

Akilah Deernose
Alex Rate
ACLU of Montana
P.O. Box 1968
Missoula, MT 59806 | 406-203-3375
deernosea@aclumontana.org
ratea@aclumontana.org

Malita Picasso*
Elizabeth O. Gill*
Arijeet Sensharma*
ACLU Foundation
125 Broad Street
New York, NY 10004 | 212-549-2561
mpicasso@aclu.org
egill@aclunc.org
asensharma@aclu.org

Matthew P. Gordon
Perkins Coie LLP
1201 Third Avenue, Suite 4900
Seattle, WA 98101 | 206-359-8000
mgordon@perkinscoie.com

Peter C. Renn*
Kell Olson*
Christina S. Paek*
**Lambda Legal Defense and
Education Fund**
800 S. Figueroa Street, Suite 1260
Los Angeles, CA 90017 |
213-382-7600
prens@lambdalegal.org
kolson@lambdalegal.org
cpaek@lambdalegal.org

Nora Huppert*
65 E. Wacker Place, Suite 2000
Chicago, IL 60601 | 312-663-4413
nhuppert@lambdalegal.org

*subject to pro hac vice admission

**IN THE FOURTH JUDICIAL DISTRICT COURT
MISSOULA COUNTY**

VAN GARDEREN, et al.)
)
Plaintiffs,)
)
v.)
)
STATE OF MONTANA, et al.)
)
Defendants.)

Case No.: DV-23-541

Judge: Hon. Jason Marks

DECLARATION OF JUANITA HODAX, MD

I, Juanita Hodax, MD, hereby declare as follows:

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

2. I am a physician licensed by the Montana Board of Medical Examiners and certified by the American Board of Pediatrics in general pediatrics and pediatric endocrinology.

3. I obtained a Bachelor of Science degree in physiology from the University of Washington and received my Doctor of Medicine degree from New York Medical College. After medical school, I completed a residency and fellowship at Hasbro Children's Hospital at the Warren Alpert Medical School of Brown University. Attached as Exhibit A is a copy of my curriculum vitae.

4. Early on in my training in pediatrics around 2012, I had opportunities to learn more about gender-affirming medical care and endocrine care for young transgender people. I took an interest in gender-affirming medical care that has influenced the direction of my medical training and career.

5. In 2018, after completing my fellowship at Brown University, I began working as a pediatric endocrinologist at Seattle Children's Hospital. In that role, I provided, and continue to provide, general pediatric endocrine care, such as diabetes management and thyroid care, which remains a significant portion of my practice. I also continued to develop an interest and expertise in gender-affirming medical care, and devoted some of my clinical time to providing gender-affirming medical care.

6. Throughout my time at Seattle Children's, I have provided gender-affirming medical care through its Gender Clinic alongside the Clinic's other medical providers. The Gender Clinic is a multidisciplinary clinic that provides gender-affirming medical care to transgender adolescents, as well as mental health support, information, and resources. Between my colleagues and myself, the Clinic sees thousands of patients each year. In 2020, I became the Co-Director of the Clinic.

7. I have conducted research on the health of transgender youth, including serving as the primary investigator on grant-funded research, and am also a member of the World Professional Association for Transgender Health. I have been an author on 22 peer-reviewed publications, including those on gender-affirming medical care for transgender youth.

8. As an assistant professor, I have taught about a variety of subjects at the University of Washington School of Medicine. Those subjects include puberty and gender, development and sexual differentiation of the reproductive system, and communication skills for gender diverse populations, among others.

9. Through my practice and training, I am deeply familiar with the prevailing medical standards and protocols concerning gender-affirming medical care. Over the course of my career, I have treated hundreds of minors for gender dysphoria and provided them with gender-affirming medical care.

10. In 2019, I began travelling regularly to Montana in order to provide pediatric endocrine care through Community Children's at Community Medical Center in Missoula, Montana ("the Missoula Clinic"). My current practice at the Missoula Clinic is focused exclusively on gender-affirming medical care because of the extent to which that care is needed in the community, and because there are only a few providers in Montana who provide gender-affirming medical care who can meet that need. Some of my patients travel from all across the state of Montana

in order to receive gender-affirming medical care at the Missoula Clinic. I know that some of my patients do not have many other options to obtain this care.

11. In my practice both at Seattle Children's and at the Missoula Clinic, I see adolescent transgender patients and, where medically indicated, provide gender-affirming medical care. Where appropriate, and consistent with the evidence-based clinical guidelines that I follow, I prescribe medications to treat gender dysphoria, including puberty-delaying medications and hormone replacement therapy.

