evaluate innovative treatments are observational studies, which include cross-sectional and longitudinal studies, and randomized trials. In cross-sectional studies, investigators collect data at a single point in time. Cross-sectional design permits investigators to examine potential associations between factors, but it cannot prove one factor caused the other. In

[21] United States Drug Enforcement Administration. Drug scheduling. July 10, 2018. Accessed August 25, 2022. Available at https://www.dea.gov/drug-information/drug-scheduling.

[22] Brower KJ. Anabolic steroid abuse and dependence. *Curr Psychiatry Rep*. 2002;4(5):377-87.

longitudinal studies, researchers follow individuals over time, making continuous or repeated measures. In a randomized trial, participants are randomly assigned to a treatment or a comparison group. In double blind randomized trials neither the investigators nor the participants know to which group the participant is assigned. Placebo-controlled trials compare an active agent to an inactive one. The major benefit of a randomized trial is that it decreases the likelihood that any differences in the outcomes between the groups is the result of baseline differences between the groups rather than the result of the intervention.[23]

31. While randomized control trials are described in the medical literature as "high quality" evidence and observational studies as "low quality" evidence, randomized controlled trials may not be feasible or ethical, may have intrinsic methodological limitations, or may be unavailable in some contexts. "Low quality" evidence can be and frequently is sufficient to justify treatment recommendations.[24]

32. It may, at many times, be unethical to conduct randomized trials. For randomized trials to be ethical, clinical equipoise must exist; that is, there must be

[23] Guyatt G, Rennie D, Meade MO, et al., eds. *Users' Guide to the Medical Literature: A Manual for Evidence-Based Clinical Practice*. 3rd ed. McGraw Hill Education; 2015; Perry- Parrish C, Dodge R. Research and statistics: Validity hierarchy for study design and study type. *Pediatr Rev*. 2010;31(1):27-29.

[24] Swiglo BA, Murad MH, Schunemann HJ, et al. A case for clarity, consistency, and helpfulness: State-of-the-art clinical practice guidelines in endocrinology using the Grading of Recommendations, Assessment, Development, and Evaluation system. *J Clin Endocrinol Metab*. 2008;93(3):666-673.

uncertainty about whether the efficacy of the intervention or the control is greater. It would be unethical to knowingly expose some trial participants to an inferior intervention. Trials must also be feasible. It would be unethical to expose individuals to the risks of trial participation without the benefit of the trial generating generalizable knowledge. A randomized trial that is unlikely to find enough people to participate because they believe they might be randomized to an inferior intervention would be unethical because it could not generate generalizable knowledge due to an inadequate sample size.[25]

33. The use of puberty blockers and gender-affirming hormone treatment to treat gender dysphoria in adolescents are supported by prospective observational studies.[26] There are also ongoing, federally funded, prospective observational studies of gender-affirming healthcare for adolescents with gender dysphoria in the U.S.[27]

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[25] Emanuel EJ, Wendler D. Grady C. What makes clinical research ethical? *JAMA*. 2000; 283(20):2701-2711.

[26] Delemarre-van de Waal HA, Cohen- Kettenis PT. Clinical management of gender identity disorder in adolescents: A protocol on psychological and pediatric endocrinology aspects *Eur J Endocrinol*. 2006;155(suppl 1):S131–S137; de Vries AL, Steensma TD, Doreleijers TA, Cohen-Kettenis PT. Puberty suppression in adolescents with gender identity disorder: A prospective follow-up study. *J Sex Med*. 2011;8(8):2276-2283; de Vries AL, McGuire JK, Steensma TD, Wagenaar EC, Doreleijers TA, Cohen-Kettenis PT. Young adult psychological outcome after puberty suppression and gender reassignment. *Pediatrics*. 2014;134(4):696-704.

[27] National Institutes of Health Reporter, The impact of early medical treatment in transgender youth. Accessed August 25, 2022. Available at http://reporter.nih.gov/search/lGJnh68uokiic97N2X00kA/project-details/8965408; Olson-Kennedy J, Chan YM, Garofalo R, et al. Impact of early medical treatment for transgender youth: Protocol for the longitudinal, observational trans youth care study. *JMIR Res Protoc*.

34. A recent systemic review of studies on gender-affirming hormone therapy that were published in English between January 1, 2015 and April 16, 2021, and that focused on mental health and body image, body composition and contours, bone health, cardiovascular and thromboembolic safety, and cancer risk identified 69 studies in adults. Most of these studies were observational, including cross-sectional and longitudinal studies.[28] One randomized, double-blind, placebo-controlled trial compared the effect of testosterone combined with a 5alpha-reductase inhibitor or placebo on muscle strength.[29] It is important to note that this trial compared one form of gender-affirming hormone treatment to another, rather than comparing gender-affirming hormone treatment to no treatment at all.

35. Under the applicable ethical standards, randomized, placebo-controlled trials that compare pharmacological treatment to no pharmacological treatment in gender dysphoria are currently unethical. Potential investigators do not have equipoise between pharmacological treatment and no pharmacological treatment; they believe that pharmacological treatment is superior. It is also highly unlikely that

2019;8(7):e14434.

[28] D'Hoore L, T'Sjoen G. Gender-affirming hormone therapy: An updated literature review with an eye on the future. *J Intern Med*. 2022;291(5):574-592.

[29] Gava G, Armillotta F, Pillastrini P, et al. A randomized double-blind placebo-controlled pilot trial on the effects of testosterone undecanoate plus dutasteride or placebo on muscle strength, body composition, and metabolic profile in transmen. *J Sex Med*. 2021;18(3):646-655.

enough participants would enroll in randomized controlled trials for them to be informative.[30]

36. Even if randomized, placebo-controlled trials comparing pharmacological treatment of gender dysphoria to no pharmacological treatment were ethical, they would provide a lower quality of evidence because of intrinsic limitations in their design. For example, it would be impossible to "blind" the investigators or the participants to whether the participants were receiving the active treatment or a placebo. They would know if the participants were in the intervention or control arm of the study due to the physical changes in their bodies, or the lack thereof, over time. This might bias their perception of the outcomes. Such limitations result in decreases in the grade of evidence.[31]

37. In healthcare, adult patients, and especially parents or guardians of minor patients, must frequently make decisions about medical care without the benefit of randomized trials. Clinical research focusing on children and adolescents is less likely to use randomized trials than is clinical research for adults. Reasons for this disparity include the low prevalence of childhood disease or conditions, small

[30] Chew D, Anderson J, Williams K, May T, Pang K. Hormonal treatment in young people with gender dysphoria: A systematic review. *Pediatrics*. 2018;141(4):e20173742; Reisner SL, Deutsch MB, Bhasin S, et al. Advancing methods for US transgender health research. *Curr Opin Endocrinol Diabetes Obes*. 2016;23(2):198-207.

[31] Atkins, D, Best D, Briss PA, et al. Grading quality of evidence and strength of recommendations. *BMJ*. 2004; 328(7452): 1490.

market share for therapeutic agents in children, low level of National Institutes of Health funding, and difficulty enrolling children and adolescents in research.[32]

38. One directly relevant example of a widely accepted and Florida Medicaid program covered treatment that is based on prospective observational studies is the use of puberty blockers to treat central precocious puberty. Central precocious puberty is the premature initiation of puberty, before age 8 in people assigned female at birth and before age 9 in people assigned male at birth, by the central nervous system. Its negative effects include impairment of final adult height as well as antisocial behavior and lower academic achievement. There are no randomized controlled trials evaluating the adult height of treated and untreated individuals. Most studies are prospective observational and compare pretreatment predicted and actual final height. These studies have additional limitations including small sample sizes. This "low quality" evidence is nonetheless sufficiently strong to support the use of puberty blockers as the standard of care for treatment of central precocious puberty.[33]

39. Professional medical organizations develop evidence-based clinical practice guidelines to provide clinicians with helpful, evidence-based

[32] Martinez-Castaldi C, Silverstein M, Baucher H. Child versus adult research: The gap in high-quality study design. *Pediatrics*. 2008;122(1):52-57.

[33] Mul D, Hughes IA. The use of GnRH agonists in precocious puberty. *Eur J Endocrinol*. 2008;159(Suppl 1):S3-8.

recommendations and improve patient care and outcomes. Organizations develop guidelines using systematic processes to select and review scientific evidence. Guidelines typically rate the quality of the evidence and grade the strength of recommendations.[34]

40. The Endocrine Society, an international medical organization of over 18,000 endocrinology researchers and clinicians, has published a clinical practice guideline for the treatment of gender-dysphoric (GD)/gender-incongruent persons, which may include pubertal suppression, gender-affirming hormone therapy, and gender-affirming surgery. The guideline both rates the quality of the supporting evidence and grades the strength of its recommendations. It recommends both the use of puberty blockers and gender-affirming hormone therapy to treat gender dysphoria in adolescents based on the best available evidence. The guideline recommends delaying gender-affirming genital surgery that removes the testicles, ovaries, and/or uterus until adulthood. The guideline makes recommendations on adverse outcome prevention and long-term care for adults receiving gender-affirming hormone therapy.[35]

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[34]Endocrine Society. Endocrine Society guideline methodology. Accessed September 1, 2022. Available at https://www.endocrine.org/clinical-practice-guidelines/methodology; American Academy of Pediatrics Steering Committee on Quality Improvement and Management. Classifying recommendations for clinical practice guidelines. *Pediatrics*. 2004;114(3):874-877; Atkins D, Best D, Briss PA, et al. Grading quality of evidence and strength of recommendations, *BMJ*. 2004;328(7454):1490.

[35] Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guideline. *J Clin*

41. Recommendations for pediatric care made by professional associations are seldom based on well-designed and conducted randomized controlled trials due to their rarity and are frequently based on observational studies or, if such studies are unavailable, expert opinion. The medical use of the term "expert opinion" in this context differs from what I understand to be the use of this term in legal contexts. It refers to the consensus of experts in the field when studies are not available.

