IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLORADO

Civil Action No. _____

CHRISTIAN MEDICAL & DENTAL ASSOCIATIONS and BUTTON FAMILY PRACTICE P.C.,

Plaintiffs,

vs.

AUBREY C. SULLIVAN, Director of the Colorado Civil Rights Division, in her official capacity;
SERGIO RAUDEL CORDOVA, GETA ASFAW, MAYUKO FIEWEGER, DANIEL S. WARD, JADE ROSE KELLY, and ERIC ARTIS, as members of the Colorado Civil Rights Commission, in their official capacities;
PHIL WEISER, Colorado Attorney General, in his official capacity; and
GRETCHEN HAMMER, Executive Director of the Colorado Department of Health Care Policy and Financing, in her official capacity,

Defendants.

VERIFIED COMPLAINT

Introduction

1. Colorado is once again at war with common sense, sound science, and religious freedom. After a recent Colorado Supreme Court decision, state law now forces doctors to medically transition their patients—including children—even when doing so violates their conscience and medical judgment. That's bad for doctors and patients alike. It's also unconstitutional. Colorado is not allowed to conscript those who have sworn to do no harm into harming the very children and adults entrusted to their care. The First Amendment trumps Colorado's mandate to embrace the lie of gender ideology.

2. The Christian Medical & Dental Associations (CMDA) is an association of Christian health care providers who practice consistent with their faith. CMDA members practice medicine in every state, including in Colorado. The Button Family Practice P.C. is a family-owned primary care clinic serving patients in a small town in southern Colorado by providing excellent patient-centered medical care. Marcus Button, M.D., is a CMDA member who practices medicine and operates the clinic according to his religious beliefs.

3. These medical providers cannot provide drugs or surgeries against those beliefs. For example, they believe that a person's biological sex is a gift from God that cannot be changed or chosen. So they do not perform any procedures or prescribe any hormones meant to facilitate a so-called gender transition, though they do prescribe hormones and perform procedures for other purposes.

4. That's now illegal in Colorado. Recent decisions by Colorado's Supreme Court and another state court interpreted Colorado's Anti-Discrimination Act (CADA) to require medical providers who offer hormone therapy and other interventions to offer those same procedures to facilitate gender transitions. Failing

to do so is now discrimination on account of a patient's sex, disability, or gender identity or expression. That leaves CMDA members and the Button Family Practice in violation of state law, subjects them to prosecution at the hands of Colorado officials with a history of trampling religious freedom, and risks losing funding to offer medical services for those in need.

5. Colorado's law also forces these providers to refer to patients using their "chosen name" or based on "how an individual chooses to be addressed." So medical providers must now refer to transgender-identifying individuals with biologically inaccurate language. This means medical providers not only must participate in the gender transition procedure, but they must also take part in the so-called social transition by calling men women and women men.

6. CMDA members and Button Family Practice also want to explain their medical services policies and position on pronoun usage by sharing their beliefs about identity to the public. But Colorado makes that illegal, too. If they publish their policies, they could be liable for indicating that they would deny service to someone because of sex, disability, or gender identity or expression—even though they serve people within their scope of practice, no matter a person's status. To avoid that result, the providers have refrained from posting those statements.

7. For good reason. Penalties for violating CADA are severe, including court-ordered compliance, monetary damages, staff re-education training, and loss of funding. CMDA members and Button Family Practice now face a substantial risk for following and disclosing medical treatment policies that align with their faith.

8. They shouldn't face that risk. Systematic reviews, more than half of the states, European governments, and the U.S. Department of Health and Human Services have concluded that there's no reliable evidence that these interventions

are beneficial, and there is plenty of evidence of risks. Indeed, some medical practitioners pushing these procedures have lost medical malpractice suits. So CMDA members and the Button Family Practice are just exercising sound medical judgment by declining to offer interventions with little known upside and lifelong, tragic, and irreversible downside.

9. They are also exercising their constitutional rights. The First and Fourteenth Amendments protect CMDA members' and the Button Family Practice's freedom to speak consistent with biological reality and to refrain from participating in harmful medical procedures against their religious beliefs. CMDA's members and the Button Family Practice should not have to choose between healing those in need and following their faith. They can do both. The Constitution gives them that right.

Jurisdiction and Venue

10. This civil-rights action raises federal questions under the First and Fourteenth Amendments to the United States Constitution and 42 U.S.C. § 1983.

11. This Court has original jurisdiction under 28 U.S.C. §§ 1331 and 1343.

12. This Court has authority to award the requested declaratory relief under 28 U.S.C. §§ 2201–02 and Federal Rule of Civil Procedure 57; the requested injunctive relief under 28 U.S.C. § 1343 and Federal Rule of Civil Procedure 65; and costs and attorneys' fees under 42 U.S.C. § 1988.

13. Venue is proper in this Court pursuant to 28 U.S.C. § 1391(b) because all events giving rise to the claims herein occurred within the District of Colorado and all Defendants reside in the District of Colorado.

Plaintiffs

14. CMDA is a membership-based national nonprofit organization of Christian physicians and health care professionals organized under Illinois law. It has over 13,000 members nationally, including Colorado-licensed medical providers.

15. CMDA sues on behalf of its current and future Colorado members.

16. The Button Family Practice P.C. is a privately held, for-profit professional corporation, managed by a two-person Board of Directors, and organized under Colorado law with its principal place of business in Canon City, Colorado.

17. Marcus Button, M.D., is a CMDA member, owns Button Family Practice, is the President of the Board of Directors, is the CEO of the practice, has supervision of the other officers, is the practice's only shareholder, and exercises exclusive control over the practice's medical matters.

Defendants

18. Aubrey C. Sullivan is Director of the Colorado Civil Rights Division (Division) and has authority to enforce CADA by receiving, investigating, and making probable cause determinations on charges of CADA violations, requiring witness testimony, compelling production of documents, ordering mediation, and issuing reports to the Colorado Civil Rights Commission (Commission). C.R.S. §§ 24-34-302(2), 24-34-306(1)(a), (2)(a)-(b), (4), (15); 3 C.C.R. 708-1:10.5(B).

19. Commissioners Sergio Raudel Cordova, Geta Asfaw, Mayuko Fieweger, Daniel S. Ward, Jade Rose Kelly, and Eric Artis are Commission members with authority to enforce CADA by initiating complaints, holding complaint hearings, amending complaints, compelling witness testimony, requiring respondents to produce documents, receiving appeals of dismissal, entering default judgments,

moving to enforce its orders, and penalizing respondents. C.R.S. §§ 24-34-305(1)(d), 24-34-306(1)(b), (2)(a)-(b), (8)-(9), 24-34-509, 24-34-605; 3 C.C.R. 708-1:10.11(C).

20. Colorado Attorney General Phil Weiser has authority to enforce CADA by initiating and filing complaints, supporting complaints at hearings, filing civil actions based on a "pattern or practice" of discrimination, enforcing conciliation agreements, enforcing subpoenas, and filing civil actions if he disagrees with a no-probable-cause finding. C.R.S. §§ 24-34-306(1)(b), (8), 24-34-505.5(2), (4); 3 C.C.R. 708-1:10.7(A)(3); 3 C.C.R. 708-1:10.7(B); 3 C.C.R. 708-1:10.11(C)(2)(c), (D)(1)-(2).

21. Gretchen Hammer is the Executive Director of the Colorado Department of Health Care Policy and Financing (Department), the Colorado state agency responsible for administering Health First Colorado (Colorado Medicaid). The Department and its Executive Director are responsible for administering Colorado Medicaid, including taking adverse actions up to termination against enrolled providers. *See* C.R.S. §§ 25.5-1-104, 24-1-119.5, 25.5-1-201(1)(a).

22. All Defendants are named in their official capacities and reside in the District of Colorado.

Statement of Facts

CMDA provides a community and a public voice for Christian healthcare professionals.

23. Founded in 1931, CMDA is a membership organization for Christian healthcare professionals.

24. CMDA's vision is to bring "the hope and healing of Christ to the world through healthcare professionals."

25. CMDA exists to educate, encourage, and equip Christian healthcare professionals to glorify God by following Christ, to provide medical care consistent

with a biblical worldview, to reflect on how their faith impacts their medical practice, and to advance biblical principles in healthcare.

26. CMDA furthers its mission by promoting healthcare policies that align with its religious beliefs, by helping its members navigate contemporary medical issues consistent with their religious beliefs, and by acting as a united voice for its members on contemporary medical issues.

27. One of those contemporary medical issues is treating and interacting with patients who identify as transgender.

28. One of CMDA's core organizational purposes is to protect members' ability to practice medicine consistent with their religious convictions regarding gender-transition procedures.[1]

29. CMDA has advocated for conscience protections for its members, including in litigation, amicus briefs, and other policies by opposing laws that compel participation in gender-transition procedures.

30. For example, CMDA successfully sued on behalf of its members to enjoin an application of Section 1557 of the Affordable Care Act that would have forced its members to perform gender-transition procedures contrary to their religious beliefs. *See Franciscan All., Inc. v. Becerra*, 47 F.4th 368 (5th Cir. 2022).

31. CMDA has also filed amicus briefs with the U.S. Supreme Court explaining the need to protect the right of healthcare professionals to speak freely with patients about the irreversible risks of gender-transition procedures.

[1] CMDA does not believe that "gender-transition" is ontologically or biologically possible. A more accurate term would be "attempted transition efforts." *See* Exhibit 1. CMDA uses the term "gender-transition," "gender-transition procedures," or any similar derivative, for brevity and to accommodate common but inaccurate parlance.

32. CMDA also lobbies state legislatures to support bans on gender-transition procedures and to oppose legislation that allows gender-transition procedures.

33. CMDA developed policies on gender-transition procedures and has provided information on that topic to its members, including information about how these requirements could burden their religious beliefs.

34. CMDA adopted an official position statement on Transgender Identification (Position Statement) to reflect its religious beliefs on this topic.

35. CMDA's Position Statement is posted on its website.

36. A true and correct copy of the Position Statement is attached as Exhibit 1.

37. CMDA explains in the Position Statement that God created humans as male and female; that men and women are morally and spiritually equal with complementary roles; and that sex is ontologically immutable. Ex. 1 at 1–3.

38. CMDA's Position Statement also describes its religiously grounded ethic for CMDA members treating patients who struggle with gender dysphoria.

39. CMDA teaches that all human beings are created in the image of God, are beloved by God, and possess intrinsic dignity—therefore, patients experiencing gender dysphoria "should evoke neither scorn nor enmity, but rather the Christian's concern, compassion, help, and understanding." *Id.* at 6.

40. But CMDA members should not participate in gender-transition procedures that attempt to help males develop the primary or secondary sex characteristics of females and vice versa because those procedures contradict CMDA's beliefs about God's design and basic medical ethics of doing no harm. *Id.* at 1, 5, 7–8.

41. CMDA publicly expresses its beliefs about the immutability of sex, the harms of cross-sex medical procedures for minors, gender dysphoria, and the influence of gender ideology on minors by publishing information online through factsheets, articles, podcasts, and discussion forums; providing and designing a curriculum for healthcare providers to apply a biblical worldview to their practice; engaging with ministries and student associations across the country, including in Colorado; offering continuing education and information to its members; and more.

42. CMDA serves as a united voice for its members on topics including gender identity, ethical guidance, faith and medicine, and medical judgments.

43. CMDA seeks relief on behalf of its members, and the relief it seeks directly advances its purpose of enabling Christian healthcare professionals to practice consistent with their faith.

44. CMDA members in Colorado include physicians, endocrinologists, and other licensed medical providers who regularly prescribe hormones within the scope of their medical expertise and practice, as well as general and plastic surgeons.

CMDA's members adhere to and follow practices consistent with their religious beliefs about sex and human identity.

45. CMDA members must subscribe to and agree with its Statement of Faith and Mission Statement.

46. The Statement of Faith requires members to affirm "the divine inspiration and final authority of the Bible as the Word of God; the eternal God revealed in Holy Scripture as Father, Son and Holy Spirit; the unique Deity of Jesus Christ, God's only Son, whose death and resurrection provide by grace through faith the only means of my salvation; [and] the transforming presence and power of the Holy Spirit."

47. The Mission Statement says that "Christian healthcare professionals glorify God by following Christ, serving with excellence and compassion, caring for all people, and advancing Biblical principles of healthcare within the Church and throughout the world."

48. CMDA members accept "Jesus Christ as personal Savior" and conduct themselves "consistent with the character of Christ and standards of Scripture."

49. CMDA considers gender-transition procedures to be inconsistent with its membership requirements.

50. CMDA has authority to discipline members—including termination of membership—for any member whose conduct is incompatible with its Statement of Faith, Mission Statement, or Position Statements.

51. Given its complete opposition to gender-transition procedures, CMDA may take disciplinary action—up to or including termination of membership—for health care providers who participate in those procedures.

52. CMDA has members in Colorado who agree with and follow its Position Statement.

53. CMDA has members in Colorado who offer and would provide or have provided medical services to members of the public within their scope of practice, regardless of the patients' sex, gender identity, disability, or gender expression.

54. CMDA has members in Colorado who own, partially own, are employed by, or are agents of medical practices that offer services to the public.

55. CMDA has members in Colorado who do not offer or provide any medical services that violate their religious beliefs or contradict their medical judgment.

56. CMDA has members in Colorado who believe that God created human beings as male and female, that this distinction is part of God's good design, and that biological sex is an immutable gift from the Creator that cannot be changed.

57. CMDA has members in Colorado who believe that participating in a gender transition or using pronouns inconsistent with an individual's sex contradicts these beliefs.

58. CMDA also has members in Colorado who believe that medical procedures for the purpose of a gender transition are controversial, unsupported by reliable evidence, unnecessary to treat emergency medical conditions, have not been proven to improve mental health or physical outcomes, can harm healthy tissue without known benefits, and have many adverse potential side effects—including potential sterilization—or contradict other aspects of medical ethics.

59. CMDA has members in Colorado who, because of their religious beliefs and medical judgment, will not participate in or facilitate any procedure, or refer any treatment to other providers, designed to transition a patient's identity.

60. CMDA has members in Colorado who will decline to refer to patients using pronouns or language that are inconsistent with the patient's sex because doing so would contradict the members' religious beliefs.

61. Though CMDA has members in Colorado who object to participating in procedures related to gender transitions, its Colorado members provide services such as hysterectomies, breast reconstruction, or hormone therapy for other medical reasons.

62. For example, Dr. Button is board-certified in family medicine and offers a broad range of primary care services in Canon City.

