

<p><b>DISTRICT COURT, CITY AND COUNTY OF DENVER, COLORADO</b> 1437 Bannock St., Room 230 Denver, CO 80202</p>	<p>DATE FILED January 20, 2026 3:47 PM FILING ID: D3635450B4C38 CASE NUMBER: 2026CV30232</p>
<p>BELLA BOE, by and through her mother Becky Boe; CHLOE COE, by and through her father Clark Coe; DANIELLE DOE, by and through her mother Denisha Doe; GABRIELLA GOE, by and through her mother Grace Goe; All of whom are minor patients and their parents, as representatives of a class of similarly situated individuals,</p> <p style="text-align: center;">Plaintiffs,<sup>1</sup></p> <p>v.</p> <p>CHILDREN’S HOSPITAL COLORADO, Defendants.</p>	<p style="text-align: center;"><b>▲ COURT USE ONLY ▲</b></p> <hr/> <p>Case Number:</p> <p>Div:</p> <p>Ctrm:</p>
<p><i>Attorneys for Plaintiffs:</i></p> <p>Paula Greisen (#19784) GREISEN LAW, LLP 6110 E. Colfax Avenue, Suite 4-216 Denver, Colorado 80220 (303) 876-7663 pg@greisenlaw.com</p> <p>John McHugh (#45456) Defending Equality, Inc. 3615 Delgany St., Suite 1100 Denver, Colorado 80216 (720) 315-1096 john@demandingequality.com</p>	

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<sup>1</sup> The names of the adolescents and parents are pseudonyms. Concurrent with the filing of this Complaint, Plaintiffs have moved pursuant to Colo. R. Civ. P. 10(a) to file this matter pseudonymously.

**VERIFIED CLASS ACTION COMPLAINT AND REQUEST FOR TEMPORARY  
RESTRAINING ORDER, INJUNCTIVE AND DECLARATORY RELIEF**

Plaintiffs Bella Boe, Chloe Coe, Danielle Doe and Gabriella Goe, as representatives of themselves and all others similarly situated, by and through counsel, state as follows in support of their Verified Class Action Complaint against Defendant Children’s Hospital Colorado (“the Hospital”) as follows:

**INTRODUCTION**

1. Our society cannot tolerate discrimination in the provision of medical care to adolescents because of their religion, race, disability, sex, gender identity or any other protected characteristic. Illegal discrimination against any protected community cannot be tolerated even if the targeted community is currently disfavored by any political ideology or political administration, including the federal government. Discrimination based on sex, gender identity, and disability by any hospital clearly violates Colorado law. Denying necessary medical care to children because they are members of a protected community is illegal in Colorado.

2. On or about December 30, 2025, the largest provider of gender affirming health care to adolescents in Colorado, Children’s Hospital Colorado, announced that it would stop providing necessary medical care for all patients under the age of 19 for the treatment of gender dysphoria, a disability unique to transgender patients. Despite being the leading pediatric provider for such medical care in the State of Colorado for years, the Hospital’s Administration announced that it was abruptly halting providing this necessary medical care. The Hospital gave no advance notice of the termination of this care to its patients or their parents, nor did it provide referrals to alternative care providers or otherwise provide for continuity of care for its patients.

3. In an email sent to patients and their parents on January 5, 2026, the Hospital’s Administration stated that the Hospital will continue to provide mental health services but will not provide other medical treatment or medications for gender affirming care. In this statement, the Hospital’s Administration stated that it was halting such treatment because of “current legal unknowns and the risk involved” and stated it was “waiting for relevant “court rulings.”

4. The Hospital, however, continues to provide medically necessary medical care to patients who are not seeking gender affirming care. Thus, if the medical care requested is not related to the patient’s gender identity or related to a disability only suffered by transgender or gender diverse people, the Hospital continues to provide that service.

5. The Hospital Administration’s decision to stop providing this medical care to these patients unlawfully discriminates against them on the basis of sex, gender identity, and disability in violation of the Colorado Anti-Discrimination Act, C.R.S. § 24-34-601 et seq..

6. Plaintiffs, by and through their parents, bring this Class Action Complaint on behalf of themselves, and the patients who are or will be seeking gender affirming medical care at the

Hospital, including but not limited to the all the facilities maintained, operated, or controlled by the Hospital and who have been, are or will be discriminated against solely on the basis of their protected status in violation of Colorado’s anti-discrimination laws.

### **JURISDICTION AND VENUE**

7. This Court has jurisdiction over this case pursuant to C.R.S. §§ 24-34-602 & 24-34-802, and C.R.C.P. 57. No administrative exhaustion requirements bar this court’s jurisdiction.

8. Venue is proper in this Court under C.R.C.P. 98(b) and (c).

### **PARTIES**

9. This is a class action on behalf of all minor patients and their parents who are or will seek treatment for gender affirming care at the Hospital. Class Representatives are class members Bella Boe, Chloe Coe, Danielle Doe and Gabriella Goe.

10. Plaintiff Bella Boe lives with her mother in Denver, Colorado. Bella is a transgender girl and is 16 years old.

11. Plaintiff Chloe Coe lives in Denver with her father. Chloe is 17 years of age and is a transgender girl.

12. Plaintiff Danielle Doe lives with her parents in Denver. Danielle is 14 (soon to be 15) years of age and is a transgender girl.

13. Plaintiff Gabriella Goe lives in Denver with her parents. Bella is a transgender girl who is almost 10 years of age.

14. Defendant Children’s Hospital Colorado is a private, nonprofit pediatric healthcare network that operates in Colorado. The Hospital is a public accommodation as defined under C.R.S. § 24-34-601 and a person as defined under C.R.S. § 24-34-301.