12. When treating gender dysphoria, the medications that are used are the same medications that I regularly prescribe to treat non-transgender minor patients. For example, a non-transgender minor with central precocious puberty, which is where puberty begins earlier than expected, can be treated with puberty-delaying medications. Similarly, a non-transgender minor with hypogonadism, which is where the gonads do not produce enough hormones on their own, can be treated with hormone replacement therapy. In fact, in my practice at Seattle Children's, I often prescribe puberty-delaying medications and hormone replacement therapy to non-transgender adolescents at younger ages than I prescribe them as part of gender-affirming medical care for transgender adolescents.

13. When providing gender-affirming medical care, I spend a significant amount of time with the families of my patients discussing treatment options and explaining their risks and benefits, just as I discuss options and risk with other patients experiencing other medical conditions. I require parental consent before treating adolescents with puberty-delaying medications or hormone replacement therapy.

14. The most consistent observation that I have made in providing gender-affirming medical care is that there is a drastic improvement in the mental health of my transgender patients when beginning hormone replacement therapy or puberty-

delaying medications. Many of the transgender patients that I see come to my clinic struggling with mental health issues, including depression, anxiety, and suicidal ideation from untreated gender dysphoria. One of the reasons that I became interested in providing gender-affirming medical care is because I was able to witness the incredible improvement in the physical and mental well-being of my patients when receiving the care itself. I have seen patients feel more confident and comfortable in their body after starting gender-affirming medical care, which often allows them to become more engaged in school and with friends, and have improvement in their mental health.

15. Based on my clinical experience, gender-affirming medical care is as necessary, and as effective, as countless other treatments that I provide to my patients who are not transgender. Especially when comparing the use of puberty-delaying medications to youth who are transgender and those who are not transgender, there have been more benefits shown for youth who are transgender, whereas the risks are similar.

16. By banning medically necessary, evidence-based care, S.B. 99 (“the Act”) would insert itself into the relationship that I have with my patients and would force me to act unethically by withholding potentially life-saving medical care.

17. The Act would also interfere with my ability to support referrals for other gender-affirming medical care that my patients may need.

18. If the Act were to take effect, I would likely be forced to cease providing medical care in Montana altogether, and give up my Montana medical license, because the nature of my medical practice in Montana would be prohibited by the Act.

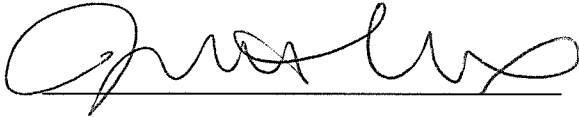
19. I have witnessed some youth being forced to discontinue puberty-delaying medications or gender-affirming hormones in the past, e.g., due to lack of

insurance coverage or change in parental consent, and have witnessed the harms caused by this. When having to discontinue puberty-delaying medications, patients were forced to undergo permanent puberty changes that did not align with their gender identity, which caused significant anxiety and depression and will likely require surgery in the future to reverse the changes that occurred. I have seen one adolescent resort to ordering gender-affirming hormones online, which is dangerous as the medications sold in this way are not regulated and may contain inaccurate amounts of hormones or other substances.

20. The consequences for my transgender patients in Montana from the Act going into effect would be dire. These patients and their families have deep, painful anxiety about what they will do if the Act goes into effect. During appointments, some parents have requested to speak in private with me, outside the presence of their children, and have cried over their fears about what will happen if their children are deprived by the Act of the medical care that they need. Many families have talked about moving out of the state of Montana, even though they have lived there for several generations and would never move otherwise. Some parents have shared that they do not have the resources to travel or move out of the state, and they have worried about the effects on their children of having to discontinue treatment. Personally, I worry significantly about patients who are receiving puberty-delaying medications and would have to stop these or would not be able to start them, as this treatment is very time sensitive. Even 1 year of delay in treatment can lead to permanent puberty changes that may cause significant distress and anxiety for a patient's entire life.

I declare under penalty of perjury that the foregoing is true to the best of my knowledge and belief.

DATED this 7 day of July, 2023, and signed in Seattle, WA.

A handwritten signature in black ink, appearing to read "Juanita Hodax", written over a horizontal line.