63. Dr. Button routinely prescribes testosterone when medically indicated for men, estrogen and progesterone when medically indicated for women, spironolactone when medically indicated for men and women, and other forms of hormone therapy when medically indicated.

64. For example, he has prescribed testosterone for men to treat hypogonadism; testosterone for women to treat post-menopausal symptoms; estrogen for women to treat menopausal disorders, dysfunctional uterine bleeding, and vaginal atrophy, and as a contraceptive in combination with other hormones; progesterone for women to facilitate abortion pill reversal; and spironolactone for men and women to treat hypertension, edema, and congestive heart failure. All of these are drugs that other providers might use for gender-transition procedures, though Dr. Button will not.

65. Dr. Button provides primary care services to patients who identify as transgender.

66. He has also provided primary care services to patients who were prescribed cross-sex hormones to facilitate gender transitions by other providers in their attempt to facilitate a gender transition.

67. Dr. Button treated a female patient who requested the use of male pronouns. Dr. Button did not comply with the request.

68. Doctor 1 is a board-certified specialist in family and adolescent medicine and offers a broad range of primary care services in northern Colorado, including services that are unique to the biological and psychosocial issues of teenagers.

69. Doctor 1 also prescribes testosterone when medically indicated for men and women, estrogen and progesterone when medically indicated for women,

spironolactone when medically indicated for men and women, and other forms of hormone therapy when medically indicated.

70. For example, Doctor 1 has prescribed testosterone for men and women to treat symptomatic low testosterone; estrogen and progesterone for women to treat menopausal disorders and as a contraceptive; spironolactone for women to treat hirsutism related to Polycystic Ovary Syndrome, hair thinning, and acne; and spironolactone for men and women to treat hypertension and congestive heart failure. All of these are drugs that other providers might use for gender-transition procedures, though Doctor 1 will not.

71. Doctor 1 provides primary care services to patients who identify as transgender.

72. One male teenage patient requested that Doctor 1 refer the patient to an outside specialist for the purpose of assisting the patient in his gender transition.

73. Doctor 1 declined to make the referral.

74. The same patient also asked Doctor 1 to refer to him using a traditionally female name.

75. Another patient described herself as asexual and asked to be referred to her by her gender-neutral middle name.

76. Doctor 1 used biologically accurate pronouns when describing the patients to staff.

77. Doctor 2 is a board-certified specialist in family and adolescent medicine who offers family medicine services in northern Colorado, including services that are unique to the biological and psychosocial issues of teenagers.

78. Doctor 2 also prescribes testosterone when medically indicated for men and occasionally for women, estrogen and progesterone when medically indicated for women, spironolactone when medically indicated for men and women, and other forms of hormone therapy when medically indicated.

79. Doctor 2 has prescribed testosterone for men and women to treat symptomatic low testosterone; estrogen and progesterone for women to treat menopausal disorders and as a contraceptive; spironolactone for women to treat hirsutism related to Polycystic Ovary Syndrome and acne; and spironolactone for men and women to treat hypertension and congestive heart failure. All of these are drugs that other providers might use for gender-transition procedures, though Doctor 2 will not.

80. Doctor 2 provides primary care services to patients who identify as transgender.

81. Doctor 2 is currently treating a patient who is being prescribed cross-sex hormones by a different provider with a different practice.

82. Doctor 3 is a board-certified specialist in family medicine who offers a broad range of family medicine services in northern Colorado.

83. Doctor 3 also routinely prescribes estrogen and progesterone when medically indicated for women, spironolactone when medically indicated for men and women, and other forms of hormone therapy when medically indicated.

84. Doctor 3 has prescribed estrogen and progesterone for women to treat menopausal disorders and as a contraceptive; spironolactone for women to treat hirsutism related to Polycystic Ovary Syndrome, acne, and hair thinning; and spironolactone for men and women to treat hypertension and congestive heart

failure. All of these are drugs that other providers might use for gender-transition procedures, though Doctor 3 will not.

85. Doctor 3 provides primary care services to a patient who identifies as transgender.

86. Doctors 1, 2, and 3 work at the same family medicine clinic.

87. Doctors 1, 2, and 3 partially own the practice.

88. The practice of Doctors 1, 2, and 3 has an agreement that prohibits the practice from dictating the medical services its providers offer.

89. Patients at the practice of Doctors 1, 2, and 3 are typically assigned a provider by communicating with the office and requesting a specific provider or being scheduled with the first available provider.

90. Nurse Practitioner is licensed as an advanced practice nurse and a certified nurse midwife in Colorado.

91. Nurse Practitioner owns a women's health clinic.

92. Nurse Practitioner sets the clinic's medical policies and has final authority over those policies, including the services it provides.

93. Nurse Practitioner's clinic has its own publicly facing website describing the clinic's services.

94. Nurse Practitioner is authorized to prescribe and administer medication.

95. Nurse Practitioner's services include well-woman's care, prenatal care up to 20 weeks gestation (including abortion pill reversal), STD/STI testing and treatment, fertility awareness education, hormone therapy, school physical exams, childbirth preparation classes, breastfeeding support, menopause preparation, and hormone/fertility awareness.

96. When medically indicated, Nurse Practitioner prescribes testosterone, estrogen, and progesterone for women and other forms of hormone therapy.

97. Nurse Practitioner has prescribed testosterone, estrogen, or progesterone for women to treat Polycystic Ovary Syndrome, infertility, hypothyroidism, irregular menstrual periods, dysmenorrhea, hormonal acne, premenstrual dysphoria, estrogen-dominance, perimenopause, menopause, post-menopause, postpartum depression, and miscarriage, and Nurse Practitioner has prescribed progesterone for abortion pill reversal. All of these are drugs that other providers might use for gender-transition procedures, though Nurse Practitioner will not.

98. Nurse Practitioner also contracts as the medical director of a pregnancy resource center in Colorado.

99. In that role, Nurse Practitioner declined to allow the pregnancy resource center to distribute a pregnancy test to a patient who appeared to be a male and identified as a male.

100. Nurse Practitioner declined to authorize that test because it would have contradicted her religious beliefs and medical judgment by communicating the view that men could become pregnant.

101. If Nurse Practitioner had allowed the patient who appeared to be a male and identified as a male to take the pregnancy test, she would have been obligated, as the medical director, to explain the results of the test to the individual.

102. Physician Assistant is licensed to practice medicine in the state of Colorado.

103. Physician Assistant is authorized to prescribe and administer medication under a collaborative agreement with a physician.

104. Physician Assistant routinely prescribes testosterone when medically indicated for men and women, estrogen and progesterone when medically indicated for women, spironolactone when medically indicated for men and women, and other forms of hormone therapy when medically indicated.

105. For example, Physician Assistant has prescribed testosterone for men to treat hypogonadism; testosterone to women to treat hypoactive sexual desire disorder; estrogen and progesterone for women to treat menopausal disorders and as a contraceptive; spironolactone for men and women to treat hypertension, congestive heart failure, and fluid retention; and lupron to treat cancer. All of these are drugs that other providers might use for gender-transition procedures, though Physician Assistant will not.

106. Physician Assistant has provided primary care services to patients who identify as transgender.

107. One minor female patient informed Physician Assistant that she wanted to transition to being male.

108. Physician Assistant declined to provide any procedures that would have facilitated the gender transition.

109. Another patient who identified as transgender informed Physician Assistant that her partner wanted to receive procedures in an attempt to transition genders and asked if Physician Assistant would see the patient's partner for that purpose.

110. Physician Assistant did not directly respond to this request to assist the patient's partner in a gender transition or ask any follow-up questions, but did offer to see the patient's partner to provide other medical care.

111. Physician Assistant has treated patients who identify as transgender who preferred pronouns inconsistent with their biological sex.

112. Physician Assistant did not use biologically inaccurate pronouns during those patient interactions.

113. Dr. Button, Doctor 1, Doctor 2, Doctor 3, Nurse Practitioner, and Physician Assistant have prescribed hormones to minor and adult patients when medically indicated and for purposes unrelated to facilitating gender transitions.

114. CMDA members treat patients from conception to natural death.

115. The CMDA members discussed above do not have an emergency department and do not provide emergency care.

116. CMDA has members in Colorado who receive reimbursements from the Department through Colorado Medicaid.

Button Family Practice practices medicine consistent with Dr. Button's religious beliefs.

117. Dr. Button is the sole owner of Button Family Practice, P.C.

118. Button Family Practice is a primary care clinic in Canon City, Colorado.

119. Button Family Practice provides its medical services and facilities to the public and serves individuals and families in Canon City, Fremont County, and the surrounding communities.

120. Button Family Practice has its own website where the public can learn about its services.

121. Button Family Practice is listed on other websites with medical directories.

122. Button Family Practice is not a CMDA member.

123. Button Family Practice operates under the medical direction of Dr. Button, who is the final decision maker over the practice's medical policies.

124. Dr. Button supervises and has ultimate authority over the medical services provided by other healthcare providers within the Button Family Practice.

125. Button Family Practice shares Dr. Button's religious beliefs related to the practice of medicine because the practice is privately held and because Dr. Button is the only shareholder, is the President of the Board of Directors, is the practice's CEO, has supervisory authority over the other officer, and exercises exclusive control over the practice's medical matters.

126. Button Family Practice offers a full range of primary care services, including annual wellness exams, vaccines, well-baby visits, well-child visits, adolescent care, women's health, men's health, geriatric care, school physicals, DOC exams, circumcision, and various procedures such as joint injections, skin biopsies, electrocardiograms, colposcopies and other procedures, amongst other services.

127. Button Family Practice also routinely prescribes testosterone when medically indicated for men, estrogen and progesterone when medically indicated for women, spironolactone when medically indicated for men and women, and other forms of hormone therapy when medically indicated.

128. Such hormone treatment includes prescribing testosterone for men to treat hypogonadism; estrogen for women to treat menopausal disorders, dysfunctional uterine bleeding, vaginal atrophy, and as a contraceptive in combination with other hormones; progesterone for women as an abortion pill reversal; and spironolactone for men and women to treat hypertension, edema, and congestive heart failure.

129. Button Family Practice does not have an emergency department and does not provide emergency care.

130. Button Family Practice offers and provides services within its scope of practice to any person, regardless of their protected characteristics, including the patient's sex, disability, gender identity, or gender expression.

131. But Button Family Practice does not offer or provide any medical services that violate Dr. Button's religious beliefs or contradict his medical judgment because he has final authority over the practice's medical policies and adopts medical policies consistent with his religious beliefs.

132. Dr. Button believes that each person is made in the image of God.

133. So Button Family Practice follows a Life Policy that acknowledges the practice as "a Faith-Based, Pro-Life Medical Clinic" whose health care "fundamentally honors God's care for people." The Life Policy grounds the practice's medical decision-making in Scripture and pledges that the practice "will not promote, provide resources, or by any means, encourage the killing of human life for any reason." Ex. 2.

134. The Button Family Practice also implemented a "Conscientious Objection Policy" affirming that the services provided are "informed by the deeply held ethical, moral, and religious convictions of its providers." Consistent with those beliefs, the Button Family Practice does not provide, perform, counsel on, or refer for: abortion services or abortifacients, gender-transition medical interventions (including hormone therapy or surgical procedures), or euthanasia, physician-assisted suicide, or medical aid in dying, unless "a patient's life is in imminent danger, wherein appropriate stabilization will occur."

135. A true and correct copy of the Life Policy is attached as Exhibit 2.

136. Likewise, consistent with CMDA's Position Statement and its beliefs described above, Dr. Button believes that biological sex is immutable as God created persons as either male or female.

137. Consistent with Dr. Button's beliefs, Button Family Practice believes that God created human beings as male and female, that this distinction is part of God's good design, and that biological sex is an immutable gift from the Creator that cannot be changed.

138. Button Family Practice will not participate in any procedures or activities that violate those beliefs.

139. Button Family Practice has received a request to provide cross-sex hormones.

140. Physician Assistant works at Button Family Practice.

141. Physician Assistant recently had a conversation with a patient who appeared to be exploring administration of cross-sex hormones for her partner.

The CMDA's members and Button Family Practice will not engage in activities that violate their religious beliefs.

142. CMDA's members and Button Family Practice believe that God created human beings as male and female, that this distinction is part of God's good design, and that biological sex is an immutable gift from the Creator that cannot be changed.

143. The beliefs and practices of CMDA members and Button Family Practice described above are consistent with CMDA's views on these topics, including those described in CMDA's Position Statement.

144. Based on those beliefs, CMDA members and Button Family Practice will not prescribe hormones or participate in other procedures to facilitate or

attempt to transition a minor or adult patient to the opposite sex because participating in that intervention would violate their religious beliefs.[2]

145. For example, CMDA members and Button Family Practice will not offer or provide any form of hormone therapy to minor or adult patients, including testosterone, estrogen, progesterone, or spironolactone for the purpose of a gender transition.

146. CMDA members and Button Family Practice will not offer or provide any form of hormone therapy to minor or adult patients for the purpose of a so-called gender transition, even if another provider or a medical expert has determined that those interventions are medically necessary care for a particular patient.

147. CMDA members and Button Family Practice will not offer or provide any form of hormone therapy to minor or adult patients for the purpose of a so-called gender transition, regardless of whether those medical services are covered by Medicaid.

148. CMDA members and Button Family Practice would provide these procedures to minor or adult patients when medically indicated for purposes other than a gender transition.

149. But CMDA members and Button Family Practice believe that participating in a gender transition for minor or adult patients forces them to participate in an activity that contradicts their understanding of God's design for humanity, rejects the complementarity of sex as an immutable God-given gift, and

[2] Unless context indicates otherwise, "minor" refers to adolescents aged 18 or younger and children.

undermines their moral obligation to promote the flourishing of their patients as inherently valuable persons created in God's image.

150. Participating in those procedures for minor or adult patients would also violate the CMDA members' and Button Family Practice's ethical beliefs and medical judgment.

151. These procedures are controversial, unsupported by reliable evidence, unnecessary to treat emergency medical conditions, have not been proven to improve mental health or physical outcomes, can harm healthy tissue without known benefits, have many adverse potential side effects—including potential sterilization— and contradict other aspects of medical ethics.

152. Providing procedures related to a gender transition for minors or adults would violate Button Family Practice's religious beliefs, ethical beliefs, and medical judgment, regardless of which of its providers provided the intervention.

153. The CMDA members and Button Family Practice also will not refer minor or adult patients requesting interventions related to a gender transition to another provider for the purpose of obtaining those interventions because they believe that such a referral would be facilitating the intervention itself.