### **FACTUAL ALLEGATIONS**

#### ***The Hospital Provides Medically Necessary Care to Minors***

15. The Hospital is the No. 1-ranked pediatric healthcare provider in the state and region. The Hospital employs more than 9,500 people, has almost 3,000 medical staff and more than 300 residents and fellows who are training in pediatric medical fields.

16. In 2016, the Hospital established the TRUE Center for Gender Diversity (“TRUE Center” or “the Center”) specifically to provide medical care to its gender-diverse and transgender patients. The TRUE Center is the only comprehensive care center in the Rocky Mountain region providing gender affirming care, is one of the largest programs in the nation that was specifically established for and provides care to transgender adolescents and has served over 3,000 patients.

17. The Center employs a multi-disciplinary team that provides a broad array of services, including diagnosis, counseling, hormone therapy, puberty blockers and other treatments related to gender affirming care. As of January 2025, the TRUE Center was providing medication for over 800 patients and had a six month long wait list for appointments for minor patients.

### **Medical Guidelines for Treating Gender Dysphoria**

18. Gender identity is an innate, internal sense of one's sex—*e.g.*, being male or female—and is a basic part of every person's core identity. Everyone has a gender identity. Most people's gender identity is consistent with the sex they were assigned at birth ("assigned sex"). Transgender people, however, have a gender identity that is different from their assigned sex. For example, a transgender woman is a woman who was assigned male at birth and has a female gender identity. A cisgender woman is a woman who was assigned female at birth and has a female gender identity.

19. The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (5th ed. 2013) ("DSM-5") recognizes that being transgender is not itself a disability, but that many individuals who have an identity that conflicts with their assigned sex have a condition known as "gender dysphoria" ("GD"). GD is defined as the significant distress that may accompany the incongruence between a transgender person's gender identity and assigned sex at birth. This distress limits major life activities and is therefore a disability. A transgender person's gender dysphoria can be alleviated when the person is able to live, and be treated by others, and provided medically necessary care, consistently with the person's gender identity.

20. Gender dysphoria often, but not always, emerges during childhood. When a transgender person's gender dysphoria is not properly treated, the consequences can be dire. Symptoms of untreated gender dysphoria often include intense emotional suffering, anxiety and depression, suicidality, and thoughts or acts of self-harm. A study published by the National Institute of Health states that 56% of transgender youth have reported attempting suicide and 86% reported suicidality.<sup>2</sup> Other statistics show that LGBTQ+ youth are more than four times as likely to attempt suicide than their peers.

21. Generally accepted medical research has shown that the symptoms of GD can be significantly mitigated, and often prevented altogether, for transgender people with access to appropriate individualized medical care as part of their gender transitions. There is a large body of scientific and medical literature that proves that medical treatments, including hormone replacement therapy that align one's physical characteristics with one's gender identity are safe and deemed medically necessary for the effective treatment of gender dysphoria.

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<sup>2</sup> NIH "Suicidality Among Transgender Youth: Elucidating the Role of Interpersonal Risk Factors" July 29, 2020,

22. The TRUE Center follows the World Professional Association for Transgender Health's ("WPATH") internationally accepted medical standards of care, including the medical standards of care regarding adolescents who experience GD.

23. WPATH treatment protocols have been accepted by all of the major national medical organizations as the controlling medical standards for the treatment of GD, including the American Medical Association, the American Psychiatric Association, the American Academy of Pediatrics, the Pediatric Endocrine Society, the Society for Adolescent Health and Medicine, the Federation of Pediatric Organizations, the GLMA: Health Professionals Advancing LGBTQ Equality, and the American Academy of Family Physicians.

24. For some adolescent patients with gender dysphoria, puberty-delaying treatment is medically necessary to treat the disability. Without puberty-delaying medication, an adolescent will undergo changes to their body that will be difficult or impossible to later reverse.

25. Puberty-delaying treatment is temporary. If an adolescent discontinues the medication, endogenous puberty resumes.

26. For some older adolescents and young adults, hormone therapy may be medically necessary (e.g., testosterone for transgender boys and estrogen and testosterone suppression for transgender girls). This treatment, as with any medication provided to adolescents, must be overseen and monitored by experts in the care and treatment of gender dysphoria.

27. Medical treatment recommended for and provided to transgender young people with gender dysphoria can substantially reduce lifelong gender dysphoria and eliminate the medical need for some surgeries or other medical interventions later in life. Providing gender affirming medical care can be lifesaving treatment and positively change the short- and long-term health outcomes for transgender adolescents.

28. The treatments used to treat gender dysphoria are also used to treat other conditions in both adolescents and adults in the population at large. For example, puberty-delaying medication is used to treat adolescents with central precocious puberty (puberty that starts too early) and is used to treat adolescents and adults with hormone-sensitive cancers and endometriosis. Cisgender boys and girls who are not experiencing the timely onset of puberty may be prescribed hormone medications, such as testosterone or estrogen, to initiate puberty. Testosterone suppression is also used in non-transgender girls with Polycystic Ovarian Syndrome to reduce some symptoms of the condition, including excess facial hair.

29. The potential risks associated with these medical interventions when used to treat gender dysphoria are the same as the risks when these medical interventions are used to treat other conditions.