Juanita Hodax, MD

Exhibit A

CURRICULUM VITAE
Juanita Hodax, MD

CONTACT INFORMATION

Juanita Hodax, MD
University of Washington Department of Pediatrics, Division of Endocrinology
Seattle Children's Hospital, Mailstop OC.7.820
4800 Sand Point Way NE
Seattle, WA 98105
425-443-6374
Juanita.hodax@seattlechildrens.org

1. PERSONAL DATA

Place of Birth: Redmond, WA – USA

2. EDUCATION

9/2004 – 6/2008 Bachelor of Science, Physiology, University of Washington; Seattle, WA
8/2008 – 5/2012 Doctor of Medicine, New York Medical College; Valhalla, NY

3. POSTGRADUATE TRAINING

7/2012 – 6/2015 Resident, Department of Pediatrics, Hasbro Children's Hospital, The Warren Alpert Medical School of Brown University; Providence, RI
7/2015 – 6/2018 Fellow, Division of Pediatric Endocrinology, Hasbro Children's Hospital, The Warren Alpert Medical School of Brown University; Providence, RI

4. FACULTY POSITIONS HELD

10/2018 – 12/2020 Acting Assistant Professor, Department of Pediatrics, Division of Endocrinology, University of Washington; Seattle, WA
1/2021 – Present Assistant Professor, Department of Pediatrics, Division of Endocrinology, University of Washington; Seattle, WA. Clinician-Scholar Pathway

5. HOSPITAL POSITIONS HELD

7/2016 – 5/2018 Moonlighting Physician, Department of Pediatrics, Bradley Hospital; Providence, RI
10/2018 – Present Attending Physician, Seattle Children's Hospital; Seattle, WA
10/2018 – Present Attending Physician, University of Washington; Seattle, WA
10/2018 – Present Attending Physician, Seattle Cancer Care Alliance; Seattle, WA
10/2018 – Present Attending Physician, Community Medical Center; Missoula, MT

6. CURRENT (NON-UW) EMPLOYMENT

None

7. HONORS

9/2011 Alpha Omega Alpha Honor Medical Society Inductee
 6/2016 Rhode Island Hospital Teaching Award in Pediatrics
 11/2016 The Warren Alpert Medical School of Brown University Certificate of Recognition for Exemplary Teaching
 3/2019 Endocrine Society Meeting Outstanding Abstract Award
 3/2019 Endocrine Society Meeting 1st Place Knockout Rounds Presentation

8. BOARD CERTIFICATION

10/2015 – present Certified, American Board of Pediatrics, General Pediatrics (MOC cycle 11/2021-12/2026)
 11/2019 – present Certified, American Board of Pediatrics, Pediatric Endocrinology (MOC cycle 11/2021-12/2026)

9. CURRENT STATE LICENSE

9/2018 – 1/2025 State of Washington Medical License: Number MD 60874993
 10/2018 – 3/2024 State of Montana Medical License: Number 69533

10. DIVERSITY, EQUITY AND INCLUSION ACTIVITIES

10/2021 – 12/2021 GATHER Maintenance of Certification Part 4 Participant

11. PROFESSIONAL ORGANIZATIONS

8/2008 American Medical Student Association Member
 9/2011 Alpha Omega Alpha Honor Medical Society Member
 6/2012 American Academy of Pediatrics Member
 7/2015 Pediatric Endocrine Society Member
 2/2016 Endocrine Society Member
 5/2016 Society for Pediatric Research, Fellows and Junior Faculty Section Member

12. TEACHING RESPONSIBILITIES

(a) Medical Students and Students in other Health Professions

The Warren Alpert Medical School of Brown University courses taught

Course	Title	Credits	Years	Students	Responsibility
Endocrine Sciences			2016-2017	MS2	Small Group Leader

UW SOM courses taught

Course	Title	Credits	Years	Students	Responsibility
Bedside teaching in clinic and inpatient service			2018-Present		Teaching provided about current patients to 3 rd and 4 th year medical students during bedside rounds on the endocrine service and when precepting students in clinic
Medical Student Bootcamp	Conversations with Teens		2020-2022	MS4	Presentation workshop
Transition to Residency	Communication Skills for Gender Diverse Populations		2020-2022	MS4	Presentation
Energetics and Homeostasis			2021	MS1	Small group leader
Lifecycles	Puberty and Gender		2021-2022	MS2	Syllabus author, developed cases for small groups, didactic presentation, small group leader
Lifecycles	Development and Sexual Differentiation of the Reproductive System		2021-2022	MS2	Syllabus author, developed cases for small groups, small group leader

(b) Pediatric Resident

Pediatric resident teaching responsibilities

2015 – 2018	Brown University Pediatric Residency morning report lectures 1-2 times per year
2015 – 2018	Brown University Pediatric Residency noon conference lectures 1-2 times per year
2015 – 2018	Brown University Pediatric Residency diabetes teaching lectures with endocrine team residents 3-6 times per year
2018 – Present	Seattle Children’s Hospital Pediatric Residency diabetes/endocrine teaching lectures with team 1 residents 3-6 times per year
2018 – Present	Teaching provided about current patients to residents during bedside rounds on the endocrine service and when precepting residents in clinic