154. But the CMDA members and Button Family Practice will refer minor or adult patients to other providers for medically indicated purposes other than a gender transition.

155. CMDA has members in Colorado who refer and Button Family Practice refers to patients using pronouns and language consistent with their sex. They will not knowingly refer to patients using pronouns or language inconsistent with the patient's sex because of their religious beliefs.

156. CMDA has members in Colorado who will not, and Button Family Practice, will not knowingly refer to patients using inaccurate pronouns as a matter of consistent practice and as compelled by their religious beliefs.

157. CMDA has members in Colorado who will not and Button Family Practice will not intentionally refer to patients using biologically inaccurate pronouns or language but will refer to patients using biologically accurate pronouns and language.

158. Colorado believes that some patients could, as a subjective matter, experience this speech as a denial of the full and equal enjoyment of CMDA members' or Button Family Practice's services.

159. Colorado believes that a reasonable person under these circumstances may experience this speech as a denial of the full and equal enjoyment of CMDA members' or Button Family Practice's services.

160. CMDA has members in Colorado who will not and Button Family Practice will not knowingly refer to any patient using a pronoun or other language contrary to the person's sex, even if the person subjectively experiences a denial of the full and equal enjoyment of their services and even if a reasonable person would experience the same.

161. Although CMDA members and Button Family Practice will not participate in gender-transition procedures for adults or minors or knowingly refer to patients using language inconsistent with their sex, those procedures and those services are otherwise available in the geographic area served by their practices.

162. For example, Planned Parenthood offers hormone therapy for gender-transition interventions in Boulder, Colorado Springs, the Denver metropolitan area, Durango, Glenwood Springs, and Salida.

163. Planned Parenthood also offers virtual services for medical interventions related to gender transitions.

164. GenderGP offers online access to hormone therapy as a gender-transition procedure. In response to the FAQ, "Can I access GenderGP if I live in rural Colorado, far from a major city," GenderGP says: "GenderGP is fully online, so your location doesn't factor into your care. Prescriptions can be delivered by mail, which means the whole process works end to end, wherever you are in the state." GenderGP, *Gender-affirming care in Colorado*, https://tinyurl.com/5b459b6k (last visited Aug. 4, 2026).

165. Colorado's Medicaid Program has a website that helps Coloradans "[c]onnect with a gender affirming care provider," including for hormone therapy. Health First Colorado, *Gender Affirming Care*, https://tinyurl.com/yekr9ecd (last visited Aug. 4, 2026).

166. The Department of Public Health and Environment is also required to "maintain on its public-facing website a current list of covered entities" and the "LGBTQ health-care services" and other services available at those entities, including "gender-affirming care." C.R.S. § 25-58-103(7); C.R.S. § 25-58-104(2).

167. Covered entities include hospitals, community clinics, freestanding emergency departments, maternity hospitals, and rehabilitation hospitals. C.R.S. § 25-58-103(1).

168. Through these efforts, Colorado ensures that "patients are given full and complete information about the health-care services available to them so that they can make well-informed health-care decisions." C.R.S. § 25-58-102(2).

169. Covered entities must identify the LGBTQ health services they provide. C.R.S. § 25-58-105(2).

170. The form requires covered entities to disclose whether they provide or offer referrals for medical abortions, surgical abortions, "[l]etters in favor of gender affirming healthcare services," "[p]uberty blocking hormone therapy," "[g]ender affirming hormone therapy (GAHT)," "hormone replacement therapy (HRT)," and gender transition surgeries including vaginoplasties, phalloplasties, bilateral mastectomies, and breast augmentations.

171. Based on recent judicial interpretations of CADA and their potential effect on medical providers, CMDA desires to provide guidance to its members about gender-transition procedures and how members can explain their decision to decline to participate in those procedures for minors and adults based on their religious, ethical, and medical beliefs. CMDA has members in Colorado who desire to publicly explain their beliefs about gender identity and their religious, ethical, and medical reasons for declining to participate in gender-transition procedures for minors and adults.

172. CMDA also seeks to provide guidance to its members on how to address requests to refer to patients using pronouns or language that is inconsistent with the patient's sex.

173. To these ends, CMDA desires to send emails to its members in Colorado with this guidance. A true and correct copy of the emails CMDA desires to send are attached as Exhibit 3 to address procedures and Exhibit 4 to address pronouns.

174. Also based on recent judicial interpretations of CADA, CMDA has members in Colorado who desire to link to CMDA's Position Statement on their practice's website.

175. For similar reasons, Button Family Practice also desires to publish a statement explaining its decision to decline to participate in any gender-transition procedures.

176. Button Family Practice would like to post the policy attached as Exhibit 5.

177. Button Family Practice also desires to publicly explain its beliefs about pronoun usage and its religious reasons for declining to refer to patients with pronouns inconsistent with the patient's sex by posting a statement explaining that choice.

178. Button Family Practice would like to post the policy attached as Exhibit 6.

179. Button Family Practice desires to post these statements on its website to give prospective patients notice that it does not offer or provide medical services related to gender transitions or use pronouns inconsistent with a patient's sex and to explain the reasons for those decisions.

Medical interventions related to gender identity are non-emergent, controversial, and cause harm.

180. Medical providers have historically been exempted from participating in non-emergent, controversial, or harmful medical interventions based on their religious, ethical, and medical judgments.

181. At common law, and throughout the early centuries of American history, medical providers had "no obligation to engage in practice or to accept" employment. Samuel Williston, Williston on Contracts § 62:12 n.2 (4th ed. 2026) (collecting cases).

182. The colonies made no serious efforts to regulate the practice of medicine.

183. This trend continued until the mid-to-late 1800s when states began establishing medical licensing boards.

184. But the common law recognized that the physician-patient relationship is consensual, and that doctors have autonomy to decline requests for treatment. *See Hurley v. Eddingfield*, 59 N.E. 1058 (Ind. 1901); *Limbaugh v. Watson*, 12 Ohio Law Abs. 150 (Ohio App. 1932); *Greenberg v. Perkins*, 845 P.2d 530 (Colo. 1993).

185. As medicine became more regulated, medical providers received specific exemptions from providing non-emergent services that were controversial or that risked harm.

186. For example, soon after *Roe v. Wade*, the federal government and "virtually all of the states … enacted conscience clause legislation." Jon O. Shimabukuro, CRS Report for Congress, *The History and Effect of Abortion Conscience Clause Laws* 1, https://bit.ly/3JplRk7 (Jan. 29, 2010).

187. Today, most states, including Colorado, have conscience clauses for non-emergent, controversial medical interventions that cause harm, including abortion, assisted suicide, or sterilization. C.R.S. § 15-18.7-105(1); C.R.S. § 15-14-507(1); C.R.S. § 25-48-118; C.R.S. § 25-6-102(9).

188. Meanwhile, most states (though not Colorado) have passed legislation to prohibit healthcare providers from providing drugs or procedures to minors to alter their bodies to reflect their perceived gender identity.[3]

[3] Ala. Code § 26-26-4; Ariz. Rev. Stat. Ann. § 32-3230; Ark. Code Ann. § 20-9-1502; Fla. Admin. Code r. 64B8-9.019; Ga. Code Ann. § 31-7-3.5; Idaho Code Ann. § 18-1506C; Ind. Code Ann. § 25-1-22-13; Iowa Code Ann. § 147.164; Kan. Stat. Ann. § 65-2837; Ky. Rev. Stat. Ann. § 311.372; La. Stat. Ann. § 40:1098.2; Miss. Code Ann.

189. And many states have passed broad conscience exemption laws which enable providers to opt out of interventions that violate their ethical, moral, or religious beliefs, including for procedures related to gender transitions.[4]

190. CMDA's members' and Button Family Practice's decisions to decline to participate in gender-transition procedures (including hormone therapies and surgeries) are consistent with this history and with these laws.

191. Their decision is also consistent with studies showing that no reliable evidence exists that gender-transition procedures (including hormone therapies and surgeries) lead to better physical or mental health outcomes.

192. There is an ongoing debate within the medical field about how to best treat patients who identify as a gender different than their sex or experience gender dysphoria.

193. A 2024 independent review of gender identity services for children and young people, commissioned by NHS England and led by Dr. Hilary Cass, concluded that this was "an area of remarkably weak evidence."[5]

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§§ 41-141-1–9; Mo. Ann. Stat. § 191.1720; Mont. Code Ann. § 50-4-1001–06; Neb. Rev. Stat. Ann. § 73-7301–07; N.H. Rev. Stat. Ann. § 332-M:1–5; N.C. Gen. Stat. Ann. § 90-21.150-54; N.D. Cent. Code Ann. § 12.1-36.1-02; Ohio Rev. Code Ann. § 3129.01-06; Okla. Stat. Ann. tit. 63, § 2607.1; S.C. Code Ann. § 44-42-320; S.D. Codified Laws § 34-24-33–38; Tenn. Code Ann. § 68-33-101; Tex. Health & Safety Code §§ 161.701–06; Utah Code Ann. § 58-68-502(1)(g); W. Va. Code Ann. § 30-3-20; Wyo. Stat. Ann. § 35-4-1001.

[4] Ark. Code Ann. § 17-80-504(c); Fla. Stat. Ann. § 381.00321(2)(a); Idaho Code Ann. § 54-1304(1); IL ST CH 745 § 70/4; Iowa Code Ann. § 135S.2; Miss. Code Ann. § 41-107-5; Mont. Code Ann. §§ 50-4-1103(1); Ohio Rev. Code Ann. § 4743.10(B); S.C. Code Ann. §§ 44-139-30(A); Tenn. Code Ann. §§ 63-1-903(a)(1); Utah Code Ann. 1953 § 63G-33-302.

[5] Dr. Hilary Cass, *Independent Review of Gender Identity Services for Children and Young People: Final Report* 13 (April 2024) (Cass Report).

194. The Cass Report found that the guidelines developed by the World Professional Association for Transgender Health (WPATH) and the Endocrine Society—two groups that have influenced international guidelines related to gender-transition procedures—lacked "developmental rigour" and suffered from circular referencing and overlapping authorship.[6]

195. The U.S. Supreme Court has emphasized that "WPATH itself recognizes that evidence supporting the efficacy of puberty blockers, cross-sex hormones, and surgical intervention for treating gender dysphoria in children is lacking." *United States v. Skrmetti*, 605 U.S. 495, 543–44 (2025).

196. In 2025, the Department of Health and Human Services (HHS) undertook an umbrella review—a systematic review of systematic reviews—and concluded the quality of evidence purporting benefits of pediatric gender-transition procedures is "very low."[7]

197. HHS also found there is substantial uncertainty about psychological and long-term health outcomes.[8]

198. HHS found that studies predating its report and the Cass Report failed to "systematically track and report harms" of this practice on children.[9]

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[6] *Id.* at 28, 275.
[7] U.S. Dep't of Health & Hum. Servs., *Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices* at 13 (May 1, 2025), https://tinyurl.com/rpxa5n89.
[8] *Id.*
[9] *Id.* at 14.

199. The quality of evidence claiming benefits for gender-transition procedures in adults is also low, and contrary studies suffer from bias, small sample sizes, and failure to consider confounding factors.[10]

200. Given the uncertainty in this field of medicine, patients and families sometimes receive incomplete or inaccurate information about risks, benefits, alternatives, and long-term outcomes.[11]

201. Minor patients often lack the maturity to understand consequences such as possible sterility, impaired sexual function, and permanent bodily changes.

202. For example, minors who underwent mastectomies—some at just 13 years old—did not understand that the procedure would permanently prevent breastfeeding, leave residual mammary tissue, and potentially cause chronic nerve pain.[12] As a result, while they can never breastfeed, they remain at risk for breast cancer and "experience daily—electric shocks, numbness, and phantom itching beneath grafted skin."[13]

203. In 2026, a board-certified obstetrician-gynecologist evaluated medical interventions related to gender transitions through the ethical principles of

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[10] Lucas Shelemy et al., *Systematic Review of Prospective Adult Mental Health Outcomes Following Affirmative Interventions for Gender Dysphoria*, 26 Int'l J. Transgender Health 480, 492–95 (2025).

[11] Annelise Hanshaw, *Former caseworker testifies in defense of Missouri transgender health care ban*, Missouri Independent (Sept. 30, 2024), https://tinyurl.com/yyju87w5.

[12] U.S. Dep't of Health & Hum. Servs., *Wolves in White Coats: How Doctors and Hospitals Pushed and Profited from the Fraud of "Gender Medicine"* at 48-50 (Aug. 13, 2026), https://perma.cc/2QFE-HRF3

[13] *Id.* at 50.

beneficence, nonmaleficence, and autonomy and concluded that gender-transition procedures for minors violate these principles.[14]

204. Beneficence means a physician is ethically obligated to act for the patient's benefit. Nonmaleficence means a physician is ethically obligated not to harm the patient. Autonomy means a physician must respect the patient's right to make their own decisions about healthcare, which requires the physician to provide adequate information to the patient.

205. Cross-sex hormones and medical procedures to facilitate a gender transition have a significant risk of harm.

206. The risk of harm outweighs the benefits because there is no high-quality evidence demonstrating that transition leads to long-term improved mental or physical health outcomes.

207. At each stage of the gender-transition process, medical interventions carry risks that affect both children and adults.

208. For example, puberty blockers, which delay the onset of biological development, can reduce bone mineral density, decrease fertility, and delay brain development.[15]

209. Cross-sex hormones also risk negative impacts on fertility—including potential sterilization and limited adult sexual function, decreased lean body mass, and increased chances of heart disease, stroke, lipid changes, high blood pressure, elevated red blood cell concentration, cancer, and pituitary tumors.[16]

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[14] Christina A. Cirucci, *The Ethics of Gender-Affirming Care: An Evaluation of the Research*, 93 Linacre Q. 68, 69 (2026).
[15] *Id.* at 74-75.
[16] Wylie C. Hembree et al., *Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline*, 102 J. Clinical Endocrinology & Metabolism 3869, 3886 (2017); Naoya Masumori & Mikiya

210. Adult males who take female hormones have as much as a 46.7-fold higher risk of developing invasive breast cancer than adult men who do not take female hormones.[17]

211. Evidence indicates elevated suicide rates for those who undergo gender-transition procedures, including one study that showed a 19 times higher rate of completed suicide than the control group, a 7.6 times higher rate of suicide attempts, and a 4.2 times higher rate of hospitalization for any psychiatric condition.[18]

212. For these and other reasons, countries around the world recognize the harms of transitioning individuals to identify contrary to their sex and put restrictions on those medical interventions.

