

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

JANE DOE, individually and on behalf
of her minor daughter, SUSAN DOE,
et al.,

Civil No. 4:23-cv-00114-RH-MAF

Plaintiffs,

v.

JOSEPH A. LADAPO, *in his official capacity
as Florida's Surgeon General
of the Florida Department of Health,*
et al.,

Defendants.

_____ /

**EXPERT DECLARATION OF VERNON LANGFORD, DNP,
APRN-CNP, FNP-C**

I, Vernon Langford, hereby declare as follows.

1. I have been retained by counsel for Plaintiffs as an expert in connection with the above-captioned litigation.
2. I have actual knowledge of the matters stated herein. If called to testify in this matter, I would testify truthfully and based on my expert opinion.

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

4. Florida SB 254, creating Florida Statute 456.52(3), prohibits qualified medical providers, including but not limited to Autonomous Practice Registered Nurse (APRN) Nurse Practitioners (NPs) (hereinafter “APRN-NPs”), from prescribing evidence-based medical care to their transgender patients without justification.

5. Florida law has explicitly established the capacity of APRN-NPs to engage in autonomous practice, including providing the full scope of primary care. Florida’s autonomous practice statute is grounded in strong evidence, science, and decades of clinical practice experience. The treatment of gender dysphoria for transgender adults is part of the provision of ordinary primary care. Nurse practitioners routinely prescribe the full range of medications for the treatment of gender dysphoria.

6. SB254 excludes from the scope of practice authority solely the prescribing of treatment for transgender patients while allowing the prescribing of treatments for non-transgender patients with no medical justification. This unnecessary restriction is causing significant harm to the thousands of transgender adults in Florida who have long received their healthcare from APRN-NPs.

I. INTRODUCTION

A. Background and Qualifications

7. I am a family nurse practitioner (NP), an advance practice registered nurse (APRN) licensed in both Florida and Texas, and a Registered Nurse (RN) licensed in both Florida and Texas. I have National Board Certification with the American Association of Nurse Practitioners (AANP), and Autonomous Practice (AP-APRN) registration on my APRN license in Florida.

8. I am a primary care provider with United HealthGroup's Landmark Health and also Citrus State Healthcare Consultants where I provide primary care and health policy consulting. I am speaking on behalf of myself as a subject matter expert and not as a representative of my employer(s).

9. I graduated with a Bachelor's of Science degree in Nursing (RN, BSN) from Bowling Green State University, where I received a Nursing Excellence Scholarship. I graduated with a Master's of Science in Nursing (MSN, FNP-C) from the University of Toledo, where I received a Dean's Scholarship. I graduated with a Doctorate in Nursing Practice (DNP) from the University of North Florida, where I received the Med Nexus Scholarship and the Allen Meek Nursing Scholarship.

10. I have worked as the lead nurse at the University of Toledo Medical Center, within the orthopedic and medical surgery PCU, as well as the urology and renal transplant PCU. I worked as a travel staff nurse in the hematology and oncology PCU at the Florida Hospital Orlando. And I worked as the Director of

Clinical Evaluation in neurology and neuropathic interventions at the Florida Neuropathy and Pain Center.

11. As a certified Nurse Practitioner, I have extensive experience in the provision of primary care to adults in the state of Florida.

12. I am the President of the Florida Association of Nurse Practitioners, and I have been a leading member of the Association since 2015. I am the past co-chair of the Florida Coalition of Advanced Practice Nurses, and have been a member of the Coalition since 2017. I serve as the legislative Chair and Past President of the Central Florida Advanced Nursing Practice Council, which I have been a member of since 2012. I am a member of the Legislative Team of the Florida Nurses Association, and have been a member of the Association since 2012. I am the Florida State Advocacy Representative of the UnitedHealth Group Center for Clinician Advancement, I have been a member of the American Association of Nurse Practitioners since 2008, a member of the Sigma Theta Tau Nursing Honor Society since 2009, a member of the Florida Nurse Practitioner Network since 2015, and a member of the American Association of Men in Nursing since 2020. I have also served as the Organization Delegate for the Quality and Unity in Nursing Organization since 2021, and an Organization Delegate of the National Action Coalition of Florida since 2021.