42. For example, none of the Endocrine Society's 84 recommendations in 2 of its other guidelines that focus on the pediatric population—guidelines on pediatric obesity and congenital adrenal hyperplasia—is based on "high quality" evidence. Twenty-four (29%) of the recommendations are based on "moderate," and 49 (58%) on "low" or "very low quality" evidence. The remaining recommendations (11, 13%) are Ungraded Good Practice Statements. Table 1 (Exhibit C).[36]

43. Guidelines issued by other professional associations concerning pediatric medical care unrelated to gender dysphoria are similar. For example, of the 130 recommendations in the American Heart Association's guideline for Pediatric

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Endocrinol Metab. 2017;102(11):3869-3903; World Professional Organization for Transgender Health. *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, Version 7. World Professional Association for Transgender Health (WPATH); 2012.

[36] Speiser PW, Arlt W, Auchus RJ, et al. Congenital adrenal hyperplasia due to steroid 21-hydroxylase deficiency: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab*. 2018;103(11):4043-88; Styne DM, Arslanian SA, Connor EL, et al. Pediatric obesity-assessment, treatment, and prevention: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab*. 2017;102(3):709-757.

Basic and Advanced Life Support, only 1 (1%) is based on "high-quality evidence from more than 1 [randomized clinical trial]" and 3 (3%) on "moderate-quality evidence from 1 or more [randomized clinical trials]." The remainder of the recommendations were based on lower quality evidence.[37] As reflected in medical professional associations' guidelines, medical treatment in pediatrics is infrequently based on "high" quality evidence and commonly based on lower quality evidence, including observational studies.

44. While "high quality" evidence is more common in adult medicine, recommendations are nonetheless frequently based on "low" or "very low quality" evidence. The Endocrine Society, for example, makes 35 recommendations in its clinical practice guideline on the treatment of diabetes in older adults. Forty eight percent of these recommendations are based on "low" or "very low quality" evidence and 14% are ungraded good practice statements.[38] Table 1 (Exhibit C).

PARENTS AND LEGAL GUARDIANS ARE CAPABLE OF PROVIDING INFORMED CONSENT FOR GENDER-AFFIRMING MEDICAL CARE

45. The GAPMS Memo and attachments incorrectly suggest that parents or legal guardians are unable to understand and appreciate the potential risks of gender-

[37] Topjian AA, Raymond TT, Atkins D, et al. Part 4: Pediatric basic and advanced life support: 2020 American Heart Association guidelines for cardiopulmonary resuscitation and emergency cardiovascular care. *Circulation*. 2020;142(16_suppl_2):S469-S523.

[38] LeRoith D, Biessels GJ, Braithwaite SS, et al. Treatment of diabetes in older adults: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab*. 2019;104(5):1520-1574.

affirming health care and, therefore, are incapable of providing informed consent. GAPMS Memo at 18, 29; Attachment G at 3-4.

46. First and foremost, parents or legal guardians generally must provide informed consent for medical treatment for their minor children, including for gender-affirming medical care. There is no evidence cited by AHCA in support of the assertion that parents of adolescents with gender dysphoria are unable to understand or appreciate the potential risks of gender-affirming medical care. Parents and legal guardians frequently consent to medical treatments for minors unrelated to gender dysphoria which have comparable risks, uncertainty, or levels of evidence.

47. Adolescents generally possess comparable medical decision-making capacity to adults.[39] There is evidence that most adolescents with gender dysphoria have sufficient medical decision-making capacity to make decisions regarding puberty blockers.[40] And there are steps that healthcare providers take to promote adolescents' decision-making capacity.[41]

[39] Weithorn LA, Campbell SB. The competency of children and adolescents to make informed treatment decisions. *Child Dev*. 1982;53(6):1589-98.

[40] Vrouenraets L, de Vries ALC, de Vries MC, van der Miesen AIR, Hein IM. Assessing medical decision-making competence in transgender youth. *Pediatrics*. 2021;148(6): e2020049643.

[41] Katz AL, Webb SA, Committee on Bioethics. Informed consent in decision-making in pediatric practice. *Pediatrics*. 2016;138(2): e20161485.

48. The current standard of care for treating gender dysphoria in minors is consistent with general ethical principles instantiated in the practices of informed consent and shared decision-making. The Endocrine Society's clinical practice guideline extensively discusses the potential benefits, risks, and alternatives to gender-affirming medical care, and its recommendations regarding the timing of interventions are based in part on the treatment's potential risks and the adolescent's decision-making capacity. The guideline recommends that informed consent for pubertal blockers and gender-affirming hormones include a discussion of the implications for fertility and options for fertility preservation. The Endocrine Society's clinical guideline also advises delaying gender-affirming hormone treatment, which results in partly irreversible physical changes, until an adolescent has developed sufficient medical decision-making capacity. The current version of guideline states clinicians should individualize decision-making for chest surgery in transgender males (individuals assigned female at birth who identify as male) and that chest surgery may be considered in some instances for individuals under 18 years old. The guideline recommends gender-affirming genital surgery involving gonadectomy and/or hysterectomy only in individuals 18 years old or older. [42]

[42]Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab*. 2017;102(11):3869-3903.

THE EXCLUSION SINGLES OUT GENDER-AFFIRMING CARE FOR ANOMALOUS TREATMENT

49. The Exclusion does not provide a basis for excluding coverage of the provision of gender-affirming medical care to individuals with gender dysphoria and treating it differently from other comparable medical interventions. For example, as previously mentioned, Florida Medicaid provides coverage for the use of puberty blockers to treat central precocious puberty, but now prohibits coverage for the use of puberty blockers to treat gender dysphoria, even though the use of puberty blockers to treat both conditions has comparable risks and is supported by comparable types of evidence. *Supra* paragraph 38 (pp.18).

50. Additionally, while the Exclusion would eliminate coverage of chest surgery for the treatment of gender dysphoria for Medicaid beneficiaries, Medicaid beneficiaries are provided coverage for comparable surgeries, such as those for gynecomastia. Gynecomastia is the proliferation of ductal or glandular breast tissue, as opposed to adipose tissue or fat, in individuals whose sex assigned at birth is male. While surgeries to treat gynecomastia may at times be performed to lessen pain, they are commonly performed to reduce psychosocial distress. Surgery affirms patients' gender identity, that is, to help someone assigned male at birth feel more typically

masculine. Risks associated with the procedure include bruising, bleeding, infection, scarring, poor cosmetic outcome, and loss of sensation.[43]

51. There is nothing unique about chest surgery for gender dysphoria that justifies singling out this and other medical treatments for gender dysphoria for non-coverage based on a concern regarding evidence of safety or efficacy, adult patients, parents or guardians' ability to consent, or adolescents' ability to assent. As with other medical decisions, medical decisions regarding treatment for gender dysphoria should continue to be left to the discretion of adult patients or minor patients and their parents or legal guardians, and their healthcare providers.

CONCLUSION

52. Based on my research and experience as a pediatrician and bioethicist, treatment for gender dysphoria is not experimental and is consistent with generally accepted professional medical standards including standards for informed consent. There is not a sound medical or ethical basis for excluding such care from coverage by Florida Medicaid and so doing is inconsistent with the program's other medical coverage decisions.

[43] Nordt CA, DiVasta AD. Gynecomastia in adolescents. *Curr Opin Pediatr*. 2008;20(4):375-382.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on September 11, 2022

Armand H. Matheny Antommaria
Armand H. Matheny Antommaria (Sep 11, 2022 15:31 EDT)

ARMAND H. MATHENY ANTOMMARIA, MD, PhD

Expert Declaration of Armand Antommaria Florida Litigation 22.09.11 for signature (002)

Final Audit Report 2022-09-11

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EXHIBIT A

CURRICULUM VITAE

Last Updated: August 28, 2022

EDUCATION

1983-1987	BSEE	Valparaiso University, with High Distinction Valparaiso, IN
1983-1987	BS	Valparaiso University (Chemistry), with High Distinction Valparaiso, IN
1987-1989	MD	Washington University School of Medicine
1998-2000		Saint Louis, MO
1989-2000	PhD	The University of Chicago Divinity School (Religious Ethics) Chicago, IL
2000-2003	Resident	University of Utah (Pediatrics) Salt Lake City, UT
2005-2006	Certificate	Conflict Resolution Certificate Program, University of Utah Salt Lake City, UT

BOARD CERTIFICATION

2019 Pediatric Hospital Medicine, American Board of Pediatrics
2019 Healthcare Ethics Consultant-Certified, Healthcare Ethics Consultation Certification Commission
2004 General Pediatrics, American Board of Pediatrics

PROFESSIONAL LICENSES

2012-Present	Doctor of Medicine, Ohio
2006-2010	Alternative Dispute Resolution Provider—Mediator, Utah
2001-2014	Physician and Surgeon, Utah
2001-2014	Physician and Surgeon Controlled Substance, Utah

PROFESSIONAL EXPERIENCE

Full Time Positions

2019-Present	*Professor* Cincinnati Children's Hospital Medical Center, Cincinnati, OH Department of Surgery
2019-Present	*Professor of Clinical-Affiliated* University of Cincinnati, Cincinnati, OH Department of Surgery
2017-Present	*Professor* Cincinnati Children's Hospital Medical Center, Cincinnati, OH Division of Pediatric Hospital Medicine
2017-Present	*Professor of Clinical-Affiliated* University of Cincinnati, Cincinnati, OH Department of Pediatrics
2016-2017	*Associate Professor of Clinical-Affiliated* University of Cincinnati, Cincinnati, OH Department of Pediatrics
2012-2017	*Associate Professor*