213. Denmark limits most children's access to puberty blockers, hormones, and surgeries because of the "medical and ethical uncertainties of providing minors with profound, life-altering interventions [with] very limited understanding of the epidemiological shift in the population presenting for care, the growing rates of detransition, and the profound uncertainty about long-term outcomes."[19]

Nakatsuka, *Cardiovascular Risk in Transgender People With Gender-Affirming Hormone Treatment*, 5 Circulation Reports 105, 105, 107, 109, 110 (2023), https://doi.org/10.1253/circrep.CR-23-0021.

[17] Christel J.M. de Blok et al., *Breast Cancer Risk in Transgender People Receiving Hormone Treatment: Nationwide Cohort Study in the Netherlands*, 365 BMJ l1652. (2019), https://doi.org/10.1136/bmj.l1652.

[18] Cecilia Dhejne et al., *Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden*, 6:2 PLOS ONE 1, 5 (2011).

[19] *Denmark Joins the List of Countries That Have Sharply Restricted Youth Gender Transitions*, SEGM (Aug. 17, 2023), https://perma.cc/D9XL-73YK.

214. Alberta, Canada announced new policies and guidelines that also ban most children's access to puberty blockers, hormones, and surgeries.[20] The changes were made because this treatment "poses a risk to [a] child's future."[21]

215. England ordered the world's largest gender-identity clinic to close after an independent review found that systematic failures placed children at risk of harm.[22]

216. American Society of Plastic Surgeons—which represents over 11,000 members worldwide and over 90% of U.S. board-certified plastic surgeons—issued a position statement recommending that its members delay gender-related breast/chest, genital, and facial surgery until a patient is at least 19 years old because there is "insufficient evidence demonstrating a favorable risk-benefit ratio for the pathway of gender-related endocrine and surgical interventions in children and adolescents." [23]

217. Men and women who attempted to transition to present contrary to their sex have spoken out about regretting their choice and have reclaimed a gender identity consistent with their sex, a process known as detransitioning.

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[20] *A List of Alberta's New Policies on Gender and Sexuality*, The Free Press (Jan. 31, 2024), https://bit.ly/3CSMWJb.
[21] Michelle Bellefontaine, *Danielle Smith Unveils Sweeping Changes to Alberta's Student Gender Identity, Sports and Surgery Policies*, CBC News (Jan. 31, 2024), https://tinyurl.com/36fsyf3w.
[22] Jasmine Andersson and Andre Rhoden-Paul, *NHS to close Tavistock child gender identity clinic*, BBC (July 28, 2022), https://www.bbc.com/news/uk-62335665.
[23] Am. Soc'y of Plastic Surgeons, *Position Statement on Gender Surgery for Children and Adolescents* 3 (Feb. 3, 2026), https://tinyurl.com/3heaarf7.

218. Most children who experience gender dysphoria before puberty (roughly 90%) resolve those feelings and live consistent with their sex with no issues. [24]

219. Several detransitioners have filed medical malpractice lawsuits against medical organizations and providers involved with their transition.

220. In one case, a jury awarded two million dollars to a plaintiff who had detransitioned after providers pushed her to have a double mastectomy to treat gender dysphoria at age 16.[25]

221. Other similar lawsuits involving plaintiffs treated as children and adults have been filed around the country.[26]

222. No major medical authority has produced high-quality, randomized controlled trial evidence demonstrating that gender-transition procedures provide net benefits that outweigh their substantial risks for either children or adults.

223. Recent systematic reviews conducted by teams at McMaster University found no reliable benefits to puberty blockers, cross-sex hormones, or mastectomy to treat gender dysphoria in cohorts that included young adults.[27]

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[24] Devita Singh et al., *A Follow-Up Study of Boys with Gender Identity Disorder*, 12 Frontiers in Psychiatry 632784 (2021), https://perma.cc/58FQ-TK6U.
[25] *New York Jury Awards $2 million to Teen Girl Who Formerly Identified as Male in Malpractice Case*, EWTN News (Feb. 3, 2026), https://tinyurl.com/5dvvra43.
[26] *See* Sai Shanthanan Rajagopal, *Physician Exposure to Litigation in Gender Detransition Medical Malpractice Cases*, 13 Plastic & Reconstructive Surgery Global Open (Supp. 5) 14, 14–15 (2025); Jeff Johnston, '*Detransitioner' Wins Settlement Against Therapists Who Referred Her for Double Mastectomy*, Daily Citizen (May 1, 2026), https://tinyurl.com/yrpdsm7z.
[27] Anna Miroshnychenko et al., *Gender Affirming Hormone Therapy for Individuals with Gender Dysphoria Aged <26 Years: A Systematic Review and Meta-Analysis*, Arch. Dis. Child. 1 (2025), https://doi.org/10.1136/archdischild-2024-327921.

224. Likewise, recent studies examining adult populations from national health databases in Denmark and Finland reported elevated psychiatric morbidity and specialist-level psychiatric service utilization among transgender cohorts who had received gender-transition procedures compared with matched controls.

225. The Finnish study found that specialist-level psychiatric needs remained elevated regardless of whether individuals received gender transition procedures.[28]

226. This study further documented that "[o]f adults seeking [gender reassignment,] about 30–40% present[ed] with current and 60–80% with lifetime diagnosable mental disorders, mainly depressive and anxiety but also substance use and personality disorders."

227. The Danish register study corroborated these findings, demonstrating that mental-health-disorder odds in adults remained significantly elevated post-treatment.[29]

228. Thus, substantial psychiatric burden persists for adults even after undergoing major, life-altering, and often irreversible interventions.

229. Recent systematic reviews of adult gender-transition procedures have not established high-certainty evidence of mental-health or quality-of-life benefits.

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[28] Riittakerttu Kaltiala et al., *Have the Psychiatric Needs of People Seeking Gender Reassignment Changed as Their Numbers Increase? A Register Study in Finland*, 66 Eur. Psychiatry e93 (2023), https://doi.org/10.1192/j.eurpsy.2023.2471.

[29] Dorte Glintborg et al., *Gender-Affirming Treatment and Mental Health Diagnoses in Danish Transgender Persons: A Nationwide Register-Based Cohort Study*, 189 Eur. J. Endocrinology 336 (2023), https://doi.org/10.1093/ejendo/lvad119.

230. One study of men aged 16 and older concluded there is insufficient evidence to determine the efficacy or safety of giving cross-sex hormones for men who want to transition to women.[30]

CADA applies to CMDA's members and Button Family Practice.

231. CADA prohibits CMDA's members and Button Family Practice from operating and speaking consistent with their religious beliefs, medical ethics, and medical judgment.

232. CADA defines a place of public accommodation as "any place of business engaged in any sales to the public and any place offering services, facilities, privileges, advantages, or accommodations to the public." C.R.S. § 24-34-600.3(1)(a).

233. A public accommodation includes any "establishment conducted to serve the health, appearance, or physical condition of a person" and any "clinic" or "institution for the sick, ailing, aged, or infirm." C.R.S. § 24-34-600.3(1)(a)(V), (VII).

234. CMDA's members own or partially own, or are employees or agents of, business establishments that serve a person's health, and clinics and institutions for the sick, ailing, aged, or infirm that offer services, facilities, privileges, advantages, or accommodations to the public.

235. CMDA's members own, partially own, or are agents or employees of entities that appear to fit within CADA's definition of a place of public accommodation.

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[30] Claudia Haupt et al., *Antiandrogen or Estradiol Treatment or Both During Hormone Therapy in Transitioning Transgender Women*, 2020 Cochrane Database Syst. Revs. CD013138, https://doi.org/10.1002/14651858.CD013138.pub2.

236. Button Family Practice is an entity that arguably fits within CADA's definition of a place of public accommodation.

237. CADA bans discrimination in places of public accommodation that occurs "based on … protected classes," including disability, sex, gender identity, gender expression, and other protected statuses. C.R.S. § 24-34-300.7(1).

238. Disability "has the same meaning as set forth in the" Americans with Disabilities Act. C.R.S. § 24-34-301(7).

239. A person is disabled under the ADA if the individual has a "physical or mental impairment that substantially limits one or more of the major life activities of such individual." 28 C.F.R. § 36.105(a)(1)(i).

240. A Colorado state trial court has concluded that gender dysphoria may be a plausible disability under CADA. *See* Ex. 7 at 8.

241. A true and correct copy of that state trial court decision in *Kent v. Children's Hospital of Colorado* is attached as Exhibit 7.

242. CADA defines "gender identity" as "an individual's innate sense of the individual's own gender, which may or may not correspond with the individual's sex assigned at birth." C.R.S. § 24-34-301(10).

243. CADA does not define sex.

244. CADA defines gender expression as "an individual's way of reflecting and expressing the individual's gender to the outside world, typically demonstrated through appearance, dress, behavior, chosen name, and how the individual chooses to be addressed." C.R.S. § 24-34-301(9).

245. CADA defines "chosen name" as "a name that an individual requests to be known as in connection to the individual's disability, … sex, sexual orientation, gender identity, [or] gender expression, … so long as the name does not contain

offensive language and the individual is not requesting the name for frivolous purposes." C.R.S. § 24-34-301(3.5).

246. CADA prohibits any "person" from engaging in unlawful discriminatory practices. C.R.S. § 24-34-601(2)(a).

247. CADA defines "person" to include "limited liability companies, partnerships, associations, corporations, [and] legal representatives." C.R.S. § 24-34-301(15)(a).

248. CMDA's members are persons, owners, agents, or employees of public accommodations who appear to be subject to CADA.

249. Button Family Practice employs people, owners, or employees who are subject to CADA.

250. CADA prohibits public accommodations—including those who own, are agents of, or are employed by public accommodations—from engaging in unlawful discriminatory practices through the (1) the Accommodation Clauses; (2) the Publication Clauses; and (3) the Unwelcome Clauses.

251. First, the Accommodation Clauses, which appear at C.R.S. §§ 24-34-601(2)(a) and -802(1)(b), focus on the services a public accommodation offers.

252. The Accommodation Clauses make it "unlawful for a person, directly or indirectly, to refuse, withhold from, or deny to an individual" because of "disability, … sex, … gender identity, [or] gender expression, … the full and equal enjoyment of the goods, services, facilities, privileges, advantages, or accommodations of a place of public accommodation." C.R.S. § 24-34-601(2)(a), 802(1)(b).

253. The Accommodation Clauses also prohibit denying an individual "the benefits of services, programs, or activities provided by a place of public accommodation" "by reason of the individual's disability." C.R.S. § 24-34-802(1)(b).

254. The Accommodation Clauses include "formal or informal policies or practices" that cause "[s]elective refusal to provide a health-care service to some, but not all, patients" based on disability, sex, gender identity, or gender expression. 6 C.C.R. 1011-1:9-2 (citing C.R.S. § 24-34-601(2)(a)).

255. Second, the Publication Clauses, which appear at C.R.S. §§ 24-34-601(2)(a) and -701(1)(a)-(b), focus on what is communicated about those services.

256. The Publication Clauses prohibit a person from "directly or indirectly" publishing any material that "indicates that the full and equal enjoyment of" a public accommodation's "goods, services, facilities, privileges, advantages, or accommodations … will be refused, withheld from, or denied an individual" because of the individual's disability, sex, gender identity, or gender expression. C.R.S. § 24-34-601(2)(a).

257. The Publication Clauses also prohibit an "owner," "agent," or "employee of a public accommodation" from "directly or indirectly" publishing or displaying any "communication" that "[i]s intended or calculated to discriminate or actually discriminates against any person" because of disability, sex, gender identity, or gender expression "in the matter of … refusing" to provide that person "any accommodation, right, privilege, advantage, or convenience offered to or enjoyed by the general public." C.R.S. § 24-34-701(1)(a).

258. The Publication Clauses also prohibit an "owner," "agent," or "employee of a public accommodation" from "directly or indirectly" publishing or displaying any "communication" that states any accommodation, right, privilege, advantage, or convenience of a public accommodation "shall or will be refused, withheld from, or denied to any person or class of persons on account of" disability, sex, gender identity, or gender expression. C.R.S. § 24-34-701(1)(b).

259. The Publication Clauses appearing in C.R.S. § 24-34-701 exempt "private communication[s] in writing sent in response to specific written inquiry." C.R.S. § 24-34-704.

260. Finally, the Unwelcome Clauses, which appear at C.R.S. §§ 24-34-601(2)(a) and -701(1)(c), focus on how a listener perceives messages conveyed by places of public accommodation.

261. The Unwelcome Clauses prohibit any person from publishing any communication indicating "that an individual's patronage or presence at a place of public accommodation is unwelcome, objectionable, unacceptable, or undesirable because of" disability, sex, gender identity, or gender expression. C.R.S. § 24-34-601(2)(a).

262. The Unwelcome Clauses also prohibit an owner, agent, or employee of a public accommodation from "directly or indirectly" publishing or displaying any "communication" that "[s]tates that the patronage, custom, [or] presence" of "any person or class of persons" at a public accommodation "is unwelcome or objectionable or not acceptable, desired, or solicited" because of disability, sex, or gender identity. C.R.S. § 24-34-701(1)(c).

263. CADA never defines what it means to "indirectly" circulate the communications CADA regulates or to "indirectly" refuse or deny services—terms that appear in both the Publication Clauses and the Unwelcome Clauses.

Colorado interprets CADA to require medical providers to provide medical procedures to facilitate gender transitions.

264. Colorado state courts recently interpreted CADA to require healthcare entities to participate in medicalized gender transitions, including surgeries and hormone therapies, for minors and adults.

265. In *Bella Boe v. Children's Hosp. Colo.*, No. 2026CV30232 (Dist. Ct., City & Cnty. of Denver, Colo. Feb. 13, 2026), the plaintiffs filed a complaint against a hospital for violating CADA by discriminating against them based on disability, sex, and gender identity. Ex. 8 at 1.

266. The plaintiffs were a class of minors who identified as transgender. *Id.* at 2.

267. Some class members began to "present" as an identity contrary to their sex as young as three years old, and "began working with" the hospital as young as "six." *Id.* at 8–9.

268. One male member of the class "is undergoing a procedure to extract sperm to cryofreeze for future use." *Id.* at 9.

269. The plaintiffs claimed that the hospital violated CADA by discriminating against them based on disability, sex, and gender identity after the hospital stopped providing them with hormone therapy, but continued to provide that treatment to other children for other reasons. *Id.* at 18.