## The Executive Orders

30. Almost immediately after he was sworn into office, President Trump took steps aimed at illegally discriminating against transgender people, issuing a vast array of Executive Orders (“EOs”) prohibiting them from military service, allowing discrimination against them in government employment, and attacking any support by education or health care institutions as part of a systematic and expressly discriminatory attack on gender identity and transgender people.<sup>3</sup>

31. Specifically, on January 20, 2025, President Trump issued an EO proclaiming the politically charged propaganda that men were self-identifying as women to gain access to women’s bathroom facilities and other “intimate single-sex spaces.”<sup>4</sup>

32. The EO goes on to state that: “It is the policy of the United States to recognize two sexes, male and female. These sexes are not changeable and are grounded in fundamental and incontrovertible reality.” The executive order defines any attempt to recognize any gender identity other than the sex assigned at birth as fabricated “gender ideology” and states that the federal government will ignore the U.S. Supreme Court ruling establishing that a person’s transgender status is a protected category in *Bostock v. Clayton County*, 590 U.S. 644 (2020). Executive Order 14168; 90 Fed. Reg. 8615 (Jan. 20, 2025).

33. On January 28, 2025, Executive Order 14187 was issued stating that the federal government will not “fund, sponsor, promote, assist, or support” what it considers to be gender affirming care for transgender people under the age of 19.<sup>5</sup> This executive order demanded that federal agencies immediately “take appropriate steps” to ensure the recipients of federal funding do not engage in providing such care. In its EO, the executive branch falsely claimed that such medical care is equivalent to the “chemical and surgical mutilation” of adolescents. *Id.*

34. On February 2, 2025, Washington, Minnesota and Oregon filed a lawsuit in Washington federal court seeking declaratory and injunctive relief against the federal government from withholding any federal funding due to the provision of gender affirming care.

35. Another lawsuit was filed to enjoin the implementation of the EOs on February 4, 2025, in the United States District of Maryland by PFLAG, a national organization which advocates for LGBTQ children and families, and the American Association of Physicians for Human Rights, Inc. d/b/a GLMA: Health Professionals Advancing LGBTQ+ Equality (“GLMA”),

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<sup>3</sup> See Exec. Order No.14148, *Initial Rescissions of Harmful Executive Orders and Actions*, 90 Fed. Reg. 8237 (Jan. 20, 2025); Exec. OrderNo.14183, *Prioritizing Military Excellence and Readiness*, 90 Fed. Reg. 8757(Jan. 27, 2025)’ Exec. Order No. 14170, *Reforming the Federal Hiring Process and Restoring Merit to Government Service*, Fed. Reg. 8621 (Jan. 20, 2025).

<sup>4</sup> Exec. Order No. 14,168, *Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government*, 90 Fed. Reg. 8,615 (Jan. 20, 2025).

<sup>5</sup> Exec. Order No. 14,187, *Protecting Adolescents from Chemical and Surgical Mutilation*, 90 Fed. Reg. 8,771 (Jan. 28, 2025); 90 Fed. Reg.8771 (Jan. 28, 2025).

a national organization of health care providers who ensure health equity for the LGBTQ+ community. The lawsuit sought an immediate injunction against the implementation of the directives in the EO.

36. Citing fears about the halting of federal funding, on February 5, 2025, the Hospital's Administration announced that it would stop providing all medical care to patients under the age of 19 that related to patient's status as transgender or to treat their gender dysphoria at the TRUE Center. At that time, the Hospital's Administration stated that it would provide current patients with existing prescriptions with a one-time refill prescription for six months of medication but would not provide any other any continuity of care, including monitoring or lab testing. The Hospital's Administration admitted that insurance may not cover a one-time prescription for six months of medication.

37. The Hospital Administration's abrupt policy reversal and cancellations of care were inconsistent with the generally accepted medical standards of care regarding the transition and transfer of care of its patients. The Hospital Administration was aware that stopping such medical care violates the generally acceptable medical standards of care which apply to gender diverse patients and is discrimination prohibited by Colorado law. The Hospital's Administration as well as its staff and medical providers know that the gender-diverse patients who are and will be deprived necessary medical care are particularly vulnerable to severe depression and anxiety, post-traumatic stress disorder, eating disorders, substance abuse, self-harm, and suicidality.

38. Upon information and belief, the Hospital had never previously stopped providing medical care to a certain patient population based on protected status nor turned away patients already in the pipeline to receive that care. The Hospital continued to provide necessary medical care to all of its cisgender adolescent patients.

39. On February 13, 2025, the United States District Court in the District of Maryland issued a nationwide temporary restraining order prohibiting the government from withholding any federal funding from medical providers that provide gender affirming care. As grounds for the nationwide application, the Court held that the EOs are "facially discriminatory on the basis of transgender identity" and therefore violate current federal law recognizing that discrimination based on transgender status is discrimination based on sex. The same Court then granted a Preliminary Injunction on March 4, 2025 which is still in effect.

40. The next day, February 14, 2025, the Washington Court granted a Temporary Restraining Order in favor of the states of Washington, Minnesota and Oregon. On February 19, 2025, Colorado asked the Court for permission to join that lawsuit.

41. The Hospital's Administration issued a press release stating that if Colorado was granted permission to be included in the Washington case, it would resume providing gender affirming care on February 24, 2025. In its statement, the Hospital's Administration represented that it was "committed to providing care within the scope of the law." Colorado was quickly granted permission to join the lawsuit and on February 24, 2025, the Hospital resumed the provision of gender affirming care at the TRUE Center.

42. On February 28, 2025, the Washington Court granted the Preliminary Injunction against any withholding of federal funding to medical providers by the federal government due to the provision of transgender care. This injunction applied to Colorado, as well as all the other states in the case and is still in effect.

### **The Bondi Memo**

43. On April 22, 2025, Attorney General Pamela Bondi directed the DOJ “to investigate and hold accountable” medical providers who are providing gender affirming care and who “mislead the public” about the effects of these “chemical and surgical mutilations.” Memo. from Pamela Bondi, Attorney General, to Select Component Heads, *Preventing the Mutilation of American Children* 3, 4 (Apr. 22, 2025), (the “Bondi Memo”). In the following weeks, the United States Department of Justice issued administrative subpoenas to major providers of gender affirming care in 20 states demanding the production of a vast array of information, including patient names and medical records, the identity of the parents involved, and personnel files related to all medical providers who had provided such care in the last five years. According to Bondi, this was necessary because “medical professionals and organizations that mutilated children in the service of a warped ideology will be held accountable by this Department of Justice.”