	Cincinnati Children's Hospital Medical Center, Cincinnati, OH Division of Pediatric Hospital Medicine
2012-Present	*Lee Ault Carter Chair in Pediatric Ethics* Cincinnati Children's Hospital Medical Center
2012-2016	*Associate Professor-Affiliated* University of Cincinnati, Cincinnati, OH Department of Pediatrics
2010-2012	*Associate Professor of Pediatrics* (with Tenure) University of Utah School of Medicine, Salt Lake City, UT Divisions of Inpatient Medicine and Medical Ethics
2010-2012	*Adjunct Associate Professor of Medicine* University of Utah School of Medicine, Salt Lake City, UT Division of Medical Ethics and Humanities
2004-2010	*Assistant Professor of Pediatrics* (Tenure Track) University of Utah School of Medicine, Salt Lake City, UT Divisions of Inpatient Medicine and Medical Ethics
2004-2010	*Adjunct Assistant Professor of Medicine* University of Utah School of Medicine, Salt Lake City, UT Division of Medical Ethics and Humanities
2003-2004	*Instructor of Pediatrics* (Clinical Track) University of Utah School of Medicine, Salt Lake City, UT Divisions of Inpatient Medicine and Medical Ethics
2003-2004	*Adjunct Instructor of Medicine* University of Utah School of Medicine, Salt Lake City, UT Division of Medical Ethics

Part Time Positions

2022- Present	*Expert Witness,* Report and Testimony Eknes-Tucker, et al., v. Marshall, et al., United States District Court Middle District of Alabama Northern Division, Case No. 2:22-cv0-184-LCB.
2022-Present	*Expert Witness,* Report and Testimony Jane Doe, et al., v. Greg Abbott, et al., District Court of Travis County, Texas 353rd Judicial District, Case No. D-1-GN-22-000977
2021-Present	*Expert Witness*, Reports and Deposition Dylan Brandt, et al., v. Leslie Rutledge, et al., United States District Court, Eastern District of Arkansas, Case No.: 5:21-CV-00450-JM-1
2021	*Consultant* Proctor & Gamble, Cincinnati, OH
2019	*Consultant* Sanofi Genzyme, Cambridge, MA
2018-Present	*Consultant* Center for Conflict Resolution in Healthcare, Memphis, TN
2017-2020	*Consultant* Amicus Therapeutics, Cranbury, NJ
2017	*Expert Witness,* Report Robert J. Klickovich, MD, PLLC v. Tristate Arthritis & Rheumatology, PSC, *et*

al., Commonwealth of Kentucky, Boone Circuit Court, Division III, Civil Action No. 16-CI-01690

2017 *Consultant*
Sarepta Therapeutics, Cambridge, MA

2014 *Consultant*
Genzyme, A Sanofi Company, Cambridge, MA

Editorial Experience

Editorial Board

2020-Present *Pediatrics*, Associate Editor for Ethics Rounds and Member of the Executive Editorial Board

2015-2020 *Journal of Clinical Ethics*

2009-2020 *Journal of Medical Humanities*

Guest Academic Editor

2017 *PLOS|ONE*

Ad Hoc Reviewer: *Academic Medicine, Academic Pediatrics, AJOB Primary Research, American Journal of Bioethics, American Journal of Law & Medicine, American Journal of Medical Genetics, American Journal of Transplantation, BMC Medical Ethics, BMJ Open, Canadian Journal of Bioethics, CHEST, Clinical Transplantation, European Journal of Human Genetics, Frontiers in Genetics, Hospital Medicine, International Journal of Health Policy and Management, International Journal of Nursing Studies, Journal of Adolescent and Young Adult Oncology, Journal of Clinical Ethics, Journal of Empirical Research on Human Research Ethics, Journal of General Internal Medicine, Journal of Healthcare Leadership, Journal of Hospital Medicine, Journal of the Kennedy Institute of Ethics, Journal of Law, Medicine & Ethics, Journal of Medical Ethics, Journal of Medical Humanities, Journal of Medicine and Life, Journal of Palliative Care, Journal of Pediatrics, Journal of Pediatric Surgery, Mayo Clinic Proceedings, Medicine, Healthcare and Philosophy, Molecular Diagnosis & Therapy, New England Journal of Medicine, Patient Preference and Adherence, Pediatrics, Pediatrics in Review, Personalized Medicine, PLOS|ONE, Risk Management and Healthcare Policy, Saudi Medical Journal, SSM - Qualitative Research in Health,* and *Theoretical Medicine and Bioethics*

SCHOLASTIC AND PROFESSIONAL HONORS

2021 *Hidden Gem Award*, Cincinnati Children's Hospital Medical Center, Cincinnati, OH

2019-2021 *Presidential Citation*, American Society for Bioethics and Humanities, Chicago, IL

2016 *Laura Mirkinson, MD, FAAP Lecturer*, Section on Hospital Medicine, American Academy of Pediatrics, Elk Grove Village, IL

2016, 2018 *Certificate of Excellence*, American Society for Bioethics and Humanities, Glenview, IL

2013, 2016 *Senior Resident Division Teaching Award*, Cincinnati Children's Hospital Medical Center, Cincinnati, OH

2012	*Role Model*, Quality Review Committee, Primary Children's Medical Center, Salt Lake City, UT
2011	*Member*, Society for Pediatric Research, The Woodlands, TX
2011	*Presidential Citation*, American Society for Bioethics and Humanities, Glenview, IL
2009	*Role Model*, Quality Review Committee, Primary Children's Medical Center, Salt Lake City, UT
2008	*Nominee*, Physician of the Year, Primary Children's Medical Center, Salt Lake City, UT
2005-2006	*Fellow*, Medical Scholars Program, University of Utah School of Medicine, Salt Lake City, UT
1995-1997	*Doctoral Scholar*, Crossroads, A Program of Evangelicals for Social Action, Philadelphia PA
1989-1992	*Fellow*, The Pew Program in Medicine, Arts, and the Social Sciences, University of Chicago, Chicago, IL

ADMINISTRATIVE EXPERIENCE

Administrative Duties

2019-Present	*Chair*, Oversight Committee, Cincinnati Fetal Center, Cincinnati, OH
2014-Present	*Chair*, Ethics Committee, Cincinnati Children's Hospital Medical Center, Cincinnati, OH
2012-Present	*Director*, Ethics Center, Cincinnati Children's Hospital Medical Center, Cincinnati, OH
2012-Present	*Chair*, Ethics Consultation Subcommittee, Cincinnati Children's Hospital Medical Center, Cincinnati, OH
2010	*Co-Chair*, Ethics Subcommittee, Work Group for Emergency Mass Critical Care in Pediatrics, Centers for Disease Control and Prevention, Atlanta, GA
2009	*Chair*, Ethics Working Group, H1N1 and Winter Surge, Primary Children's Medical Center, Salt Lake City, UT
2005-2012	*Chair*, Ethics Committee, Primary Children's Medical Center, Salt Lake City, UT
2005-2012	*Chair*, Ethics Consultation Subcommittee, Primary Children's Medical Center, Salt Lake City, UT
2003-4	*Chair*, Clinical Pertinence Committee, Primary Children's Medical Center, Salt Lake City, UT

Professional & Scientific Committees

Committees

2021	*Member*, EMCO Capacity Collaboration, Ohio Hospital Association, Columbus, OH
2020-2021	*Member*, Allocation of Scarce Resources Work Group, Ohio Hospital Association, Columbus, OH
2020-Present	*Member*, Literature Selection Technical Review Committee, National Library of Medicine, Bethesda, MD
2020	*Member*, Crisis Standards of Care Workgroup, The Health Collaborative, Cincinnati, OH
2019-Present	*Member*, Healthcare Ethics Consultant Certification Commission, Oak Park, IL

2019	*Member*, Expert Panel, Pediatric Oncology End-of-Life Care Quality Markers, Institute for Cancer Outcomes & Survivorship, University of Alabama at Birmingham, Birmingham, AL
2018	*Member*, Resource Planning and Allocation Team Implementation Task Force, Ohio Department of Health, Columbus, OH
2012-Present	*Member*, Gaucher Initiative Medical Expert Committee, Project HOPE, Millwood, VA
2009-2014	*Member*, Clinical Ethics Consultation Affairs Committee, American Society for Bioethics and Humanities, Glenview, IL
2005-2011	*Member*, Committee on Bioethics, American Academy of Pediatrics, Oak Park, IL

Data Safety and Monitoring Boards

2019-Present	*Member*, Data and Safety Monitoring Board, Sickle Cell Domestic Trials, National Heart, Lung, and Blood Institute, Bethesda, MD
2018-2019	*Member*, Standing Safety Committee for P-188-NF (Carmeseal-MD™) in Duchenne Muscular Dystrophy, Phrixus Pharmaceuticals, Inc., Ann Arbor, MI
2017-Present	*Member*, Observational Study Monitoring Board, Sickle Cell Disease Observational Monitoring Board, National Heart, Lung, and Blood Institute, Bethesda, MD
2016-2018	*Member*, Observational Study Monitoring Board, Long Term Effects of Hydroxyurea in Children with Sickle Cell Anemia, National Heart, Lung, and Blood Institute, Bethesda, MD

