

CAUSE NO. \_\_\_\_\_

THE STATE OF TEXAS	§	IN THE DISTRICT COURT OF
	§	
<i>Plaintiff.</i>	§	
	§	
v.	§	COLLIN COUNTY, TEXAS
	§	
JASON D. JARIN, M.D.	§	
<i>and</i>	§	
CHILDREN'S HEALTH SYSTEM	§	
OF TEXAS	§	_____ JUDICIAL DISTRICT
	§	
<i>Defendants.</i>	§	
	§	

**TEXAS'S PETITION AND REQUEST FOR INJUNCTIVE RELIEF**

1. Although Texas law bans dangerous and experimental sex-rejecting procedures on children, the scourge of so-called “gender affirming care” persists in the State of Texas. Even worse, Texas taxpayers have been on the hook for millions of dollars in gender transition surgeries, hormones, and other procedures that turn otherwise healthy children and young adults into chronic medical patients. No longer.

2. For years, Dr. Jason Jarin, a radical gender activist, has billed Texas Medicaid and the Children’s Health Insurance Program (“CHIP”) for gender interventions on children as young as 9 years old. Jarin is a pediatric gynecologist, but he regularly performs procedures and medicates both female *and male* patients with puberty blockers and cross-sex hormones.

3. After September 1, 2023, when Senate Bill 14, Texas Health & Safety Code § 161.701–.706 (“SB-14”), took effect and codified Texas’s ban on gender interventions on minors, Jarin continued to prescribe cross-sex testosterone, estrogen, and puberty blockers to children in flagrant violation of Texas law. As recently as April 2025, Jarin spoke publicly about his

support for gender interventions on children, suggesting that he was still treating kids on cross-sex testosterone.

4. Jarin does not act alone. He is an Associate Professor at UT Southwestern Medical Center (“UT Southwestern”), one of the country’s most prestigious academic medical schools. He is a Division Director at Children’s Health System of Texas (“Children’s”), the country’s seventh-largest pediatrics hospital, where he saw patients for gender interventions at the Dallas and Plano locations.

5. Since 2017, Jarin and Children’s have engaged in health care fraud by billing for sex change services that are specifically barred by Texas Medicaid and CHIP and using false diagnosis codes to obscure the nature of the interventions.

6. Among other things, Jarin and Children’s falsely billed transgender claims as “endocrine disorders.” They implanted puberty blockers in otherwise healthy children under the guise of “precocious puberty.” They billed for “hormone replacement therapy” (a code for actual hormonal deficiencies), or “other long-term drug therapy.” They claimed that girls had “excessive,” “irregular” menstruation or “other conditions associated with female genital organs and menstruation,” in order to suppress their otherwise normal periods. And they billed for “contraception” implants and medications for boys when Jarin was actually prescribing them cross-sex estrogen.

7. Plaintiff, STATE OF TEXAS, by and through the Attorney General of Texas, KEN PAXTON, hereby complains of Defendants JASON D. JARIN, M.D. and CHILDREN’S HEALTH SYSTEM OF TEXAS. The State will show (1) Jarin violated SB-14 (Texas Health & Safety Code § 161.702 and § 161.704) by prescribing testosterone and estrogen to minors after

September 1, 2023, in some cases, using public funds; (2) Defendants committed unlawful acts under the Texas Health Care Program Fraud Prevention Act, TEX. HUM. RES. CODE § 36.001, *et seq.* (“THFPA”), by submitting claims for gender interventions that violate State law, are specifically barred by Texas Medicaid regulations, and that use false diagnoses to obscure the true nature of the services rendered; and, (3) Defendants engaged in deceptive trade practices, including by misleading pharmacies, insurance providers, and/or patients by falsifying medical records, prescriptions, and billing records to represent that the drugs and medical services were for something other than gender transition.

## I. PARTIES

8. Plaintiff is the STATE OF TEXAS, by and through its Attorney General, Ken Paxton. *State v. Naylor*, 466 S.W.3d 783, 790 (Tex. 2015) (“As a sovereign entity, the State has an intrinsic right to enact, interpret, and enforce its own laws.”)

9. Defendant is JASON D. JARIN, M.D. (NPI# 1568782753), an employee of UT Southwestern in Dallas, Texas. He is a Division Director and holds privileges at Children’s Health Specialty Center Dallas and Children’s Health Specialty Center 1 Plano. Defendant Jarin may be served at his residence or at his place of employment located at Children’s Medical Center of Dallas, 1935 Medical District Drive, Dallas, Texas 75235.

10. Defendant is CHILDREN’S HEALTH SYSTEM OF TEXAS d/b/a Children’s Medical Center of Dallas d/b/a Children’s Medical Center Plano. Defendant Children’s may be served by and through its registered agent, C T Corporation System, 1999 Bryan Street, Suite 900, Dallas, Texas 75201.

## II. DISCOVERY AND CONTROL PLAN

11. Discovery in this case should be conducted under Level 3 pursuant to TEX. R. CIV. P. 190.4. This case is not subject to the restrictions of expedited discovery under TEX. R. CIV. P. 169 because Texas seeks non-monetary injunctive relief.

12. Additionally, Texas claims entitlement to monetary relief in an amount greater than \$1,000,000, including civil penalties, reasonable attorney's fees, litigation expenses, restitution, and costs.

## III. JURISDICTION AND VENUE

13. Texas Human Resources Code § 36.052(d) provides that a THFPA action "shall be brought in Travis County or in a county in which any part of the unlawful act occurred."

14. Texas Human Resources Code § 36.051(b) provides that an action for injunctive relief under the THFPA "shall be brought in a district court of Travis County or of a county in which any part of the unlawful act occurred, is occurring, or is about to occur."

15. Texas Occupations Code § 161.706(b) provides that "[v]enue for an action brought under this section is in a district court of Travis County or the county where the violation occurred or is about to occur."

16. The Deceptive Trade Practices Act authorizes an action for injunctive relief in "the county in which the person against whom it is brought . . . has done business, or in the district court of the county where the transaction occurred. . . ." TEX. BUS. & COM. CODE § 17.47(b).

17. Actions governed by a mandatory venue statute "shall be brought" in the county required by that statute. TEX. CIV. PRAC. & REM. CODE § 15.016. In a statutory venue provision, use of the word "shall" or verbiage specifying where venue "is" generally indicates that such

venue is mandatory under that statute. *Wichita Cnty., Tex. v. Hart*, 917 S.W.2d 779, 781 (Tex. 1996).

18. Where a plaintiff joins two or more claims or causes of action arising from “the same transaction, occurrence, or series of transactions or occurrences,” and one of the claims or causes of action is governed by a mandatory venue provision in statute, the suit shall be brought in the county required by that mandatory venue provision in statute. TEX. CIV. PRAC. & REM. CODE § 15.004.

19. Where venue is proper under multiple mandatory venue provisions, “the plaintiff is generally afforded the right to choose venue when suit is filed.” *In re Fisher*, 433 S.W.3d 523, 533 (Tex. 2014), as corrected on denial of reh’g (May 2, 2014).

20. Venue of this suit lies in Collin County, Texas as Defendants’ unlawful conduct occurred at least in part in Collin County, transactions forming the basis of this suit occurred in Collin County, and further unlawful acts under the THFPA are occurring or about to occur in Collin County. Furthermore, under Texas Occupations Code § 161.706(b), violations of SB-14 occurred or are about to occur in Collin County.

#### IV. PUBLIC INTEREST

21. Defendants violated Texas Health & Safety Code § 161.702 and § 161.704, Texas Human Resources Code § 36.002, and Texas Business & Commerce Code § 17.46(a), and are engaged in unlawful practices, as set forth in this petition.

22. The State has reason to believe that Defendants are engaging in, have engaged in or are about to engage in, the unlawful acts or practices set forth below. The State has further reason to believe Defendants have caused injury, loss, and damage to Texas by endangering the health of

its most vulnerable citizens. Therefore, the Consumer Protection Division of the Office of the Attorney General of the State of Texas is of the opinion that these proceedings are in the public interest.

## **V. TRADE AND COMMERCE**

23. At all times described below, Defendants engaged in conduct, the purported practice of medicine, which constitutes “trade” and “commerce” as defined in Texas Business & Commerce Code § 17.45(6).

## **VI. NO NOTICE BEFORE SUIT**

24. The State has reason to believe that Defendants “[are] engaging in, [have] engaged in, or [are] about to engage in any act or practice declared to be unlawful . . . and that proceedings would be in the public interest . . .” TEX. BUS. & COM. CODE § 17.47(a).

25. The State did not contact Defendants before filing suit to notify them “in general of the alleged unlawful conduct” because it is the opinion of the Consumer Protection Division that they likely “would destroy” or alter “relevant records if prior contact were made.” *Id.*

## **VII. APPLICABLE LAW**

### **A. Overview of the Texas Medicaid Program**

26. In accordance with Title XIX of the Social Security Act of 1965, 42 U.S.C. §§ 1396 *et seq.*, the Medicaid Program provides medical care to certain low-income and disabled persons. Medicaid is funded jointly by the federal government and state governments.

27. States participating in Medicaid enact their own standards regarding beneficiary eligibility, provider credentials, services covered, and program administration within federal

parameters. 42 U.S.C. §§ 1396, 1396a. Texas participates in Medicaid and administers the program through the Texas Health and Human Services Commission (“HHSC”).

28. The vast majority of Texas Medicaid beneficiaries receive care through managed care organizations (“MCOs”) which contract with HHSC. Tex. Health & Hum. Servs. Comm’n, *Texas Medicaid and CHIP Reference Guide 4* (2024), <https://tinyurl.com/muwjtjske>. MCOs are private health plans that are contractually required to provide covered, medically necessary services to program beneficiaries. *Id.* at 53.

29. Pursuant to federal regulations and Texas Medicaid Program rules, MCOs and enrolled providers must record and submit accurate encounter data regarding Medicaid-provided services to HHSC, which then must submit the same to the U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services (“CMS”). 42 C.F.R. §§ 438.604, .818; *see also* 1 TEX. ADMIN. CODE §§ 354.1001, 371.1663. Failure to timely report accurate encounter data to CMS can result in the loss of federal funding for Medicaid-provided services. 42 C.F.R. §§ 438.604, .818; *see also* 1 TEX. ADMIN. CODE §§ 354.1001, 371.1663.

30. HHSC promulgates the Texas Medicaid Provider Procedures Manual (“TMPPM”). Tex. Health & Hum. Servs. Comm’n, *Texas Medicaid Provider Procedures Manual* (2026), <https://tinyurl.com/y9pxf3u7>. To enroll as a provider in Texas Medicaid, the applicant must, among other things, submit a signed provider agreement, certifying that the applicant will abide by all terms and conditions of the provider agreement. 1 TEX. ADMIN. CODE § 352.7. The provider agreement stipulates that providers “[have] a duty to become educated and knowledgeable with the contents and procedures contained in the Provider Manual [TMPPM].”

Tex. Health & Hum. Servs. Comm'n, *HHSC Provider Agreement* ¶ 1.1 (2018), <https://tinyurl.com/yrzst7d6>.

31. Moreover, a provider must agree “to comply with all of the requirements of the Provider Manual [TMPPM], as well as all state and federal laws governing or regulating Medicaid, and provider further acknowledges and agrees that the provider is responsible for ensuring that all employees and agents of the provider also comply.” *Id.* Providers also agree to submit accurate claims and encounter data as required by state and federal laws and regulations and in accordance with HHSC billing guidelines and procedures. *Id.* at ¶ 1.3.

#### **B. The Texas Health Care Program Fraud Prevention Act (THFPA)**

32. To combat waste, fraud, and abuse in Texas health care programs, the Texas Legislature enacted the THFPA.

33. The THFPA empowers the Texas Attorney General’s Office to investigate alleged violations of the Act and bring a civil action for injunctive relief and monetary remedies and penalties in connection with alleged violations. *Id.* at §§ 36.052, .053.

34. Under Texas Human Resources Code § 36.002, a person commits an unlawful act if he or she, among other things:

- a. “[K]nowingly makes or causes to be made a false statement or misrepresentation of a material fact to permit a person to receive a benefit or payment under a health care program that is not authorized or that is greater than the benefit or payment that is authorized.” *Id.* at § 36.002(1).

- b. “[K]nowingly conceals or fails to disclose information that permits a person to receive a benefit or payment under a health care program that is not authorized or that is greater than the benefit or payment that is authorized.” *Id.* at § 36.002(2).
- c. “[K]nowingly makes, causes to be made, induces, or seeks to induce the making of a false statement or misrepresentation of material fact concerning . . . (B) information required to be provided by a federal or state law, rule, regulation, or provider agreement pertaining to a health care program.” *Id.* at § 36.002(4)(B).
- d. “[C]onspires to commit a violation of Subdivision (1), (2), (3), (4), (5), (6), (7), (8), (10), (11), (12), or (13).” *Id.* at § 36.002(9).

35. Texas Human Resources Code § 36.051(b) provides “[i]f the attorney general has reason to believe that a person is committing, has committed, or is about to commit an unlawful act, the attorney general may institute an action for an appropriate order to restrain the person from committing or continuing to commit the act.”

36. Penalties assessed for violations of the THFPA include the amount of any monetary benefit provided under a health care program resulting from an unlawful act, plus interest, and trebled, as well as a certain monetary penalty per violation. *Id.* at § 36.052(a).

### **C. HHSC Prohibitions and Restrictions on Gender Transition Interventions.**

37. The TMPPM specifies certain “services, supplies, procedures, and expenses” that are excluded from program coverage as being “not benefits of Texas Medicaid.” TMPPM, Vol. 1 Provider Enrollment and Responsibilities, ¶ 1.11, <https://tinyurl.com/4864rjpw>. According to the TMPPM, the list of exclusions “is *not* all inclusive.” *Id.* (emphasis original).