44. Across the nation, medical providers moved to quash these subpoenas. The Hospital filed such a motion on August 8, 2025 in the United States Court in the District of Colorado. *In re Administrative Subpoena*, Case No. 1:25-mc-00063-SKC-CYC. In its Motion to Quash, the Hospital stated that it lawfully provides gender affirming care “in full compliance with Colorado law, and consistent with the recommendations of the American Medical Association and the American Academy of Pediatrics.” *Id.* ECF Doc. #1 at p. 6.

The Hospital also informed the Court that:

In meet and confer calls, the DOJ attorneys handling this matter acknowledged that they have no reason to suspect any form of wrongdoing by Children’s Hospital, or any evidence of misconduct by Children’s Hospital or anyone connected with it. They also acknowledged that the Subpoena was served to further the objectives of two enjoined presidential Executive Orders that were found to be motivated by purposeful discrimination, and a memorandum from the Attorney General deriding gender-affirming care as “mutilation” and “abuse” and promising to use the DOJ’s vast resources to eliminate it.

It is designed to intimidate and harass Children’s Hospital into stopping its lawful provision of gender-affirming care to transgender youth and was issued because the Administration disagrees with Colorado’s decision to support that form of healthcare. The Subpoena is also clearly designed to strike fear in patients and providers who are receiving and administering gender-affirming care by sending them the message that “the government is watching them.” But Colorado’s decision to support gender-affirming care is entitled to the same deference that the U.S. Supreme Court has decreed that courts must give to states that preclude gender-affirming care. See *United States v. Skrametti*, 145 S. Ct. 1816, 1836–37 (2025). And there is no federal law that prohibits or criminalizes the receipt or provision

of gender-affirming care. Children’s Hospital cannot properly be subject to a burdensome and harassing subpoena for providing care that is safe, effective, and allowed under Colorado law.

45. In support of its motion, the Hospital submitted a declaration verifying that on two separate occasions, the DOJ admitted that the DOJ subpoenas “was not served in connection with any evidence of wrongdoing by Children’s Hospital or anyone affiliated with Children’s Hospital” and that DOJ “confirmed that it does not have any individualized suspicion of wrongdoing by anyone at Children’s Hospital and is not aware of any facts or allegations suggesting any form of wrongdoing at Children’s Hospital.

46. The Hospital also stated in its motion that it is confident that it has not engaged in any unlawful conduct by providing gender affirming care and that there “is no federal law that prohibits or criminalizes the receipt or provision of gender-affirming care.”

47. The Hospital went on to argue that the Trump Administration’s use of these subpoenas is a blatant attempt “to intimidate and harass Children’s Hospital into suspending or limiting its provision of critical gender-affirming care to a politically unpopular group that the Administration apparently disfavor.” The Hospital’s motion and the subsequent filing in this case were filed under seal until the Court denied the request to seal on November 17, 2025 and the filings were made public.

48. Nationwide, there were numerous motions to quash the nearly identical subpoenas to these providers, including in federal courts in Pennsylvania, Washington, and Massachusetts. At this point, every published opinion concerning these subpoenas has granted the motion to quash.

49. In yet another novel attempt to intimidate medical providers to stop providing gender affirming care, on December 18, 2025, the Secretary of Health and Human Services (“HHS”) Robert F. Kennedy, Jr., issued a “declaration” (Kennedy Declaration) that purports to set a new standard for healthcare, declaring that any medical treatment for patients with gender dysphoria was “neither safe nor effective” and that HHS may bar healthcare providers from receiving any Medicare, Medicaid, and other federal healthcare funding if they treat *any* adolescents with these medical interventions. The Declaration claims that medical practitioners who provide gender-affirming care to minors are out of compliance with federal health care standards.

50. On December 23, 2025, 19 states and the District of Columbia, including Colorado, filed a lawsuit in the United States District Court for the District of Oregon seeking to enjoin any implementation of this declaration and declare it unlawful. *Oregon v. Kennedy*, Case No. 6:25-cv-02409.

51. On December 30, 2025, without warning, the Hospital’s Administration announced in a recorded answering machine message that it had stopped providing gender affirming care.<sup>6</sup> The Hospital made no effort to directly inform its patients of this decision when it was made. On January 5, 2026 (nearly a week later), the Hospital’s Administration sent an email to its patients stating it had stopped providing gender affirming care because HHS had announced the “referral of an investigation” against it and it was

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<sup>6</sup> The Hospital claims it is still providing mental health resources.

“must suspend all medical gender-affirming care for patients under 18 years old while we await federal court rulings and assess the rapidly evolving legal landscape.”

52. Two weeks after the 19 states had filed their request for injunctive relief in *Oregon v. Trump*, the Plaintiffs filed a motion for summary judgment and HHS agreed that it would temporarily stay any enforcement of the Kennedy Declaration. The pleadings in that case show there is no danger of HHS attempting to enforce any aspect of the Kennedy Declaration for at least several months.

53. On January 5, 2026, the magistrate judge recommended that the court grant the Hospital’s motion to quash the subpoena issued by DOJ. In a blistering opinion, the magistrate judge chronicled the series of attempts by the current Executive Branch to intimidate medical providers by allegedly investigating any wrongdoing in the provision of gender affirming care. In its ruling, the magistrate judge pointed out the government had not provided any evidence of these allegations and to the contrary, twice *admitted* that it has no evidence of any wrongdoing by anyone at the Hospital. The magistrate judge then concluded that the evidence “carries more than a whiff of ill-intent” and that the true goal is to pressure pediatric hospitals into ending gender affirming care “through commencing vague, suspicionless ‘investigations.’”