Reviewer

2020-Present	*Abstract Reviewer*, American Society for Bioethics and Humanities Annual Meeting
2020	*Grant Reviewer*, The Croatian Science Foundation, Hvatska zaklada za znanost (HRZZ)
2018	*Book Proposal Reviewer*, Elsevier
2018-2019	*Category Leader*, Religion, Culture, and Social Sciences, American Society for Bioethics and Humanities Annual Meeting
2017	*Timekeeper*, American Society for Bioethics and Humanities Annual Meeting
2017-Present	*Abstract Reviewer*, Pediatric Academic Societies Annual Meeting
2016-2021	*Workshop Reviewer*, Pediatric Academic Societies Annual Meeting
2016	*Grant Reviewer*, Innovation Research Incentives Scheme, The Netherlands Organisation for Health Research and Development
2016-2017	*Abstract Reviewer*, American Society for Bioethics and Humanities Annual Meeting
2014, 2016	*External Peer Reviewer*, PSI Foundation, Toronto, Ontario, Canada
2014	*Member*, Scientific Committee, International Conference on Clinical Ethics and Consultation
2013	*Abstract Reviewer*, American Society for Bioethics and Humanities Annual Meeting
2013	*Reviewer*, Open Research Area Plus, Agence Nationale de la Research, Deutsche Forschungsgemeinschaft, Economic and Social Research Council, National

Science Foundation, and Organization for Scientific Research
2011-2012 *Abstract Reviewer*, Pediatric Academic Societies Annual Meeting
2011-2013 *Workshop Reviewer*, Pediatric Academic Societies Annual Meeting
2011-2014 *Abstract Reviewer*, Pediatric Hospital Medicine Annual Meeting
2011-2012 *Religious Studies Subcommittee Leader,* Program Committee, American Society for Bioethics and Humanities Annual Meeting
2010 *Abstract Reviewer*, American Society for Bioethics and Humanities Annual Meeting

Other
2021 *Timekeeper,* American Society for Bioethics and Humanities Annual Meeting
2021 *Mentor*, Early Career Advisor Professional Development Track, American Society for Bioethics and Humanities.
2021 *Mentor,* Early Career Advisor Paper or Project Track, American Society for Bioethics and Humanities.
2109 *Mentor*, Early Career Advising Program, American Society for Bioethics and Humanities
2018 *Passing Point Determination*, Healthcare Ethics Consultant-Certified Examination, Healthcare Ethics Consultant Certification Commission
2018 *Member*, Examination Committee, Healthcare Ethics Consultant-Certified Examination, Healthcare Ethics Consultant Certification Commission
2018 *Item Writer*, Healthcare Ethics Consultant-Certified Examination, Healthcare Ethics Consultant Certification Commission

UNIVERSITY COMMUNITY ACTIVITIES

Cincinnati Children's Hospital Medical Center

2020-Present *Member*, Faculty Diversity and Inclusion Steering Committee
2020-Present *Member*, Medical Management of COVID-19 Committee
2020-2021 *Member*, Caregiver Refusal Team
2020-2021 *Member*, COVID-19 Vaccine Allocation Committee
2020 *Member*, Personal Protective Equipment Subcommittee of the COVID-19 Steering. Committee
2018-2019 *Member*, Planning Committee, Center for Clinical & Translational Science & Training Research Ethics Conference
2017-Present *Member*, Donor Selection Committee
2017-2020 *Member*, Employee Emergency Fund Review Committee
2017 *Member*, Root Cause Analysis Team
2016-2017 *Member*, Planning Committee, Center for Clinical & Translational Science & Training Research Ethics Conference
2015-2019 *Member*, Destination Excellence Medical Advisory Committee
2015-Present *Member*, Disorders of Sexual Development Case Review Committee
2015-2019 *Member*, Destination Excellence Case Review Committee
2014-2018 *Member*, Genomics Review Group, Institutional Review Board
2014-2017 *Member*, Center for Pediatric Genomics Leadership Committee
2013-2017 *Member*, Genetic Testing Subcommittee, Health Network
2013-2016 *Member*, Schwartz Center Rounds Planning Committee

2013-2014 *Member*, Genomics Ad Hoc Subcommittee, Board of Directors
2012-Present *Member*, Cincinnati Fetal Center Oversight Committee
2012-Present *Member*, Ethics Committee
2012-Present *Member*, G-23
2012-2016 *Member*, Integrated Solid Organ Transplant Steering Committee

University of Utah
2009-2012 *Member*, Consolidated Hearing Committee

University of Utah School of Medicine
2010-2012 *Member*, Medical Ethics, Humanities, and Cultural Competence Thread Committee
2008-2010 *Member*, Fourth Year Curriculum Committee

University of Utah Department of Pediatrics
2010-2011 *Member*, Planning Committee, 25th Annual Biological Basis of Children's Health Conference, "Sex, Gender, and Sexuality"
2009-2012 *Member*, Medical Executive Committee
2005-2012 *Member*, Retention, Promotion, and Tenure Committee
2004-2012 *Interviewer*, Residency Program
2003-2012 *Member*, Education Committee

Intermountain Healthcare
2009-2012 *Member*, System-Wide Bioethics Resource Service
2009-2012 *Member*, Pediatric Guidance Council

Primary Children's Medical Center
2012-2012 *Member*, Shared Accountability Organization Steering Committee
2009 *Member*, H1N1 and Winter Surge Executive Planning Team
2005-2010 *Member*, Continuing Medical Education Committee
2005-2010 *Member*, Grand Rounds Planning Committee
2003-2012 *Member*, Ethics Committee

ACTIVE MEMBERSHIPS IN PROFESSIONAL SOCIETIES

2012-Present Association of Bioethics Program Directors
2011-Present Society for Pediatric Research
2000-Present American Academy of Pediatrics
1999-Present American Society of Bioethics and Humanities

FUNDING

Past Grants
2015-2019 "Better Outcomes for Children: Promoting Excellence in Healthcare Genomics to Inform Policy."
Percent Effort: 9%
National Human Genome Research Institute
Grant Number: 1U01 HG008666-01

Role: Investigator

2015-2016 "Ethics of Informed Consent for Youth in Foster Care"
Direct Costs: $10,000
Ethics Grant, Center for Clinical and Translational Science and Training
University of Cincinnati Academic Health Center
Role: Co-Investigator

2014-2015 "Extreme Personal Exposure Biomarker Levels: Engaging Community Physicians and Ethicists for Guidance"
Direct Costs: $11,640
Center for Environmental Genetics
University of Cincinnati College of Medicine
Role: Investigator

2014-2015 "Child, Adolescent, and Parent Opinions on Disclosure Policies for Incidental Findings in Clinical Whole Exome Sequencing"
Direct Costs: $4,434
Ethics Grant, Center for Clinical and Translational Science and Training,
University of Cincinnati Academic Health Center
Role: Principal Investigator

2013-2014 "Better Outcomes for Children: GWAS & PheWAS in eMERGEII
Percent Effort: 5%
National Human Genome Research Institute
Grant Number: 3U01HG006828-0251
Role: Investigator

2004-2005 "Potential Patients' Knowledge, Attitudes, and Beliefs Regarding Participating in Medical Education: Can They be Interpreted in Terms of Presumed Consent?"
Direct Costs: $8,000
Interdisciplinary Research in Applied Ethics and Human Values, University Research Committee, University of Utah
Role: Principal Investigator

TEACHING RESPONSIBILITIES/ASSIGNMENTS

Course and Curriculum Development

2003-2012 Medical Ethics, Internal Medicine 7560, University of Utah School of Medicine, Taught 1 time per year, Taken by medical students, Enrollment 100

Course Lectures

2018, 2021 Introduction to Biotechnology, "Ethics and Biotechnology" and "Clinical Ethics," BIOL 3027, University of Cincinnati, Taught 1 time per year, Taken by undergraduate students, Enrollment 25.

2018-Present Biomedical Ethics, "Conscientious Objection in Healthcare" and "Ethical Issues in the Care of Transgender Adolescents," MEDS 4035 & MEDS 4036, University of

	Cincinnati College of Medicine, Taught 1 time per year, Taken by senior undergraduate students, Enrollment 52.
2016	Foundations of Healthcare Ethics and Law, "Clinical Ethics," HESA 390, Xavier University.
2014-Present	Physicians and Society, "Transfusion and the Jehovah's Witness Faith," "Obesity Management: Ethics, Policy, and Physician Implicit Bias," "Embryos and Ethics: The Ethics of Designer Babies," "Ethics and Genetic Testing," and "Ethics and Direct to Consumer Genetic Testing," 26950112 and 26950116, University of Cincinnati School of Medicine, Taken by first and second year medical students, Enrollment 100.
2014-Present	Ethical Issues in Health Care, "Ethical Issues in Managing Drug Shortages: The Macro, Meso, and Micro Levels," HESA 583, College of Social Sciences, Health, and Education Health Services Administration, Xavier University, Taken by health services administration students, Enrollment 25.
2009	Physical Diagnosis II, Internal Medicine 7160, University of Utah School of Medicine, Taught 1 time per year, Taken by medical students, Enrollment 100
2003-2012	Medical Ethics, Internal Medicine 7560, University of Utah School of Medicine, Taught 1 time per year, Taken by fourth year medical students, Enrollment 100

Small Group Teaching

2018-Present	Ethics in Research, GNTD 7003-001, University of Cincinnati School of Medicine, Taught 1 time per year, Taken by fellows, MS, and PhD students, Enrollment 110.
2007	Physical Diagnosis I, Internal Medicine 7150, University of Utah School of Medicine, Taught 1 time per year, Taken by medical students, Enrollment 100
2003-2012	Medical Ethics, Internal Medicine 7560, University of Utah School of Medicine, Taught 1 time per year, Taken by fourth medical students, Enrollment 100
2003	Pediatric Organ System, Pediatrics 7020, University of Utah School of Medicine, Taught 1 time per year, Taken by medical students, Enrollment 100

Graduate Student Committees

2018-Present	*Chair*, Scholarship Oversight Committee, William Sveen, Pediatric Critical Care Fellowship, Cincinnati Children's Hospital Medical Center, Cincinnati, OH
2018-2020	*Member*, Scholarship Oversight Committee, Anne Heueman, Genetic Counseling, University of Cincinnati, Cincinnati, OH
2017-2019	*Chair*, Scholarship Oversight Committee, Bryana Rivers, Genetic Counseling, University of Cincinnati, Cincinnati, OH
2013-2015	*Mentor*, Sophia Hufnagel, Combined Pediatrics/Genetics Residency, Cincinnati Children's Hospital Medical Center, Cincinnati, OH
2013-2015	*Co-Chair*, Scholarship Oversight Committee, Andrea Murad, Genetic Counseling, University of Cincinnati, Cincinnati, OH
2013-2014	*Member*, Scholarship Oversight Committee, Grace Tran, Genetic Counseling, University of Cincinnati, Cincinnati, OH
2011-2012	*Chair*, Scholarship Oversight Committee, Kevin E. Nelson, MD, PhD, Pediatric Inpatient Medicine Fellowship, University of Utah, Salt Lake City, UT

Continuing Education Lectures

2008 Choosing Healthplans All Together (CHAT) Exercise Facilitator, 18th Annual Intermountain Medical Ethics Conference, "Setting Priorities for Healthcare in Utah: What Choices are We Ready to Make?," Salt Lake City, Utah, October 3.