12/16/2019	Seattle Children’s Hospital Pediatric Residency noon conference lecture. Presentation Title: “Caring for Transgender Youth”
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(c) Subspecialty Fellows

Subspecialty Endocrine and Adolescent fellows teaching responsibilities

2015 – 2018	Brown University Endocrinology Grand Rounds lectures 2 times per year
2018 – Present	Teaching provided about current patients to fellows during bedside rounds on the endocrine service and consult service and when precepting fellows clinic
2018 – Present	Seattle Children’s Hospital Endocrinology Fellows Conference journal club presentations 1-2 times per year
9/25/2019	Seattle Children’s Hospital Adolescent Fellows Conference. Presentation Title: “Pubertal Disorders”
3/4/2020	Seattle Children’s Hospital Adolescent Fellows Conference. Presentation Title: “Hyperandrogenism”
7/7/2020	Seattle Children’s Hospital Endocrinology Fellows Conference. Presentation Title: “Use of Aromatase Inhibitors in Boys with Short Stature”
3/3/2021	Seattle Children’s Hospital Adolescent Fellows Conference. Presentation Title: “Puberty Blockers in Gender Diverse Youth”
4/15/2021	University of Washington Endocrine Fellows Conference. Presentation Title: “Caring for Gender Diverse Youth”
6/1/2021	Seattle Children’s Hospital Endocrinology Fellows Conference. Presentation Title: “Subcutaneous vs Intramuscular Testosterone”
7/1/2021 – Present	Attending preceptor for fellows’ clinic – Gender Clinic
1/1/2022 – Present	Attending preceptor for fellows’ clinic – Endocrine Clinic
9/21/2022	Seattle Children’s Hospital Adolescent Fellows Conference. Presentation Title: “Testosterone for Gender Affirming Care”
11/1/2022	Seattle Children’s Hospital Endocrinology Fellows Conference. Presentation Title: “Caring for Gender Diverse Youth in Endocrine Clinic”
2/14/2023	Seattle Children’s Hospital Endocrinology Fellows Conference. Presentation Title: “Hyperandrogenism and Gender Diversity in Athletes”
2/15/2023	Seattle Children’s Hospital Adolescent Fellows Conference. Presentation Title: “Cushing’s Syndrome”

(d) Other Venues

2019 – 2021	Curriculum Development: Caring for Gender Diverse Youth e-learning modules. Created two web-based learning modules for continuing medical education credits, aimed for primary care providers and other medical professionals interested in learning about gender care; used regionally and nationally. Partnered with Cardea Services. 2021.
2022 – Present	Curriculum Development: Project ECHO, Caring for Gender Diverse Youth. Developed a curriculum for a monthly Project ECHO series with didactic presentations and case presentations for medical and mental health providers in the WWAMI region. Sessions provided CME and MOC Part 4 credits.

(e) Mentoring

Fellow Mentoring Responsibilities (last 5 years)

1/2019 – 6/2020	Holly Schroeder
7/2020 – present	Kelsey Eitel
7/2021 – present	Liz Abernathey

13. EDITORIAL RESPONSIBILITIES

None

14. SPECIAL NATIONAL RESPONSIBILITIES

1/2022 – Present	American Academy of Pediatrics Section on Endocrinology Member
7/2022 – Present	National LGBTQIA+ Health Education Center Advisory Board Member
1/2023 – Present	American Academy of Pediatrics Section on LGBTQ Health and Wellness Member
3/2023 – Present	American Academy of Pediatrics LGBTQ+ Health for Children, Adolescents and Young Adults Virtual Course Planning Group

15. SPECIAL LOCAL RESPONSIBILITIES

8/2019 – 8/2020	Hybrid Closed Loop Insulin Delivery System Data Collection (HYCLO) Primary Investigator
9/2019 – Present	Fellow interviewer for Pediatric Endocrinology Fellowship Program
9/2019 – Present	Resident interviewer for Pediatric Residency Program
12/2019 – Present	Medtronic Closed Loop Study CEP304 Co-Investigator
4/1/2020-8/31/2020	Seattle Children’s Gender Clinic Interim Medical Director
9/1/2020 – Present	Seattle Children’s Gender Clinic Co-Medical Director
5/1/2021 – Present	Caring for Gender Diverse Youth Project ECHO and MOC Lead
7/1/2021 – Present	Preceptor for Endocrine and Adolescent fellows continuity clinic in Gender Clinic
1/1/2022 – Present	Preceptor for Endocrine fellows continuity clinic in Endocrine and Diabetes Clinic
7/1/2022 – Present	Associate Program Director – Pediatric Endocrinology Fellowship

16. RESEARCH FUNDING

Active Funding

None

Pending Funding

None

Completed Funding

Faculty Research Support Fund
CCTR

04/01/2019 – 09/30/2019
annual direct costs: \$2,192

Baseline bone density measurements in transgender youth

To identify factors associated with low bone mineral density in transgender youth.