54. Despite this ruling and the admissions by DOJ that there was no evidence of wrongdoing by any medical provider at the Hospital, the Hospital’s Administration is still refusing to allow the Hospital to provide gender affirming care.

### **Systemic and Class Wide Discrimination Against Adolescents Based on Sex, Gender Identity, and Disability Must Stop**

55. The Hospital’s Administration defends its decision to stop providing this medical care on the grounds that stopping it is the lesser of two harms --- that the Hospital’s administration is afraid that the Hospital will lose federal funding it receives for a variety of important programs and research if it continues to provide gender affirming care. At this point, that risk is merely speculative as there is a nationwide injunction on any implementation of the EOs, the DOJ has admitted that it has no evidence that any provider or hospital has engaged in any wrongdoing, and the Hospital follows the world-wide generally accepted medical standards of care regarding gender affirming treatment. The Hospital’s Administration has admitted that the Trump Administration’s actions are “designed to intimidate and harass Children’s Hospital into stopping its lawful provision of gender-affirming care to transgender youth [because] the Administration disagrees with Colorado’s decision to support that form of healthcare.”

56. The law in Colorado is that places of public accommodations such as hospitals cannot make illegal discriminatory decisions about who they want to serve – even if compliance with Colorado law risks financial consequences.

57. There is no doubt that there have been times in our nation’s history and in world history that communities are disfavored because of their race or religion. Other communities are villainized by those in power because they have different beliefs or because of who they love.

58. As a society, we have progressed to understand that allowing discrimination against these communities is morally wrong and our laws have adapted to prohibit such conduct. The transgender and gender diverse community is now in the crosshairs. The most vulnerable in any protected community is its youth. No reputable medical provider would justify refusing care to patients because of their religion, color of their skin, or any other protected category --- but the Hospital's Administration is doing exactly that because the transgender community is villainized and denigrated by the current presidential administration.

59. Upon information and belief, many of the doctors and medical providers at the Hospital want to provide this medical care but have been forbidden to do so by the Hospital Administrators who make policy decisions and control the purse strings. Upon information and belief, these medical providers have serious concerns that if they speak out against these new prohibitions on the provision of care, they will be fired or suffer other retaliation.

60. The laws in the State of Colorado do not allow places of public accommodations such as the Hospital to sacrifice this vulnerable protected community because they may lose favor with any political administration including by losing federal funds. The issuance of any executive order or proposed rules or proposed investigation does not justify this Defendant's decision to engage in illegal discrimination against this protected community.

### **The Harm Caused by Stopping Medical Care**

61. The Hospital's refusal to provide gender affirming care to children is causing serious, long-term and potential irreversible physical and mental harm to these patients and their parents.

### **The Boe Family**

62. Bella Boe is thirteen years old and lives in Denver, Colorado with her adopted mother. Bella was in the foster care system for many years prior to being adopted by her mother. Bella's biological parents were abusive and neglectful and lost custody of Bella.

63. Bella is transgender and identifies as female. She was assigned to the male gender at birth.

64. Bella spent four years in foster care and residential families until she was placed with her family in 2018 and adopted in 2019. Bella had identified as female from a young age but was not allowed to live in conformity with her gender identity by her biological parents.

65. Bella was diagnosed with gender dysphoria in 2022. At that time, she started receiving medical care at the Hospital's TRUE Center.

66. Prior to receiving gender affirming treatment at TRUE, Bella was hospitalized for suicidal ideation which had been a persistent demon in her life. She was placed in residential treatment in Spring of 2022. Although the residential treatment center had assured her mother

prior to her admission that she would be treated and allowed to live in conformity with her gender identity, Bella was not. Instead, she was dead-named at this facility and the providers refused to acknowledge her gender identity. This exacerbated Bella's emotional distress and her suicide ideation increased.

67. Bella's emotional distress and suicide ideation did not improve until she started to receive treatment at the TRUE Center. To educate herself about her daughter's mental health needs and gender identity and gender affirming care, Bella's mother has done extensive research on these issues and talked to multiple medical and mental health providers. The medical and mental health team at the TRUE Center provided Bella and her mother with extensive information about puberty and gender affirming care.

68. Bella received medically necessary puberty blockers through a device that was implanted by the medical providers at the Center in the fall of 2022. She received a new implant of this medication in late 2024. As a result of this medication, Bella has been thriving and her suicide ideation has significantly decreased. Living in a gender affirming environment with gender affirming medical treatment has made an enormous, positive difference for Bella.

69. Although she was scheduled to have an appointment and lab work done early this year to monitor this medication, Bella and her mother fear that she will not receive this necessary medical care.

70. Bella and her mother believe that the puberty blockers have been and are life-saving for Bella. They are now terrified of whether they will be able to properly monitor the powerful medication that has been implanted into Bella's body. Adding to this fear is the stress of what may happen if the puberty blocker is not successful and Bella has to experience male puberty and the further development of male physical characteristics.

71. Bella and her mother experience daily, extreme emotional stress about Bella's medical treatment since the TRUE Center has refused to provide gender affirming care. There is no other major medical provider of gender affirming care in Colorado that can provide comparable care and thus it is unclear if Bella will be able to receive any monitoring or treatment for her gender dysphoria. Bella's mother is heartbroken for her daughter and lives in constant fear that the suicidal tendencies will return because of the uncertainty of gender affirming care.