13. I have received numerous awards throughout my career, including the following awards from UnitedHealth Group / Optum Clinical Services: The Values in Action Award, the Sages of Clinical Services Award, and the Optum SuperHero Award. I have also received the Distinguished Service Award from the Central Florida Advanced Nursing Practice Council, the Nurse of the Year Award from the American Association for Men in Nursing, the Luther Christman Fellow award from the American Association of Men in Nursing, the Icon in Nursing Award from the Florida Nurses Association, and the recognition/award of America's Top NP for the specialty of Primary Care by the Point of Care Network (POCN).

14. The information provided regarding my professional background, experiences, awards, and professional memberships is detailed in my curriculum vitae, a true and correct copy of the most up-to-date version of which is attached as Exhibit A.

B. Bases for Opinions

15. In preparing this report, I have relied upon my training and clinical experience, as set out in my curriculum vitae, and on the materials listed therein. I have also reviewed the materials listed in the attached bibliography, Exhibit B. I reserve the right to revise and supplement the opinions expressed in this report or the bases for them if any new information becomes available in the future.

16. In addition, I have reviewed the language of SB 254, which, among other things, unfairly and unjustifiably restricts the ability of Nurse Practitioners to provide evidence-based treatments for gender dysphoria to transgender individuals in the state of Florida.

C. Prior Testimony

17. I have not testified as an expert at trial or by deposition in the past four years.

D. Compensation

18. I am being compensated for my work on this matter at an hourly rate of \$350.00 for preparation of declarations and expert reports, and deposition and trial testimony. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I may provide.

II. SB 254'S PROHIBITION ON PROVISION OF CARE BY HIGHLY QUALIFIED AND SKILLED MEDICAL PROVIDERS

19. SB 254 limits those who can prescribe or administer essential transgender healthcare to physicians licensed to practice allopathic or osteopathic medicine, even though the State of Florida otherwise permits other qualified providers, including APRN-NPs, to prescribe similar types of medication and administer similar forms of medical care to non-transgender persons.

20. SB 254 created Fla. Stat. § 456.52(3), which states that “[s]ex-reassignment prescriptions or procedures may not be prescribed, administered, or

performed except by a physician.” The law defines the term “physician” as “a physician licensed under chapter 458 or chapter 459 or a physician practicing medicine or osteopathic medicine in the employment of the Federal Government.”

21. SB 254 provides that a medical provider who violates this provision commits, and may be prosecuted for, a misdemeanor in the first degree. Fla. Stat. § 456.52(5).

22. Restrictive laws like SB 254 interfere with the trust and confidentiality between patients and clinicians in the delivery of evidence-based, critical medical care. These laws also conflict with the obligations of every APRN-NP to promote, advocate, and protect the rights, health, and safety of their patients.

23. Florida SB 254 significantly limits access to gender transition care for transgender adults in the state of Florida.

24. Supported by a growing body of evidence supporting the provision of care by APRNs, there has been a national effort to remove needless barriers to full practice authority from organizations such as the Institute of Medicine (IOM), the National Governors Association (NGA), the Federal Trade Commission (FTC), the Bipartisan Policy Center, and the Veteran’s Health Administration (VHA), among others. Shortages in primary care providers affect 1 in 5 Americans. (VanFleet & Paradise, 2015.) APRN-NPs are trained and able to help meet the significant unmet

healthcare needs of Florida’s transgender population, but under SB 254 they are not permitted to do so with no medical basis.