Role: Primary Investigator.

Health Equity Research Grant
CDHE

10/01/2019 – 09/30/2020
annual direct costs: \$22,576

The TGNC Card: A Community-based Pilot of an Innovative Tool to Improve the Health of Transgender and Gender Non-Conforming Adolescents

To determine strategies for utilization of TGNC Cards through focus groups with transgender and gender nonconforming youth and Seattle Children's providers.

Role: Primary Investigator.

17. BIBLIOGRAPHY

(a) Peer-Reviewed Publications

1. **Hodax JK**, Koster MP. An ounce of anticipatory guidance is worth a pound of testing. *Hospital Pediatrics*. 2015 Aug;5(8):456-8. doi: 10.1542/hpeds.2014-0230. PMID: 26231637.
2. **Hodax JK**, Reinert SE, Quintos JB. Autonomously functioning thyroid nodules in patients <21 years of age; the Rhode Island Hospital experience from 2003-2013. *Endocrine Practice*. 2016 Mar;22(3):328-37. doi: 10.4158/EP15905.OR. Epub 2015 Nov 17. PMID: 26574789.
3. **Hodax JK**, Quintos JB. Acanthosis nigricans and severe insulin resistance in a boy with ataxia. *Endocrine Practice*. 2016 Oct;22(10):1251. PMID: 27124696.
4. Quintos JB, **Hodax JK**, Gonzales-Ellis BA, Phornphutkul C, Wajnrajch MP, Boney CM. Efficacy of growth hormone therapy in Kearns-Sayre syndrome: the KIGS experience. *Journal of Pediatric Endocrinology and Metabolism*. 2016 Nov 1;29(11):1319-1324. doi: 10.1515/jpem-2016-0172. PMID: 27718492.
5. **Hodax JK**, Uysal S, Quintos JB, Phornphutkul C. Glycogen storage disease type IX and growth hormone deficiency presenting as severe ketotic hypoglycemia. *Journal of Pediatric Endocrinology and Metabolism*. 2017 Feb 1;30(2):247-251. doi: 10.1515/jpem-2016-0342. PMID: 28085675.
6. Quintos JB, **Hodax JK**, Gonzales-Ellis BA, Phornphutkul C, Wajnrajch MP, Boney CM. Response to "Growth hormone deficiency in mitochondrial disorders". *Journal of Pediatric Endocrinology and Metabolism*. 2017 Apr 1;30(4):483-484. doi: 10.1515/jpem-2017-0020. PMID: 28315851.