270. The state trial court held that "[r]efusing to offer these treatments to transgender patients for the purpose of gender affirming care facially differentiates between transgender and cisgender patients." *Id.*

271. The state trial court concluded that the plaintiffs had shown a likely CADA violation because the evidence "tended to demonstrate that [the hospital] ceased offering medical gender affirming care at least *in part* due to Plaintiffs' gender identity and/or disability." *Id.* at 19.

272. A true and correct copy of the state trial court opinion in *Bella Boe v. Children's Hospital Colorado* is attached as Exhibit 8.

273. On appeal, Colorado's Supreme Court held that "[d]enying access to puberty blockers and hormone therapy for the purpose of gender-affirming care but not for purposes unrelated to gender-affirming care differentiates care based on gender identity." *Boe v. Children's Hosp. Colo.*, 2026 CO 32, ¶ 54.

274. Because "[g]ender-affirming care is inextricably intertwined with gender identity" any "action related to gender affirming care implicates gender identity." *Id.* at ¶ 55.

275. The plaintiffs were likely to succeed on the merits of their CADA claim, according to Colorado's Supreme Court, because the hospital's "denial of medical gender-affirming care to petitioners was, at least in part, because of petitioners' status." *Id.* at ¶ 59.

276. As Colorado's Supreme Court explained, "[t]here is no dispute that [the hospital] ceased offering puberty blockers and hormone therapy to transgender patients under the age of eighteen while continuing to offer puberty blockers and hormone therapy to cisgender patients under the age of eighteen." *Id.* at ¶ 54.

277. And "[d]enying access to … hormone therapy for the purpose of gender-affirming care but not for purposes unrelated to gender-affirming care differentiates care based on gender identity." *Id.*

278. Colorado's Supreme Court ordered the district court "to issue a preliminary injunction directing" the hospital "to restore its offering of medically necessary medical gender-affirming care." *Id.* at ¶ 2.

279. The court said that the "term 'medically necessary' is a term of art grounded in established standards used by medical experts." *Id.* at ¶ 49.

280. The state trial court entered an injunction that prohibits the hospital "from refusing to provide medically necessary gender-affirming care to transgender patients." Ex. 9 at 1.

281. A true and correct copy of the state trial court injunction is attached as Exhibit 9.

282. In response, the hospital reinstated gender-transition procedures into its scope of services but left the decision about whether to offer those services to individual providers.[31]

283. The individual providers declined to re-offer these gender-transition procedures. *Id.*

284. The hospital then sent a letter to its patients to inform them that each provider had "independently decided not to prescribe or renew gender-affirming medications for minors." *Id.*

285. The plaintiffs moved to hold the hospital in contempt, arguing that an "owner/operator of a public accommodation cannot shield itself from discrimination laws by claiming it is not responsible for the discriminatory conduct of the people who work at its establishment." Ex. 9 at 10–11 (compiling cases).

286. A true and correct copy of the plaintiffs' contempt motion is attached as Exhibit 10.

287. The state trial court issued an advisement for indirect contempt.

288. The plaintiffs also amended the complaint to add an alleged violation of the Publication Clauses (C.R.S. § 24-34-601(2)(a)) based on the hospital's public statements indicating its denial of gender-transition procedures.

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[31] Jaleesa Irizarry, *Children's Providers Won't Restart Gender-Affirming Care for Minors Despite Court Order*, 9 News (June 16, 2026), https://tinyurl.com/yjjrex4j.

289. Colorado also joined a coalition of states suing the federal government after HHS issued a rule prohibiting federal Medicaid dollars from funding gender transition procedures for minors.[32]

290. According to Colorado, the rule harms the state because it (1) "usurps [its] medical necessity determinations" and (2) "imposes obligations that are at odds with [its] antidiscrimination laws that expressly prohibit discrimination against transgender persons in the provision of healthcare."[33]

291. First, Colorado "thoroughly considered the overwhelming medical consensus" that gender transition interventions for children, when prescribed by healthcare professionals, are "medically appropriate, necessary healthcare and meets the states' own rigorous standards for high-quality, effective healthcare."[34]

292. Second, the HHS rule conflicts with CADA which "prohibit[s] discrimination on the basis of gender identity and expression in public accommodations and the provision of medical care . . . and . . . explicitly protect[s] access to transgender healthcare for adolescents."[35]

293. The phrase "medically necessary medical gender-affirming care" does not appear in CADA and is a vague, discretionary, and evolving standard.

294. WPATH published what it claims to be guidelines for the Standards of Care (SOC) for gender-transition procedures.

295. WPATH published SOC-7 in 2012 and SOC-8 in 2022.

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[32] Compl., *Illinois et al. v. U.S. Dep't of Health & Hum. Servs. et. al.*, No. 1:26-cv-14051 (D. Mass. Sept. 2, 2026) ECF No. 1, https://perma.cc/TX9P-L2K9.
[33] *Id.* ¶¶ 6, 138.
[34] *Id.* ¶ 69.
[35] *Id.* ¶ 68, at n.20 (citing Colo. Rev. Stat. § 24-34-601).

296. SOC-8 significantly changes the standards for allegedly "medically necessary" interventions compared to SOC-7.

297. SOC-8 defines "medical necessity" to include treatment for gender dysphoria and gender incongruence, but SOC-7 only included gender dysphoria.

298. SOC-7 defined "gender dysphoria" as "discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics)."

299. SOC-8 changes the definition of "gender dysphoria" to be "a state of distress or discomfort that may be experienced because a person's gender identity differs from that which is physically and/or socially attributed to their sex assigned at birth."

300. SOC-8 also defines "gender incongruence" as "a diagnostic term used in the ICD-11 that describes a person's marked and persistent experience of an incompatibility between that person's gender identity and the gender expected of them based on their birth-assigned sex."

301. SOC-7 required "[p]ersistent, well-documented gender dysphoria" to qualify for surgery or hormone therapy.

302. SOC-8 eliminates this requirement and replaces it with a requirement that "gender diversity" or "incongruence" be "marked and sustained over time."

303. SOC-8 eliminates SOC-7's specific minimum age for hormone therapy and instead relies on developmental staging.

304. SOC-8 also acknowledges that its standards are "intended to be flexible" and may result in departures due to a person's "unique anatomic, social, or psychological situation; an experienced health care professional's evolving method

of handling a common situation; a research protocol; lack of resources in various parts of the world; or the need for specific harm-reduction strategies."

305. SOC-8 defines "medical necessity" based on a "common definition" used "by insurers or insurance companies" rather than by medical experts.

306. The HHS Report explains how SOC-8 redefines "medical necessity" to "prioritize[] goals other than ensuring the highest-quality care for adolescents with" gender dysphoria.[36]

307. The Federal Trade Commission (FTC), joined by several states, recently filed a consumer-protection case against WPATH.[37]

308. The FTC alleges that medical professionals and consumers were "duped" by WPATH's deceptive practices, which made or enabled false, misleading, deceptive, and unsubstantiated claims leading to "life-altering" interventions.

309. In response to the lawsuit, WPATH claimed that SOC-8 is only a recommendation. Def.'s Memo. in Supp. of its Mot. to Dismiss 6, 8, 16, 20, 21, 23, 32, 35 *FTC v. WPATH*, No. 4:26-cv-00748-P (N.D. Tex., July 28, 2026), ECF No. 53.

310. The Attorney General of Texas also secured a settlement agreement with Texas Children's Hospital following "a years-long investigation" into its gender-transition practice. That agreement includes the creation of a detransition clinic, payment of $10 million for billing Texas Medicaid for unallowable "gender-transition" interventions, and termination of hospital privileges for several physicians who had performed gender-transition procedures on minors.[38]

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[36] HHS Report at 172–186.
[37] Compl. for Permanent Inj. and Other Relief, *FTC v. WPATH*, No. 4:26-cv-00748-P (N.D. Tex filed June 17, 2026) ECF No. 1, https://tinyurl.com/4hszskxd.
[38] *Attorney General Paxton Makes History by Securing a Landmark Healthcare Fraud Settlement that Creates the Nation's First-Ever Detransition Clinic and*

311. Other reports question whether hormone therapy is ever medically necessary.

312. The Cass Report concluded that "[t]here is a lack of high-quality research assessing the outcomes of hormone interventions in adolescents with gender dysphoria/incongruence, and few studies that undertake long-term follow-up. No conclusions can be drawn about the effect on gender dysphoria, body satisfaction, psychosocial health, cognitive development, or fertility."[39]

313. Likewise, the HHS Report found that the overall quality of evidence on puberty blockers, cross-sex hormones, and surgeries for psychological outcomes, quality of life, regret, and long-term health is very low and found "serious concerns" about both the reliability of benefit evidence and the risk of significant harms.

Colorado aggressively enforces CADA with severe penalties.

314. Colorado actively enforces CADA.

315. Any person "claiming to be aggrieved by a discriminatory or an unfair practice" may file a charge of discrimination with the Division. C.R.S. § 24-34-306(1)(a)(I).

316. Person includes "individuals, limited liability companies, partnerships, associations, corporations, legal representatives, trustees, [and] receivers." C.R.S. § 24-34-301(15)(a).

317. The Attorney General, the Commission, and any commissioner may also file a charge of discrimination if they believe a discriminatory practice "imposes a significant societal or community impact." C.R.S. § 24-34-306(1)(b).

Secures $10 Million from Texas Children's Hospital for "Transitioning" Kids, Attorney General of Texas (May 15, 2026), https://tinyurl.com/2pfn2buv.

[39] Cass Report at 33.

318. A person alleging a CADA violation may also file suit in a Colorado district court for violations. C.R.S. § 24-34-306(14).

319. The Attorney General may also file suit in a Colorado district court for a "pattern or practice" of discrimination. C.R.S. § 24-34-505.5(2).

320. A public accommodation's policy—by itself and without an actual service denial—is enough for a person to file a complaint against the public accommodation because CADA regulations define "[d]iscriminatory or [u]nfair [p]ractice" to include "practices" and "omissions" prohibited by CADA. 3 C.C.R. § 708-1:10.2(K).

321. A person may file a complaint based on "information from any source sufficient to suggest that a discriminatory or unfair practice has been or is being committed," including seeing a website post. 3 C.C.R. § 708–1:10.11(C).

322. Once a charge is filed, a burdensome investigatory and administrative process begins in which the Director has broad authority to "subpoena witnesses and compel the testimony of witnesses and the production of books, papers, and records." C.R.S. § 24-34-306(2)(a).

323. The investigatory and administrative process imposes a burden on the respondent by requiring it to expend substantial time, money, and other resources in responding to subpoenas, document requests, interrogatories, and interviews, and by hiring and paying legal counsel.

324. If the Director determines that probable cause exists, the Director "shall" attempt to mediate the dispute "to eliminate the discriminatory or unfair practice." C.R.S. § 24-34-306(2)(b)(II).

325. If the Director concludes no probable cause exists, the Commission, a Commissioner, or the Attorney General may file a civil action in state court. 3 C.C.R.708-1:10.11(D)(1)-(2).

326. Mediation can result in severe penalties for the respondent. 3 C.C.R. § 708-1:10.5(D)(3).

327. If mediation fails, the Director "shall" report the charge to the Commission. C.R.S. § 24-34-306(4).

328. The Commission can set the charge for a formal hearing before the Commission or an administrative law judge. *Id.*

329. The Commission can issue orders and obtain state court orders to enforce them. C.R.S. § 24-34-307(1), (12).

330. "[O]ne of the commission's attorneys or agents" presents the "case in support of the complaint" at the hearing. C.R.S. § 24-34-306(8).

331. The Attorney General's office "shall" support the complaint at the hearing. 3 C.C.R. 708-1:10.7(A)(3); 3 C.C.R. 708-1:10.7(B).

332. Respondents who violate CADA are subject to significant penalties.

333. Those penalties include cease-and-desist orders, injunctions, damages, staff re-education, compliance reports, onerous documentation requirements, and other remedial actions. *See, e.g.*, C.R.S. §§ 24-34-306(9), 24-34-605; 3 CO ADC 708-1:10.5(D)(3).

334. If a court finds that a public accommodation violated the Publication Clause, the court must find the party guilty of a class 2 misdemeanor. C.R.S. § 24-34-705.

335. Penalties for a class two misdemeanor include "120 days imprisonment, not more than a seven hundred fifty dollar fine, or both." C.R.S. § 18-1.3-501.

336. Between approximately 2018 and 2025, the Division investigated and prosecuted over one thousand complaints against public accommodations, including complaints alleging discrimination based on disability, sex, gender identity, and gender expression.

337. In one of its "Significant Public Accommodations Cases" from 2024, the Division issued a probable cause finding against a urine collection facility. *See* Colorado Civil Rts. Div., *Annual Report 2024* 23, https://tinyurl.com/yesd6bsh.

338. The facility assigned the complainant—a biological male who identified as female—to a "female collection monitor" who "observed the Complainant's genitalia" and reassigned the complainant to a "male monitor." *Id.*

339. The Division concluded that there was probable cause to find that the collection facility refused to provide the complainant "with equal goods, services, benefits, or privileges" based on the "Complainant's gender identity (transgender woman), gender expression (female), and/or her sex (intersex)." *Id.*

340. An adult plaintiff filed a complaint in state trial court against a Colorado hospital alleging disability, sex, and gender identity discrimination for the hospital's decision to decline to provide "chest masculinization surgery" for the "treatment of" the plaintiff's "gender dysphoria." Ex. 7 at 3.

341. The state trial court held that the plaintiff stated a plausible disability discrimination claim under CADA based on the plaintiff's gender dysphoria because the plaintiff alleged the hospital "denied a particular service (surgery) as treatment for a particular diagnosis (gender dysphoria) that affects only transgender

individuals,": while it still "continues to perform similar surgeries for reducing breast tissue in cisgender patients (including adults) as treatment for other diagnoses." *Id.* at 9.

342. Colorado's Attorney General has adopted a similar interpretation of CADA.

343. For example, in other litigation, Colorado's Attorney General claimed that allowing "cisgender minors to access certain medications while banning transgender minors from accessing" the medications for the purpose of a gender-transition procedure "singles out transgender minors for discriminatory treatment *because of* their gender nonconformity."[40]

344. Colorado has also promulgated regulations stating that "deliberately misusing an individual's preferred name, form of address, or gender-related pronoun" amounts to "[u]nlawful harassment … on the basis of sexual orientation." 3 Colo. Code Regs. § 81.6(a)(4).

345. Colorado is defending its authority to prosecute public accommodations for discrimination based on gender identity or expression if the accommodation declines to refer to customers using biologically inaccurate pronouns preferred by a customer.