### **The Coe Family**

72. Chloe Coe is seventeen years old and lives in Denver with her father. Chloe is funny, witty and creative.

73. Chloe is transgender. Chloe was designated as male at birth but is a female and has a female gender identity.

74. Chloe is intellectually gifted, memorized the periodic table at four years of age and started talking about quantum physics in kindergarten.

75. From a very young age, Chloe identified as female. She was Princess Lea for Halloween in both first and second grade and asked to be in the school's girls sports in fourth grade.

76. When she was in sixth grade, Chloe told her parents that her true identity was female. After she made this announcement, Chloe appeared less stressed and less anxious and appeared to have less conflict with others.

77. Chloe immediately began working with a psychologist and in 2021, began gender affirming treatment at the TRUE Center at the Hospital. Chloe and her family worked with a multi-disciplinary team including an endocrinologist and a psychologist to discuss Chloe's options and potential risks and benefits of gender affirming care.

78. Chloe and her parents developed a trust with these medical providers and staff at the Hospital. Chloe was diagnosed with gender dysphoria and started puberty blocking medication in 2021. She started hormone medication in September 2023.

79. Chloe has blossomed as a result of the gender affirming medical treatment she has received at the Hospital. She is now in high school and has excelled academically. She volunteers at a Denver museum and has a strong group of friends and a close relationship with her parents.

80. The Hospital Administration's decision to stop medical treatment for gender affirming care has terrified Chloe and her parents. They are now scared that she will not be able to obtain the proper medication she needs to continue her treatment. Chloe and her family have suffered through nights of sadness and crying, and anxiety because of the potential for medical and mental health repercussions Chloe may suffer if she does not obtain this medically necessary treatment.

81. Chloe was due for a hormone shot on February 6, 2026 but the medication order has not yet been placed. Chloe and her family do not know if she will receive this medication.

82. Chloe and her family are aware that if her medications are not provided, her body will begin to exhibit male physical traits. Chloe has nightmares about her body exhibiting these characteristics and feels like she is being tortured because of the uncertainty of medical treatment.

### **The Doe Family**

83. Danielle Doe is a 14 (soon to be 15) year-old transgender girl who lives with her parents in Denver, Colorado.

84. Danielle was born in Maryland and moved to Texas when she was five months old. From nearly the moment she was able to speak, she identified herself as girl and expressed a desire to dress and present as a girl. At a very young age, Danielle asked her parents if she could "cut this off" referring to her male genitalia.

85. Danielle's parents sought medical advice. Her medical care began with one-and-a-half years of therapy, during which Danielle never waived in her identity as a girl. Only after this extensive therapy did the doctor recommend that the Doe family allow Danielle to present and live as a girl.

86. The day that Danielle got to pick her new name was the first time her family really saw her smile. She danced around the kitchen in celebration. Without talking to her parents, she began erasing evidence of her prior self, including removing any photo of her that was male presenting.

87. Around age 11, Danielle was prescribed puberty suppressing medication. Her treating physician advised that such treatment was medically necessary for Danielle's psychological and physical well-being.

88. In or around August 2023, the Doe family moved to Colorado from Texas because of a Texas law (Senate Bill 14) which banned the provision of gender affirming care for minors. Unlike the Hospital, when Danielle's Texas doctors were forced to discontinue care, they provided the Doe family with referrals.

89. The Doe family intentionally chose Colorado for Danielle's safety and access to gender affirming care. After moving to Colorado, the Doe family had to wait approximately 18 months for an initial appointment at the TRUE Center.

90. Danielle's current puberty suppressing protocol is designed to facilitate fertility preservation to expand and protect Danielle's future options. This medication and protocol require regular measurements and blood testing, the latter to protect from rare but serious side effects.

91. On January 14, 2026, the Doe Family went to the TRUE Center for Danielle's previously-scheduled six-month appointment. The purpose of the appointment was to take measurements to determine if Danielle was ready to move forward with fertility preservation and to receive a referral to UCSF for additional related procedures, as well as the necessary monitoring blood work.

92. The TRUE Center did not cancel Danielle's appointment but at the appointment, the Doe Family was informed that the TRUE Center would not prescribe any medication, perform the necessary monitoring of bloodwork, or take any measurements to determine the timing of further fertility preservation steps. The Doe family was left in the dark about next steps or if any referral had been made to UCSF.

93. Nor did the TRUE Center provide any referrals to other treating physicians to allow for continuity of Danielle's medically necessary care. Upon information and belief, the TRUE Center did not provide referrals because it knows that there are not sufficient gender affirming care providers in Colorado and the surrounding states to provide care for the TRUE Center's numerous patients.

94. The Hospital's decision to abandon Danielle and her family has caused Danielle significant mental stress and anguish. Danielle feels betrayed and scared. It takes time for Danielle to form a bond with her treating physicians, a process she will have to start over again if another treating physician can even be located. Further, given Danielle's age, cessation of gender affirming care, including puberty suppressers, will certainly cause her to undergo male puberty. Danielle has previously expressed that she "could not live" in a body that has undergone male puberty and any surgical or other treatments to undo or address male sex characteristics that would develop during male puberty would be far more expensive and invasive.

### **The Goe Family**

95. Gabriella Goe is nine- and one-half years old and lives with her family in Denver, Colorado.

96. Gabriella is transgender. Gabriella was assigned male at birth but has identified as female from a very young age. By her third birthday, Gabriella proudly explained to people that she was a girl and was consistent, insistent, and persistent about her female gender identity. Gabriella's family consulted with a child psychologist and Gabriella began to live in conformity with her female identity, including using she/her pronouns, wearing female normative clothing, and grooming consistent with her female identity.