III. SCOPE OF PRACTICE FOR ADVANCED PRACTICE REGISTERED NURSES AND NURSE PRACTITIONERS

25. An autonomous-practice certified Advanced Practice Registered Nurse who is a nurse practitioner (“APRN-NP”) in Florida is an advanced practice nurse who is authorized to practice autonomously in the field of primary care practice, which is defined by administrative regulation as “physical or mental health promotion, assessment, evaluation, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses, inclusive of behavioral and mental health conditions.” Fla. Admin. Code Ann. 64B9-4.001(12) (2021).

26. APRN-NPs are qualified to properly diagnose gender dysphoria and recommend and prescribe appropriate medical treatment, such as puberty blockers and hormones.

27. Florida APRN-NPs have been diagnosing and prescribing hormone therapy for transgender patients for many years, including controlled substances (e.g. testosterone) since January 1, 2017.

28. In 2016, Florida APRN-NPs were granted full authority to prescribe DEA schedule II – V (controlled substance) medications on equal terms with licensed physicians within the framework of a supervisory protocol.

29. In 2020, recognizing APRN-NPs' competence to provide care and Florida's imminent shortfall of 18,000 practicing physicians by 2035, Florida passed Fla. Stat. § 464.0123 (the "Autonomous Practice Act"), that grants APRN-NPs who obtain autonomous practice certification under the law full authority to independently operate primary care practices in Florida without a supervising physician, upon meeting certain requirements.

30. Numerous studies demonstrate that NPs administer such services safely, achieve high quality results, and that patient satisfaction with NPs and their willingness to be seen by NPs is high. Hilary Barnes, et al., *Physician Practices Increasingly Rely On Nurse Practitioners*, 37(6) Health Aff. 908 (2018).

31. Data also demonstrates that without the provision of care by autonomous practice certified APRN-NPs, there would be a dramatic gap in access to medical care in Florida.

IV. NURSE PRACTITIONERS ARE WELL EQUIPPED TO PROVIDE GENDER TRANSITION CARE TO ADULTS

32. APRN-NPs receive advanced education and numerous hours of specialized clinical training, providing them medical expertise comparable to primary care physicians. *Stucky et al., 2021.*

33. APRN-NPs undergo rigorous education and training programs that prepare them to provide comprehensive and evidence-based care. They must hold either a master's or doctoral degree in nursing and have completed advanced clinical training in their specialty area. NPs are trained to assess, diagnose, treat, and manage acute and chronic illnesses, as well as promote health and provide preventive care.

34. Most NP programs require between 500-1,000 hours of practicum training prior to graduating, in addition to the thousands of contact hours of clinical training in RN school and the subsequent work as an RN.

35. By way of example, I am an APRN-NP with an Autonomous Practice license in Florida, and I have completed more than 38,220 hours of clinical practice. Through my educational programs, I completed more than 1,700 total clinical hours (BSN-RN program (600 hours minimum); MSN-NP program (600 hours minimum); DNP-NP program (500 hours minimum)). As a full-time RN, I completed approximately 7,270 clinical hours, and as a full time NP, I have completed approximately 29,250 clinical hours.

36. One practice in Florida that serves about 2,500 transgender patients who are now without access to care was founded by a nurse practitioner who is an

Autonomous Practice APRN-NP. He founded the practice in response to the desperate need for competent, qualified medical providers who could meet the needs of Florida's LGBTQ+ community, with the mission to provide top quality comprehensive primary healthcare options for LGBTQ+ individuals. Without access to APRN-NPs for the provision of their primary care, many among this patient population will not be able to obtain gender transition healthcare.

37. The founder of that practice, prior to receiving an Autonomous Practice license, completed an estimated 22,800 clinical hours (with 1,000 clinical hours in NP school, 500 clinical hours in RN school, and 500 clinical hours in LPN school, in addition to 2,080 hours of full-time nursing work over the course of the ten-year period).