38. At all times relevant to this action and through the present, the TMPPM has explicitly categorized “sex change operations” as excluded under Texas Medicaid. *Id.*

39. The TMPPM also contains other exclusions that are related to gender interventions, such as “[p]rocedures and services considered experimental or investigational,” “[s]ervices or supplies that are not specifically provided by Texas Medicaid,” “[s]ervices or supplies provided in connection with cosmetic surgery,” under most circumstances, and sterilizations, under most circumstances. *Id.*

40. The TMPPM was updated in December of 2024 confirming that Texas Medicaid excludes:

- a. “Prescription medications and surgical procedures used for the purposes of transitioning biological sex, including sex change operations, except when provided to individuals with a medically verifiable genetic disorder of sex development;”
- b. “Procedures and treatments as defined by Chapter 161, Section §161.702 of the Texas Health and Safety Code;” and
- c. “Procedures, services, supplies, treatments, and prescription medications prohibited by Texas state law.”

Tex. Medicaid & Healthcare P’ship, *Updates to the TMPPM Provider Enrollment and Responsibilities Handbook Available December 1, 2024* (Oct. 11, 2024), <https://tinyurl.com/b3et8hd3>.

41. Even before the 2024 TMPPM, the term “sex change operations” was widely understood to include any form of gender interventions. In 2021, Texas Medicaid authorities responded to a survey conducted by KFF (formerly known as the Kaiser Family Foundation), a health policy research, polling, and news organization.

42. They reported that Texas Medicaid “explicitly excludes coverage of all gender affirming health services,” including surgery, hormone therapy, voice/communication therapy,

fertility services, and behavioral health. Ivette Gomez et al., *Update on Medicaid Coverage of Gender-Affirming Health Services*, KFF (Oct. 11, 2022), <https://tinyurl.com/mrxjtspx>.

43. Texas Medicaid's exclusion of transgender medical interventions was widely recognized by health care practitioners, as reflected in an April 25, 2023 Texas Tribune article stating, "[i]n Texas, Medicaid and the Children's Health Insurance Program already don't cover transition-related surgeries and prescription drugs like hormone therapies and puberty blockers." Alex Nguyen, *Transgender Texans of All Ages Could Lose Access to Transition-Related Care Under Senate Bill*, Tex. Trib. (Apr. 25, 2023), <https://tinyurl.com/3tmhzuj>.

44. In addition, after SB-14, HHSC added new prior authorization criteria, effective March 2024, requiring denial of certain drugs associated with gender transitioning if the patient had a gender dysphoria diagnosis within the past two years. Tex. Medicaid & Healthcare P'ship, *Prior Authorization Criteria for Hormonal Therapy Agents Effective March 1, 2024* (Dec. 15, 2023), <https://tinyurl.com/24ntvfpj>.

45. Effective March 1, 2024, the TMPPM excludes certain hormonal therapy agents when submitted with the following gender identity diagnosis codes: F64.0 (Transsexualism), F64.1 (Dual role transvestism), F64.2 (Gender identity disorder of childhood), F64.8 (Other gender identity disorders), and F64.9 (Gender identity disorder, unspecified). *Id.* These hormonal agents include 15 billing codes for non-oral medications in clinical settings, including various forms of injectable and implantable puberty blockers, testosterone, and estrogen. TMPPM, Vol. 2, Outpatient Drug Services Handbook, ¶ 6.62 (2025), <https://tinyurl.com/je2fzpbj>.

**D. Senate Bill 14 (SB-14) Amended Texas Law to Ban Gender Interventions on Minors.**

46. On May 17, 2023, the Texas Legislature passed SB-14, which bans medical gender interventions on minors in the State of Texas.

47. The effective date for SB-14 was September 1, 2023.

48. In relevant part, SB-14 amended the Texas Health and Safety Code to prohibit physicians or health care providers from medical interventions “for the purpose of transitioning a child’s biological sex . . . or affirming the child’s perception of the child’s sex if that perception is inconsistent with the child’s biological sex[.]” TEX. HEALTH & SAFETY CODE § 161.702. Section 161.702 further provides “[a] physician or health care provider may not knowingly:

- (1) Perform a surgery that sterilizes the child . . . ;
- (2) Perform a mastectomy;
- (3) Provide, prescribe, administer, or dispense any of the following prescription drugs that induce transient or permanent infertility:
  - (A) Puberty suppression or blocking prescription drugs to stop or delay normal puberty;
  - (B) Supraphysiologic doses of testosterone to females; or
  - (C) Supraphysiologic doses of estrogen to males; or
- (4) Remove any otherwise healthy or non-diseased body part or tissue.” *Id.*

49. Physicians are permitted to prescribe puberty blockers to patients with genuine precocious puberty diagnoses, and to continue to treat children with medically verifiable genetic disorders of sex development (*e.g.*, intersex patients or patients with chromosomal disorders affecting gender). TEX. HEALTH & SAFETY CODE § 161.703(a).

50. Physicians were also permitted to continue providing prescription drugs to children who were (1) already subject to a continuing course of treatment that began prior to June 1, 2023,

and (2) who attended at least 12 mental health counseling or psychotherapy sessions over a period of at least six months prior to starting treatment, provided that the prescriptions were for the purpose of “wean[ing] off the prescription drug over a period of time and in a manner that is safe and medically appropriate and that minimizes the risk of complications.” TEX. HEALTH & SAFETY CODE § 161.703(b)-(c).

51. SB-14 also prohibits the use of public money to any health care provider, medical school, hospital, or any other entity that “provides or facilitates the provision of a procedure or treatment” in violation of SB-14. TEX. HEALTH & SAFETY CODE § 161.704. It further prohibits Texas Medicaid and CHIP reimbursement to physicians and health care providers for procedures or treatments that violate SB-14. TEX. HEALTH & SAFETY CODE § 161.705.

52. In addition, SB-14 amended the Texas Occupations Code to prohibit physicians from “perform[ing] a gender transitioning or gender reassignment procedure or treatment in violation of [Texas Health & Safety Code § 161.702].” TEX. OCC. CODE § 164.051(a)(24).

53. It also added Texas Occupations Code § 164.0552, which commands that the Texas Medical Board “**shall** revoke the license or other authorization to practice medicine of a physician who violates [Texas Health & Safety Code § 161.702]” (emphasis added).

54. Before SB-14 took effect, several minors, parents of minors, and physicians brought suit in Travis County, Texas, alleging a variety of constitutional challenges to the law. *See State v. Loe*, 692 S.W.3d 215, 222 (Tex. 2024).

55. On August 25, 2023, a Travis County District Court entered a temporary injunction enjoining enforcement of SB-14. *Id.* Texas appealed directly to the Texas Supreme Court, thereby dissolving the temporary injunction. *Id.*

56. On September 1, 2023, the Texas Supreme Court allowed SB-14 to take effect during the pendency of the appeal. *Id.*

57. On June 28, 2024, the Texas Supreme Court reversed and vacated the trial court's Temporary Injunction Order after rejecting each of the plaintiffs' constitutional challenges to SB-14. *Id.* at 239.

## VIII. FACTUAL BACKGROUND

### A. Children's and UT Southwestern Operated a Dedicated Transgender Clinic for Minors.

58. In 2015, UT Southwestern and Children's opened the joint GENDER Education and Care, Interdisciplinary Support clinic ("GENECIS") dedicated to transitioning the biological sex of children and young adults through medical interventions.

59. GENECIS was physically located in the Adolescent and Young Adult ("AYA") clinics at Children's Medical Center in Dallas and Plano. Children's provided the clinic space, operating rooms, diagnostic services, laboratories, and medical supplies, among other things. The nurses, administrative staff, and social workers were employed by Children's, while the physicians and psychologists were employed by UT Southwestern. Although it was housed within the UT Southwestern Department of Pediatric Endocrinology and supervised by UT Southwestern's Chief of Pediatric Endocrinology, it was a multi-disciplinary pediatric clinic with physicians from endocrinology, adolescent medicine, gynecology, and psychiatry.

60. From 2015 to 2021, Dr. Ximena Lopez, a pediatric endocrinologist, was the medical director of the GENECIS program. Upon opening the clinic in 2015, she told the Dallas Morning News that "the goal is to intervene in early adolescence, before troubling psychological and

physical changes are brought on by puberty.” Scott Farwell, *Free to Be Themselves: Children’s Medical Center Dallas Opens Clinic for Transgender Children and Teenagers, the Only Pediatric Center of Its Type in the Southwest*, Dallas Morning News (June 4, 2015), <https://tinyurl.com/yfh7czv5>.

61. She also represented that puberty blockers “can be stopped anytime without significant side effects,” and that “[t]he new generation of transgender people we’ll see are completely different. They’ll look normal like you and me. And they’ll be happy.” *Id.*

62. Two years after it opened, GENECIS doctors reported that the clinic was seeing around 400 transgender children and teenagers, with an average of 20 new patients per month in 2017. Bianca Castro, *Children’s Transgender Clinic Experiences High Growth*, NBC DFW (February 28, 2017), <https://tinyurl.com/yjkxjdhw>. At the time of its purported closure in 2022, it had seen more than 1000 patients. Meredith Yeomans, *Dallas Doctor Works ‘Around the Clock’ to Help Transgender Youth*, NBC DFW (May 19, 2022), <https://tinyurl.com/vzpuamxk>.

63. In 2022, the GENECIS clinic fell under intense scrutiny as state officials and the public became increasingly aware of the harm caused by gender interventions, especially to children.

64. On March 28, 2022, Children’s issued a joint statement with UT Southwestern contending that GENECIS was never a standalone clinic, but rather a “brand” which became a “lightning rod for the controversy over hormone therapy for gender dysphoria.” *Joint Statement with UT Southwestern: Gender Dysphoria Care*, Children’s Health News (March 28, 2022), <https://tinyurl.com/56bxm56n>.

65. UT Southwestern and Children’s removed the GENECIS name from the door but vowed to continue providing “gender-affirming care” to both children and young adults, including new and returning patients. *Id.*

66. Internally, Children’s and UT Southwestern moved gender patients from the GENECIS clinic to the general AYA clinic and the Department of Pediatric Gynecology, where Jarin practiced. Most patients continued to see the same providers at the same locations, and the partnership between UT Southwestern and Children’s remained essentially the same.

67. Both the GENECIS and the AYA clinics were overseen by overlapping department chairs at UT Southwestern, including but not limited to the Department of Pediatrics, chaired by Dr. Jorge Bezerra, the Department of Pediatric Endocrinology, chaired by Dr. Perrin White, and the Division of Developmental-Behavioral Pediatrics, chaired by Dr. Richard Adams.

68. Aside from Lopez (pediatric endocrinology), GENECIS physicians included Dr. Brett Cooper (adolescent medicine), Dr. May Lau (adolescent medicine), Dr. Meredith Chapman (psychiatry), and Jarin (pediatric gynecology). The clinic also included Dr. Laura Kuper, PhD (pediatric psychology) and Robin Deisher (clinical therapist). The clinic’s social worker, Amanda Verhaak, MSW, LMSW, was a Children’s employee.

**B. After SB-14 Passed in May 2023, UT Southwestern and Children’s Drafted Protocols to “Comply” with SB-14 by September 1, 2023.**

69. On May 17, 2023, the Texas Legislature passed SB-14, which took effect on September 1, 2023.

70. As described in Section VII.D, SB-14 prohibits physicians or health care providers from performing medical interventions “for the purpose of transitioning a child’s biological sex.”

TEX. HEALTH & SAFETY CODE § 161.702. These include surgeries, puberty blockers, and cross-sex testosterone and estrogen. *Id.*

71. In response, Lopez high-tailed it to California right after the bill passed, declaring that medically transitioning children is “one of the most important things I’ve done in my life” and stating that she was leaving Texas because she thinks the whole state is “crazy.” Paul Hunter, *Texas Ban on Gender-Affirming Care Leaves Trans Teens Without Options*, CBC News (July 5, 2023), <https://tinyurl.com/4r6c8kr5>.

72. SB-14 permitted providers to wean patients off puberty blockers and cross-sex hormones “over a period of time and in a manner that is safe and medically appropriate and that minimizes the risk of complications.” TEX. HEALTH & SAFETY CODE § 161.703(b)-(c).

73. Three of the remaining former GENECIS doctors – Jarin, Cooper, and Lau – were tasked with ensuring UT Southwestern’s and Children’s compliance with SB-14 by September 1, 2023. The persons with the greatest financial and ideological incentives to subvert compliance with SB-14 were thus in charge of its implementation.

74. Over the summer of 2023, Jarin, Cooper, and Lau met repeatedly between themselves and with UT Southwestern leadership to draft policies to address treatment plans for existing patients, a “wean” protocol for minor patients, and “SmartPhrases” for their Epic electronic medical record system.<sup>1</sup>

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<sup>1</sup> SmartPhrases are user-generated shortcuts that allow for providers to type a short word in a patient’s medical chart that expands into more detailed text. These are typically used for documentation purposes in commonly occurring patient encounters, such as routine physical exams, or to auto-populate frequently made recommendations.

75. During the same period, UT Southwestern, including the three GENEICIS physicians, Bezerra, White, and Adams, met repeatedly with leadership from Children's to discuss the implications of SB-14 for both institutions.

76. Jarin was primarily responsible for drafting the "wean protocol" in coordination with White, Lau, and Cooper.

77. From the outset, the SB-14 meetings were not about strict compliance with Texas law. They were about crafting pretextual protocols to justify the continued, illegal prescription of cross-sex hormones and puberty blockers to children.

78. The first protocol was a "tier-based approach" to handling existing patients. It provided that patients who were at or near the age of majority would be transitioned to care at UT Southwestern's adult endocrinology clinic. Minors who did not qualify for an exception under SB-14 (*i.e.* precocious puberty, medically verifiable genetic disorders affecting gender), would be referred to other health care providers, including those out of state, and given "support services" like psychiatric treatment and social work assistance.