97. Gabriella's parents contacted the Hospital's TRUE Center when Gabriella was seven years old because they were aware there was a significant waitlist for patients and wanted to ensure their daughter could get appropriate necessary medical treatment when she approached puberty. Gabriella's parents were also aware that the generally accepted medical standards, WPATH, requires that a documented medical history of treatment for gender dysphoria prior to the provision of medication to treat gender dysphoria.

98. Gabriella had her first appointment at the TRUE Center when she was eight years old. The endocrinologist pediatric met with Gabriella and her family and explained what puberty is and that certain medications like hormone blockers can put a temporary pause on puberty to allow more time to decide if an estrogen or testosterone puberty was appropriate. The medical provider described that with an estrogen puberty, Gabriella's body would develop more like her mom's body and a testosterone puberty would result in a body that looked more like her father's. The provider explained that puberty blockers would delay the onset of puberty so that they could have more time to decide which type of puberty was appropriate for Gabriella.

99. The doctor also answered the family's questions about the risks and side effects of blockers and cross-hormones. As a result of that appointment, Gabriella and her family felt reassured that they would have access to medically necessary medical care when it was required. Then the doctor checked Gabriella for progress towards puberty, which had not yet begun.

100. One year later, Gabriella and her family again met with the same medical provider at the Hospital's TRUE Center. Gabriella remembered this provider and felt comfortable sharing her mental and medical health issues. Again, the doctor checked Gabriella for progress towards

puberty, which had not yet begun. The plan was then to have Gabriella schedule a visit at the TRUE Center every six months going forward in order to ensure that the onset of puberty was timely identified.

101. Gabriella and her family learned that the Hospital's Administration had decided to stop providing medical care at the TRUE Center via an email that the Hospital sent to the parents on January 5, 2026. They are devastated to lose their relationship with this doctor whom they had come to trust. Gabriella was supposed to have another appointment at the Center in April. As a result of the Hospital Administration's decision to stop the medical treatment provided by the TRUE Center, Gabriella does not have a medical provider who will identify the onset of puberty or provide gender affirming medication if that is necessary.

102. Gabriella's parents have not yet told Gabriella that her medical providers will no longer provide her treatment. Her parents are scared of the psychological effects this information will have on Gabriella and the emotional distress that will be caused if puberty begins without such medical care. Gabriella's parents are extremely distressed that they will have to explain to their child why she will no longer see the providers at the TRUE Center - which is impossible to do without giving their child the psychological burden of knowing she is a political target, or at the least that there are powerful people in the world who don't want children like Gabriella to have access to this kind of care.

103. For all class members, the withdrawal of medical care by the Hospital, as well as by other hospitals and care providers across the nation, have stripped families of their ability to obtain medically necessary care to treat their children's gender dysphoria, putting those children at risk of serious mental and physical harm—the very reasons families seek this medical care in the first place. And it denies them the ability to make the decisions that they, their children, and their children's medical providers know are in their best interests.

104. The refusal by the Hospital's Administration to provide this medical care to patients under the age of 19 has directly harmed and puts at risk the lives of young transgender patients.

### **CLASS CERTIFICATION ALLEGATIONS**

105. All Plaintiffs bring this action on their own behalf and, pursuant to Rules 23(a), 23(b)(1), 23(b)(2) and 23(b)(3) of the Colorado Rules of Civil Procedure, on behalf of a class of all Patients and their parents who have been, are or will be patients of the TRUE Center at the Hospital (collectively, the "Plaintiff Class").

106. **Numerosity.** The class is so numerous that joinder of all members is impracticable. Colo. R. Civ. P. 23(a)(1). Further, the Plaintiff Class members are identifiable using records maintained in the ordinary course of business by Defendant.

107. **Commonality.** The question of whether Colorado law requires Defendant not to refuse to provide gender affirming care and treatment is an issue of law common to all members of the class.

108. **Typicality.** The claims of the Plaintiffs are typical of those of the Plaintiff Class. Each of the named Plaintiffs is subject to the Defendant's refusal to provide medical care and treatment to certain plaintiffs because that medical care relates to the sex, gender identity and disability of those patients.

109. **Adequacy.** Plaintiffs are capable of fairly and adequately protecting the interest of the Plaintiff Class and will diligently serve as class representatives. Plaintiffs do not have any interests antagonistic to the class. Plaintiffs, as well as the Plaintiff Class members, seek to enjoin the unlawful acts and omissions of the Defendant. Finally, Plaintiffs are represented by counsel experienced in civil rights litigation and LGBTQ advocacy and have the resources necessary to fairly and adequately represent the class.

110. **Rule 23(b)(1).** This action is maintainable as a class action pursuant to Colo. R. Civ. P. 23(b)(1) because the prosecution of separate actions by individuals would create a risk of inconsistent and varying adjudications, which in turn would establish incompatible standards of conduct for the Defendant.

111. **Rule 23(b)(2).** This action is maintainable as a class action pursuant to Colo. R. Civ. P. 23(b)(2) because the Defendant has failed to act on grounds generally applicable to all members of the class, and because the Defendants' policies, practices, actions, and omissions that form the basis of this complaint are common to and apply generally to all members of the class. The injunctive and declaratory relief sought is appropriate and will apply to all members of the class.

112. **Rule 23(b)(3).** This action is maintainable as a class action pursuant to Colo. R. Civ. P. 23(b)(3) because the questions of law or fact common to the members of the class predominate over any questions affecting only individual members, and that a class action is superior to other available methods for the fair and efficient adjudication of the controversy.