7. Nur N, Lang C, **Hodax JK**, Quintos JB. Systemic pseudohypoadosteronism type I: a case report and review of the literature. *Case Reports in Pediatrics*. 2017;2017:7939854. doi: 10.1155/2017/7939854. PMID: 28484659.
8. Uysal S, **Hodax JK**, Topor LS, Quintos JB. The efficacy of anastrozole and growth hormone therapy on adult height in six adolescent males with growth hormone deficiency or idiopathic short stature. *Advances in Endocrinology*. Volume 2017 (2017), Article ID 9239386.
9. **Hodax JK**, Bialo SR, Yalcindag A. A case report of SIADH in systemic JIA resolving after treatment with an IL-6 inhibitor. *Pediatrics*. 2018 Jan;141(1). doi: 10.1542/peds.2016-4174. PMID: 29242269.
10. Torga AP, **Hodax J**, Mori M, Schwab J, Quintos JB. Hypogonadotropic Hypogonadism and Kleefstra Syndrome due to a Pathogenic Variant in the EHMT1 Gene: An Underrecognized Association. *Case Reports in Endocrinology*. 2018 Oct 2; 2018:4283267. doi: 10.1155/2018/4283267. PMID: 30370152.
11. **Hodax JK**, Quintos JB, Gruppuso PA, Chen Q, and Jayasuriya CT. Aggrecan is required for Chondrocyte Differentiation in ATDC5 Chondroprogenitor Cells. *PloS One*. 2019 Jun 17; 14(6). doi: 10.1371/journal.pone.0218399. PMID: 31206541.
12. **Hodax JK**, Bowerman K, Quintos JB. Benign thyroid nodules in pediatric patients: determining best practices for repeat ultrasound evaluations. *Journal of Pediatric Endocrinology and Metabolism*. 2019 Aug 27; 32(8):895–901. doi:10.1515/jpem-2018-0476. PMID: 31271555.
13. Wagner J, Sackett-Taylor AC, **Hodax JK**, Forcier M, Rafferty J. Psychosocial Overview of Gender-Affirmative Care. *Journal of Pediatric and Adolescent Gynecology*. 2019 Dec; 32(6):567–573. doi:10.1016/j.jpag.2019.05.004. PMID 31103711.
14. **Hodax JK**, Wagner J, Sackett-Taylor A, Rafferty J, Forcier M. Medical options for care for gender diverse and transgender youth. *Journal of Pediatric and Adolescent Gynecology*. 2020 Feb; 33(1):3-9. doi:10.1016/j.jpag.2019.05.010. PMID: 31154017.
15. **Hodax JK**, DiVall SA. Update on methods to enhance growth. *Current Opinion in Endocrinology, Diabetes, and Obesity*. 2020 Feb; 27(1):82-86. doi:10.1097/MED.0000000000000513. PMID: 31789832.
16. **Hodax JK**, Topor LS, Bialo SR, Quintos JB. Anastrozole improves final adult height in severe hypothyroidism with rapid pubertal progression. *Journal of the Endocrine Society*. 2021 Feb 20;5(5):bvab025. doi: 10.1210/jendso/bvab025. PMID: 33928201.
17. Hollingshead N, **Hodax JK**, Boos MD. Management of acne in transgender and gender diverse youth Part 2: Unique considerations and strategies in medical treatment. *Pediatric Dermatology*. 2022 Nov;39(6):870-875. doi: 10.1111/pde.15114. Epub 2022 Aug 16. PMID: 35973559.

18. Boos MD, Hollingshead N, **Hodax JK**. Management of acne in transgender and gender diverse youth part 1: Gender affirming care and risk factors for the development of acne. *Pediatric Dermatology*. 2022 Nov;39(6):866-869. doi: 10.1111/pde.15113. Epub 2022 Aug 26. PMID: 36017732.
19. **Hodax JK**, Brady C, DiVall SA, Ahrens K, Carlin K, Khalatbari H, Parisi MT, and Salehi P. Low pretreatment bone mineral density in gender diverse youth. *Transgender Health*. Epub 2022 Sep 16. <https://doi.org/10.1089/trgh.2021.0183>
20. Eitel KB, **Hodax JK**, DiVall S, Kidd KM, Salehi P, Sequeira GM. Leuprolide Acetate for Puberty Suppression in Transgender and Gender Diverse Youth: A Comparison of Subcutaneous Eligard Versus Intramuscular Lupron. *Journal of Adolescent Health*. 2023 Feb;72(2):307-311. doi: 10.1016/j.jadohealth.2022.09.017. Epub 2022 Nov 18. PMID: 36404242.
21. **Hodax JK**, DiVall S. Gender-affirming endocrine care for youth with a nonbinary gender identity. *Therapeutic Advances in Endocrinology and Metabolism*. 2023 Mar 30;14:20420188231160405. doi: 10.1177/20420188231160405. PMID: 37006780; PMCID: PMC10064168.
22. Pham A, Camfield C, Curtis A, Sumerwell C, Ahrens KR, **Hodax JK**. Healthcare Transition Readiness in Transgender and Gender-Diverse Adolescents and Young Adults: A Mixed Methods Study on Skills, Barriers, and Strengths. *Journal of Adolescent Health*. Accepted for publication April 2023.

(b) Collaborative Authorship

None

(c) MedEdPORTAL or other Peer-Reviewed Curricula

1. NEJM Knowledge+. Authored 11 questions in Endocrinology for a comprehensive lifelong learning product from NEJM Group aimed at trainees at all levels; used nationally and internationally. 2018. <https://knowledgeplus.nejm.org/board-review/pediatrics-board-review/>
2. Caring for Gender Diverse Youth. Created two web-based learning modules for continuing medical education credits, aimed for primary care providers and other medical professionals interested in learning about gender care; used regionally and nationally. Partnered with Cardea Services. 2021. https://cardea.matrixlms.com/visitor_catalog_class/show/595436

(d) Book Chapters

1. **Hodax JK**. Chapter 20: Weight loss. In: Stanley T, Misra M, eds. *Endocrine Conditions in Pediatrics*. 1st ed., Springer, 2021: 123-126.