79. If a patient met the criteria in Texas Health & Safety Code § 161.703(b)-(c), *i.e.* they were prescribed medications before June 1, 2023 and attended 12 or more sessions of mental health counseling over the course of 6 months before starting medication, they were directed to the "weaning protocol."

80. The wean protocol was designed to subvert compliance with SB-14 from the beginning by (1) weaning patients over a long period of time with miniscule interval changes to doses so as to maintain the same or similar physiological effect until the patients reached 18 years of age, (2) designing the protocol so that medical exceptions were determined based on the

hormonal reference range for the patient's opposite sex, and (3) creating broad, pretextual, and medically unsupported exceptions for "bone health" and "mental health stability" that ensured patients would never actually have to wean at all.

81. Under the weaning protocol, the physicians would immediately stop prescribing puberty blockers, but previously inserted blockers would be allowed to run their course.

82. Patients on testosterone or estrogen would have their doses reduced by 10-25% every 6 months depending on the formulation – meaning it would take patients 2 to 5 years to wean completely off. In the meantime, most if not all of these patients would turn 18 and be able to resume their pre-SB-14 dosages.

83. But patients never had to "wean" if they met one of the two exceptions.

84. The first exception required that patients' hormone serum levels would remain "in a range protective of bone health" of 350-700 ng/dl total testosterone or >50 pg/ml estradiol for both males and females. The testosterone range is typical for a healthy biological male adolescent, while estrogen is typical for a healthy biological female adolescent. The wean protocol therefore required that patients be kept at the opposite sex's hormone levels in perpetuity.

85. Moreover, there was no legitimate medical basis for their recommendation regarding bone health. In fact, it is the cross-sex hormones themselves that contribute to patients' issues with bone health. It was always a pretext for patients to continue illegal cross-sex hormones.

86. The second exception provided that a patient would not be weaned if their dedicated mental health provider or a member of the mental health team failed to document the patient's safety or "mental health stability at least every six months (or prior to each follow up visit).

87. As part of UT Southwestern and Children's intake process, transgender patients were purportedly required to undergo a mental health evaluation prior to medical interventions. On information and belief, UT Southwestern and Children's used the exact same criteria for the initial intake visit to begin medicalizing children as they did for continuing hormones under the wean protocol.

88. The final protocol, SmartPhrases, reflected the language of SB-14 as well as the text of the weaning protocol. It gave three options to auto-populate pre-approved language in medical charts for three categories of patients: (1) patients for whom weaning would be delayed, (2) patients being weaned, and (3) patients whose gender-transition intervention would be stopped.

89. Children's participated in the development of the sham protocols and implemented them for their own staff, including by holding meetings with nursing and other Children's staff to discuss implications for their roles.

90. In July and August 2023, shortly before SB-14 took effect, Jarin and other doctors at UT Southwestern helped patients stockpile medication. They wrote prescriptions for cross-sex hormones to minors with many refills with orders to fill them after SB-14's effective date. Jarin also implanted puberty blocker devices in at least two minor patients during this time period, knowing that the patients would continue to receive hormones through the device for up to a year (possibly longer). UT Southwestern and Children's knew of the stockpiling and facilitated it.

91. The tier-based approach, wean, and SmartPhrases protocols ostensibly took effect on September 1, 2023.

92. After September 1, 2023, Jarin and other doctors at UT Southwestern continued to prescribe cross-sex hormones to children using the sham protocols.

93. On information and belief, Children’s continues to maintain policies espousing radical gender ideology and advocating for transgender medical interventions on children.

94. For instance, Children’s official policy regarding “Caring for Gender Diverse Patients, Families and Guests” expressly references the World Professional Association of Transgender Health (WPATH) Standards of Care and American Academy of Pediatrics guidance, which promote the medical and surgical gender transition of children (as discussed in Section VII.D below).

**C. Jarin Is a Pediatric Gynecologist and Radical Gender Activist Who Performs Transgender Interventions on Both Female and Male Patients.**

95. Jarin is a prolific advocate for gender transitions on children. He is a committee member of the North American Society of Pediatric and Adolescent Gynecology (NASPAG), and he has written or contributed to many articles on gender transition.

96. Jarin’s articles discuss various topics related to medical and surgical interventions in minors, including fertility preservation in children taking cross-sex hormones, the high prevalence of comorbid autism among transgender youth, and gynecological care for “neovaginas.”

- a. Jason Jarin & Frances Grimstad, *Care of the Transgender and Gender Diverse Adolescent*, in NASPAG Essentials of Pediatric and Adolescent Gynecology 18–28 (2024), <https://tinyurl.com/3nx2tdr5>.
- b. NASPAG Education Committee, *NASPAG Clinical Opinion: The Care of Transgender and Gender Nonbinary Adolescents and Young Adults*, 37 J. Pediatric & Adolescent Gynecology 533 (2024), <https://tinyurl.com/yhj5pjuh>.
- c. Elizabeth A. Dilday, Orhan Bukulmez, Karla Saner, Ximena Lopez & Jason Jarin, *Sperm Cryopreservation Outcomes in Transgender Adolescents Compared with Adolescents Receiving Gonadotoxic Therapy*, 7 Transgender Health 528 (2022), <https://tinyurl.com/yc29d68u>.

- d. Jason Jarin, Emilie K. Johnson & Veronica Gomez-Lobo, *Fertility Preservation in Patients with Gender Dysphoria*, in *Textbook of Oncofertility Research and Practice: A Multidisciplinary Approach* 55–67 (2019), <https://tinyurl.com/38yvhwz7>.
- e. Jason Jarin, *The Ob/gyn and the Transgender Patient*, 31 *Current Op. in Obstetrics & Gynecology* 298 (2019), <https://tinyurl.com/2jdn6zyv>.
- f. John F. Strang, Jason Jarin, et al., *Transgender Youth Fertility Attitudes Questionnaire: Measure Development in Nonautistic and Autistic Transgender Youth and Their Parents*, 62 *J. Adolescent Health* 128 (2018), <https://tinyurl.com/yzjwzmp2>.
- g. Jason Jarin & Lauren Damle, *Case 51: An 11-year-old with Gender Identity Concerns*, *Obstetrics & Gynecology Morning Report* (Elsevier 2018), <https://tinyurl.com/3skhnr3j> (listing this piece under “Books & Publications”).
- h. Jason Jarin, Elyse Pine-Twaddell, et al., *Cross-Sex Hormones and Metabolic Parameters in Adolescents with Gender Dysphoria*, 139 *Pediatrics* e20163173 (2017), <https://tinyurl.com/yy64t8j9>.
- i. Jason Jarin & Veronica Gomez-Lobo, *Management of Adolescents with Gender Dysphoria: Patients with GD Are Increasingly Likely to Present for Care, and Ob/gyns Should Be Familiar with the Latest Management Guidelines*, 61 *Contemporary Ob/gyn* 32, 34, 36 (2016), <https://tinyurl.com/25s67ncc>.
- j. Jason Jarin & Veronica Gomez-Lobo, *Approach to the Transgender Patient*, 35 *Postgraduate Obstetrics & Gynecology* 1 (2015), <https://tinyurl.com/mtebukvu>.

97. Gender dysphoria in children is not just one of Jarin’s academic interests – it is the core of his research. On Jarin’s profile on UT Southwestern’s Elsevier research page, “transgender” is listed as a 100% match. UT Southwestern, *Jason Jarin*, Elsevier Pure, <https://tinyurl.com/4n5nv2t7>. None of his other research interests crosses the 50% threshold. *Id.* “Gender Dysphoria” is fourth on Jarin’s list at 44%. *Id.*

98. Jarin has also advocated for the medical transition of children’s biological sex through presentations as recently as April 2025, including the following:

- a. Jason Jarin, *How to Approach Child and Adolescent Gender Identity and Management Strategies for Menstrual Suppression*, *NASPAG Annual Clinic & Research Meeting* (April 2-5, 2025), <https://tinyurl.com/5n8fjva9>.

- b. Jason Jarin, Kate Stambough, May Lau & Amanda Verhaak, *Care of Youth in Access-Limited States*, NASPAG (April 4, 2024, 1:05 PM), <https://tinyurl.com/55muj53c>.
- c. Jason Jarin, *Gynecological Care of the Transgender Patient: An Update*, Grand Rounds (June 14, 2023), <https://tinyurl.com/y5mvhxtb>.
- d. Jason Jarin, *The Ob/gyn and the Transgender Patient*, UT Southwestern (2022), <https://tinyurl.com/yw7vkttm>.
- e. Jason Jarin, *Effects of Cross-Sex Hormone Treatment on Adolescents with Gender Dysphoria*, NASPAG (2016), <https://tinyurl.com/8r2xcbf6>.

99. Jarin’s public statements and research reflect the fringe and unscientific nature of his medical interventions on children.

100. In 2019, he openly acknowledged that “long-term data are still lacking in the medical care of individuals with gender dysphoria.” One paper he co-authored further noted that all medications mentioned as “Gender Affirming Medical Therapies” were for “off-label use.” He has also used terminology that is “[i]ntentionally grammatically incorrect to avoid using binary gender-based terminology.”

101. Moreover, he does not hide the sterilizing effect of the interventions he supports, and his research admits that “[t]he hormonal treatment of transgender individuals may render them infertile,” and “prolonged use of cross-sex hormones can make biological reproduction difficult for transgender patients.”

102. Jarin admits that cross-sex hormones can render children permanently infertile. Yet, his survey-based research reflects that a large portion of transgender youth want to have children in the future.

103. In one survey Jarin conducted, 46% of survey respondents agreed that they wanted children someday and 32% stated that they did not know. 48% of respondents strongly agreed or

agreed that their feelings about wanting biological children could change in the future, while 20% did not know.

104. Disturbingly, Jarin recognized the “challenge” of measuring his patients’ attitudes about fertility due to “the common co-occurrence of autism spectrum disorders (ASDs),” affecting up to 25% of children with gender dysphoria.

105. The passage of SB-14 does not appear to have hampered Jarin’s advocacy. As recently as October 2024, over a year after SB-14 took effect, Jarin co-authored a paper openly recommending the use of puberty blockers, cross-sex hormones, and even “gender affirming surgeries” in children.

106. In April 2025, he gave a presentation at NASPAG’s Annual Clinical & Research Meeting titled “How to Approach Child and Adolescent Gender Identity and Management Strategies for Menstrual Suppression”, in which he described in detail how to manipulate menstruation in female patients, including those who are on cross-sex testosterone.

107. Jarin states “when we talk about, you know, adolescents assigned female at birth, you know, one of the things that they may want to avail is something to do with their periods. You know, so they may want to suppress it. They may want to make them super predictable. And so this is really the bulk of the talk is how you know what options there are for menstrual manipulation for adolescents assigned female.” At one point in the video, he advises “[b]elieve it or not, even though some of our kids *may be on testosterone*, they may have needle phobia.”

108. Jarin’s practices, publications, and presentations betray an entrenched commitment to a gender ideology that advocates for the medical transition of a child’s biological sex.

**D. Pediatric Gender Doctors Follow a Roadmap Set by WPATH and Other Ideological Organizations.**

109. Prior to SB-14, the GENECIS and AYA clinics treated patients at least as young as 9 years old up to their early 20s.

110. In general, they followed a formulaic approach to gender transition reflected in guidelines set by WPATH and other national medical organizations.

*i. National Guidelines for Pediatric Gender Transition*

111. Radical gender activists within the medical profession, including Jarin and his colleagues at UT Southwestern, rely on the WPATH “Standards of Care.” *See, e.g.*, Selena Simmons-Duffin, *Rachel Levine Calls State Anti-LGBTQ Bills Disturbing and Dangerous to Trans Youth*, NPR (Apr. 29, 2022), <https://tinyurl.com/524twct4> (claiming that the standard for treating gender dysphoria is set by the WPATH).

112. WPATH is considered the “the leading association of medical professionals treating transgender individuals” and medical organizations “recognize those guidelines as reflecting the accepted standard of care for treating gender dysphoria.” Brief for the Petitioner at 3, *United States v. Skremetti*, 145 S.Ct. 1816 (2025) (August 27, 2024).

113. The current WPATH recommendations are available in “Standards of Care Version 8” (“SOC-8”) released in September 2022.

114. On May 1, 2025, the U.S. Department of Health and Human Services released a comprehensive medical review titled “Treatment for Pediatric Gender Dysphoria: Review of

Evidence and Best Practices,” which was re-released after peer-review on November 19, 2025.<sup>2</sup> U.S. Dep’t of Health & Hum. Servs., *Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices* (November 19, 2025), <https://tinyurl.com/56rryexp> (“HHS Report”).

115. As part of that review, HHS reviewed the background behind SOC-8, concluding “[i]n the process of developing SOC-8, WPATH suppressed systematic reviews its leaders believed would undermine its favored treatment approach. SOC-8 developers also violated conflict of interest management requirements and eliminated nearly all recommended age minimums for medical and surgical interventions in response to political pressures.” *Id.* at 14.

116. Aside from the concerns regarding SOC-8’s development, the over 400-page evidence-based review “reveals serious concerns about medical interventions, such as puberty blockers, cross-sex hormones, and surgeries, that attempt to transition children and adolescents away from their sex . . . the review makes clear: the science and evidence do not support their use, and the risks cannot be ignored.” U.S. Dep’t of Health & Hum. Servs., Press Release, *HHS Releases Comprehensive Review of Medical Interventions for Children and Adolescents with Gender Dysphoria* (May 1, 2025), <https://tinyurl.com/yc5977yk>.

117. In addition to WPATH, doctors who transition minors frequently cite the Endocrine Society guidelines (“ES Guidelines”).

118. The Endocrine Society guidelines overlap substantially with WPATH – WPATH served as a sponsor for the development of the ES Guidelines, and they share multiple authors. HHS Report at 141.

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<sup>2</sup> After its initial publication in May 2025, HHS opened the report to all major medical organizations and individual doctors for a period of peer review. WPATH, the Endocrine Society, and the American Academy of Pediatrics refused to contribute.