## **CLAIMS FOR RELIEF**

### **FIRST CLAIM FOR RELIEF**

#### **Discrimination in a Place of Public Accommodations Based on Sex and Gender Identity in Violation of the Colorado Anti-Discrimination Act C.R.S. § 24-34-601 et. seq.**

113. All other paragraphs of this Complaint are expressly incorporated herein.

114. The Colorado Anti-Discrimination Act, C.R.S. § 24-34-601(2)(a) provides that it is a violation of Colorado law for any place of public accommodation to discriminate against any person based on sex or gender identity. The Hospital is a place of "public accommodation" as

defined under C.R.S. § 24-34-601(1) as the law specifically applies to any “establishment conducted to serve the health, appearance, or physical condition of a person.”

115. The Hospital has announced that it is now withholding any medical treatment if that medical care relates to the gender identity of the patient.

116. In the withdrawal of this medical care, Defendant violates CADA which prohibits discrimination based on sex and gender identity. Defendant does, however, continue to provide medically necessary treatment to all adolescents who are not seeking the treatment for gender affirming care. In addition, Defendant offers the same or substantially similar procedures to patients whose gender identity aligns with their sex assigned at birth.

117. The withdrawal of medical care to Plaintiffs and the Plaintiff Class bars them from participation in services, programs, and benefits of this hospital on the basis of the patients’ sex and gender identity. Defendant does, however, continue to provide medically necessary medical services to cisgender patients under the age of 19. Further, Defendant continues to provide hormone and puberty blocker treatments to patients under the age of 19, as long as the patients do not seek this treatment related to their transgender identity.

118. By their policies and practices described herein, Defendant subject all Plaintiffs and the Plaintiff Class to a substantial risk of serious harm and injury from the refusal to provide medical care and is in violation of Colorado law.

## **SECOND CLAIM FOR RELIEF**

### **Discrimination in a Place of Public Accommodations Based on Disability in Violation of the Colorado Anti-Discrimination Act C.R.S. § 24-34-601 et. seq.**

119. Class members incorporate all other paragraphs of this Complaint.

120. The Colorado Anti-Discrimination Act, C.R.S. § 24-34-601(2)(a) provides that it is a violation of Colorado law for any place of public accommodation to discriminate against any person based on the disability of that person.

121. Hospitals in Colorado are a place of “public accommodation” as defined under C.R.S. § 24-34-601(1).

122. Gender dysphoria is a mental health condition that can substantially limit one or more major life activities and thus is a disability under the Colorado Anti-Discrimination Act.

123. Defendant refuses to provide these services, programs and benefits of these public accommodations to patients under the age of 19 with gender dysphoria because of their disability.

124. Defendant provides medically necessary treatment to cisgender patients under the age of 19 if that treatment is not related to the disability of gender dysphoria. Further, Defendant

provides puberty blockers and hormone treatments to cisgender patients under the age of 19 if that medical treatment is not related to the disability of gender dysphoria.

125. By refusing to continue medical care for patients related to the disability of gender dysphoria, Defendant is discriminating against these patients on the basis of their disability, in violation of Colorado law, and in so doing, cause these patients serious physical and psychological harm, and subject them and their parents to an unreasonable risk of harm.

### **PRAYER FOR RELIEF**

WHEREFORE, Plaintiff respectfully requests that the Court grant the following relief:

- a. Immediately issue temporary, preliminary, and permanent injunctive relief preserving the status quo and enjoining Defendant from discriminating against adolescents in the delivery of medical services on the basis of sex, gender identity, or disability;
- b. Declaratory relief finding that refusing to provide gender affirming care is discrimination based on sex, gender identity, gender expression, and disability;
- c. All damages, fines and penalties allowed by law, including but not limited to out-of-pocket expenses as a result of Defendants actions, damages for emotional distress and all other damages incurred by Plaintiffs;
- d. Waive the requirement for the posting of a bond of security for the entry of temporary and preliminary relief or order only a nominal bond;
- e. Attorneys' fees and the costs associated with this action, including expert witness fees, on all claims allowed by law; and
- f. Any further relief that this court deems just and proper, and any other relief as allowed by law.

Respectfully submitted this 20th day of January 2026.

*s/ Paula Greisen*  
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*Attorneys for Plaintiff*

*Original signatures on file at the offices of Greisen Law, LLC pursuant to C.R.C.P. 121 §1-26(7).*

**VERIFICATION**

*I, Becky Boe, declare under the penalty of perjury that I have read the VERIFIED COMPLAINT in the matter of Boe et.al, vs. Children's Hospital Colorado, I have knowledge of the facts set forth therein, and the facts related to my daughter Bella Boe are true and correct to the best of my knowledge and belief*

*Executed: January 20, 2026*

*s/ Becky Boe*

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**BECKY BOE**

**VERIFICATION**

*I, Clark Coe, declare under the penalty of perjury that I have read the VERIFIED COMPLAINT in the matter of Boe et.al, vs. Children's Hospital Colorado, I have knowledge of the facts set forth therein, and the facts related to my daughter Chloe Coe are true and correct to the best of my knowledge and belief*

*Executed: January 20, 2026*

*s/ Clark Coe*

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**CLARK COE**

**VERIFICATION**

*I, Denisha Doe, declare under the penalty of perjury that I have read the VERIFIED COMPLAINT in the matter of Boe et.al, vs. Children's Hospital Colorado, I have knowledge of the facts set forth therein, and the facts related to my daughter Danielle Doe are true and correct to the best of my knowledge and belief*

*Executed: January 20, 2026*

*/s Denisha Doe* \_\_\_\_\_  
*DENISHA DOE*

**VERIFICATION**

*I, Grace Goe, declare under the penalty of perjury that I have read the VERIFIED COMPLAINT in the matter of Boe et.al, vs. Children's Hospital Colorado, I have knowledge of the facts set forth therein, and the facts related to my daughter Gabriella Goe are true and correct to the best of my knowledge and belief*

*Executed: January 20, 2026*

*s/ Grace Goe*

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*GRACE GOE*