2007 *Speaker*, Infant Medical Surgical Unit, Primary Children's Medical Center, "Withholding and Withdrawing Artificial Nutrition and Hydration: Can It Be Consistent With Care?," Salt Lake City, Utah, September 6.

2007 *Faculty Scholar-in Residence,* Summer Seminar, "The Role of Religion in Bioethics," Utah Valley State College, Orem, Utah, May 1.

2006 *Workshop Leader,* Faculty Education Retreat, "Publications and Publishing in Medical Education," University of Utah School of Medicine, Salt Lake City, Utah, September 15.

2006 *Breakout Session,* 16th Annual Intermountain Medical Ethics Conference, "Donation after Cardiac Death: Evolution of a Policy," Salt Lake City, Utah, March 28.

Other Educational Activities

2008 *Instructor,* Contemporary Ethical Issues in Medicine and Medical Research, Osher Lifelong Learning Institute, University of Utah, "Religion and Bioethics: Religiously Based Demands for and Refusals of Treatment," Salt Lake City, Utah, February 7.

2007 *Speaker*, Biology Seminar, Utah Valley State College, "Is He Dead?: Criteria of the Determination of Death and Their Implications for Withdrawing Treatment and Recovering Organs for Transplant," Orem, Utah, September 21.

PEER-REVIEWED JOURNAL ARTICLES

1. Armand H. Matheny Antommaria, Elizabeth Lanphier, Anne Housholder, and Michelle McGowan. (Forthcoming). "A mixed methods analysis of requests for religious exemptions to a COVID-19 vaccine requirement." *AJOB Empirical Bioethics.*
2. Anne C Heuerman, Danielle Bessett, Armand H. Matheny Antommaria, Leandra. K. Tolusso, Nicki Smith, Alison H. Norris and Michelle L. McGowan (2022). "Experiences of reproductive genetic counselors with abortion regulations in Ohio." *Journal of Genetic Counseling*. 31: 641-652. PMID: 34755409.
3. Armand H. Matheny Antommaria and Ndidi I. Unaka. (2021) "Counterpoint: Prioritizing Health Care Workers for Scarce Critical Care Resources is Impractical and Unjust. *Journal of Hospital Medicine.* 16: 182-3. PMID 33617445.
4. Gregory A. Grabowski, Armand H. Matheny Antommaria, Edwin H. Kolodny, and Pramod K. Mistry. (2021) "Gaucher Disease: Basic and Translational Science Needs for More Complete Therapy and Management." *Molecular Genetics and Metabolism*. 132: 59-75. PMID: 33419694.
5. Armand H. Matheny Antommaria, Laura Monhollen, and Joshua K. Schaffzin. (2021) "An Ethical Analysis of Hospital Visitor Restrictions and Masking Requirements During the COVID-19." *Journal of Clinical Ethics.* 32(1): 35-44. PMID 33416516.
6. Armand H. Matheny Antommaria (2020) "The Pediatric Hospital Medicine Core Competencies: 4.05 Ethics." *Journal of Hospital Medicine.* 15(S1): 120-121.
7. Armand H. Matheny Antommaria, Tyler S. Gibb, Amy L. McGuire, Paul Root Wolpe, Matthew K. Wynia, Megan K. Applewhite, Arthur Caplan, Douglas S. Diekema, D. Micah Hester, Lisa Soleymani Lehmann, Renee McLeod-Sordjan, Tamar Schiff, Holly K. Tabor, Sarah E. Wieten, and Jason T. Eberl for a Task Force of the Association of Bioethics Program

Directors (2020) "Ventilator Triage Policies During the COVID-19 Pandemic at U.S. Hospitals Associated With Members of the Association of Bioethics Program Directors." *Annals of Internal Medicine.* 173(3): 188-194. PMID: 32330224.

8. Armand H. Matheny Antommaria (2020) "Conflicting Duties and Reciprocal Obligations During a Pandemic." *Journal of Hospital Medicine.* 5:284-286. PMID: 32379030.
9. Mary V. Greiner, Sarah J. Beal, and Armand H. Matheny Antommaria (2020) "Perspectives on Informed Consent Practices for Minimal-Risk Research Involving Foster Youth." *Pediatrics*. 45:e20192845. PMID: 32156772.
10. Jennifer deSante-Bertkau, Michelle McGowan, and Armand H. Matheny Antommaria (2018) "Systematic Review of Typologies Used to Characterize Clinical Ethics Consultations." *Journal of Clinical Ethics.* 29:291-304. PMID: 30605439.
11. Andrew J. Redmann, Melissa Schopper, Armand H. Matheny Antommaria, Judith Ragsdale, Alessandro de Alarcon, Michael J. Jutter, Catherine K. Hart, and Charles M. Myer. (2018) "To Transfuse or Not to Transfuse? Jehovah's Witnesses and PostOperative Hemorrhage in Pediatric Otolaryngology." *International Journal of Pediatric Otorhinolaryngology*. 115:188-192. PMID: 30368384.
12. Armand H. Matheny Antommaria, Kyle B. Brothers, John A. Myers, Yana B Feygin, Sharon A. Aufox, Murray H. Brilliant, Pat Conway, Stephanie M. Fullerton, Nanibaa' A. Garrison, Carol R. Horowitz, Gail P. Jarvik, Rongling Li, Evette J. Ludman, Catherine A. McCarty, Jennifer B. McCormick, Nathaniel D. Mercaldo, Melanie F. Myers, Saskia C. Sanderson, Martha J. Shrubsole, Jonathan S. Schildcrout, Janet L. Williams, Maureen E. Smith, Ellen Wright Clayton, Ingrid A. Holm. (2018) "Parents' Attitudes toward Consent and Data Sharing in Biobanks: A Multi-Site Experimental Survey." *AJOB Empirical Research.* 21:1-15. PMID: 30240342.
13. Armand H. Matheny Antommaria and Cynthia A. Prows. (2018) "Content Analysis of Requests for Religious Exemptions from a Mandatory Influenza Vaccination Program for Healthcare Personnel" *Journal of Medical Ethics.* 44: 389-391. PMID: 29463693.
14. Armand H. Matheny Antommaria (2017) "May Medical Centers Give Nonresident Patients Priority in Scheduling Outpatient Follow-Up Appointments?" *Journal of Clinical Ethics.* 28: 217-221. PMID: 28930708.
15. Andrea M. Murad, Melanie F. Myers, Susan D. Thompson, Rachel Fisher, and Armand H. Matheny Antommaria (2017) "A Qualitative Study of Adolescents' Understanding of Biobanks and Their Attitudes Toward Participation, Re-contact, and Data Sharing." *American Journal of Medical Genetics: Part A.* 173: 930-937. PMID: 28328120.
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4. Susan Bratton and Armand H. Matheny Antommaria (2010) "Dead Donor Rule and Organ Procurement: The Authors Reply." *Pediatric Critical Care Medicine*, 11: 314-5.
5. Armand H. Matheny Antommaria and Joel Frader (2009) "Policies of Children's Hospitals on Donation After Cardiac Death—Reply." *Journal of the American Medical Association*, 302: 845.

Case Reports

Armand H. Matheny Antommaria (2002) "Case 4.9: Inappropriate Access to a Celebrity's Medical Records." In *Ethics and Information Technology: A Case-Based Approach to a Health Care System in Transition*, James G. Anderson and Kenneth W. Goodman, 79-80. New York: Springer-Verlag.

Book Reviews

1. Armand H. Matheny Antommaria (2021) Review of *When Harry Became Sally: Responding to the Transgender Moment*, by Ryan T. Anderson. *Journal of Medical Humanities* 42: 195-9. PMID 31808021.
2. Armand H. Matheny Antommaria (2012) Review of *The Ethics of Organ Transplantation*, by Steven J. Jensen, ed., *Journal of the American Medical Association* 308: 1482-3.
3. Armand H Matheny Antommaria (2012) Review of *The Soul of Medicine: Spiritual Perspectives and Clinical Practice*, by John R. Peteet and Michael N. D'Ambra, ed., *Journal of the American Medical Association* 308: 87.
4. Armand H. Matheny Antommaria (2009) Review of *Conflicts of Conscience in Health Care: An Institutional Compromise*, by Holly Fernandez Lynch. *American Journal of Bioethics* 9: 63-4.
5. Armand H. Matheny Antommaria (2008) Review of *A Practical Guide to Clinical Ethics Consulting: Expertise, Ethos, and Power*, by Christopher Meyers. *American Journal of Bioethics* 8: 72-3.
6. Armand H. Matheny Antommaria (2004) Review of *Children, Ethics, and Modern Medicine*, by Richard B. Miller. *American Journal of Bioethics* 4: 127-8.
7. Armand H. Matheny Antommaria (2002) Review of *Ward Ethics: Dilemmas for Medical Students and Doctors in Training*, by Thomasine Kushner and David Thomasma, ed. *American Journal of Bioethics* 2: 70-1. PMID: 22494193.
8. Armand H. Matheny Antommaria (1999) Review of *Human Cloning: Religious Responses*, by Ronald Cole-Turner, ed. *Prism* 6 (March/April): 21.
9. Armand H. Matheny Antommaria (1999) Review of *Christian Theology and Medical Ethics: Four Contemporary Approaches*, by James B. Tubbs, Jr. *Journal of Religion* 79 (April): 333-5.
10. Armand H. Matheny Antommaria (1997) Review of *Body, Soul, and Bioethics*, by Gilbert C. Meilaender. *Prism* 4 (May/June): 28.