346. Colorado is defending its authority to prosecute public accommodations in this way against a physician and a medical practice.

347. Colorado has a long history of aggressively enforcing CADA against individuals and businesses operating in accordance with their sincerely held religious beliefs.

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[40] Brief of Amici Curiae State of California and 20 Other States Supporting Plaintiffs-Appellants and Reversal, *Poe v. Drummond*, No. 23-5110 at 2 (10th Cir. Nov. 16, 2023), https://tinyurl.com/3c92btns.

348. For example, Colorado investigated and prosecuted Masterpiece Cakeshop and its owner, Jack Phillips, as an individual respondent, twice for declining to create custom cakes celebrating views of marriage and identity that violated his religious beliefs. *See* Exs. 11–13; *Masterpiece Cakeshop Inc. v. Elenis,* 445 F. Supp. 3d 1226, 1232 (D. Colo. 2019) ("The Commission also claimed Phillips discriminated against the customer and filed a formal complaint against him."); *Craig v. Masterpiece Cakeshop, Inc.*, 370 P.3d 272, 278 (Colo. App. 2015) (affirming administrative law judge's decision to add Phillips personally "as a respondent to the formal complaint").

349. True and correct copies of the administrative actions referenced above are attached as Exhibits 11, 12, and 13.

350. Colorado has not disavowed enforcing CADA's Accommodation, Publication, or Unwelcome Clauses in the ways described above against CMDA's members or Button Family Practice.

Colorado Medicaid compels compliance with CADA.

351. The Department administers and enforces Colorado Medicaid. C.R.S. §§ 25.5-1-104, 24-1-119.5, 25.5-1-201(1)(a), 25.5-4-104(1).

352. The Department enters agreements (Provider Participation Agreement) with qualified health care providers to reimburse them for medical care, goods, and services to eligible persons. 10 C.C.R. 2505-10-8.040.1.5.

353. To submit a claim for payment from Colorado Medicaid, a provider must enter a Provider Participation Agreement with the Department. 10 C.C.R. 2505-10-8.040.1, -.2.

354. The Provider Participation Agreement and the Department's regulations prohibit providers from violating CADA, including CADA's compelled pronoun usage and participation in gender transition procedures. *See* 10 C.C.R. 2505-10-8.076.5(A), 2505-10-8.076.1(7)(b).

355. If the Department determines that a provider has failed to comply with applicable state law, it may suspend the provider from Colorado Medicaid and subject them to administrative actions authorized by "state law or regulation, criminal investigations, and/or prosecution." 10 C.C.R. 2505-10-8.130.60(D).

356. The Department may also sanction any provider who violates the Provider Participation Agreement by suspending their payments, initiating administrative proceedings against the provider, or terminating the provider from participation in Colorado Medicaid.

357. The Department is authorized to "detect and correct noncompliance" to enforce the Provider Participation Agreement. 10 C.C.R. 2505-10-8.076.2(A)-(B).

358. To investigate noncompliance with the Provider Participation Agreement, the Department can conduct: (1) site reviews, (2) desk audits, (3) medical records reviews, (4) claims reviews, (5) and data mining, among other monitoring activities. 10 C.C.R. 2505-10-8.076.2(C).

359. The Department may give the provider an opportunity to respond to the alleged noncompliance, but it can also terminate without prior notice if "necessary for the preservation of the public health, safety, or welfare." 10 C.C.R. 2505-10-8.076.5(D)(3).

360. Any member of the public can initiate an investigation process against a provider, including for alleged discrimination by submitting a complaint through the Department's website.[41]

361. The Department actively enforces violations of Colorado Medicaid's laws and regulations.

362. CMDA has members in Colorado who have signed the Provider Participation Agreement and receive funding from Colorado Medicaid.

363. Button Family Practice has signed the Provider Participation Agreement and receives funding from Colorado Medicaid.

364. Because CMDA has members in Colorado who arguably violate CADA by declining to use inaccurate pronouns or declining to provide gender transition procedures, those members face a substantial risk of being terminated from Colorado Medicaid via the Provider Participation Agreement.

365. Because Button Family Practice arguably violates CADA by declining to use inaccurate pronouns or declining to provide gender transition procedures, it faces a substantial risk of being terminated from Colorado Medicaid via the Provider Participation Agreement.

366. Being terminated from Colorado Medicaid would severely harm CMDA member participants and Button Family Practice.

367. For example, more than half of Button Family Practice's income comes from Medicaid. Button Family Practice would have to significantly alter its clinic and perhaps close if it were terminated from Colorado's Medicaid.

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[41] Colo. Dep't of Health Care Pol'y & Fin., *Discrimination Complaint Form*, https://perma.cc/SZ2U-SP4B.

CADA forces CMDA's members and Button Family Practice to provide medical services and speak messages that violate their religious beliefs.

368. CADA imposes significant pressures and substantial burdens on CMDA members and Button Family Practice's medical practice and how they communicate.

369. The Accommodation Clauses force CMDA members and Button Family Practice to provide hormone therapy for the purpose of a gender transition if they provide hormone therapy for other medical purposes besides a gender transition.

370. The Accommodation Clauses also prohibit CMDA members and Button Family Practice from declining to refer current or prospective patients to other providers for gender-transition procedures.

371. The Accommodation Clauses treat CMDA's members' and Button Family Practice's policy and practice of declining to provide or refer gender-transition procedures as a denial of the "full and equal enjoyment of" their services because of disability, sex, gender identity, and gender expression since they would provide the requested interventions or referrals when medically indicated for reasons other than a gender transition. C.R.S. § 24-34-601(2)(a).

372. The Accommodation Clauses force CMDA members and Button Family Practice to refer to patients using pronouns and language inconsistent with their sex if they refer to patients using pronouns and language consistent with their sex.

373. The Accommodation Clauses treat CMDA's members and Button Family Practice's policy and practice of declining to refer to patients using pronouns and language inconsistent with the patient's sex as a denial of the "full and equal enjoyment of" their services because of gender identity and gender expression since the providers refer to patients using pronouns and language consistent with a patient's sex. C.R.S. § 24-34-601(2)(a).

374. The Accommodation Clauses force CMDA members and Button Family Practice to provide these interventions and to speak these messages even though they violate their religious beliefs, medical ethics, and medical judgment.

375. The Accommodation Clauses force CMDA members and Button Family Practice to provide the gender transition interventions even if they would provide other, non-gender-transition-related medically indicated care for persons requesting those interventions regardless of their protected status.

376. CMDA members and Button Family Practice desire to continue to follow their policy, pattern, and practice of refraining from participating in interventions that facilitate a patient's gender transition and refraining from using pronouns and language inconsistent with a patient's sex based on their religious beliefs, medical ethics, and medical judgment.

377. But the Accommodation Clauses prohibit that policy, pattern, and practice.

378. CMDA members and Button Family Practice risk being penalized under the Accommodation Clauses every day that they follow these policies, patterns, and practices.

379. The Accommodation Clauses also prohibit CMDA members and Button Family Practice from declining to refer current or prospective patients to other providers for gender-transition procedures.

380. CMDA has members in Colorado who desire, and Button Family Practice desires, to be honest with patients and prospective patients by informing them about the medical services they provide.

381. But the Accommodation Clauses forbid them from asking patients questions to learn whether they are seeking interventions that would require them to violate their religious beliefs and medical judgments.

382. Physician Assistant at Button Family Practice recently declined to explore a woman's request for her partner to be prescribed testosterone out of an objectively reasonable fear of a credible threat of enforcement under CADA.

383. The Accommodation, Publication, and Unwelcome Clauses also prohibit CMDA members and Button Family Practice from posting statements on their websites, or links to statements, explaining their religious beliefs and medical reasons why they decline interventions to facilitate a gender transition and decline to use pronouns and language contrary to a patient's sex.

384. CMDA desires to email its members in Colorado with guidance that is materially similar to Exhibit 3 and Exhibit 4 on how they can explain their decisions to decline gender-transition procedures and to refrain from using pronouns and language that is inconsistent with a patient's sex.

385. CMDA also has members in Colorado who would like to provide a link to CMDA's Position Statement on their practice's website.

386. Button Family Practice would also like to post its policy on gender-identity procedures (Exhibit 5) and its policy on pronoun usage (Exhibit 6) on its practice's website.

387. CMDA has members in Colorado who have this desire, and Button Family Practice has this desire, because they want to explain their services and beliefs, be transparent and honest with patients, potential patients, and the public, and inform the public and prospective patients about their areas of professional expertise and competency.

388. The need to post such statements arose after the Colorado state courts' decisions in *Boe* and the expectations those may have created in the public about the types of services medical providers must provide.

389. It is common for medical providers to be specific about their areas of practice, expertise, and personal training, and to inform the public about the provider's scope of practice.

390. It is also common for faith-based medical providers to provide links to religious ethical and religious directives.

391. Colorado requires some entities to disclose whether they provide "LGBT health-care services," including "gender-affirming care." C.R.S. § 25-58-103(7).

392. But if CMDA's members in Colorado published CMDA's guidance on gender-transition procedures in Exhibit 3 or pronoun usage in Exhibit 4, they would face a substantial risk of violating the Accommodation, Publication, and Unwelcome Clauses.

393. So CMDA has refrained from providing this guidance to its members in Colorado until further legal action is resolved.

394. Likewise, if CMDA's members in Colorado posted a link to CMDA's Position Statement on their practice's website, they would face a substantial risk of violating the Accommodation, Publication, and Unwelcome Clauses.

395. The Unwelcome Clauses impose other restrictions and burdens.

396. The Unwelcome Clauses serve different purposes and prohibit different speech than the Publication Clauses.

397. The Unwelcome Clauses do not define the terms "unwelcome," "objectionable," "unacceptable," "undesirable," "acceptable," "desired," or "solicited,"

nor does it explain what statements "indicate[]" that someone would be unwelcome, objectionable, unacceptable, or undesirable "because of" their disability, sex, gender identity, or gender expression.

398. One local government used a similarly worded ordinance to punish a restaurant for posting admittedly political speech on the topic of gender identity, claiming that the sign caused "negative secondary effects" and "constitute[d] fighting words." *See* Ex. 14 at 5, 7.

399. A true and correct copy of that local government's brief is attached as Exhibit 14.

400. Another jurisdiction used a similarly worded ordinance to punish an Orthodox Jewish retail shop for posting a sign encouraging modesty because it made "women, non-Jews and the non-religious … feel uncomfortable and unwelcome," Philip Messing, *Hearing for Orthodox Jewish Shops' 'Modesty' Rules*, N.Y. Post (Sept. 30, 2013, 12:46 AM), https://perma.cc/G9XP-WRF3.

401. The terms of the Unwelcome Clauses are vague and overbroad and give enforcement officials unbridled enforcement discretion.

402. If CMDA's members in Colorado published CMDA's desired guidance in Exhibit 3 and Exhibit 4, if CMDA's members in Colorado published a link to CMDA's Position Statement on their practice's website, or if Button Family Practice posted its desired statements in Exhibit 5 and Exhibit 6, they would face a substantial risk of violating the Unwelcome Clauses because Colorado may interpret that statement as making a potential patient feel "unwelcome," "objectionable," "unacceptable," "undesirable," not "desired," or not "solicited."

403. Some members of the public who identify as transgender might believe that statements like those contained in Exhibits 1, 3, 4, 5, and 6 indicate that they

are "unwelcome," "objectionable," "unacceptable," "undesirable," not "desired," or not "solicited" even though CMDA's members in Colorado and Button Family Practice provide services to persons regardless of disability, sex, gender identity, gender expression, or other protected classes.

404. For example, several LGBT advocacy groups consider withholding "gender-affirming care" to be denying the "very existence" of transgender individuals. Lambda Legal, *'We are not backing down': Lambda Legal Statement of Support for Transgender, Nonbinary & Gender Diverse Communities* (Oct. 7, 2025), https://tinyurl.com/ytkf43av.

405. If not for the Accommodation, Publication, and Unwelcome Clauses, CMDA would, CMDA has members in Colorado who would, and Button Family Practice would, engage in the activities and speech discussed above that are motivated by their religious beliefs, ethics, and medical judgments.

406. If not for the Accommodation Clauses, CMDA has members in Colorado who would make statements materially similar to those in the CMDA's Position Statement directly to prospective patients when asked to explain their services.

407. If not for the Accommodation Clauses, Button Family Practice would make statements materially similar to those in Exhibits 5 and 6 directly to prospective patients when asked to explain their services.

408. If not for the Accommodation Clauses, CMDA has members who would, and Button Family Practice would, ask patients questions to learn whether the patients seek interventions that would require them to violate their religious beliefs, medical ethics, and medical judgments related to sex, disability, gender identity, or gender expression.

409. If not for the Accommodation, Publication, and Unwelcome Clauses, CMDA would send the guidance contained in Exhibit 3 and Exhibit 4 to its Colorado members and CMDA has members in Colorado who would publish a link to CMDA's Position Statement on their practice's website.

410. If not for the Accommodation, Publication, and Unwelcome Clauses, Button Family Practice would immediately post statements materially similar to those in Exhibits 5 and 6 on their practice's website or link to CMDA's Position Statement on their practice's website.

411. The threat of going through Colorado's burdensome administrative and investigative process based on alleged CADA violations likewise causes CMDA, some CMDA members, and Button Family Practice to refrain from sending or posting their desired statements, or asking relevant questions.

412. CADA causes CMDA, CMDA members, and Button Family Practice to suffer ongoing harm, including self-censorship of their religious, ethical, and medical views, to avoid violating CADA.

413. CADA forces CMDA members and Button Family Practice to choose between (1) complying with CADA and violating their faith; (2) violating CADA and risking severe penalties; or (3) ceasing to provide medical treatments that would trigger CADA and abandon caring for patients with other medical needs.

414. These options place substantial burdens on CMDA members and the Button Family Practice based on their religious beliefs.

415. For example, similarly situated medical providers who share different denominational or religious beliefs about the immutability of sex, or who do not oppose participating in gender-transition procedures or using biologically inaccurate pronouns or language on religious grounds, are not forced to make these choices.

416. Likewise, similarly situated secular medical providers who do not object to providing gender-transition procedures or using biologically inaccurate pronouns or language are not forced to make these choices.

417. In fact, Colorado law prohibits regulators from taking adverse actions against regulated professionals for providing "'[g]ender-affirming health-care services.'" C.R.S. § 12-30-121(1)(c).

418. Similarly situated secular medical providers and religious providers with religious objections to performing a smaller set of medical procedures are also exempt from medical interventions that they consider objectionable.