119. The American College of Obstetricians and Gynecologists (“ACOG”) also promulgates recommendations on gender transition for minors and adults that mirror WPATH, but with increased focus on gynecological issues like fertility preservation, contraception, and preventative screenings.

120. The typical “gender-affirming care” model endorsed by these organizations, and followed by Jarin, is described below.

***ii. Puberty Blockers***

121. The WPATH and ES Guidelines start with puberty blockers, also called GnRH agonists, around Tanner Stage 2 (when initial physical changes of puberty appear). This may begin as early as 8 years old in girls and 9 years old in boys.

122. Puberty blockers are given as routine injections, typically around every 3 months, or as implants in the patient’s arm that can last up to 12 months.

123. When a doctor inserts or removes an implant, he or she makes an incision in the patient’s upper arm. This can be done under local anesthesia in clinic, but sometimes the procedure requires an operating room and general anesthesia.

124. The most common injections are leuprolide acetate (*e.g.* Lupron, Fensolvi) and triptorelin (*e.g.* Triptodur, Trelstar). The most common implants are histrelin acetate (*e.g.* Supprelin, Vantas).

125. These are powerful medications. Leuprolide, for instance, has several uses including the treatment of precocious puberty, prostate cancer, and chemical castration in sex offenders.

126. Growing medical evidence shows substantial risks associated with puberty blockers including developmental risks to the child, diminished bone density, fertility issues, stunted growth of sexual organs, sexual dysfunction, and potential impacts on neurocognitive development. HHS Report at ch. 7.3.

*iii. Cross-Sex Hormones*

127. When a patient reaches his or her mid-teenage years, doctors prescribe cross-sex hormones.

128. The goal is to induce a state where both the patient's natal puberty and the patient's development of secondary sex characteristics is fully suppressed along, and cross-sex hormones are used to induce a pathological state where the secondary sex characteristics of the opposite sex develop. In girls, this may include facial and body hair, cystic acne, male pattern hair distribution, clitoral growth, changes in musculature, voice deepening, and alterations in fat deposition. *Id.* at ch. 7.4. Boys may have breast tissue growth (gynecomastia), reduced muscle mass, change in skin texture, and female pattern fat distribution. *Id.*

129. In females, cross-sex hormones are primarily testosterone cypionate or enanthate. These are often intramuscular injections, but there are also gel, patch, and oral formulations.

130. For females, WPATH recommends that doctors prescribe enough testosterone to match the level that would be present in a biological male. SOC-8 at S65-66, S110, S115. "The target level is 400-700 ng/dL." *Id.* at App'x C.

131. For testosterone enanthate/cypionate injections, WPATH recommends 50-100 mg weekly or 100-200 mg every two weeks. *Id.*

132. Males receive a combination of anti-androgens to block the effects of testosterone (e.g. spironolactone, bicalutamide, flutamide, finasteride), and they receive estrogen (estradiol), which is available as oral medication, gels, patches, sprays, injections, and even estradiol implants (although these are not FDA approved in the United States, even for women).

133. Like testosterone for females, WPATH recommends prescribing enough estrogen to match the level that would be present in a biological female. The target serum levels are <50 ng/dL for testosterone and 100-200 pg/mL of estradiol. *Id.*

134. The recommended dose of oral estradiol is 2.0-6.0 mg/day and 100-300 mg/day of spironolactone. *Id.*

135. Aside from the permanent physical changes caused by cross-sex hormones, both male and female hormones have numerous side-effects and risks. In both sexes, these include psychiatric and mood disorders, fertility loss, cardiovascular risks (such as blood clots, heart attacks, and strokes), type 2 diabetes, liver dysfunction, and cancer. Females on testosterone are also at high risk for vaginal atrophy, persistent pelvic pain, and pelvic floor dysfunction. HHS Report at ch. 7.4.

*iv. Menstrual Suppression*

136. In addition, doctors may suppress, or in Jarin's words, "manipulate," female patients' menstruation through a variety of medications.

137. WPATH recommends that providers "consider prescribing menstrual suppression agents for adolescents experiencing gender incongruence who may not desire testosterone therapy, who desire but have not yet begun testosterone therapy, or in conjunction with testosterone therapy for breakthrough bleeding." SOC-8 at S48.

138. As Jarin described in an April 2025 lecture, menstrual suppression methods include progesterone contraception pills (*e.g.* norethindrone acetate), progesterone injections (*e.g.* Depo-Provera), combined oral contraceptives, patches, rings, hormonal implants, and IUDs, with the possibility of endometrial ablation and hysterectomies (although he did not personally recommend ablation or hysterectomies due to “legal and ethical implications”). Jason Jarin, *How to Approach Child and Adolescent Gender Identity and Management*, NASPAG Annual Clinic & Research Meeting (April 2-5, 2025), <https://tinyurl.com/5n8fjva9>.

139. Progesterone-based medications are commonly used for menstrual suppression because they do not contain estrogen, which can counteract the masculinizing effects of testosterone and other hormonal interventions.

#### *v. Surgeries*

140. Following puberty blockers and cross-sex hormones, the typical “gender affirming care” model also offers surgery to patients.

141. For females, surgeries include mastectomies (removal of the breasts), facial masculinization surgeries, hysterectomies (removal of the uterus), oophorectomy (removal of the ovaries), and phalloplasty (the creation of an artificial penis).

142. For males, surgeries include breast augmentation, facial feminization surgeries, orchiectomy (removal of the testicles), vaginoplasty (creation of an artificial vagina), vulvoplasty (creation of an artificial vulva), and metoidioplasty (creation of an artificial clitoris and labia).

143. UT Southwestern employs a surgeon, Dr. Bardia Amirlak, who specializes in transgender procedures and worked with the GENECIS clinic.

144. In 2021 and likely later, UT Southwestern medical students in the course “Adolescent and Young Adult Transgender Care” had clinical rotations with Dr. Amirlak. UT Southwestern, *Adolescent and Young Adult (AYA) Transgender Care* (2021), <https://tinyurl.com/tdmvmd2y>. The course contact was AYA and GENECSIS physician Dr. May Lau.

145. The course objectives included “Competency in gender affirming practice,” which graded students on their ability to, among other things, discuss “surgical options” for transgender patients. *Id.*

#### **IX. VIOLATIONS OF SB-14 (Tex. Health & Safety Code § 161.702(3))**

146. Jarin violated Texas Health & Safety Code § 161.702(3) by knowingly providing, prescribing, administering, and/or dispensing puberty blockers, testosterone, and estrogen to the following minor patients at Children’s Dallas and Plano:

##### **Patient One**

147. Patient One resides in Tarrant County, Texas.

148. Patient One was 15 and 16 years old during the relevant time.

149. Jarin identifies Patient One as “male,” but Patient One is a biological female.

150. After SB-14 went into effect, Jarin wrote Patient One two prescriptions for 200 mg/ml of testosterone cypionate. The first was in February 2024 for a 30-day supply with 5 refills. The second was in August 2024 for a 28-day supply with 3 refills, but the patient filled it 6 times.

151. Patient One filled the first prescription in February 2024, April 2024, May 2024, June 2024, and July 2024. She filled the second prescription in August 2024, September 2024,

October 2024, November 2024, December 2024, and February 2025. All prescriptions were filled at a pharmacy located in Tarrant County, Texas.

152. The prescriptions' purpose was for transitioning her biological sex or affirming her belief that her gender identity is inconsistent with her biological sex.

**Patient Two**

153. Patient Two resides in Tarrant County, Texas.

154. Patient Two was 16 years old during the relevant time.

155. Jarin identifies Patient Two as "male," but Patient Two is a biological female.

156. In February 2024, after SB-14 went into effect, Jarin wrote Patient Two a prescription for an 80-day supply of 200 mg/ml of testosterone cypionate.

157. In February 2024, Patient Two filled the prescription at a pharmacy located in Dallas County, Texas.

158. The prescription's purpose was for transitioning her biological sex or affirming her belief that her gender identity is inconsistent with her biological sex.

**Patient Three**

159. Patient Three resides in Rockwall County, Texas.

160. Patient Three was 17 years old during the relevant time.

161. Jarin identifies Patient Three as "male," but Patient Three is a biological female.

162. After SB-14 went into effect, Jarin wrote Patient Three one prescription for 1.25-gram packets of testosterone 1.62% gel and two prescriptions for 2.5-gram packets of testosterone 1.62% gel. The 1.25-gram packet prescription and the first 2.5-gram packet prescription were written in March 2024, each for a 30-day supply with 5 refills. The third was written in September 2024 for a 30-day supply with 5 refills.

163. Patient Three filled the 1.25-gram packet prescription in March 2024, April 2024, May 2024, and July 2024. She filled the first 2.5-gram packet prescription in March 2024, April 2024, and May 2024. She filled the second 2.5-gram packet prescription in October 2024. All prescriptions were filled at a pharmacy in Rockwall County, Texas.

164. The prescriptions' purpose was for transitioning her biological sex or affirming her belief that her gender identity is inconsistent with her biological sex.

**Patient Four**

165. Patient Four resides in Dallas County, Texas.

166. Patient Four was 16 years old during the relevant time.

167. Jarin identifies Patient Four as a female.

168. After SB-14 went into effect, Jarin wrote Patient Four two prescriptions for 200 mg/ml of testosterone cypionate. The first was written in February 2024 for a 21-day supply with 3 refills. The second was written in June 2024 for a 28-day supply with 1 refill.

169. Patient Four filled the first prescription in February 2024. She filled the second prescription in June 2024. Both prescriptions were filled at a pharmacy in Dallas County, Texas.

170. The prescriptions' purpose was for transitioning her biological sex or affirming her belief that her gender identity is inconsistent with her biological sex.

**Patient Five**

171. Patient Five resides in Dallas County, Texas.

172. Patient Five was 16 years old during the relevant time.

173. Jarin identifies Patient Five as "male," but Patient Five is a biological female.

174. After SB-14 went into effect, Jarin wrote Patient Five two prescriptions for 200 mg/ml of testosterone cypionate. The first was written in November 2023 for a 30-day supply with 3 refills. The second was written in April 2024 for a 30-day supply with 3 refills.

175. Patient Five filled the first prescription in November 2023. She filled the second prescription in April 2024 and June 2024. Both prescriptions were filled at a pharmacy in Dallas County, Texas.

176. The prescriptions' purpose was for transitioning her biological sex or affirming her belief that her gender identity is inconsistent with her biological sex.

#### **Patient Six**

177. Patient Six resides in Dallas County, Texas.

178. Patient Six was 15 years old during the relevant time.

179. Jarin identifies Patient Six as "male," but Patient Six is a biological female.

180. In May 2024, after SB-14 went into effect, Jarin wrote Patient Six a prescription for a 90-day supply of 200 mg/ml of testosterone cypionate with 3 refills.

181. In May 2024, August 2024, and November 2024, Patient Six filled the prescription at a pharmacy located in Dallas County, Texas.

182. The prescription's purpose was for transitioning her biological sex or affirming her belief that her gender identity is inconsistent with her biological sex.

#### **Patient Seven**

183. Patient Seven was 17 years old during the relevant time.

184. Patient Seven is a biological male.

185. In August 2023, after SB-14's passage and two weeks before SB-14 took effect, Jarin wrote Patient Seven at least one prescription for Estradiol 0.5 mg with refills.

186. Patient Seven filled the August 2023 prescription four times when he was still a minor in August 2023, September 2023, October 2023, and November 2023 at a pharmacy located in Dallas County, Texas.

187. In September 2023, Patient Seven had an established patient office visit with Jarin. That visit was billed under the diagnosis codes F64.0 (Transsexualism), E34.9 (Endocrine Disorder, Unspecified), and Z79.890 (Hormone Replacement Therapy).

188. On that same date, and after SB-14 went into effect, Jarin wrote Patient Seven a prescription for Spironolactone 100 mg Tablets.

189. In September 2023, Patient Seven filled the prescription at a pharmacy located in Dallas County, Texas.

190. The prescriptions' purpose was for transitioning his biological sex or affirming his belief that his gender identity is inconsistent with his biological sex.

### **Patient Eight**

191. Patient Eight was 16 to 17 years old during the relevant time.

192. Patient Eight is a biological male.

193. In July 2023, after SB-14's passage and before SB-14 took effect, Jarin wrote Patient Eight prescriptions for estradiol 0.1 mg patches with 12 refills and spironolactone 100 mg with 10 refills.

194. Patient Eight filled the estradiol prescription in July 2023, and the spironolactone prescription in July 2023, August 2023, and September 2023 at a pharmacy located in Dallas County, Texas.

195. In August 2023, after SB-14's passage and before SB-14 took effect, Jarin wrote Patient Eight another prescription for estradiol 0.1 mg patches with 12 refills.

196. The excessive number of refills, written just before SB-14's effective date, further demonstrates Jarin's intent to subvert compliance with SB-14.

197. Patient Eight filled that prescription in August 2023 and September 2023 at a pharmacy located in Dallas County, Texas.

198. The prescriptions' purpose was for transitioning his biological sex or affirming his belief that his gender identity is inconsistent with his biological sex.

**Patient Nine**

199. Patient Nine was 16 years old during the relevant time.

200. Patient Nine is a biological male.

201. In August 2023, after SB-14's passage and only 4 days before SB-14 took effect, Jarin wrote Patient Nine prescriptions for estradiol 1 mg tablets and spironolactone 100 mg.

202. Notably, this was double the dosage of Patient Nine's previous July 2023 prescriptions for estradiol 0.5 mg and spironolactone 50 mg.

203. Patient Nine filled both August 2023 prescriptions in August 2023 and September 2023 at a pharmacy located in Gregg County, Texas.

204. The prescriptions' purpose was for transitioning his biological sex or affirming his belief that his gender identity is inconsistent with his biological sex.