(e) Published Books, Video, Software

1. Castillo J, **Hodax J**, Lee N, Masur S, Chiu C, Berk J. “#56: Late Bloomers: Catching Up on Puberty Knowledge”. *The Cribsiders Pediatric Podcast*. <https://www.thecribsiders.com/> July 20, 2022.

(f) Other Publications

None

(g) Submitted Manuscripts

1. Sumerwell C, Carlin K, Walsh E, **Hodax JK**. Serum Hormone Concentrations in Transgender Youth Receiving Gender Affirming Estradiol Therapy. *Submitted for publication: Journal of Adolescent Health, Under Review.*
2. Sequeira GM, Asante PG, Bocek K, Kahn NF, Sethness J, **Hodax JK**, Kidd KM, Pratt W, Christakis DA, Richardson LP. Evaluating an Electronic Consultation Platform to Support Pediatric Primary Care Providers in Caring for Transgender and Nonbinary Adolescents. *Submitted for publication: Journal of Telemedicine and Telecare, Under Review.*
3. **Hodax JK**, Kahn NF, Crouch JM, Sethness JL, Bocek KM, Sumerwell C, Sequeira GM. Online learning modules improve confidence and behaviors in providing gender affirming care for youth. *Submitted for publication: Transgender Health, Under Review.*

(h) Abstracts (last 5 years only)

1. **Hodax JK**, Quintos JB, Schwab J, Mori M. Hypogonadotropic hypogonadism and Kleefstra syndrome due to a pathogenic variant in the EHMT1 gene: an under-recognized association? Pediatric Academic Society Meeting, Toronto CA, May 6, 2018.
2. **Hodax JK**, Topor LS, Bialo SR, Quintos JB. Anastrozole improves predicted adult height in severe hypothyroidism with rapid pubertal progression. Pediatric Academic Society Meeting, Toronto CA, May 6, 2018.
3. **Hodax JK**, Quintos JB, Gruppuso PA, Chen Q, and Jayasuriya CT. Aggrecan is required for Chondrocyte Differentiation in ATDC5 Chondroprogenitor Cells. Endocrine Society Meeting, March 2019. **Guided Poster Presentation, Outstanding Abstract Award, and 1st Place Knockout Rounds Presentation.**
4. **Hodax JK**, Brady C, DiVall SA, Carlin K, Khalatbari H, Parisi MT, and Salehi P. Risk factors for low baseline bone mineral density in gender diverse youth. Endocrine Society Meeting, March 2020. **Accepted for oral presentation, meeting cancelled due to COVID-19 pandemic.**
5. Saha P, **Hodax JK**, DiVall S, Kim G, Huang A. Variations in the initial presentation of a rare congenital adrenal hyperplasia: steroidogenic acute regulatory (StAR) deficiency. Endocrine Society Meeting, March 2021.
6. Eitel KB, **Hodax JK**, DiVall S, Kidd K, Salehi P, Sequiera G. Leuprolide acetate for puberty suppression in transgender and gender diverse youth: a comparison of subcutaneous Eligard vs intramuscular Lupron. Pediatric Endocrine Society Meeting, April 2022.

7. Eitel KB, **Hodax JK**, DiVall S, Kidd K, Salehi P, Sequiera G. Leuprolide acetate for puberty suppression in transgender and gender diverse youth: a comparison of subcutaneous Eligard vs intramuscular Lupron. World Professional Association for Transgender Health Meeting, September 2022.

18. INVITED TALKS

(a) National/International

- | | |
|-----------|--|
| 10/8/2022 | “The Transgender Athlete: 5 Reasons We Should Let Them Play,” American Academy of Pediatrics National Conference and Exhibition, Anaheim, CA |
| 1/26/2023 | “The Transgender Athlete,” Brown University Division of Endocrinology Grand Rounds, Providence, RI |
| 4/18/2023 | “Gender-affirming medical care: Effects on athletic populations,” American Academy for Sports Physical Therapy LGBTQ+ Committee Webinar Series |