419. For example, private institutions, physicians, and their agents and employees may refuse to provide contraceptive procedures, including medical procedures for permanent sterilization, based upon a "religious or conscientious objection." C.R.S. § 25-6-102(9).

420. Healthcare facilities and providers may refuse to write prescriptions for medications that assist with suicide for any reason. C.R.S. §§ 25-48-116; 25-48-117; 25-48-118.

421. Primary healthcare providers may also decline "to accept patients whose health needs exceed the primary care services offered by the" provider. C.R.S. § 6-23-103(1)(a).

422. Colorado Medicaid providers may decline to provide gender-transition procedures if they are not "knowledgeable about gender diverse identities or expressions." 10 C.C.R. 2505-10:8.735.3.

423. Secular hospitals exclude coverage for gender transition hormone therapies and surgeries, even though they offer hormone therapies and surgeries for other purposes.

424. For example, Vail Health Hospital filed a form with Colorado's Department of Public Health and Environment indicating that it does not offer facial and neck surgeries, bilateral mastectomies, or breast augmentations related to gender transitions.

425. A true and correct copy of the form is attached as Exhibit 15.

426. The form also indicates the hospital does not offer "[g]ender affirming hormone therapy (GAHT)" or "hormone replacement therapy (HRT)."

427. But Vail Health Hospital provides those surgeries and hormone therapies for other purposes.

428. Vail Health Hospital provides facial surgeries after fractures, broken noses, and scars, breast implant reconstruction following mastectomy, oncoplastic breast reduction, breast symmetry procedures after breast cancer treatment, breast implant exchanges, and breast reduction to reduce back, neck, and shoulder pain. Vail Health, *Plastic & Reconstructive Surgery*, https://perma.cc/VD5A-H36W.

429. Vail Health Hospital also provides hormone replacement for the treatment of menopause symptoms. Vail Health, *Endocrinology*, https://perma.cc/A6AW-QS2A.

430. Vail Health Hospital also provides hormone replacement therapy "to restore natural hormonal balance" and to help men with "low testosterone." Vail Health, *Hormone Replacement Therapy (HRT)*, https://perma.cc/J9T6-GMVF.

Colorado law has many exemptions.

431. Even though CADA applies to CMDA members and Button Family Practice, Colorado law contains individualized exemptions and exemptions for comparable secular activities.

432. Colorado asserts a compelling interest in preventing discrimination on all the grounds listed in CADA.

433. Despite these interests, CADA has many exemptions.

434. For example, CADA allows public accommodations to restrict admission based on sex "if such restriction has a bona fide relationship to the goods, services, facilities, privileges, advantages, or accommodations of such place of public accommodation." C.R.S. § 24-34-601(3).

435. CADA allows public accommodations to refuse to accommodate individuals with a disability when they can "demonstrate that it would cause an undue burden or that it would require any additional expenses that would not otherwise be incurred." 3 C.C.R. § 708-1:60.6(C)(2).

436. At least six "factors" may "be considered" to determine "whether [a disability] accommodation is reasonable." 3 C.C.R. § 708-1:60.6(C)(2)(a).

437. CADA also allows employers or employment agencies to refuse to accommodate a disability "if there is no reasonable accommodation that the employer can make… that would allow the individual to satisfy the essential functions of the job" and "the disability actually disqualifies the individual from the job." C.R.S. § 24-34-402(1)(a)(II), (b)(II).

438. Employers may use selection criteria that screen out persons with disabilities if the test is shown to be job-related or if no less discriminatory alternative is available. 3 C.C.R. 708-1:60.3(A).

439. CADA requires public accommodations to refer to customers with the customer's "chosen name" or else be liable for gender identity discrimination. C.R.S. § 24-34-301(9); C.R.S. § 24-34-301(3.5).

440. But the Director has interpreted this to require a three-part test amounting to an individualized assessment: (1) the public accommodation must intentionally treat a customer or prospective customer differently based on their protected class status; (2) the customer must, as a subjective matter, experience the conduct at issue to be a denial of the full and equal enjoyment of the public accommodation's goods or services; and (3) the Division must determine that a reasonable person, under the circumstances, would experience the conduct to be a denial of the full and equal enjoyment of the goods or services offered by the public accommodation based on their gender identity or expression. *Defending Educ. v. Sullivan*, No. 25-CV-01572-RMR-MDB, 2026 WL 884923, at *7 (D. Colo. Mar. 31, 2026).

441. Neither the text of the Accommodation Clauses nor the implementing regulations refer to this three-part test or contain text that explicitly supports this test.

442. CADA allows employers, employment agencies, and labor organizations to post express limitations based on disability, race, creed, color, sex, sexual orientation, gender identity, gender expression, marital status, religion, age, national origin, or ancestry if the specification is "based on a bona fide occupational qualification." C.R.S. § 24-34-402(1)(d).

443. CADA allows employers to engage in "[d]ifferential treatment based on age" when it is "a Bona Fide Occupational Qualification (BFOQ) that is reasonably necessary for the operation of the particular business." 3 C.C.R. 708-1:40.2(A); C.R.S. § 24-34-402(4).

444. CADA allows employers to "consider sex when hiring an employee engaged in child-care-related domestic services." C.R.S. § 24-34-402(8).

445. CADA says that employers need not accommodate "health conditions related to pregnancy or the physical recovery from childbirth" if the accommodation "would impose an undue hardship on the employer's business." C.R.S. § 24-34-402.3(1)(a)(I).

446. "Undue hardship" is based on "factors." C.R.S. § 24-34-402.3(4)(c).

447. CADA allows employers to make "adverse employment" decisions based on "an individual's accent" if the accent "materially interferes with the ability to perform job duties." 3 C.C.R. 708-1:70.2(A).

448. CADA does not include in covered housing providers "any private club not open to the public that, as an incident to its primary purpose or purposes, provides lodgings that it owns or operates for other than a commercial purpose." C.R.S. § 24-34-501(3).

449. CADA allows housing providers to decline to make "a dwelling" available "to an individual whose tenancy would constitute a direct threat to the health or safety of other individuals or whose tenancy would result in substantial physical damage to the property of others." C.R.S. § 24-34-502(1)(a)(I).

450. CADA allows housing providers to ask about "military or veteran status when the purpose of the inquiry or record is to determine a person's eligibility for veteran or military housing or for a veteran or military housing benefit." C.R.S. § 24-34 502(1)(a)(II).

451. CADA provides that buildings that do not qualify as "covered multifamily dwellings" and covered multifamily dwellings first occupied thirty months before the enactment of the federal Fair Housing Amendments Act of 1988 need not conform to design-and-construction requirements for disability access. C.R.S. § 24-34-502.2(2)(c)(3), (4).

452. CADA allows housing providers to engage in familial status discrimination if the housing is "for older persons." C.R.S. § 24-34-502(7)(a).

453. CADA exempts certain single-family housing units or owner-occupied dwellings. C.R.S. § 24-34-502(8).

454. CADA exempts housing providers with three or fewer rental or lease units from its prohibition on source-of-income discrimination. C.R.S. § 24-34-502(1.5)(a).

455. CADA also exempts "a church, synagogue, mosque, or other place that is principally used for religious purposes." C.R.S. § 24-34-600.3(b).

456. This is a non-exhaustive list of CADA exemptions.

457. Colorado's Supreme Court also recognized that Colorado protects gender identity as a protected class in many other laws "[b]eyond CADA." *Boe*, ¶ 26.

458. Despite Colorado's asserted interest in stopping gender-identity discrimination, those other laws—which often also ban disability and sex discrimination, among other things—have exceptions.

459. For example, the Uniform Consumer Credit Code's prohibition on disability, sex, and gender-identity discrimination does not apply to small lenders. C.R.S. § 5-3-210.

460. Insurers may not make any classifications based solely on marital status, disability, or sex "unless such classification is for the purpose of insuring family units or is justified by actuarial statistics" or "based upon an unequal expectation of life or an expected risk of loss" C.R.S. § 10-3-1104(1)(f)(III)-(IV).

461. Insurers may not use algorithms that discriminate based on gender identity but may use other information "related to a specific individual, which

information, based on actuarially sound principles, has a direct relationship to mortality, morbidity, or longevity risk." C.R.S. § 10-3-1104.9(7)(b)(1).

462. Youth in the "physical custody" of the juvenile penitentiary system are also protected "in all activities, regardless of the youth's gender identity, unless the activity is a gender-responsive program and the facility director determines that participants of differing genders would be disruptive to the group." C.R.S. § 19-2.5-1502.5(5)(g).

463. Students at public school graduation ceremonies are permitted to wear objects of cultural or religious significance, including objects based on "gender identity" or "gender expression," unless "an adornment [] is likely to cause substantial disruption of, or material interference with" the ceremony. C.R.S. § 22-1-142.5(3), (4)(a).

464. Death certificates must reflect the decedent's gender identity unless "a majority of individuals with the right, to control the disposition of the decedent's remains ... objects," in which case the majority's report of the decedent's gender identity shall be recorded. C.R.S. § 25-2-110(1)(e)(III).

465. For veteran benefits, a person can be classified as a "discharged LGBT veteran" unless the statements, conduct, or acts relating to gender identity "were prohibited by the armed services at the time of discharge." C.R.S. § 28-5-103(1)(a).

466. This is a non-exhaustive list of exemptions.

Legal Allegations

467. CADA violates Plaintiffs' constitutional rights and places them at a substantial risk of harm for exercising their constitutional rights.

468. As a direct and proximate result of Defendants' violations of Plaintiffs' constitutional rights, they are entitled to declaratory and injunctive relief because they have suffered and will suffer ongoing irreparable harm.

469. Plaintiffs do not have an adequate monetary or legal remedy for the loss of their constitutional rights.

470. Unless Defendants are enjoined from enforcing CADA, Plaintiffs will continue to suffer irreparable harm.

First Cause of Action
Violation of the First Amendment's Free Exercise and Establishment Clauses

471. Plaintiffs repeat and reallege all preceding allegations up to and including Paragraph 470.

472. The First Amendment's Free Exercise and Establishment Clauses protect the free exercise of religion.

473. Plaintiffs exercise their religion when they practice medicine consistent with their religious beliefs.

474. Plaintiffs' decisions to decline to facilitate any gender transition and to decline to refer to patients using pronouns that are inconsistent with their sex are based on their religious beliefs.

475. The First Amendment's Free Exercise Clause requires laws that burden religious exercise and that are not neutral or generally applicable to survive strict scrutiny.

476. The Free Exercise and Establishment Clauses prohibit laws from imposing a special disability on religious believers because of their religious views.

477. The Free Exercise and Establishment Clauses prohibit laws from discriminating against one religious denomination over another.

478. The Free Exercise and Establishment Clauses preserve this country's long history and tradition—since the founding and the Fourteenth Amendment—of physicians and other medical professionals having the right to decline to participate in medical interventions that violate their consciences and religious convictions. Medicine has always been a field fraught with moral and ethical judgments, particularly but not exclusively in areas involving potential sterilization, and there was no tradition at the time of the Founding or Reconstruction Amendments of government burdening medical professionals' undisputed right to follow the dictates of their religious faith to decline interventions they regarded as medically or morally inappropriate.

479. As applied to Plaintiffs, the Accommodation, Publication, and Unwelcome Clauses substantially burden their religious beliefs by requiring them either to refrain from operating their medical practices consistent with their religious beliefs, to violate those beliefs, or to close their practices; by preventing them from maintaining policies consistent with their religious views; by forcing them to participate in ethically and medically controversial and non-emergent medical treatment prohibited by their religious beliefs; by forcing them to refer to patients using pronouns that are inconsistent with Plaintiffs' religious beliefs and communicate a message contrary to those beliefs; and by silencing their speech to the public about the religious reasons for declining to perform procedures or use pronouns and language inconsistent with their beliefs.

480. The Accommodation, Publication, and Unwelcome Clauses are not neutral or generally applicable. For example, Defendants enforce the Accommodation, Publication, and Unwelcome Clauses through a system of individualized exemptions and assessments, treat comparable secular activity more

favorably than Plaintiffs' religious exercise, and offer no exemptions for Plaintiffs while Colorado law exempts other medical providers from performing certain medical procedures.

481. The Accommodation, Publication, and Unwelcome Clauses are subject to strict scrutiny because they substantially interfere with Plaintiffs' religious exercise by requiring them to offer, provide, and participate in gender-transition procedures that violate their religious beliefs; by forcing them to express messages through pronouns usage about identity that violates their religious beliefs; and by preventing them from following, maintaining, and publishing written policies consistent with their faith.

482. The Accommodation, Publication, and Unwelcome Clauses allow for discrimination based on denominational preferences because those clauses do not burden similarly-situated religious persons who operate or work for medical practices that are principally used for religious purposes or medical practices with different religious beliefs about gender identity in the same ways the clauses force Plaintiffs to provide gender-transition procedures that violate their beliefs, refer to patients using pronouns that violate their beliefs, and prohibit Plaintiffs from posting their beliefs on these topics.

483. The Accommodation, Publication, and Unwelcome Clauses impose special disabilities on Plaintiffs' ability to practice medicine due to their religious beliefs because those clauses do not burden similarly situated nonreligious persons and medical practices in the same ways that the clauses force Plaintiffs to provide gender-transition procedures that violate their beliefs, refer to patients using pronouns that violate their beliefs, and prohibit Plaintiffs from posting their beliefs on these topics.

484. The Accommodation Clauses also violate the Free Exercise and Establishment Clauses by forcing Plaintiffs to participate in or facilitate ethically and medically controversial and non-emergent medical treatment that violates their religious beliefs contrary to this Nation's history and tradition of exempting conscience-based objections to controversial and non-emergent medical treatment.

485. The Accommodation, Publication, and Unwelcome Clauses also violate Plaintiffs' free exercise rights under the hybrid rights doctrine because they implicate free exercise rights in conjunction with other constitutional protections.

486. The Accommodation, Publication, and Unwelcome Clauses impose severe coercive pressure on Plaintiffs to change or violate their religious beliefs and to stop practicing medicine according to their religious beliefs.

487. If not for the Accommodation, Publication, and Unwelcome Clauses, Plaintiffs would immediately exercise their religious beliefs in ways that they are currently refraining from doing.

488. Defendants do not advance any compelling or even rational interest in a narrowly tailored way by infringing Plaintiffs' First Amendment rights to free exercise.

489. As applied to Plaintiffs, the Accommodation, Publication, and Unwelcome Clauses violate the First Amendment's Free Exercise and Establishment Clauses.