**Patient Ten**

205. Patient Ten was 16 years old during the relevant time.

206. Patient Ten is a biological male.

207. In July 2023, after SB-14's passage and before SB-14 took effect, Jarin wrote Patient Ten three prescriptions for estradiol 1 mg and two prescriptions for estradiol 0.5 mg.

208. Patient Ten filled the 1 mg prescription in July 2023, August 2023, and September 2023, and he filled the 0.5 mg prescription in August 2023 and September 2023 at a pharmacy located in Collin County, Texas.

209. The prescriptions' purpose was for transitioning his biological sex or affirming his belief that his gender identity is inconsistent with his biological sex.

**Patient Eleven**

210. Patient Eleven was 13 years old during the relevant time.

211. Patient Eleven is a biological male.

212. In July 2023, after the passage of SB-14 but before it took effect, Jarin performed a removal with reinsertion of a Supprelin implant on Patient Eleven.

213. UT Southwestern billed the procedure using diagnosis code F64.2 (Gender identity disorder of childhood). Children's billed the drugs and operating room services for the same procedure as E34.9 (Endocrine disorder, unspecified).

214. The procedure's purpose was for transitioning his biological sex or affirming his belief that his gender identity is inconsistent with his biological sex.

215. Supprelin implants can last for up to a year or longer after insertion. The procedure was done prior to SB-14's effective date with the intent that the patient would continue to receive puberty blocking hormones long after SB-14 took effect. Jarin thus knowingly violated SB-14.

**Patient Twelve**

216. Patient Twelve was 13 years old during the relevant time.

217. Patient Twelve is a biological male.

218. In July 2023, after the passage of SB-14 but before it took effect, Jarin performed a removal with reinsertion of a drug delivery implant on Patient Twelve.

219. UT Southwestern billed the procedure using diagnosis code F64.9 (Gender identity disorder, unspecified) and E34.9 (Endocrine disorder, unspecified).

220. On information and belief, this was a puberty blocker reinsertion, and the purpose was for transitioning his biological sex or affirming his belief that his gender identity is inconsistent with his biological sex.

221. Puberty blocker implants can last for up to a year or longer after insertion. The procedure was done prior to SB-14's effective date with the intent that the patient would continue to receive puberty blocking hormones long after SB-14 took effect. Jarin thus knowingly violated SB-14.

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222. Paragraphs 147-221 describe 12 minor patients who Jarin has knowingly and unlawfully prescribed or administered testosterone, estrogen, and puberty blockers for the purposes of transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex in violation of SB-14.

223. Some of Jarin's medical records for patients identified in the preceding paragraphs indicate that he was prescribing testosterone to "male" patients and estrogen to "female" patients. Upon information and belief, Jarin was changing patients' sex in their medical records to mask the illegal and unallowable transgender services he was providing.

224. Additionally, Jarin cannot circumvent SB-14 by writing prescriptions prior to the effective date (September 1, 2023) with orders to fill or refill the prescriptions after it takes effect. *See 22 TEX. ADMIN. CODE § 315.3(b)(2)* ("Schedule III [Controlled Substances] may be refilled up to five times within six months of the date of issuance"). A "prescription" is not a singular discrete

act, but a continuing act of treatment that begins when the prescription is written and continues through the pharmacist filling the prescription and the drug being used as directed by the patient, until the written prescription expires or is cancelled.

225. Alternatively, by issuing prescriptions with orders to fill them after the effective date of SB-14, Jarin is “providing” the prescribed medication to the patient at the time they fill and use the prescription as directed, which they could not do without the prescription.

226. Jarin also implanted puberty blockers in two minor patients after the passage of SB-14 but prior to its effective date with the intent of circumventing SB-14. As with a prescription, a puberty blocker implant is not a singular prescription or procedure but a continuing course of treatment that uses a medical device to slowly dispense hormones in the patient’s body for up to a year or longer after its insertion.

227. By implanting puberty blockers to subvert compliance with SB-14, Jarin was either “prescribing” a continuing course of treatment or “providing” medication to children via surgical implants.

228. Each and every prescription written by Jarin after September 1, 2023, filled or taken as directed by a patient after September 1, 2023, or implanted in order to subvert compliance with SB-14 for the purpose of transitioning the minor’s biological sex or affirming their belief that their gender identity is inconsistent with their biological sex violates Texas Health & Safety Code § 161.702(3).

**X. UNLAWFUL ACTS UNDER THE THFPA (Tex. Hum. Res. Code § 36.002)**

229. Texas incorporates and adopts by reference the allegations contained in each and every preceding paragraph of this Petition.

230. Jarin, Children’s, and UT Southwestern are all enrolled in Texas Medicaid.

231. For all claims described herein, Jarin was the rendering provider who performed the medical services at issue and selected the patient’s diagnosis code. He was also the prescribing provider for all drug claims.

232. UT Southwestern is the billing provider for all of Jarin’s professional claims (also referred to as “physician billing”), meaning UT Southwestern bills claims for Jarin’s medical services such as office visits and procedures.

233. Children’s is the billing provider for all institutional claims (also referred to as “hospital billing”) associated with Jarin, meaning Children’s bills for laboratory tests, imaging, operating room ancillary services, in-clinic injections, and the physical puberty blocker devices, among other items.

234. As a condition of enrollment, Medicaid providers must sign the HHSC Medicaid Provider Agreement. Tex. Health & Hum. Servs. Comm’n, *Medicaid Provider Agreement (Revised: September 1, 2018)*, <https://tinyurl.com/yrzst7d6>.

235. In Section XII of the Provider Agreement, the provider:

“agrees to abide by all Medicaid regulations, program instructions, and Title XIX of the Social Security Act . . . Provider understands that payment of a claim by Medicaid is conditioned upon the claim and the underlying transaction complying with such laws, regulations, and program instructions (including, but not limited to, the Federal anti-kickback statute and the Stark law) . . . and on the provider’s compliance with all applicable conditions of participation in Medicaid.” *Id.*

236. When a provider submits a claim to Texas Medicaid, the provider also certifies that:

- “The information on the claim form is true, accurate, and complete.”
- “All services, supplies, or items billed were medically necessary for the client’s diagnosis or treatment. . .”
- “Health records document all services billed and the medical necessity of those services.”
- “The provider understands that endorsing or depositing a Texas Medicaid check is accepting money from federal and state funds and that any falsification or concealment of material fact related to payment may be grounds for prosecution under federal and state laws.”

TMPPM at ¶ 1.7.11.

237. As alleged herein, Jarin and Children’s defrauded Texas Medicaid and CHIP for almost eight years by billing for Jarin’s gender interventions on both minors and young adults that are not authorized by Texas Medicaid or CHIP. They made or caused to be made false statements or misrepresentation of material fact and concealed or failed to disclose information regarding (1) Jarin’s compliance with State law and regulation, (2) patient diagnoses that were patently not authorized, and (3) the use of false diagnoses to obscure non-covered gender interventions.

238. From 2017 to present, UT Southwestern and Children’s billed and received payment for tens of thousands of claims to Texas Medicaid for medical services rendered by Jarin and for drugs prescribed by him. Many of those claims relating to gender medical interventions on both children and young adults were unlawful under Texas Human Resources Code § 36.002(1), (2), (4)(b), and (9) for the reasons described below.

**A. Texas Medicaid Prohibits Reimbursement for Procedures or Treatments in Violation of SB-14**

239. UT Southwestern and Children’s submitted claims to Texas Medicaid for testosterone, estrogen, and puberty blockers that Jarin prescribed or implanted in violation of Texas Health & Safety Code § 161.702(3).

240. Texas Health & Safety Code § 161.705 expressly prohibits Texas Medicaid and CHIP reimbursement to physicians and health care providers for procedures or treatments that violate SB-14. Tex. Health & Safety Code § 161.704 also prohibits public money from being “used, granted, paid, or distributed” “directly or indirectly” “to any health care provider, medical school, physician, or any other entity, organization, or individual that provides or facilitates the provision” of illegal transgender services to minors.

241. Children’s knew of Jarin’s violations of SB-14 and facilitated them.

242. All claims, and any false statements or misrepresentations related to them, that were made or caused to be made by Jarin and Children’s for drugs and services Jarin prescribed in violation of SB-14 are unlawful acts under the THFPA.

243. Texas Medicaid paid UT Southwestern and Children’s for the claims identified above related to Patients Seven, Eight, Nine, Ten, Eleven, and Twelve.

**B. Defendants Falsely Billed Texas Medicaid for Non-Covered Gender Interventions.**

244. Texas Medicaid does not cover gender interventions.

245. Nonetheless, from 2017 to present, Texas Medicaid paid thousands of claims submitted by UT Southwestern and Children’s with Jarin as the rendering provider for non-covered transgender medical interventions and drugs that were either not reimbursable on their face or obscured by false diagnosis codes.

246. CMS issues the ICD-10 Official Guidelines for Coding and Reporting. These ICD-10 codes include F64 diagnosis codes specifically for “Gender identity disorders,” including the following: F64.0 (Transsexualism), F64.1 (Dual role transvestism), F64.2 (Gender identity disorder of childhood), F64.8 (Other gender identity disorders), and F64.9 (Gender identity disorder, unspecified).

247. None of Jarin’s claims made using the F64 codes were eligible for Medicaid reimbursement from 2017 to present.

248. Further, as described below, Jarin and Children’s used various other codes for endocrine, gynecological, and other physiological disorders to justify medical interventions for gender dysphoria. In addition to the fact that these claims were submitted with inaccurate diagnoses, Defendants also committed unlawful acts in connection with them because they covertly sought Medicaid reimbursement for transgender medical services and drugs that are not covered.

### **C. Defendants Falsely Reported Patients’ Gender to Texas Medicaid**

249. Jarin repeatedly changed patients’ gender in claims to Texas Medicaid to reflect the patients’ preferred gender rather than their biological sex.

250. The TMPPM gives instructions for entering claims using the CMS-1500 form for professional claims, in this case billed by UT Southwestern.

251. Among these instructions, providers are required to “[i]ndicate the client’s gender by checking the appropriate box.” TMPPM ¶ 6.5.4.

252. For institutional claims, here submitted by Children’s, the TMPPM instructs facilities submitting the UB-04 (CMS-1450) form to “[i]ndicate the patient’s gender by entering an ‘M’ or ‘F’.” *Id.* ¶ 6.6.3.

253. As in the following examples, misrepresentations regarding patients’ gender led to Texas Medicaid paying claims for non-covered drugs and services where the patients’ biological sex was inconsistent with the intervention billed.

254. Because the claims reflected the patients’ preferred gender, they appeared to be legitimate – for instance, estrogen or a contraception-related diagnosis code billed with a female when the patient’s biological sex was actually male.

#### **Patient Thirteen**

255. Patient Thirteen was 16 to 19 years old during the relevant time.

256. Patient Thirteen is a biological female.

257. Between June 2021 and September 2023, Jarin saw Patient Thirteen for the principal diagnoses F64.2 (Gender identity disorder of childhood), F64.0 (Transsexualism), F64.9 (Gender identity disorder, unspecified), and E34.9 (Endocrine disorder, unspecified).

258. Both UT Southwestern and Children’s submitted claims for this patient that were paid by Texas Medicaid.

259. In June 2023 and August 2023 Jarin wrote Patient Thirteen two testosterone cypionate prescriptions which she filled at a pharmacy in Dallas County, Texas.

260. The patient also received four birth control prescriptions in 2021 and two testosterone prescriptions from Jarin in 2023, all of which she filled at a pharmacy in Dallas County, Texas.

261. For all claims between June 2021 and March 2023, the claims identified the patient as a female and the patient's first name was a common female name.

262. However, in September 2023, after SB-14 took effect, the claims identified her as "male" and her first name changed to a common male name.

263. Defendants knowingly changed Patient Thirteen's gender in claims to Texas Medicaid to justify transgender medical interventions that were inconsistent with her biological sex.

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264. In addition, in billing these claims, Jarin sometimes appended a KX modifier to claims for gender interventions.

265. KX modifiers are two-digit codes appended to medical claims to indicate that the services provided are medically necessary where the claims otherwise would not be reimbursed due to coverage limitations.

266. The TMPPM provides that "[c]ertain diagnosis codes are gender-specific. If the diagnosis code that is billed does not match the gender of the client, all services associated with that diagnosis code will be denied." *Id.* § 6.4.1.2. Similarly, "[c]ertain procedure codes, by definition or nature of the procedure, are limited to the treatment of one gender. For example, hysterectomy procedure code 58150 is limited to female clients." *Id.*

267. As in the following example, Jarin used the KX modifier with the intent of bypassing gender-specific editing where Texas Medicaid may have otherwise denied the claim.

#### **Patient Fourteen**

268. Patient Fourteen was 16 to 18 years old during the relevant time.

269. Patient Fourteen is a biological male.

270. Between October 2021 and April 2023, Jarin saw Patient Fourteen for the principal diagnoses F64.2 (Gender identity disorder of childhood), F64.0 (Transsexualism), and E34.9 (Endocrine disorder, unspecified).

271. Both UT Southwestern and Children's submitted claims for this patient that were paid by Texas Medicaid.

272. In October 2021, Jarin implanted a histrelin puberty blocker in Patient Fourteen.

273. Jarin also wrote Patient Fourteen twenty-five estradiol prescriptions and four spironolactone prescriptions between August 2021 and May 2023, all filled at a pharmacy in Collin County, Texas.