38. Planned Parenthood of South, East and North Florida has more than 2,000 transgender patients who were seeing APRN-NPs, and whose access to treatment is now threatened. The predicted shortfall of 17,924 physicians in Florida by 2035 will further exacerbate transgender persons' ability to obtain care. *See HIS Markit, 2021.*

39. Throughout the state, many transgender patients receive transition-related healthcare from APRN-NPs. According to data made available by the Florida Board of Nursing, there are approximately 51,989 APRNs licensed by the state of Florida, and approximately 44,556 of those are licensed nurse practitioners. and the

Florida Boards of Medicine, the number of licensed physicians is approximately 94,731. The prohibition in SB 254 against transgender adult patients seeing anyone qualified to care and treat them other than a licensed physician results in many transgender patients unable to receive care.

40. Numerous studies demonstrate that APRN-NPs administer such services safely, achieve high quality results, and that patient satisfaction with APRN-NPs and their willingness to be seen by APRN-NPs is high. *See* Hilary Barnes, et al., *Physician Practices Increasingly Rely On Nurse Practitioners*, 37(6) *Health Aff.* 908 (2018.)

41. The WPATH Standards of Care, version 8, permits the provision of gender-affirming care by licensed and qualified healthcare providers, which include nurse practitioners. WPATH, Statement 5.1(a), at S33 (“We recommend health care professional assessing transgender and gender diverse adults for gender-affirming treatments: (a) Are licensed by their statutory body and hold, at a minimum, a master’s degree or equivalent training in a clinical field relevant to this role and granted by a nationally accredited statutory institution[,],” going on to list “general medical practitioner” and “nurse” among potentially qualified health care providers who could meet the criteria if they have, “at a minimum a masters-level qualification in a clinical field related to transgender health or equivalent further clinical training and [are] statutorily regulated.”).

42. The WPATH Standards of Care also state that transgender healthcare can be provided in the course of ordinary primary care as long as the qualified provider has the necessary competency in caring for transgender patients, and that primary care providers include, among others, “nurse practitioners [and] advanced practice nurses.” *See* WPATH SOC v. 8, at S143.

43. The diagnosis of gender dysphoria in adults can be made by a health care provider with relevant expertise and training in identifying and making mental health care diagnoses. This may include a primary care provider, autonomous-certified advanced practice registered nurse, psychiatrist, psychologist, or licensed social worker or therapist.

44. APRN-NPs can help address the primary care provider shortage by providing essential healthcare services, particularly in underserved areas. According to a study published in *Health Affairs*, states with greater NP practice autonomy have a higher likelihood of improved access to care for vulnerable populations. *Martsoff et al.*, 2016.

45. Numerous studies have shown that NPs provide safe and effective care comparable to physicians, leading to positive patient outcomes. A systematic review published in the *Journal of the American Medical Association (JAMA)* found that NPs deliver high-quality care and achieve equivalent or better patient outcomes compared to physicians. *Mundinger et al.*, 2000. Another study published in the *New*

England Journal of Medicine reported similar patient outcomes for NPs and physicians in managing chronic conditions such as diabetes and hypertension. *Laurant et al.*, 2004.

46. A study published in the Journal of Nursing Economics found that expanded NP practice authority led to reduced hospitalization rates and lower healthcare costs. *Fairman et al.*, 2011.

47. The American Association of Nurse Practitioners (AANP) reports that NPs provide cost-effective care, with each primary care NP capable of generating an average of \$1.02 million in cost savings annually. American Association of Nurse Practitioners, 2022.

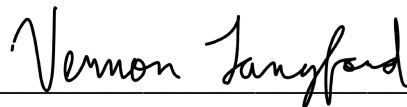
48. A study published in the Journal for Nurse Practitioners found that patients who received care from NPs were highly satisfied and valued the autonomy and accessibility of NPs. *Poghosyan et al.*, 2017.

V. **CONCLUSION**

49. The restrictions contained in SB 254 prohibit highly qualified medical providers from prescribing treatments for transgender patients with no medical justification. This unnecessary restriction is causing significant harm to the thousands of transgender adults in Florida who have long received their healthcare from APRN-NPs. SB 254 creates unjustifiable, harmful barriers to care for transgender adults.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 24th of July, 2023.