Newspaper Articles

1. W. Bradley Poss and Armand H. Matheny Antommaria (2010) "Mass casualty planning must incorporate needs of children." *AAP News* 31 (July): 38.
2. Robert Murray and Armand H. Matheny Antommaria (2010) "Pediatricians should work with school nurses to develop action plans for children with DNAR orders." *AAP News* 31 (May): 30..
3. Armand H. Matheny Antommaria (2009) "Addressing physicians' conscientious objections in health care." *AAP News* 30 (December): 32.

UNPUBLISHED POSTER PRESENTATIONS

1. Armand H. Matheny Antommaria. (2018) "Ethical Issues in the Care of International Patients: A Case Study." International Conference on Clinical Ethics and Consultation, Oxford, United Kingdom.
2. Jill S Sweney, Brad Poss, Colin Grissom, Brent Wallace, and Armand H Matheny Antommaria, (2010) "Development of a Statewide Pediatric Pandemic Triage Plan in Utah." Pediatric Academic Societies Annual Meeting, Vancouver, Canada. E-PAS20103713.147.
3. Christopher G. Maloney, Armand H. Matheny Antommaria, James F. Bale, Thomas Greene, Jian Ying, Gena Fletcher, and Rajendu Srivastava (2010) "Why Do Pediatric Interns Violate

the 30 Hour Work Rule?" Pediatric Academic Societies Annual Meeting, Vancouver, Canada. E-PAS20101500.596

4. Armand H. Matheny Antommaria and Edward B. Clark (2007) "Resolving Conflict through Bioethics Mediation." 3rd International Conference on Ethics Consultation and Clinical Ethics, Toronto, Canada.
5. Elizabeth Tyson, Tracy Hill, Armand Antommaria, Gena Fletcher, and Flory Nkoy (2007) "Physician Practice Patterns Regarding Nasogastric Feeding Supplementation and Intravenous Fluids in Bronchiolitis Patients." Pediatrics Academic Societies Annual Meeting, Toronto, Canada. E-PAS2007:61300.

ORAL PRESENTATIONS

Keynote/Plenary Lectures

International

1. 2021, *Panelist,* Partnership for Quality Medical Donations, Charitable Access Programming for Rare Diseases, "Ethical Issues," Webinar, April 6.
2. 2017, *Invited Speaker*, Spina Bifida Fetoscopic Repair Study Group and Consortium, "Ethics of Innovation and Research in Fetal Surgery," Cincinnati, Ohio, October 26.
3. 2014, *Invited Speaker,* CIC 2013 CCI: Canadian Immunization Conference, "Condition-of-Service Influenza Prevention in Health Care Settings," Ottawa, Canada, December 2.
4. 2014, *Invited Speaker*, National Conference of the Chinese Pediatric Society, "A Brief Introduction to Pediatric Research and Clinical Ethics," Chongqing, China, September 12.

National

1. 2020, *Panelist*, Children's Mercy Bioethics Center, "Ethical Issues in the COVID Pandemic at Children's Hospitals," Webinar, March 2.
2. 2019, *Invited Speaker,* North American Fetal Therapy Network (NAFTnet), "Ethics of Innovation," Chicago, Illinois, October 12.
3. 2019, *Panelist,* National Society of Genetic Counselors Prenatal Special Interest Group, "Fetal Intervention Ethics," Webinar, September 12.
4. 2017, *Invited Participant,* American College of Epidemiology Annual Meeting, Preconference Workshop, "Extreme Personal Exposure Biomarker Levels: Guidance for Study Investigators," New Orleans, Louisiana, September 24.
5. 2016, *Invited Speaker,* American Academy of Pediatrics National Conference & Exhibition, Joint Program: Section on Hospital Medicine and Section on Bioethics, "Resource Allocation: Do We Spend Money to Save One Patient with Ebola or Over a 1,000?" San Francisco, California, October 23.
6. 2016, *Invited Speaker*, 26th Annual Specialist Education in Extracorporeal Membrane Oxygenation (SEECHMO) Conference, "Ethical Issues in ECMO: The Bridge to Nowhere," Cincinnati, Ohio, June 5.
7. 2015, *Invited Speaker,* Extracorporeal Life Support Organization (ELSO) 26th Annual Conference, "ECMO-Supported Donation after Circulatory Death: An Ethical Analysis," Atlanta, Georgia, September 20.
8. 2014, *Invited Speaker,* Pediatric Evidence-Based Practice 2014 Conference: Evidence Implementation for Changing Models of Pediatric Health Care, "Ethical Issues in Evidence-Based Practice," Cincinnati, Ohio, September 19.

9. 2014, *Invited Speaker,* 6th Annual David Kline Symposium on Public Philosophy: Exploring the Synergy Between Pediatric Bioethics and Child Rights, "Does Predictive Genetic Testing for Adult Onset Conditions that Are Not Medically Actionable in Childhood Violate Children's Rights?" Jacksonville, Florida, March 6.
10. 2010, *Invited Speaker,* Quest for Research Excellence: The Intersection of Standards, Culture and Ethics in Childhood Obesity, "Research Integrity and Religious Issues in Childhood Obesity Research," Denver, Colorado, April 21.
11. 2010, *Invited Speaker,* Symposium on the Future of Rights of Conscience in Health Care: Legal and Ethical Perspectives, J. Reuben Clark Law School at Brigham Young University and the Ave Maria School of Law, "Conscientious Objection in Clinical Practice: Disclosure, Consent, Referral, and Emergency Treatment," Provo, Utah, February 26.
12. 2009, *Invited Speaker*, Pediatric Organ Donation Summit, "Research Findings Regarding Variations in Pediatric Hospital Donation after Cardiac Death Policies," Chicago, Illinois, August 18.
13. 2008, *Meet-the-Experts,* American Academy of Pediatrics National Conference & Exhibition, "Physician Refusal to Provide Treatment: What are the ethical issues?" Boston, Massachusetts, October 11.
14. 2008, *Invited Conference Faulty*, Conscience and Clinical Practice: Medical Ethics in the Face of Moral Controversy, The MacLean Center for Clinical Medical Ethics at the University of Chicago, "Defending Positions or Identifying Interests: The Uses of Ethical Argumentation in the Debate over Conscience in Clinical Practice," Chicago, IL, March 18.
15. 2007, *Symposium Speaker,* Alternative Dispute Resolution Strategies in End-of-Life Decisions, The Ohio State University Mortiz College of Law, "The Representation of Children in Disputes at the End-of-Life," Columbus, Ohio, January 18.
16. 2005, *Keynote Speaker,* Decisions and Families, *Journal of Law and Family Studies* and The University of Utah S.J. Quinney College of Law, "Jehovah's Witnesses, Roman Catholicism, and Calvinism: Religion and State Intervention in Parental, Medical Decision-Making," Salt Lake City, Utah, September 23.

Regional/Local

1. 2021, *Panelist,* Pediatric Residency Noon Conference, University of Tennessee Health Science Center, "Bioethics Rounds—Ethical Issues in the Care of Transgender Adolescents," Memphis, Tennessee, September 21.
2. 2020, *Keynote Speaker*, 53rd Annual Clinical Advances in Pediatrics, "Referral to a Fetal Care Center: How You Can Help Patients' Mothers Address the Ethical Issues," Kansas City, Kansas, September 16.
3. 2019, *Speaker,* Patient and Family Support Services, Primary Children's Hospital, "Ethical Issues in the Care of Trans Adolescents," Salt Lake City, Utah, December 5.
4. 2019, *Speaker,* Evening Ethics, Program in Medical Ethics and Humanities, University of Utah School of Medicine, "Patients, Parents, and Professionals: Ethical Issues in the Treatment of Trans Adolescents," Salt Lake City, Utah, December 4.
5. 2019, *Speaker,* Pediatric Hospital Medicine Board Review Course, "Ethics, Legal Issues, and Human Rights including Ethics in Research," Cincinnati, Ohio, September 8.
6. 2019, *Speaker,* Advances in Fetology, "Evolving Attitudes Toward the Treatment of Children with Trisomies," Cincinnati, Ohio, September 6.