274. On five occasions, Jarin appended a KX modifier for this patient along with the following claims where he was the rendering provider:

- a. October 2021: CPT Code 11981 (Insertion of drug delivery implant into tissue), KX modifier, ICD-10 Codes F64.2 (Gender identity disorder of childhood), E34.9 (Endocrine disorder, unspecified), Z79.890 (Hormone replacement therapy), and Z30.017 (Encounter for initial prescription of implantable subdermal contraceptive)
- b. March 2022: CPT Code 99215 (Established patient office or other outpatient visit, 40-54 minutes), KX modifier, ICD-10 Codes F64.0 (Transsexualism), Z30.46 (Encounter for surveillance of implantable subdermal contraceptive), E34.9 (Endocrine disorder, unspecified), Z79.890 (Hormone replacement therapy)
- c. July 2022: CPT Code 99215 (Established patient office or other outpatient visit, 40-54 minutes), KX modifier, ICD-10 Codes F64.0 (Transsexualism), Z30.46 (Encounter for surveillance of implantable subdermal contraceptive), E34.9 (Endocrine disorder, unspecified), Z79.890 (Hormone replacement therapy)
- d. November 2022: CPT Code 99214 (Established patient office visit, 30-39 minutes), KX modifier, ICD-10 Codes F64.0 (Transsexualism), Z30.46 (Encounter for surveillance of implantable subdermal contraceptive), E34.9 (Endocrine disorder, unspecified), Z79.890 (Hormone replacement therapy)
- e. April 2023: CPT Code 99215 (Established patient office or other outpatient visit, 40-54 minutes), KX modifier, ICD-10 Codes F64.0 (Transsexualism), Z79.3 (Long

term (current) use of hormonal contraceptives), Z30.46 (Encounter for surveillance of implantable subdermal contraceptive).

275. Jarin knowingly appended a KX modifier to claims for Patient Fourteen to Texas Medicaid to justify transgender medical interventions that were inconsistent with his biological sex.

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276. Finally, UT Southwestern and Children’s also submitted claims for patients whose gender was marked as “U” or “unknown,” in violation of the TMPPM requirements to specify the patient’s gender as male or female.

277. Defendants knowingly used the patient’s preferred gender instead of biological sex, applied a KX modifier, and marked gender as “unknown” to receive payment from Texas Medicaid that otherwise would not have been authorized or is greater than what would have been authorized.

#### **D. Defendants Billed Texas Medicaid for Gender Interventions Using Fraudulent Diagnosis Codes**

278. Defendants used fraudulent diagnosis codes, either alone or in conjunction with non-covered gender identity disorder codes, to bill Texas Medicaid for medical services and drugs that otherwise would not have been covered.

279. Under the TMPPM, when submitting claims to Texas Medicaid, “[d]iagnosis codes must be to the highest level of specificity available.” TMPPM at ¶ 6.3.1.

280. The ICD-10 Official Guidelines for Coding and Reporting also instructs that “[d]iagnosis codes are to be used and reported . . . to the highest level of specificity documented in the medical record.” Centers for Medicare and Medicaid Services, *ICD-10-CM Official*

*Guidelines for Coding and Reporting FY 2025, 12* (October 1, 2024), <https://tinyurl.com/7f288ypc> (“CMS ICD-10 Guidelines”).

281. UT Southwestern and Children’s submitted thousands of claims under the following diagnosis codes where Jarin was the rendering provider. These claims were paid by Texas Medicaid on the assumption that the diagnoses were legitimate, but in fact, they were transgender medical interventions being covertly billed to Texas taxpayers.

*i. Endocrine Disorder, Unspecified*

282. Defendants made or caused to be made false statements or misrepresentations of material fact and concealed or failed to disclose information regarding thousands of claims to Texas Medicaid using the ICD-10 code E34.9 – Endocrine disorder, unspecified.

283. E34.9 falls within the E codes “Endocrine, nutritional and metabolic diseases,” subpart E20-E35 “Disorders of other endocrine glands,” and E34 for “Other endocrine disorders.”

284. It should only be used when the patient has a discrete, quantifiable endocrine disorder that is observable and pathological.

285. Per the CMS ICD-10 Guidelines, “[c]odes titled “unspecified” are for use when the information in the medical record is insufficient to assign a more specific code.” CMS ICD-10 Guidelines at 9. In addition, “specific diagnosis codes should be reported when they are supported by the available medical record documentation and clinical knowledge of the patient’s health condition. . . . Each healthcare encounter should be coded to the level of certainty known for that encounter.” *Id.* at 17.

286. Other codes within the E34 category include carcinoid syndrome (E34.0), ectopic hormone secretion (E34.2), primary insulin-like growth factor deficiency (E34.321), androgen insensitivity syndrome (E34.5), etcetera. All of these are genuine endocrine disorders that require laboratory testing for confirmation of diagnosis. E34.9 is for similar, quantifiable endocrine disorders that are not specified in the ICD-10.

287. A patient's belief that he or she should have the opposite sex's hormones is not an endocrine disorder. Gender identity disorders are psychological disorders that cannot be objectively observed or measured like the disorders in this category.

288. The ICD-10 already contains 5 different diagnosis codes for "Gender identity disorders," which are part of the ICD F codes for "Mental, behavioral, and neurodevelopmental disorders," subpart F60-69 for "Disorders of adult personality and behavior."

289. The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, now on its fifth edition ("DSM-5"), reiterates that "gender dysphoria" is a psychiatric diagnosis – not a physiological one. The DSM-5 is the standard classification for mental disorders used by mental health professionals and incorporates the ICD-10.

290. It defines "gender dysphoria" as "[a] marked incongruence between one's experienced/expressed gender and natal gender of at least 6 months in duration," manifested by two out of six criteria regarding the person's subjective experiences and desires regarding the opposite sex. Am. Psychiatric Ass'n, *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.) (2013).

291. Gender activist organizations have encouraged the use of E34.9 and other false diagnosis codes to get insurance companies to pay for transgender interventions that otherwise would not be covered.

292. For instance, a document titled “Insurance Coding Alternatives for Trans Healthcare” purports to “help guide providers about insurance codes for trans healthcare that are commonly accepted and rejected.” Campaign for Southern Equality, *Trans in the South: A Guide to Resources and Services* 51 (October 2017), <https://tinyurl.com/36866m4z>.

293. The guide states that certain codes like F64 (gender identity disorder) and intersex codes are “commonly rejected by insurance providers.”

294. However, it identifies E34.9 and Z79.899 (Other long term (current) drug therapy) as “commonly accepted by insurance providers.”

295. The Campaign for Southern Equality specifically contemplates Medicaid coverage for transgender interventions, noting:

“[m]ost insurers have an exclusion of coverage for transition-related coverage as their standard language and do not remove it unless a state has issued guidance that says that exclusions of trans care are illegal, or the plan receives federal funds to pay for premiums (or payment for a third party administrator), such as a federal or state marketplace plan, Medicare or **Medicaid** programs (many states are out-of-compliance with the federal rules for their **Medicaid** programs). This is the most common, and most folks don’t know they have an exclusion until they are told where to look. This does not mean that it is impossible to get care covered, but the appeals process is much harder.”

*Id.* at 52 (emphasis added). Per the guide, this information comes from a toolkit created by the “Transgender Medicine Model National Coverage Determination Working Group,” which advised CMS in January 2016 on Medicare coverage for transgender surgeries.

296. A publicly available “Frequently Asked Questions” from a Planned Parenthood clinic in Pennsylvania also discloses the well-known tactic of using E34.9 to hide transgender interventions from insurance, stating:

**“In order to meet the needs of most insurance companies and patients, we typically use the code E34.9 (endocrine disorder, unspecified) and occasionally will use F64.9 (gender identity disorder, unspecified) if necessary. We recognize that much of the language around billing for gender affirming care is troublesome; we recognize this is medically necessary care and will work to decrease barriers to getting folks the care they need. If you have concerns about the specific billing claims being used with your care, please speak with your clinician.”**

Planned Parenthood Southeastern Pennsylvania, *Gender Affirming Hormone Therapy: Frequently asked questions about gender affirming care*, <https://tinyurl.com/bdfbf7wz> (emphasis added).

297. Both UT Southwestern and Children’s had thousands of claims paid by Texas Medicaid for medical services using code E34.9.

298. Children’s in particular billed E34.9 with nearly every institutional claim related to transgender patients for lab tests, operating room services, drugs, imaging, etcetera. Children’s did so even where UT Southwestern’s professional billing for the same patient reflected a gender identity disorder diagnosis.

299. There are many examples, but the following patients illustrate how Defendants inappropriately used E34.9 in order to receive Texas Medicaid reimbursement:

**Patient Seven**

300. In addition to Jarin’s violation of SB-14 regarding Patient Seven, as discussed in Section IX *supra*, Patient Seven demonstrates Defendants’ false billing of E.349.

301. Patient Seven was 16 to 18 years old during the relevant time.

302. From December 2022 to September 2024, Jarin saw Patient Seven for the principal diagnoses F64.2 (Gender identity disorder of childhood), E34.9 (Endocrine disorder, unspecified), and F64.0 (Transsexualism).

303. Both UT Southwestern and Children's submitted claims for this patient that were paid by Texas Medicaid.

304. During that same time period, Patient Seven received several prescriptions for estradiol and spironolactone, which he filled more than 30 times at a pharmacy in Dallas County, Texas.

305. Texas Medicaid paid five claims during this time period to UT Southwestern for outpatient office visits with Jarin. For the first claim, the principal diagnosis was F64.2 (Gender identity disorder of childhood), and the other four claims' principal diagnoses were F64.0 (Transsexualism). For all five claims, E34.9 (Endocrine disorder, unspecified) was the first diagnosis.

306. During the same period, Texas Medicaid paid 18 claims to Children's for lab testing, imaging, and office visits. For every single claim, Children's reported the principal diagnosis as E34.9 (Endocrine disorder, unspecified).

307. For 7 claims submitted in September 2024, Children's also billed the first diagnosis as Z30.9 (Encounter for contraceptive management, unspecified).

**Patient Fifteen**

308. Patient Fifteen was 17 to 20 years old during the relevant time.

309. Patient Fifteen is a biological male.

310. From December 2019 to December 2022, Jarin saw Patient Fifteen for the principal diagnoses E34.9 (Endocrine disorder, unspecified), F64.0 (Transsexualism), and F64.8 (Other gender identity disorders).

311. Both UT Southwestern and Children's submitted claims for this patient that were paid by Texas Medicaid.

312. During that same time period, the patient received several prescriptions for estradiol and spironolactone, which he filled 75 times at a pharmacy in Dallas County, Texas.

313. Texas Medicaid paid nine claims during this time period to UT Southwestern for outpatient office visits with Jarin. For the first two claims, the principal diagnosis was E34.9 (Endocrine disorder, unspecified). For the remaining seven claims, the principal diagnoses were F64.0 (Transsexualism) and F64.8 (Other gender identity disorders), with E34.9 as the first diagnosis code on six of those.

314. During the same period, Texas Medicaid paid 64 claims to Children's for lab testing and office visits. For every single claim, Children's reported the principal diagnosis as E34.9.

315. Defendants' use of E34.9 (Endocrine disorder, unspecified) for patients with gender identity disorder, and no other verifiable endocrine disorders, is an unlawful false statement or misrepresentation of material fact, which they knowingly concealed or failed to disclose.

*ii. Drug Therapy Codes*

316. Texas incorporates and adopts by reference the allegations contained in each and every preceding paragraph of this Petition.

317. Defendants made or caused to be made false statements or misrepresentations of material fact and concealed or failed to disclose information regarding claims to Texas Medicaid

using the ICD-10 codes Z79.890 – Hormone replacement therapy and Z79.899 – Other long term (current) drug therapy.

318. Z79.890 and Z79.899 fall within the Z codes for “Persons with potential health hazards related to family and personal history and certain conditions influencing health status,” subpart Z79 “Long term (current) drug therapy.”

319. Both codes should only be used when the patient is taking a medication on a long-term basis for a diagnosable medical condition.

320. Other codes with the Z79 category identify specific medications for long term use such as anticoagulants (Z79.01), antibiotics (Z79.2), immunosuppressants (Z79.62), and various other identifiable cancer, antiviral, and antimicrobial therapies.

321. The CMS ICD-10 Guidelines also address the use of Z79 codes, stating:

“[c]odes from this category indicate a patient’s continuous use of a prescribed drug (including such things as aspirin therapy) for the long-term treatment of a condition or for prophylactic use.

...

Assign a code from Z79 if the patient is receiving a medication for an extended period as a prophylactic measure (such as for the prevention of deep vein thrombosis) or as treatment of a chronic condition (such as arthritis) or a disease requiring a lengthy course of treatment (such as cancer). Do not assign a code from category Z79 for medication being administered for a brief period of time to treat an acute illness or injury (such as a course of antibiotics to treat acute bronchitis).”

ICD-10 Guidelines at 93-94.

322. As discussed above, “gender dysphoria” is a psychological disorder that cannot be objectively observed or measured. It is not a chronic, identifiable condition like the others in this category, such as cancer or arthritis, nor is it a prophylactic for an identifiable condition like deep vein thrombosis.

323. Z79.890 – Hormone replacement therapy is used to document long term use of prescribed hormones to address chronic conditions resulting in hormonal deficiencies or imbalances. This code signifies that a patient is receiving ongoing hormone replacement to restore hormone levels to a normative physiological range.

324. Similarly, Z79.899 – Other long term (current) drug therapy, is for therapies like those listed in the preceding codes, but which are not specified in the ICD-10.

325. As with “unspecified” codes, the CMS ICD-10 Guidelines instruct that “[c]odes titled ‘other’ or ‘other specified’ are for use when the information in the medical record provides detail for which a specific code does not exist.” CMS ICD-10 Guidelines at 9.

326. As discussed above, the Campaign for Southern Equality also recommended Z79.899 as a code “commonly accepted by insurance providers” for transgender patients.

327. The following examples demonstrate how Defendants used Z79.890 and Z79.899 to falsely bill Texas Medicaid:

#### **Patient Thirteen**

328. In addition to Jarin’s false billing related to Patient Thirteen’s gender, as discussed in Section IX.C *supra*, Patient Thirteen also demonstrates Defendants’ false billing of Z79.890 and Z79.899.