A handwritten signature in black ink that reads "Vernon Langford". The signature is written in a cursive style with a large initial 'V' and 'L'. Below the signature is a solid horizontal line.

Vernon Langford, DNP, APRN-CNP, FNP-C

Exhibit A
Curriculum Vitae

Vernon Matthew Langford DNP, APRN-CNP, FNP-C

1411 Crocus Court ◊ Longwood, FL 32750 ◊ 313-522-9468
 VernonLangford@gmail.com

CREDENTIALS

AANP National Board Certification	F0711499	July 2011 – July 2026
RN License, State of Florida	RN9322191	April 2011 – June 2024
APRN License, State of Florida (Autonomous)	APRN9322191	October 2011 – June 2024
National Provider Identifier (NPI)	1609153824	November 2011 – Current
RN License, State of Texas	RN908531	September 2016 – August 2022
APRN License, State of Texas	AP132336	October 2016 – August 2022
Medicare Provider PTAN	FT1982	January 2012 – Current

EDUCATION

Doctorate in Nursing Practice (DNP) University of North Florida, Jacksonville, Florida Med Nexus Scholarship, Allen Meek Nursing Scholarship	August 2022
Master of Science in Nursing (MSN, FNP-C) University of Toledo, Toledo, Ohio Dean's Scholarship	May 2011
Bachelor of Science in Nursing (RN, BSN) Bowling Green State University, Bowling Green, Ohio Ruth Kelly Scholarship, Nursing Excellence Scholarship	August 2008
Associate in Science in Business Administration (AS) Valencia College, Orlando, Florida President's List	December 2014
Technical Certificate: Business Management Technical Certificate: Business Operations Technical Certificate: Business Specialist Valencia College, Orlando, Florida	December 2014

CERTIFICATIONS

CPR With AED	2008-Current
BLS CPR Healthcare Provider	2008-Current
Notary Public	STATE OF FLORIDA 2014-2024

PROFESSIONAL EXPERIENCE

Orthopedic / Med-Surg PCU (Staff / Charge Nurse) University of Toledo Medical Center (Level 1 Trauma Center)	August 2008 - May 2010
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Hematology/Oncology PCU (Travel Staff Nurse) October 2011-January 2012
Florida Hospital Orlando (Level 3 Trauma Center)

Neurology/Neuropathic Interventions (APRN/ Director of Clinical Evaluation) December 2011-May 2015
Florida Neuropathy and Pain Centers Inc. (Specialty Clinic Practice)

- Provide medical evaluations with medication and co-morbidity counseling based on acuity
- Dual administrative and clinical roles to set healthcare policies and procedures while treating advancing neurological deficits with cardiac complications
- Perform comprehensive initial and routine assessments while collaborating with multidisciplinary team to facilitate optimal outcomes in cases of life limiting illnesses involving diagnosis and appropriate prescribing
- Hire and train clinical staff, facilitate annual performance reviews, provide plans to improve operational efficiency, coach and terminate providers if indicated

Primary Care Provider/Healthcare Policy Consultant (Medical Director / CEO) June 2013-Current
Citrus State Healthcare Consultants (Health Policy and Insurance Appeals Consultation)

- Provide subject matter expertise in care plan analysis, solution development, risk management, performance improvement, and quality improvement
- Oversee the development of policy to Medicare Approved Contractor Local Coverage Determination adherence and the Medicare Claim Appeals process
- Manage staff development and monitor provider engagement to meet and exceed performance goals
- Optimize utilization of resources for patient care with compliance to healthcare statutory regulations
- Develop business development strategies for specific clinical populations to optimize office revenue

Primary Care Home Health (APRN – Florida Statewide Traveler) May 2015-Current
UnitedHealth Group / Optum HouseCalls (Home Health Assessment)