7. 2019, *Speaker,* Half-Day Ethics Training: Ethics Consultation & Ethics Committees, "Navigating the Rapids of Clinical Ethics Consultation: Intake, Recommendations, and Documentation," Salt Lake City, Utah, June 1.
8. 2019, *Speaker*, Scientific and Ethical Underpinnings of Gene Transfer/Therapy in Vulnerable Populations: Considerations Supporting Novel Treatments, BioNJ, "What Next? An Ethical analysis of Prioritizing Conditions and Populations for Developing Novel Therapies," Cranbury, New Jersey, March 7.
9. 2018, *Panelist*, Periviability, 17th Annual Regional Perinatal Summit, Cincinnati, Ohio, October 12.
10. 2018, *Speaker,* Regional Advance Practice Registered Nurse (APRN) Conference, "Adults are Not Large Children: Ethical Issues in Caring for Adults in Children's Hospitals," Cincinnati, Ohio, April 26.
11. 2018, *Speaker*, Southern Ohio/Northern Kentucky Sigma Theta Tau International Annual Conference, "Between Hope and Hype: Ethical Issues in Precision Medicine," Sharonville, Ohio, March 2.
12. 2017, *Speaker*, Advances in Fetology 2017, "Ethics of Innovation and Research: Special Considerations in Fetal Therapy Centers," Cincinnati, Ohio, October 27.
13. 2016, *Speaker*, End-of-Life Pediatric Palliative Care Regional Conference, "Ethical/Legal Issues in Pediatric Palliative Care," Cincinnati, Ohio, September 15.
14. 2016, *Speaker,* 26th Annual Bioethics Network of Ohio (BENO) Conference, "When Does Parental Refusal of Medical Treatment for Religious Reasons Constitute Neglect?" Dublin, Ohio, May 29.
15. 2014, *Speaker,* Cincinnati Comprehensive Sickle Cell Center Symposium: Research Ethics of Hydroxyurea Therapy for Sickle Cell Disease During Pregnancy and Lactation, "Ethical Issues in Research with Pregnant and Lactating Women," Cincinnati, Ohio, October 30.
16. 2014, *Speaker*, Advances in Fetology 2014, "The 'Miracle Baby' and Other Cases for Discussion," Cincinnati, Ohio, September 26.
17. 2014, *Speaker,* Advances in Fetology 2014, "'Can you tell me …?': Achieving Informed Consent Given the Prevalence of Low Health Literacy," Cincinnati, Ohio, September 26.
18. 2014, *Panelist,* Center for Clinical & Translational Science & Training, Secrets of the Dead: The Ethics of Sharing their Data, Cincinnati, Ohio, August 28.
19. 2014, *Speaker,* Office for Human Research Protections Research Community Forum: Clinical Research … and All That Regulatory Jazz, "Research Results and Incidental Findings: Do Investigators Have a Duty to Return Results to Participants," Cincinnati, Ohio, May 21.
20. 2013, *Opening Presentation*, Empirical Bioethics: Emerging Trends for the 21st Century, University of Cincinnati Center for Clinical & Translational Science & Training, "Empirical vs. Normative Ethics: A Comparison of Methods," Cincinnati, Ohio, February 21.
21. 2012, *Videoconference,* New York State Task Force on Life and the Law, "Pediatric Critical Care Triage," New York, New York, March 1.
22. 2011, *Presenter,* Fall Faculty Development Workshop, College of Social Work, University of Utah, "Teaching Ethics to Students in the Professions, " Salt Lake City, Utah, November 14.
23. 2011, *Speaker,* 15th Annual Conference, Utah Chapter of the National Association of Pediatric Nurse Practitioners, "Ethical Issues in Pediatric Practice," Salt Lake City, Utah, September 22.
24. 2011, *Speaker,* Code Silver! Active Shooter in the Hospital, Utah Hospitals & Health Systems Association, Salt Lake City, Utah, March 21.

25. 2009, *Speaker,* Medical Staff Leadership Conference, Intermountain Healthcare, "The Ethics of Leadership," Park City, Utah, October 30.
26. 2008, *Speaker,* The Art and Medicine of Caring: Supporting Hope for Children and Families, Primary Children's Medical Center, "Medically Provided Hydration and Nutrition: Ethical Considerations," Salt Lake City, Utah, February 25.
27. 2005, *Speaker,* Utah NAPNAP (National Association of Pediatric Nurse Practitioners) Chapter Pharmacology and Pediatric Conference, "Immunization Update," Salt Lake City, Utah, August 18.
28. 2005, *Keynote Speaker,* 17th Annual Conference, Utah Society for Social Work Leadership in Health Care, "Brain Death: Accommodation and Consultation," Salt Lake City, March 18.
29. 2004, *Continuing Education Presentation,* Utah NAPNAP (National Association of Pediatric Nurse Practitioners), "Febrile Seizures," Salt Lake City, Utah, April 22.
30. 2004, *Speaker,* Advocacy Workshop for Primary Care Providers, "Ethics of Advocacy," Park City, Utah, April 3.
31. 2002, *Speaker,* 16th Annual Biologic Basis of Pediatric Practice Symposium, "Stem Cells: Religious Perspectives," Deer Valley, Utah, September 14.

Meeting Presentations

International

1. 2018, *Speaker*, International Conference on Clinical Ethics and Consultation, "A Systematic Review of Typologies Used to Characterize Clinical Ethics Consultations," Oxford, United Kingdom, June 21.

National

1. 2022, *Speaker,* APPD/PAS Fellow Core Curriculum Workshop, Pediatric Academic Societies Annual Meeting, "From Idea to Implementation: Navigating the Ethical Landscape of Pediatric Clinical Research," Denver, Colorado, April 22.
2. 2021, *Panelist,* Pediatric Endocrine Society Annual Meeting, Difference of Sex Development Special Interest Group, Virtual Conference, April 29.
3. 2020, *Speaker,* American Society for Bioethics and Humanities Annual Meeting, "Is This Child Dead? Controversies Regarding the Neurological Criteria for Death," Virtual Conference, October 17.
4. 2020, *Speaker,* American Society for Bioethics and Humanities Annual Meeting, "Contemporary Ethical Controversy in Fetal Therapy: Innovation, Research, Access, and Justice," Virtual Conference, October 15.
5. 2020, *Speaker,* American Society for Bioethics and Humanities Annual Meeting, "K-12 Schools and Mandatory Public Health Programs During the COVID-19 Pandemic," Virtual Conference, October 15.
6. 2019, *Speaker,* American Society for Bioethics and Humanities Annual Meeting, "Ethical Issues in Translating Gene Transfer Studies Involving Children with Neurodegenerative Disorders," Pittsburgh, Pennsylvania, October 26.
7. 2019, *Moderator*, Pediatric Academic Societies Annual Meeting, Clinical Bioethics, Baltimore, Maryland, April 28.
8. 2018, *Presenter,* American Society for Bioethics and Humanities Annual Meeting, "Looking to the Past, Understanding the Present, and Imaging the Future of Bioethics and Medical Humanities' Engagement with Transgender Health," Anaheim, California, October 19.

9. 2018, *Speaker,* American Society for Bioethics and Humanities Annual Meeting, "Should Vaccination Be a Prerequisite for Sold Organ Transplantation?" Anaheim, California, October 18.
10. 2018, Lindsey Douglas, Armand H. Matheny Antommaria, Derek Williams. *Workshop Presenter,* Pediatric Hospital Medicine Annual Meeting, "IRB Approved! Tips and Tricks to Smooth Sailing through the Institutional Review Board (IRB)." Atlanta, Georgia, July 20.
11. 2018, Alan Schroeder, Armand H. Matheny Antommaria, Hannah Bassett, Kevin Chi, Shawn Ralston, Rebecca Blankenburg. *Workshop Speaker,* Pediatric Hospital Medicine Annual Meeting, "When You Don't Agree with the Plan: Balancing Diplomacy, Value, and Moral Distress," Atlanta, Georgia, July 20.
12. 2018, Alan Schroeder, Hannah Bassett, Rebecca Blankenburg, Kevin Chi, Shawn Ralston, Armand H. Matheny Antommaria. *Workshop Speaker,* Pediatric Academic Societies Annual Meeting, "When You Don't Agree with the Plan: Balancing Diplomacy, Value, and Moral Distress," Toronto, Ontario, Canada, May 7.
13. 2017, *Speaker,* American Society for Bioethics and Humanities Annual Meeting, "Tensions in Informed Consent for Gender Affirming Hormone Therapy and Fertility Preservation in Transgender Adolescents," Kansas City, Missouri, October 19.
14. Lindsey Douglas, Armand H. Matheny Antommaria, and Derek Williams. 2017, *Workshop Leader,* PHM[Pediatric Hospital Medicine]2017, "IRB Approved! Tips and Tricks to Smooth Sailing through the Institutional Review Board (IRB) Process," Nashville, Tennessee, July 21.
15. 2016, *Speaker*, American Society for Bioethics and Humanities Annual Meeting, "Ethical Challenges in the Care of International Patients: Organization, Justice, and Cultural Considerations," Washington, DC, October 9.
16. 2015, *Coauthor,* The American Society of Human Genetics Annual Meeting, "Adolescents' Opinions on Disclosure of Non-Actionable Secondary Findings in Whole Exome Sequencing," Baltimore, Maryland, October 9.
17. 2012, *Speaker,* American Society for Bioethics and Humanities Annual Meeting, "A Public Health Ethics Analysis of the Mandatory Immunization of Healthcare Personnel: Minimizing Burdens and Increasing Fairness," Washington, DC, October 21.
18. Armand H. Matheny Antommaria, Valerie Gutmann Koch, Susie A. Han, Carrie S. Zoubul. 2012, *Moderator*, American Society for Bioethics and Humanities Annual Meeting, "Representing the Underrepresented in Allocating Scarce Resources in a Public Health Emergency: Ethical and Legal Considerations," Washington, DC, October 21.
19. 2012, *Platform Presentation,* Pediatric Academic Societies Annual Meeting, "Qualitative Analysis of International Variation in Donation after Circulatory Death Policies and Rates," Boston, Massachusetts, April 30. Publication 3150.4.
20. 2011, *Speaker*, American Society for Bioethics and Humanities Annual Meeting, "The Intersection of Policy, Medicine, and Ethics during a Public Health Disaster: Special Considerations for Children and Families," Minneapolis, Minnesota, October 13.
21. Armand H. Matheny Antommaria and Joel Frader. 2010, *Workshop Leader,* Pediatric Academic Societies Annual Meeting, "Conscientious Objection in Health Care: Respecting Conscience and Providing Access," Vancouver, British Columbia, Canada. May 1. Session 1710.
22. 2009, *Workshop Leader,* American Society for Bioethics and Humanities Annual Meeting, "Advanced Clinical Ethics Consultation Skills Workshop: Process and Interpersonal Skills," Washington, DC, October 15.