Second Cause of Action
Violation of the First Amendment's Free Speech Clause and Free Press Clause

490. Plaintiffs repeat and reallege all preceding allegations up to and including Paragraph 470.

491. The First Amendment's Free Speech and Free Press Clauses protect the freedom of speech and the press.

492. Plaintiffs engage in speech and the press protected by the First Amendment when they speak about and publish their religious beliefs and medical judgments about gender identity, pronoun usage, and procedures related to gender transitions.

493. The Accommodation, Publication, and Unwelcome Clauses are content- and viewpoint-based regulations on speech that ban, chill, and burden Plaintiffs' desired speech and publication of that speech based on its content and viewpoint.

494. The Accommodation, Publication, and Unwelcome Clauses are content-based because they single out certain topics for restriction, including gender transitions, gender identity, gender expression, and pronoun use.

495. The Accommodation, Publication, and Unwelcome Clauses are viewpoint-based because they only restrict certain views about gender transitions, gender identity, gender expression, and pronoun use.

496. The Accommodation, Publication, and Unwelcome Clauses are content- and viewpoint-based by prohibiting Plaintiffs from referring to individuals only with pronouns and terminology consistent with their biological sex.

497. The Accommodation, Publication, and Unwelcome Clauses are also unconstitutional prior restraints on speech because they forbid Plaintiffs from publishing their religiously motivated statements to the community.

498. The Accommodation, Publication, and Unwelcome Clauses are vague and grant Defendants unbridled discretion to evaluate speech and then discriminate based on content and viewpoint in determining whether the clauses apply.

499. The Accommodation, Publication, and Unwelcome Clauses are vague and grant Defendants unbridled discretion by authorizing Defendants to create legal tests that have no basis in CADA's text or regulations.

500. The Unwelcome Clauses never define key terms and are facially unconstitutional because they are vague, overbroad, grant unbridled discretion, and are content-based and viewpoint-based regulations of speech and the press.

501. The Accommodation, Publication, and Unwelcome Clauses' definitions of gender expression and chosen name are facially overbroad because they prohibit speech based on "how [an] individual chooses to be addressed," require using an individual's chosen name unless offensive or frivolous, and prohibit a wide swath of constitutionally protected speech.

502. The Unwelcome Clause is facially overbroad because it prohibits a wide swath of constitutionally protected speech.

503. The Accommodation, Publication, and Unwelcome Clauses prohibit far more speech than necessary to accomplish any legitimate government objective.

504. Plaintiffs have not engaged, and cannot engage, in certain protected speech because of the Accommodation, Publication, and Unwelcome Clauses.

505. Without the Accommodation, Publication, and Unwelcome Clauses, Plaintiffs would immediately engage in this protected speech.

506. Defendants do not advance any compelling or even rational interest in a narrowly tailored way by infringing Plaintiffs' First Amendment rights to free speech and free press.

507. Facially and as applied to Plaintiffs, the Accommodation, Publication, and Unwelcome Clauses violate the First Amendment's Free Speech and Free Press Clauses.

Third Cause of Action:
Violation of the Fourteenth Amendment's Due Process Clause

508. Plaintiffs repeat and reallege all preceding allegations up to and including Paragraph 470.

509. The Fourteenth Amendment's Due Process Clause prohibits the government from prohibiting activities and censoring speech based on laws that are vague or that give government officials unbridled enforcement discretion.

510. The Accommodation Clauses are unconstitutionally vague and give government officials unbridled discretion as applied to Plaintiffs.

511. The Accommodation Clauses require Plaintiffs to provide "medically necessary" care related to a patient's gender transition.

512. But CADA does not define "medically necessary," and CADA does not identify any public or private group who authoritatively defines that term.

513. Nor have Colorado courts interpreted "medically necessary" in the context of the Accommodation Clauses beyond stating that it is a "term of art grounded in established standards used by medical experts." *Boe*, ¶ 49.

514. But medical experts' views on the medical necessity of interventions related to gender transitions vary.

515. Many medical experts believe that medical interventions related to gender transitions are never medically necessary.

516. Medical experts' views on the acceptable standard of care and medical necessity of interventions related to gender transitions have changed over time—including ongoing debate over which organizations, if any, have published appropriate and authoritative standards of care.

517. CADA never defines who qualifies as a "medical expert." Nor did the Colorado legislature connect the Accommodation Clause to a standard set by any group or body or set any limits on when changes by a group or body can alter the relevant legal standard in the Accommodation Clauses.

518. What counts as medically necessary procedures related to gender transitions can be set by private persons whose interests may be and often are adverse to the interests of others in the profession.

519. No reasonable health care professional in Plaintiffs' position could understand the meaning of the phrase "medically necessary" in this context.

520. Plaintiffs, Defendants, and third parties of ordinary intelligence cannot know what gender transition interventions under what circumstances are "medically necessary" as Colorado understands that term.

521. The Unwelcome Clauses are unconstitutionally vague and give government officials unbridled discretion on their face and as applied to Plaintiffs.

522. The Unwelcome Clauses prohibit any public accommodation from "directly or indirectly" publishing, circulating, issuing, displaying, posting, or mailing any communication, notice, or advertisement that "indicates" an individual's patronage or presence is "unwelcome," "objectionable," "unacceptable," "undesirable," not "acceptable," not "desired," or not "solicited."

523. But the Unwelcome Clauses do not explain what statements "indicate[]" the prohibited messages.

524. The Unwelcome Clauses never define the quoted terms.

525. Plaintiffs, Defendants, and third parties of ordinary intelligence cannot know what communications on a public accommodation's website, in mail, or to the public might violate the Unwelcome Clauses.

526. These terms are also vague and give enforcement officials unbridled discretion because the clauses turn on a person's subjective perception about whether a statement makes them feel unwelcome, unacceptable, or undesirable.

527. Plaintiffs, Defendants, and third parties of reasonable intelligence cannot know which communications are inconsistent with "how [an] individual chooses to be addressed"—and thus are inconsistent with an individual's gender expression—or which communications are required or prohibited under the offensiveness and frivolity exceptions.

528. Defendants do not advance any compelling or even valid interest in a narrowly tailored way by infringing Plaintiffs' Fourteenth Amendment rights to due process.

529. Defendants can use CADA's vagueness, overbreadth, and unbridled discretion to apply the Accommodation and Unwelcome Clauses in a way that discriminates against content, viewpoints, and activities that Defendants disfavor.

530. As applied to Plaintiffs, the Accommodation Clauses violate the Fourteenth Amendment's Due Process Clause.

531. Facially and as applied to Plaintiffs, the Unwelcome Clauses violate the Fourteenth Amendment's Due Process Clause.

Fourth Cause of Action
Violation of the Fourteenth Amendment's Due Process Clause and Privileges and Immunities Clause

532. Plaintiffs repeat and reallege all preceding allegations up to and including Paragraph 470.

533. The Fourteenth Amendment prohibits the States from "mak[ing] or enforc[ing] any law which shall abridge the privileges or immunities of citizens of

the United States," or from "depriv[ing] any person of life, liberty, or property, without due process of law." U.S. Const. amend. XIV, § 1.

534. The Due Process and Privileges or Immunities Clauses protect fundamental rights and liberty interests that are deeply rooted in the Nation's history and tradition.

535. The fundamental rights and liberty interests protected by the Constitution include the right of medical providers to exercise autonomy and discretion in determining what treatments they will and will not provide, consistent with their religious, moral, medical, and ethical convictions.

536. There is a longstanding tradition in this country—since the founding and the Fourteenth Amendment—of medical providers exercising a high level of autonomy and discretion in determining what treatments they will provide, including the autonomy to decline to participate in controversial and non-emergent treatments based on their religious, moral, medical, and ethical convictions.

537. This tradition is particularly strong where the treatment is morally, ethically, and medically controversial, including where it has the potential to cause sterilization and other irreversible effects.

538. Plaintiffs' decision to decline to participate in gender-transitioning interventions is guided by their sincere religious, moral, ethical, and medical convictions.

539. Plaintiffs' exercise of this deeply rooted right reflects the practices common among medical providers throughout the history of this country, including at the time of the adoption of the Fourteenth Amendment.

540. The Accommodation Clauses unreasonably interfere with Plaintiffs' substantive due process and privileges or immunities rights by compelling them to

provide gender-transitioning interventions that violate their religious, ethical, moral, and medical beliefs.

541. Gender-transition interventions are ethically and medically controversial and non-emergent interventions.

542. The Accommodation Clauses strip Plaintiffs of the right to exercise the independent professional judgment that physicians have historically exercised in determining what treatments they will and will not provide.

543. By compelling Plaintiffs to provide interventions to facilitate gender transitions, the Accommodation Clauses disturb the objectively, deeply rooted right to refrain from participating in religiously, ethically, and medically controversial treatments that have the potential to cause sterilization and other irreversible effects.

544. Defendants do not advance any compelling or even valid interest in a narrowly tailored way by infringing Plaintiffs' rights under the Fourteenth Amendment's Due Process and Privileges or Immunities Clauses.

545. As applied to Plaintiffs, the Accommodation Clauses violate the Fourteenth Amendment's Due Process and Privileges or Immunities Clauses.

Fifth Cause of Action
Violation of the Fourteenth Amendment's Equal Protection Clause

546. Plaintiffs repeat and reallege all preceding allegations up to and including Paragraph 470.

547. The Equal Protection Clause prohibits the government from denying "to any person within its jurisdiction the equal protection of the laws." U.S. Const. amend. XIV, § 1.

548. The Equal Protection Clause "is essentially a direction that all persons similarly situated should be treated alike" and prohibits the government from creating "arbitrary or irrational" distinctions between classes of people. *City of Cleburne v. Cleburne Living Ctr.*, 473 U.S. 432, 439, 446 (1985).

549. The Accommodation, Publication, and Unwelcome Clauses treat Plaintiffs differently based on a suspect class: their religion.

550. The Equal Protection Clause prohibits discrimination on the basis of religion and prohibits Defendants from denying an exemption to Plaintiffs that applies to similarly situated secular medical providers because of Plaintiffs' religious character, beliefs, or exercise.

551. By enforcing the Accommodation, Publication, and Unwelcome Clauses against Plaintiffs' practice of medicine based on their religious beliefs, Defendants demand that Plaintiffs surrender their religious character, beliefs, or exercise to practice medicine.

552. Defendants enforce the Accommodation, Publication, and Unwelcome Clauses in a discriminatory manner by threatening Plaintiffs with investigations, enforcement actions, and severe penalties while allowing other secular medical providers to avoid these same investigations, actions, and penalties.

553. Defendants' actions, policy, and practice also treat Plaintiffs less favorably than similarly situated medical providers.

554. Defendants do not advance any compelling or even valid interest in a narrowly tailored way by infringing Plaintiffs' rights under the Fourteenth Amendment's Equal Protection Clause.

555. As applied to Plaintiffs, the Accommodation, Publication, and Unwelcome Clauses violate the Fourteenth Amendment's Equal Protection Clause.

PRAYER FOR RELIEF

Plaintiffs respectfully ask this Court to enter judgment against Defendants and to provide Plaintiffs, including present and future CMDA members, with the following relief:

1. A preliminary injunction and permanent injunction to stop Defendants and any person acting in concert with them from:
    a. enforcing the Accommodation Clauses to prohibit Plaintiffs from declining to participate in medical interventions that facilitate a gender transition for children, adolescents, or adults, or from declining to refer to individuals using pronouns and language contrary to their sex;
    b. enforcing the Accommodation, Publication, and Unwelcome Clauses to prohibit Plaintiffs from publishing their medical policies, including their policies of declining to participate in medical interventions that facilitate a gender transition for children, adolescents, or adults, and from declining to refer to individuals using pronouns and language contrary to their sex;
    c. enforcing the Unwelcome Clauses against anyone.
2. A declaration that the Accommodation, Publication, and Unwelcome Clauses violate Plaintiffs' First Amendment rights to engage in free exercise of religion, freedom from the establishment of religion, free speech, and free press as applied to Plaintiffs' actions in declining to participate in gender-transition procedures and their speech in declining to refer to individuals using pronouns and language contrary to their sex;

3. A declaration that the Unwelcome Clauses facially violate the United States Constitution's First Amendment protections for speech and press and the Fourteenth Amendment protections for due process;

4. A declaration that the Accommodation Clauses violate Plaintiffs' right to refrain from participating in medical interventions that facilitate a gender transition for children, adolescents, and adults under the Fourteenth Amendment's Due Process and Privileges and Immunities Clauses;

5. A declaration that the Accommodation, Publication, and Unwelcome Clauses violate Plaintiffs' Fourteenth Amendment protections for equal protection;

6. Adjudge, decree, and declare the rights and other legal relations of the parties to the subject matter here in controversy so that these declarations shall have the force and effect of a final judgment;

7. Retain jurisdiction of this matter for the purpose of enforcing this Court's orders;

8. Award Plaintiffs' costs and expenses of this action, including reasonable attorneys' fees, in accordance with 42 U.S.C. § 1988;

9. Issue the requested injunctive relief without requiring a condition of bond or other security from Plaintiffs; and

10. Grant any other relief that this Court deems equitable and just in the circumstances.

Respectfully submitted this 9th day of September 2026.

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VERIFICATION

I, Brick Lantz, M.D., a citizen of the United States and a resident of the State of Oregon, hereby declare under penalty of perjury pursuant to 28 U.S.C. § 1746 that the foregoing allegations as they relate to the Christian Medical & Dental Associations are true and correct to the best of my knowledge.

Executed this 8th day of September 2026, at Eugene, Oregon.

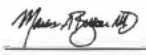
Brick Lantz
Brick Lantz (Sep 8, 2026 15:11:47 PDT)

Brick Lantz, M.D.

VERIFICATION

I, Marcus Button, M.D., a citizen of the United States and a resident of the State of Colorado, hereby declare under penalty of perjury pursuant to 28 U.S.C. § 1746 that the foregoing allegations as they relate to me, my experiences, and Button Family Practice, P.C., are true and correct to the best of my knowledge.

Executed this 8 day of September 2026, at Cañon City, Colorado.



Marcus Button, M.D.

VERIFICATION

I, Jennifer Button, P.A., a citizen of the United States and a resident of the State of Colorado, hereby declare under penalty of perjury pursuant to 28 U.S.C. § 1746 that the foregoing allegations as they relate to me and my experiences are true and correct to the best of my knowledge.

Executed this 8th day of September 2026, at Canon City, Colorado.

Jennifer Button, P.A.