- Completion of in-home medical assessments to include the PMH, physical exam, ROS, prescription and supplement review and psychosocial/psychiatric screening
- Medication education to improve comprehension and adherence based on member-specific disease processes
- Documentation compliance to national preventative care standards with HIPAA guidance, HEDIS, and STAR quality measures
- Communication with the members multidisciplinary care team to improve health outcomes relevant to their future treatment and screenings while diagnosing current disease processes

PROFESSIONAL AFFILIATIONS

American Association of Nurse Practitioners (Student / Professional)	2008-Current
Sigma Theta Tau Nursing Honor Society	2009-Current
Central Florida Advanced Nursing Practice Council (Legislative Chair/Past-President)	2012-Current
Florida Nurses Association (Legislative Team / Health Policy SIG)	2013-Current
Florida Association of Nurse Practitioners (President)	2015-Current
Florida Nurse Practitioner Network (Leadership Think Tank)	2015-Current
Florida Coalition of Advanced Practice Nurses (Past Co-Chair)	2017-Current
American Association of Men in Nursing (UHG Chapter President)	2020-Current
UnitedHealth Group Center for Clinician Advancement (Florida State Advocacy Rep)	2021-Current
Quality and Unity in Nursing (Organization Delegate)	2021-Current
National Action Coalition of Florida (Organization Delegate)	2021-Current

AWARDS

Values in Action Award	UnitedHealth Group / Optum Clinical Services	2017
Distinguished Service Award	Central Florida Advanced Nursing Practice Council	2018-2019
Nurse of the Year Award (UHG)	American Association for Men in Nursing	2019
Sages of Clinical Services Award	UHG / Optum Center for Clinician Advancement	2019
Optum SuperHero Award	UHG / Optum Center or Clinician Advancement	2021
Luther Christman Fellow	American Association of Men in Nursing	2021
Icon in Nursing Award (Advocacy)	Florida Nurses Association	2021

SPECIAL SKILLS / PROFICIENCIES

Clinical Preceptor for Health Assessment - South University and University of South Florida

Highly Proficient with: eHouseCalls Medical Software Application

SharePoint Team Collaborative Software

Microsoft Teams Video Conferencing Platform

Microsoft Office Suite (Word, Excel, Outlook, PowerPoint, Publisher)

Clinical Experience / Competency in: Healthcare Management, Clinical Leadership, Team Management, Cultural Competency, Utilization Management, Diversity and Inclusion Fluency, Wound Care, Suturing, Diabetes Education, Health Promotion, EKG's, Phlebotomy, Primary Care, Nutritional Counseling, Quality Improvement, and Diagnosis and Treatment of multi-system disorders

Exhibit B

Bibliography

BIBLIOGRAPHY

2022 *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-V), Text Revision.

Coleman E, Radix AE, Bouman WP, et al. Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. *Int J Transgend Health*. 2022 Sep 6;23(Suppl 1):S1-S259.

Hilary Barnes, et al., *Physician Practices Increasingly Rely On Nurse Practitioners*, 37(6) *Health Aff*. 908 (2018).

IHS Markit. (2021, December). *Florida Statewide and Regional Physician Workforce Analysis: 2019 to 2035*. The Safety Net Hospital Alliance of Florida and the Florida Hospital Association. <http://safetynetsflorida.org/wp-content/uploads/Florida-Physician-Workforce-Analysis.pdf>.

Stucky, C. H., Brown, W. J., & Stucky, M. G. (2021). *COVID 19: An unprecedented opportunity for nurse practitioners to reform healthcare and advocate for permanent full practice authority*. *Nursing Forum*, 56(1), 222–227. <https://doi.org/10.1111/nuf.12515>.

Vanfleet, A., Paradise, J. (2015). *Tapping Nurse Practitioners to Meet Rising Demand for Primary Care*. *Kaiser Family Foundation*. <https://files.kff.org/attachment/issue-brief-tapping-nurse-practitioners-to-meet-rising-demand-for-primary-care>.