329. Patient Thirteen was 16 to 19 years old during the relevant time.

330. Between June 2021 and September 2023, Jarin saw Patient Thirteen for the principal diagnoses F64.2 (Gender identity disorder of childhood), F64.0 (Transsexualism), F64.9 (Gender identity disorder, unspecified), and E34.9 (Endocrine disorder, unspecified).

331. However, the diagnosis codes also included repeated misuses of Z79.890 and Z79.899.

332. Both UT Southwestern and Children's submitted claims for this patient that were paid by Texas Medicaid.

333. In December 2021, April 2022, March 2023, and September 2023, UT Southwestern billed F64.0 (Transsexualism) with Z79.890 (Hormone replacement therapy) for established patient office visits where Jarin was the rendering provider and was paid by Texas Medicaid.

334. In April 2022, Texas Medicaid paid four claims from Children's for lab testing ordered by Jarin using E34.9 (Endocrine disorder, unspecified) and Z79.899 (Other long term (current) drug therapy).

#### **Patient Sixteen**

335. Patient Sixteen was 12 to 19 years old during the relevant time.

336. Patient Sixteen is a biological male.

337. From March 2017 to February 2024, Jarin saw Patient Sixteen for the principal diagnoses F64.2 (Gender identity disorder of childhood), F64.0 (Transsexualism), F64.9 (Gender identity disorder, unspecified), E34.9 (Endocrine disorder, unspecified), and Z30.9 (Encounter for contraception management, unspecified).

338. Both UT Southwestern and Children's submitted claims for this patient that were paid by Texas Medicaid.

339. The patient also received several prescriptions for estradiol during that time period and filled those prescriptions more than 40 times at pharmacies in Collin County and Ellis County, Texas.

340. Texas Medicaid paid three claims in May 2021, September 2021, and January 2022 to UT Southwestern for outpatient office visits with Jarin. For the first claim, the principal

diagnosis was F64.2 (Gender identity disorder of childhood) and for the second two claims, the principal diagnosis was F64.0 (Transsexualism). For all three claims, Z79.890 (Hormone replacement therapy) and E34.9 (Endocrine disorder, unspecified) were also billed. The September 2021 claim also included code Z30.46 (Encounter for surveillance of implantable subdermal contraceptive).

341. In September 2022, Texas Medicaid paid 5 claims to Children's for lab testing and an office visit ordered by Jarin. On all claims, E34.9 (Endocrine disorder, unspecified) was the principal diagnosis and Z79.899 (Other long term (current) drug therapy) was also billed. On that same day, Texas Medicaid paid 1 claim to UT Southwestern for an office visit where UT Southwestern used codes F64.9 (Gender identity disorder, unspecified) and E34.9 (Endocrine disorder, unspecified).

342. Defendants' use of Z79.890 and Z79.899 for patients with gender identity disorder, and no other verifiable chronic conditions or genuine prophylactic use, are unlawful false statements or misrepresentations of material fact, which they knowingly concealed or failed to disclose.

**iii. *Contraception-Related Diagnoses***

343. Texas incorporates and adopts by reference the allegations contained in each and every preceding paragraph of this Petition.

344. Defendants made or caused to be made false statements or misrepresentations of material fact and concealed or failed to disclose information regarding claims to Texas Medicaid under various ICD-10 codes related to contraception for male patients. These codes include:

- Z30.9 – Encounter for contraceptive management, unspecified

- Z30.013 – Encounter for initial prescription of injectable contraceptive
- Z30.016 – Encounter for initial prescription of transdermal patch hormonal contraceptive device
- Z30.017 - Encounter for initial prescription of implantable subdermal contraceptive
- Z30.41 – Encounter for surveillance of contraceptive pills
- Z30.49 – Encounter for surveillance of other contraceptives
- Z30.46 – Encounter for surveillance of implantable subdermal contraceptive
- Z30.017 – Encounter for initial prescription of implantable subdermal contraceptive
- Z79.3 – Long term (current) use of hormonal contraceptives
- Z79.818 – Long term (current) use of other agents affecting estrogen receptors and estrogen levels

345. These codes fall within the Z codes for “Persons with potential health hazards related to family and personal history and certain conditions influencing health status,” subparts Z30-Z39, “Persons encountering health services in circumstances related to reproduction,” Z30 “Encounter for contraceptive management” and Z79 “Long term (current) drug therapy.”

346. Although transgender medical interventions can be sterilizing, *see* Section VIII.C and VIII.D.ii and iii, there are no widely medically accepted forms of male contraception other than condoms, spermicides, and vasectomies.

347. Defendants used the Z codes identified above in claims for biological male patients related to cross-sex hormones (including estrogen and anti-androgens) and other transgender medical interventions.

**Patient Seventeen**

348. Patient Seventeen was 12 to 14 years old during the relevant time.

349. Patient Seventeen is a biological male.

350. In February 2020 and February 2022, Jarin implanted and reinserted a histrelin puberty blocker in Patient Seventeen using the principal diagnoses E34.9 (Endocrine disorder, unspecified) and F64.2 (Gender identity disorder of childhood).

351. Both UT Southwestern and Children's submitted claims for this patient that were paid by Texas Medicaid.

352. In February 2020, Texas Medicaid paid a claim by UT Southwestern for Jarin's insertion of a histrelin puberty blocker in Patient Seventeen with the principal diagnosis code E34.9, along with other diagnosis codes F64.8 (Other gender identity disorders) and Z30.017 (Encounter for initial prescription of implantable subdermal contraceptive). This claim was billed with a KX modifier.

353. In February 2022, Texas Medicaid paid a claim by UT Southwestern for Jarin's removal and reinsertion of the same puberty blocker in Patient Seventeen with the principal diagnosis code F64.2 (Gender identity disorder of childhood), along with other diagnosis codes E34.9 (Endocrine disorder, unspecified) and Z30.046 (Encounter for surveillance of implantable subdermal contraceptive). This claim was also billed with a KX modifier.

354. On both dates, Texas Medicaid paid Children's for seven institutional claims for operating room services, office visits, histrelin implants (Supprelin LA) 50 mg, and other ancillary services related to the insertion and removal/reinsertion of the puberty blockers. All claims were billed with a primary diagnosis of E34.9 (Endocrine disorder, unspecified) and a first diagnosis of Z30.9 (Encounter for contraceptive management, unspecified).

### **Patient Eighteen**

355. Patient Eighteen was 10 to 12 years old during the relevant time.

356. Patient Eighteen is a biological male.

357. In April 2020 and April 2022, Jarin implanted and reinserted a histrelin puberty blocker in Patient Seventeen using the principal diagnoses E34.9 (Endocrine disorder, unspecified) and F64.2 (Gender identity disorder of childhood).

358. Both UT Southwestern and Children's submitted claims for this patient that were paid by Texas Medicaid.

359. In April 2020, Texas Medicaid paid two claims by UT Southwestern for an outpatient office visit and an insertion of a histrelin puberty blocker by Jarin. For both claims, the principal diagnosis was E34.9 (Endocrine disorder, unspecified). For the office visit, Defendants also billed F64.8 (Other gender identity disorders), and they billed Z30.013 (Encounter for initial prescription of injectable contraceptive) for the puberty blocker implantation. Both claims were billed with a KX modifier.

360. In April 2022, Texas Medicaid paid a claim by UT Southwestern for Jarin's removal and reinsertion of the same puberty blocker in Patient Eighteen with the principal diagnosis code F64.2 (Gender identity disorder of childhood), along with other diagnosis codes Z30.046 (Encounter for surveillance of implantable subdermal contraceptive) and E34.9 (Endocrine disorder, unspecified). This claim was also billed with a KX modifier.

361. On both dates, Texas Medicaid paid Children's for eight institutional claims for office visits, histrelin implants (supprelin LA) 50 mg, and other ancillary services related to the insertion and removal/reinsertion of the puberty blockers. All claims were billed with a principal diagnosis of E34.9 (Endocrine disorder, unspecified), but the four claims in April 2022 were also billed with Z30.9 (Encounter for contraceptive management, unspecified).

362. Defendants' use of these contraception-related Z codes for biological male patients are unlawful false statements or misrepresentations of material fact, which they knowingly concealed or failed to disclose.

***iv. Menstruation-Related Diagnoses***

363. Texas incorporates and adopts by reference the allegations contained in each and every preceding paragraph of this Petition.

364. Jarin has openly admitted to suppressing menstruation in girls with gender dysphoria as recently as April 2025, when he presented to his colleagues at the North American Society for Pediatric and Adolescent Gynecology on "How to Approach Child and Adolescent Gender Identity and Management Strategies for Menstrual Suppression."

365. Defendants made or caused to be made false statements or misrepresentations of material fact and concealed or failed to disclose information regarding claims to Texas Medicaid using various ICD-10 codes related to menstruation for menstrual suppression in transgender female patients, rather than legitimate menstruation-related diagnoses. These codes include:

- N92.0 – Excessive and frequent menstruation with regular cycle
- N92.6 – Irregular menstruation, unspecified
- N94.6 – Dysmenorrhea, unspecified
- N94.89 – Other specified conditions associated with female genital organs and menstrual cycle

366. These codes fall within the N codes for "Diseases of the genitourinary system," subparts N80-98, "Noninflammatory disorders of the female genital tract," N92 "Excessive, frequent and irregular menstruation" and N94 "Pain and other conditions associated with female genital organs and menstrual cycle."

367. These diagnoses indicate a deviation from normal, healthy menstruation in a female patient. N92.0 and N92.6 refer to menstruation that is excessive, frequent, or irregular relative to a typical cycle.

368. N94.6 is for dysmenorrhea (painful menstruation). It falls under the N94 codes, which also include dyspareunia (painful intercourse), vaginismus (involuntary muscle spasms of the vagina), and vulvodinia (pain in the vulva). N94.89 – Other specified conditions associated with female genital organs and menstrual cycle, is for pain and other symptoms like those listed in the preceding codes, but which are not specified in the ICD-10.

369. A patient’s desire to suppress her periods because she believes she is a male is not a menstrual disorder; it is a psychological disorder.

370. As described above, the four identified diagnosis codes reflect physical symptoms. Psychological stress accompanying menstruation is not a “disease of the genitourinary system” or a “noninflammatory disorder of the female genital tract” under these ICD-10 codes.

#### **Patient Nineteen**

371. Patient Nineteen was 15 to 20 years old during the relevant time.

372. Patient Nineteen is a biological female.

373. From October 2017 to June 2023, Jarin saw Patient Nineteen for the principal diagnoses F64.0 (Transsexualism), E34.9 (Endocrine disorder, unspecified), N94.89 (Other specified conditions associated with female genital organs and menstrual cycle), and F64.8 (Other gender identity disorders).

374. Both UT Southwestern and Children’s submitted claims for this patient that were paid by Texas Medicaid.

375. During that time period, Texas Medicaid paid 13 claims to UT Southwestern for outpatient office visits for Patient Nineteen using the above-mentioned principal diagnosis codes. These claims also included diagnoses for F64.9 (Gender identity disorder, unspecified), Z79.890 (Hormone replacement therapy), and Z79.3 (Long term (current) use of hormonal contraceptives).

376. During the same time, Texas Medicaid paid 55 claims to Children's for office visits and lab testing where Jarin was the rendering provider. 54 of those claims had the principal diagnosis of E34.9 (Endocrine disorder, unspecified), and 1 had the principal diagnosis N94.89 (Other specified conditions associated with female genital organs and menstrual cycle).

377. Patient Nineteen received several prescriptions from Jarin for testosterone cypionate and progesterone variations such as norethindrone acetate and medroxyprogesterone acetate, which she filled at least 44 times at pharmacies located in Denton County and Dallas County, Texas.

378. Defendants' use of these menstruation-related codes for female patients undergoing menstrual suppression for gender identity disorder, who do not otherwise have disorders related to menstruation, are unlawful false statements or misrepresentations of material fact, which they knowingly concealed or failed to disclose.

**v. *Growth Hormone Disorders***

379. Texas incorporates and adopts by reference the allegations contained in each and every preceding paragraph of this Petition.

380. On information and belief, Defendants billed or caused to be billed claims to Texas Medicaid for puberty blockers in children using the ICD-10 codes E30.1 (Precocious puberty) and

E22.8 (Other hyperfunction of pituitary gland) in gender dysphoria patients who did not have those diagnoses.

381. Precocious puberty and hyperfunction of the pituitary gland are legitimate endocrine diagnoses in children that can be readily identified through lab tests, physical examination, and imaging.

382. Defendants' use of E30.1 and E22.8 for patients with gender identity disorder who did not have legitimate precocious puberty or hyperfunction of the pituitary gland diagnoses, are unlawful false statements or misrepresentations of material fact, which they knowingly failed to disclose.

**XI. FALSE, MISLEADING OR DECEPTIVE ACTS UNDER THE DTPA (Tex. Bus. & Com. Code §§ 17.46(a), (b)(5), (24))**

383. Texas incorporates and adopts by reference the allegations contained in each and every preceding and subsequent paragraph of this Petition.

384. Defendants, as alleged herein, have in the course of trade and commerce engaged in false, misleading, and deceptive acts and practices declared unlawful in violation of Texas Business & Commerce Code §§ 17.46(a), (b)(5), (24).

385. Texas Business & Commerce Code § 17.46(a) prohibits “false, misleading, or deceptive acts or practices in the conduct of any trade or commerce.”

386. As illustrated in the representative examples above, Defendants falsely billed the Texas Medicaid program and private insurers for F64 gender dysphoria codes, E34 endocrine codes, Z79 drug therapy codes, Z30 and Z79 contraception codes, N92 and N94 menstruation codes, E30 and E22 growth hormone disorder codes, KX modifiers, and other related codes to disguise uncovered transgender medical services as other types of covered care. They also

repeatedly changed the patients' gender to reflect the patients' preferred gender or an unspecified gender rather than their biological sex.