(b) Regional

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| 3/13/2019 | “Caring for Transgender Youth,” PeaceHealth Pediatric Grand Rounds, Bellingham, WA |
| 3/13/2019 | “Caring for Transgender Youth,” PeaceHealth Family Medicine Continuing Medical Education Lecture, Bellingham, WA |
| 6/21/2019 | “Caring for Transgender Patients,” Washington State Urology Society Annual Meeting, Leavenworth, WA |
| 9/27/2019 | “Caring for Transgender Youth. Part 1: Introduction & Background,” Montana AAP Pediatric Roundup Conference, Helena, MT. |
| 9/27/2019 | “Caring for Transgender Youth. Part 2: Medical Options for Care,” Montana AAP Pediatric Roundup Conference, Helena, MT. |
| 3/6/2020 | “Risk factors for low baseline bone mineral density in gender diverse youth,” Pediatric Endocrine Association for Research and Learning Conference, Portland, OR. |
| 10/1/2020 | “Caring for Gender Diverse Youth,” Jefferson Healthcare Educational Conference, Port Townsend, WA |
| 3/27/2021 | “Caring for Gender Diverse Youth,” Wenatchee Valley Medical Conference, Wenatchee, WA |
| 12/2/2022 | “Communicating with Gender Diverse People,” WWAMI Pediatrics Retreat, Virtual. |

(c) Local

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| 4/24/2019 | “Caring for Transgender Youth,” South Sound Cardiology, Tacoma, WA |
| 3/10/2020 | “The Sick Panhypopit Patient,” Seattle Children’s Hospital Emergency Department Education Conference, Seattle, WA |
| 8/6/2020 | “Caring for Gender Diverse Youth,” Seattle Children’s Hospital PICU APP Education Conference, Seattle, WA |

- 2/24/2021 “Caring for Gender Diverse Youth,” University of Washington School of Medicine Pediatric Interest Group, Seattle, WA
- 4/15/2021 “Caring for Gender Diverse Youth,” University of Washington Endocrine Fellows Conference, Seattle, WA
- 5/7/2021 “Caring for Gender Diverse Youth,” APPex Conference, Seattle, WA
- 5/20/2021 “Caring for Gender Diverse Youth,” University of Washington Child Abuse Pediatrics Conference, Seattle, WA
- 6/3/2021 “Caring for Gender Diverse Youth,” Seattle Children’s Hospital Hematology Conference, Seattle, WA
- 11/1/2021 “Caring for Gender Diverse Youth,” University of Washington LGBTQI Health Course, Seattle, WA
- 11/3/2021 “Caring for Gender Diverse Youth,” Seattle Children’s Hospital Nephrology Educational Conference, Seattle, WA
- 1/16/2022 Seattle Children’s Hospital Women in Science Event, Seattle, WA
- 3/30/2022 “Caring for Gender Diverse Youth,” Allegro Pediatrics Educational Conference, Seattle, WA
- 4/8/2022 “Gender-Affirming Medical Care to Support Gender Diverse Youth,” Swedish Medical Center LGBTQ+ Health Symposium, Seattle, WA
- 5/25/2022 “Medical Options to Support Gender Diverse Youth,” University of Washington Pediatric Drug Therapy Webinar, Seattle, WA
- 9/16/2022 “Caring for Gender Diverse Youth in Primary Care,” Providence Pediatrics, Mill Creek, WA
- 11/16/2022 “Gender-Affirming Medical Care: Effects on Athletic Populations,” Equitable Healthcare for Transgender Student-Athletes Conference, Seattle, WA
- 2/17/2023 “Support for Gender Diverse Patients: Menstrual Suppression and Puberty Blockers,” Odessa Brown Children’s Clinic, Seattle, WA
- 4/7/2023 “Testosterone for Gender Affirming Care,” Swedish Medical Center LGBTQ+ Health Symposium, Seattle, WA

19. OTHER EMPLOYMENT

None

CERTIFICATE OF SERVICE

I, Akilah Maya Deernose, hereby certify that I have served true and accurate copies of the foregoing Affidavit - Affidavit to the following on 07-17-2023:

Austin Miles Knudsen (Govt Attorney)

215 N. Sanders

Helena MT 59620

Representing: Montana Board of Nursing, Gregory Gianforte, Montana Department of Public Health and Human Services, Charlie Brereton, Montana Board of Medical Examiners, State of Montana, Austin Knudsen

Service Method: eService

Alexander H. Rate (Attorney)

713 Loch Leven Drive

Livingston MT 59047

Representing: Katherine Mistretta, Paul Cross, Phoebe Cross, Scarlet van Garderen, Juanita Hodax, Ewout Van Garderen, Molly Cross, Jessica van Garderen

Service Method: eService

Matthew Prairie Gordon (Attorney)

1201 Third Ave

Seattle WA 98101

Representing: Katherine Mistretta, Paul Cross, Juanita Hodax, Ewout Van Garderen, Molly Cross, Jessica van Garderen

Service Method: eService

Electronically signed by Krystel Pickens on behalf of Akilah Maya Deernose

Dated: 07-17-2023