23. 2009, *Platform Presentation*, Pediatric Academic Societies Annual Meeting, "Qualitative Analysis of Donation after Cardiac Death Policies at Children's Hospitals," Baltimore, Maryland, May 2. Publication 2120.6.
24. 2008, *Speaker*, American Society for Bioethics and Humanities Annual Meeting, "Qualitative Analysis of Donation After Cardiac Death (DCD) Policies at Children's Hospitals," Cleveland, Ohio, October 26.
25. 2007, *Participant,* Hamline University School of Law Biennial Symposium on Advanced Issues in Dispute Resolution, "An Intentional Conversation About Conflict Resolution in Health Care," Saint Paul, Minnesota, November 8-10.
26. *2007, Speaker,* American Society of Bioethics and Humanities Annual Meeting, "Bioethics Consultation and Alternative Dispute Resolution: Opportunities for Collaboration," Washington, DC, October 21.
27. 2007, *Speaker,* American Society of Bioethics and Humanities Annual Meeting, "DNAR Orders in Schools: Collaborations Beyond the Hospital," Washington, DC, October 18.
28. Armand H. Matheny Antommaria and Jeannie DePaulis. 2007, *Speaker,* National Association of Children's Hospitals and Related Institutions Annual Meeting, "Using Mediation to Address Conflict and Form Stronger Therapeutic Alliances," San Antonio, Texas, October 9.
29. 2006, *Speaker,* American Society of Bioethics and Humanities Annual Meeting, "Bioethics Mediation: A Critique," Denver, Colorado, October 28.
30. 2005, *Panelist,* American Society of Bioethics and Humanities Annual Meeting, "How I See This Case: 'He Is Not His Brain,'" Washington, DC, October 20.
31. 2005, *Paper Presentation,* Pediatric Ethics: Setting an Agenda for the Future, The Cleveland Clinic, "'He Is Not His Brain:' Accommodating Objections to 'Brain Death,'" Cleveland, Ohio, September 9.
32. 2004, *Speaker,* American Society for Bioethics and Humanities Spring Meeting, "Verification and Balance: Reporting Within the Constraints of Patient Confidentiality," San Antonio, Texas, March 13.
33. 2002, *Panelist*, American Society for Bioethics and Humanities Annual Meeting, "'Who Should Survive?:' Mental Retardation and the History of Bioethics," Baltimore, Maryland, October 24.

Invited/Visiting Professor Presentations

1. 2013, Visiting Professor, "How to Listen, Speak and Think Ethically: A Multidisciplinary Approach," Norton Suburban Hospital and Kosair Children's Hospital, Louisville, Kentucky, May 22.
2. 2010, Visiting Professor, Program in Bioethics and Humanities and Department of Pediatrics, "What to Do When Parents Want Everything Done: 'Futility' and Ethics Facilitation," University of Iowa Carver College of Medicine, Iowa City, Iowa, September 10.

Grand Round Presentations

1. 2019, David Green Lectureship, "Establishing Goals of Care and Ethically Limiting Treatment," Primary Children's Hospital, Salt Lake City, Utah, December 5.
2. 2018, "The Ethics of Medical Intervention for Transgender Youth," El Rio Health, Tucson, Arizona, September 29.
3. 2018, Pediatrics, "Patient Selection, Justice, and Cultural Difference: Ethical Issues in the Care of International Patients," Cleveland Clinic, Cleveland, Ohio, April 10.

4. 2018, Bioethics, "Reversibility, Fertility, and Conflict: Ethical Issues in the Care of Transgender and Gender Nonconforming Children and Adolescents," Cleveland Clinic, Cleveland, Ohio, April 9.
5. 2017, Heart Institute, "'Have you ever thought about what you would want—if god forbid—you became sicker?': Talking with adult patients about advance directives," Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, October 16.
6. 2017, Pediatrics, "Respectful, Effective Treatment of Jehovah's Witnesses," with Judith R. Ragsdale, PhD, MDiv and David Morales, MD, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, March 14.
7. 2017, Pediatrics, "Ethical Dilemmas about Discharging Patients When There Are Disagreements Concerning Safety," Seattle Children's Hospital, Seattle, Washington, January 19.
8. 2015, Pediatrics, "'Nonbeneficial' Treatment: What must providers offer and what can they withhold?," Greenville Health System, Greenville, South Carolina, May 10.
9. 2014, Advance Practice Providers, "Common Ethical Issues," Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, August 13.
10. 2014, Respiratory Therapy, "Do-Not-Resuscitate (DNR) Orders," Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, July 15.
11. 2013, Heart Institute, "No Not Months. Twenty-Two *Years*-Old: Transiting Patients to an Adult Model of Care." Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, October 21.
12. 2013, Division of Neonatology, "This Premature Infant Has a *BRCA1* Mutation!?: Ethical Issues in Clinical Whole Exome Sequencing for Neonatologists." Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, October 11.
13. 2013, Department of Pediatrics, "Adults are Not Large Children: Ethical Issues in Caring for Adults in Children's Hospitals," Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, February 26.
14. 2012, "Mandate or Moratorium?: Persisting Ethical Controversies in Donation after Circulatory Death," Cedars-Sinai Medical Center, Los Angeles, California, May 16.
15. 2011, Division of Pediatric Neurology Friday Lecture Series, "Inducing or Treating 'Seizures' with Placebos: Is It Ever Ethical?," University of Utah, Salt Lake City, Utah, October 7.
16. 2011, Department of Surgery, "DNR Orders in the OR and other Ethical Issues in Pediatric Surgery: Case Discussions," Primary Children's Medical Center, Salt Lake City, Utah, October 3.
17. 2009, Department of Pediatrics, "What to Do When Parents Want Everything Done: 'Futility' and Bioethical Mediation," Primary Children's Medical Center, Salt Lake City, Utah, September 17.
18. 2008, Division of Pulmonology and Critical Care, "Futility: May Clinicians Ever Unilaterally Withhold or Withdraw Medical Treatment?" Utah Valley Regional Medical Center, Provo, Utah, April 17.
19. 2007, Division of Otolaryngology-Head and Neck Surgery, "Advance Directives, Durable Powers of Attorney for Healthcare, and Do Not Attempt Resuscitation Orders: Oh My!," University of Utah School of Medicine, Salt Lake City, Utah, June 20.

Outreach Presentations

1. 2019, *Panelist*, Cincinnati Edition, WVXU, "The Ethics of Human Gene Editing," Cincinnati, Ohio, June 13.
2. 2019, *Speaker,* Adult Forum, Indian Hill Church, "Medical Ethics," Indian Hill, Ohio, March 24.
3. 2016, *Speaker,* Conversations in Bioethics: The Intersection of Biology, Technology, and Faith, Mt. Washington Presbyterian Church, "Genetic Testing," Cincinnati, Ohio, October 12.
4. 2008, *Speaker,* Science in Society, Co-sponsored by KCPW and the City Library, "Death—Choices," Salt Lake City, Utah, November 20.
5. 2003, *Panelist,* Utah Symposium in Science and Literature, "The Goodness Switch: What Happens to Ethics if Behavior is All in Our Brains?" Salt Lake City, Utah, October 10.
6. 2002, *Respondent*, H. Tristram Englehardt, Jr. "The Culture Wars in Bioethics," Salt Lake Community College, Salt Lake City, Utah, March 29.

Podcasts

1. 2021, "Ethics of COVID Vaccines in Kids," PHM from Pittsburgh, August 12.
2. 2020, COVID Quandaries: Episode 1, "Is Getting Sick Just Part of the Job?" Hard Call, October 6.

EXHIBIT B

BIBLIOGRAPHY

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EXHIBIT C

TABLE 1: Strength of Recommendation and Quality of Evidence in Recommendations Made by the Endocrine Society

Strength of the Recommendation/ Quality of the Evidence[1]	Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons	Pediatric Obesity-Assessment, Treatment, and Prevention	Congenital Adrenal Hyperplasia Due to Steroid 21-Hydroxylase Deficiency	Treatment of Diabetes in Older Adults
Strong|High	0 (0)[2]	0 (0)	0 (0)	8 (23)
Strong|Moderate	3 (11)	4 (13)	18 (33)	4 (11)
Strong|Low	5 (18)	6 (20)	13 (25)	6 (17)
Strong|Very Low	2 (7)	1 (3)	1 (2)	1 (3)
Weak|High	0 (0)	0 (0)	0 (0)	0 (0)
Weak|Moderate	0 (0)	0 (0)	2 (4)	1 (3)
Weak|Low	9 (32)	5 (17)	4 (7)	6 (17)
Weak|Very Low	3 (11)	12 (40)	7 (13)	4 (11)
Ungraded Good Practice Statement[3]	6 (21)	2 (7)	9 (17)	5 (14)
Either Low or Very Low	19 (68)	24 (80)	25 (46)	17 (48)
Total	28	30	54	35

[1] Quality of the Evidence

High: "Consistent evidence from well-performed RCTs [Randomized Controlled Trials] or exceptionally strong evidence from unbiased observational studies"

Moderate: "Evidence from RCTs with important limitations (inconsistent results, methodological flaws, indirect or imprecise evidence), or unusually strong evidence from unbiased observational studies"

Low: "Evidence for at least one critical outcome from observational studies, from RCTs with serious flaws, or indirect evidence"

Very Low: "Evidence for at least one of the critical outcomes from unsystematic clinical observations or very indirect evidence"

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[2] n (%)

[3]Ungraded Good Practice Statement: "Direct evidence for these statements was either unavailable or not systematically appraised and considered out of the scope of this guideline. The intention of these statements is to draw attention to these principles." Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab*. 2017;102(11):3869-3903.

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