387. Defendants also deceptively mislead pharmacies, insurance providers, and/or the patients by falsifying patient medical records, prescriptions, and billing records to indicate that the use of (1) puberty blockers, (2) cross-sex hormones including testosterone, estrogen, and spironolactone, and (3) contraceptives and menstrual suppression agents for minor patients were for something other than transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

388. Jarin also deceptively misled pharmacies, insurance providers and/or the patients by writing prescriptions that enabled minor gender transition patients to continue receiving testosterone, estrogen, and puberty blockers after the effective date of SB-14.

389. Texas Business & Commerce Code § 17.46(b)(5) prohibits “representing that goods or services have sponsorship, approval, characteristics, ingredients, uses, benefits, or quantities which they do not have or that a person has a sponsorship, approval, status, affiliation, or connection which the person does not.”

390. Texas Business & Commerce Code § 17.46(b)(24) prohibits “failing to disclose information concerning goods or services which was known at the time of the transaction if such failure to disclose such information was intended to induce the consumer into a transaction if such failure to disclose such information was intended to induce the consumer into a transaction into which the consumer would not have entered had the information been disclosed.”

391. As illustrated in the representative examples above, Defendants deceptively induced pharmacies, insurance providers, and/or the patients into entering into transactions by

falsifying patient medical records, prescriptions, and billing records to indicate that treatments are for something other than transitioning a child's biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

392. Here, Defendants are engaging in false, misleading, or deceptive practices, by falsely diagnosing and billing patients using non-gender dysphoria codes like E34, E30, E22, Z79, Z30, N92, N94, etc. instead of the F64 gender related diagnosis codes to conceal that they are transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex in violation of Texas Business & Commerce Code §§ 17.46(a), (b)(5), (24).

## **XII. CAUSES OF ACTION**

### **Violations of SB-14 (Against Jarin) Tex. Health & Safety Code § 161.702(3) and (4)**

393. The State of Texas incorporates and adopts by reference the allegations contained in each and every preceding and subsequent paragraph of this Petition.

394. Jarin knowingly committed violations of SB-14 with respect to at least twelve minor patients. Section 161.702(3) provides:

[a] physician or health care provider may not knowingly . . .

(3) provide, prescribe, administer, or dispense any of the following prescription drugs that induce transient or permanent infertility:

- (A) puberty suppression or blocking prescription drugs to stop or delay normal puberty;
- (B) supraphysiologic doses of testosterone to females; or
- (C) supraphysiologic doses of estrogen to males.

TEX. HEALTH & SAFETY CODE § 161.702(3).

395. Jarin violated SB-14 by knowingly providing, prescribing, and/or dispensing puberty blockers, testosterone, and estrogen to minor patients after the statute's effective date with respect to Patients One through Twelve above.

396. In addition, each and every prescription written by Jarin or filled on his orders after September 1, 2023, and each and every puberty blocker implanted in order to subvert compliance with SB-14, which was for purpose of transitioning the minor's biological sex or affirming their belief that their gender identity is inconsistent with their biological sex, violates Texas Health & Safety Code § 161.702(3).

397. Moreover, Jarin's violations of SB-14 resulted in public money directly or indirectly being used, granted, paid, and/or distributed to Jarin, in violation of Texas Health and Safety Code § 161.704.

**Violations of the Texas Health Care Program Fraud Prevention Act (THFPA)**  
**(Against Both Defendants)**  
**Tex. Hum. Res. Code § 36.002(1), (2), (4)(b) & (9)**

398. The State of Texas incorporates and adopts by reference the allegations contained in each and every preceding and subsequent paragraph of this Petition.

399. Defendants knowingly committed unlawful acts under Texas Human Resources Code § 36.002, including the following:

**Tex. Hum. Res. Code § 36.002(1)**

400. Defendants knowingly made or caused to be made false statements or misrepresentations of material fact concerning Jarin's compliance with SB-14 and the patients' diagnoses, which permitted UT Southwestern and Children's to receive payments from Texas Medicaid that was not authorized.

Tex. Hum. Res. Code § 36.002(2)

401. Defendants knowingly concealed or failed to disclose information concerning Jarin's compliance with SB-14, the patients' biological sex, and the patients' diagnoses, which permitted UT Southwestern and Children's to receive payments from Medicaid that was not authorized.

402. Defendants also knowingly failed to disclose the biological sex and diagnoses of gender patients to receive payment for medical interventions that were not reimbursable by Texas Medicaid.

Tex. Hum. Res. Code § 36.002(4)(b)

403. Defendants made, caused to be made, induced, or sought to induce the making of a false statement or misrepresentation of material fact concerning information that is required to be provided by state law, rule, regulation, or the provider agreement, namely their compliance with applicable law and regulation and the patients' diagnoses.

Tex. Hum. Res. Code § 36.002(9)

404. Defendants conspired to commit violations of (1), (2), and (4)(b).

405. Jarin and Children's conspired to subvert compliance with SB-14 and to receive reimbursement for gender interventions in violation of State law. Defendants conspired to violate SB-14 and therefore receive reimbursement from Texas Medicaid in violation of State law and regulation. They further conspired to bill Texas Medicaid using false or inappropriate diagnosis codes, including Endocrine disorder, unspecified (E34.9), which they knew were improper diagnosis codes for gender dysphoria.

**Violations of DTPA (Against Both Defendants)**  
**Tex. Bus. & Com. Code § 17.46(a), (b)(5), (24)**

406. The State of Texas incorporates and adopts by reference the allegations contained in each and every preceding and subsequent paragraph of this Petition.

407. Defendants knowingly committed multiple violations of Texas Business & Commerce Code § 17.46, including the following:

Tex. Bus. & Com. Code § 17.46(a)

408. Defendants engaged in false, misleading, or deceptive acts or practices in the conduct of any trade or commerce under § 17.46(a).

409. As illustrated in the representative examples above, Defendants falsely billed the Texas Medicaid program and private insurers for F64 gender dysphoria codes, E34 endocrine codes, Z79 drug therapy codes, Z30 and Z79 contraception codes, N92 and N94 menstruation codes, E30 and E22 growth hormone disorder codes, KX modifiers, and other related codes to disguise uncovered transgender medical services as other types of covered care.

410. Defendants repeatedly changed patients' genders to reflect the patients' preferred gender or an unspecified gender rather than their biological sex in order to get Medicaid coverage for treatments and prescriptions that would be barred by Medicaid had the correct gender been listed.

411. Defendants also deceptively misled pharmacies, insurance providers, and/or the patients by falsifying patient medical records, prescriptions, and billing records to indicate that the use of (1) puberty blockers, (2) cross-sex hormones including testosterone, estrogen, and spironolactone, and (3) contraceptives and menstrual suppression agents for minor patients are for

something other than transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

412. Defendants also deceptively misled pharmacies, insurance providers and/or the patients by writing prescriptions that enabled minor gender transition patients to continue receiving testosterone, estrogen, and puberty blockers after the effective date of SB-14.

Tex. Bus. & Com. Code § 17.46(b)(5)

413. Defendants knowingly represented that goods or services have sponsorship, approval, characteristics, ingredients, uses, benefits, or quantities which they do not have or that a person has a sponsorship, approval, status, affiliation, or connection which the person does not under § 17.46(b)(5).

414. Despite being a pediatric gynecologist, a large portion of Jarin's patients are biological males, and a lot of Jarin's work involves illegal endocrinological prescriptions that have little to do with pediatric gynecology.

415. UT Southwestern and Children's nonetheless allowed Jarin to provide gender transition and endocrinological services to male patients and billed for his work in the process.

Tex. Bus. & Com. Code § 17.46(b)(24)

416. Defendants failed to disclose information concerning goods or services that was known at the time of the transaction, intended to induce pharmacies, insurance providers, and/or patients into a transaction, and intended to induce pharmacies, insurance providers, and/or patients into a transaction into which the consumer would not have entered had the information been disclosed.

417. As illustrated in the representative examples above, Defendants induced and intended to induce pharmacies, insurance providers, and/or the patients into entering into transactions by falsifying patient medical records, prescriptions, and billing records to indicate that treatments are for something other than transitioning a child's biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

418. Defendants intentionally and repeatedly failed to disclose that Jarin's patients are receiving gender transition treatment by billing non-gender dysphoria codes like E34, E30, E22, Z79, Z30, N92, N94, etc. instead of the F64 gender related diagnosis codes in their billing.

419. Defendants intentionally induced and intended to induce pharmacies, insurance providers and/or the patients to pay for illegal drugs by knowingly writing false prescriptions that enabled minor gender transition patients to continue receiving testosterone, estrogen, and puberty blockers after the effective date of SB-14.

### **XIII. APPLICATION FOR TEMPORARY AND PERMANENT INJUNCTIONS**

420. Texas incorporates and adopts by reference the allegations contained in each and every preceding paragraph of this Petition.

421. Texas has reason to believe that Jarin is engaging in, has engaged in, or is about to engage in acts and practices declared to be unlawful under Texas Health & Safety Code § 161.702(3) and that both Defendants are engaging in, have engaged in, or are about to engage in acts and practices constituting unlawful acts under Tex. Hum. Res. Code § 36.002 and Tex. Bus. & Com. Code §§ 17.46(a), (b)(5), (24). The State believes these proceedings to be in the public interest.

422. Texas is entitled to, and seeks, temporary and permanent injunctions pursuant to Tex. Health & Safety Code § 161.706, Tex. Hum. Res. Code § 36.051, and Tex. Bus. & Com. Code § 17.47.

423. Cessation of unlawful conduct by Defendants shall not render such court action moot under any circumstances. *Id.*

424. Immediate injunctive relief is necessary to prevent continuing harm prior to trial.

425. In addition to the above-requested relief, pursuant to Tex. Civ. Prac. Rem. Code § 65.011 *et seq.* and Tex. R. Civ. P. 680 *et seq.*, to preserve the status quo pending a full trial on the merits, *see Butnaru v. Ford Motor Co.*, 84 S.W.3d 198, 204 (Tex. 2002), the Texas Attorney General's Office requests a temporary injunction against Defendants that enjoin them from the following until final resolution of this matter:

- a. Prescribing supraphysiologic doses of testosterone and estrogen to minors for the purpose of transitioning their biological sex;
- b. Prescribing or implanting GnRH agonists or “puberty blockers” to minors for the purpose of transitioning their biological sex;
- c. Deceptively misleading pharmacies, insurance providers, and/or the patients as to the correct medical diagnosis by writing prescriptions and billing for treatments to transition a child's biological sex under false diagnoses rather than gender dysphoria; and,
- d. Billing or facilitating the billing to any Texas health care program, including Texas Medicaid, for:
  - i. procedures, services, or treatments that violate Tex. Health & Safety Code § 161.702 or § 161.704, including testosterone and estrogen prescriptions for minors for gender-transition purposes;
  - ii. procedures, services, or treatments for gender-transition purposes that are not reimbursable under the TMPPM;
  - iii. procedures, services, or treatments for gender-transition purposes that misrepresent the patient's gender and/or biological sex; and,

- iv. procedures, services, or treatments for gender-transition purposes that are billed using false, misrepresentative, or inappropriate diagnosis codes.

#### **XIV. PRAYER FOR RELIEF**

426. NOW THEREFORE Texas prays that Jarin and Children's be cited to appear and that after due notice and hearing, a temporary injunction be issued, and that upon final hearing a permanent injunction be issued, restraining and enjoining Defendants and all persons in active concert or participation with them, who receive actual notice of the injunction by personal service or otherwise from engaging in false, misleading or deceptive acts and practices declared to be unlawful by Tex. Health and Safety Code §§ 161.702, Tex. Hum. Res. Code § 36.002, and Tex. Bus. & Com. Code § 17.46(a), (b)(5), (24), including but not limited to:

- a. Prescribing supraphysiologic doses of testosterone and estrogen to minors for the purpose of transitioning their biological sex;
- b. Prescribing or implanting GnRH agonists or "puberty blockers" to minors for the purpose of transitioning their biological sex;
- c. Deceptively misleading pharmacies, insurance providers, and/or the patients as to the correct medical diagnosis by writing prescriptions and billing for treatments to transition a child's biological sex under false diagnoses rather than gender dysphoria; and,
- d. Billing or facilitating the billing to any Texas health care program, including Texas Medicaid, for:
  - i. procedures, services, or treatments that violate Tex. Health & Safety Code § 161.702 or § 161.704, including testosterone and estrogen prescriptions for minors for gender-transition purposes;
  - ii. procedures, services, or treatments for gender-transition purposes that are not reimbursable under the TMPPM;
  - iii. procedures, services, or treatments for gender-transition purposes that misrepresent the patient's gender and/or biological sex; and,

- iv. procedures, services, or treatments for gender-transition purposes that are billed using false, misrepresentative, or inappropriate diagnosis codes.

427. TEXAS FURTHER PRAYS that upon final hearing, this Court order:

- a. Adjudge against Defendants under the THFPA:
  - i. The value of any payments or monetary in-kind benefits provided under a Texas health care program, including Medicaid, directly or indirectly, as a result of their unlawful acts;
  - ii. Interest on the value in (a)(i);
  - iii. For each unlawful act Defendants committed, civil penalties in an amount not less than \$5,500.00 or more than \$15,000.00 or the maximum amount imposed by 31 U.S.C. § 3729(a), if that amount exceeds \$15,000; and,
  - iv. Two times the value in (a)(i);
- b. Adjudge against Defendants civil penalties in favor of the State in the amount of not more than \$10,000 per violation of Tex. Bus. & Com. Code § 17.46(a), (b)(5), (24);
- c. Order Defendants to pay Texas’s attorneys’ fees and costs of court pursuant to Tex. Gov’t Code § 402.006(c) and Tex. Hum. Res. Code § 36.007;
- d. Order Defendants to pay both pre-judgment and post-judgment interest on all money awards as provided by law; and
- e. Grant all other and further relief Texas may show itself entitled to

Dated: February 18, 2026

Respectfully submitted.

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**ATTORNEYS FOR THE STATE OF TEXAS**