

CAUSE NO. 493-08026-2024

THE STATE OF TEXAS,	§	IN THE DISTRICT COURT OF
<i>Plaintiff,</i>	§	
	§	
	§	
v.	§	COLLIN COUNTY, TEXAS
	§	
	§	
M. BRETT COOPER, M.D.,	§	
<i>Defendant.</i>	§	493rd JUDICIAL DISTRICT

**PLAINTIFF’S SECOND AMENDED PETITION AND  
REQUEST FOR INJUNCTIVE RELIEF**

Defendant, M. BRETT COOPER, M.D. , is a scofflaw who is harming the health and safety of Texas children by providing cross-sex hormones to children for the purpose of transitioning their biological sex or affirming their belief that their gender identity or sex is inconsistent with their biological sex in violation of Tex. Health & Safety Code § 161.702(3) and 161.704, falsifying medical records, prescriptions, and billing records to intentionally conceal the unlawful conduct in violation of Tex. Bus. & Com. Code §§ 17.46(a), (b)(5), and fraudulently billing Texas Medicaid for transgender interventions on children and young adults in violation of Tex. Hum. Res. Code § 36.002(1), (2), and (4)(B).<sup>1</sup>

Cross-sex hormones, when used for the purpose of transitioning a child’s biological sex or affirming their belief that their gender identity or sex is inconsistent with their biological sex, interfere with a child’s normal physical development and result in long-term harm to the child, including *inter alia*, sterilization, loss of bone density, and the development of irreversible secondary opposite sex characteristics. Children, by definition, lack the cognitive maturity to

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<sup>1</sup> Each prescription for cross-sex hormones for the purpose of transitioning a child’s biological sex or affirming their belief that their gender identity or sex is inconsistent with their biological sex also serves as an independent ground for the Texas Medical Board to revoke Cooper’s medical license under Tex. Occ. Code §§ 164.052(a)(24), .0552.

provide informed consent/assent to these harmful and irreversible, life-altering decisions. Therefore, the Texas legislature chose to prohibit physicians and health care providers from providing, prescribing, administering, dispensing, or facilitating the provision of puberty blockers and cross-sex hormones to children for the purpose of transitioning their biological sex or affirming their belief that their gender identity or sex is inconsistent with their biological sex. By banning these dangerous and experimental treatments for minors, Texas is ensuring that children receive the opportunity to resolve temporary feelings of discomfort and confusion about their biological sex with time and therapeutic support—without being pressured by radical gender activists to undergo irreversible medical procedures before they are capable of comprehending the significant life-long consequences. The prohibition took effect on September 1, 2023.

Despite the enactment of the law, Cooper continues to prescribe and distribute cross-sex hormones to his minor patients for the purposes of transitioning their biological sex or affirming their belief that their gender identity or sex is inconsistent with their biological sex—writing unlawful prescriptions for the drugs as recently as **September 25, 2024**, with patients filling those unlawful prescriptions as recently as **October 8, 2024**.

Cooper, additionally, engaged in false, misleading, and deceptive acts and practices to mislead pharmacies, insurance providers, and/or patients by falsifying medical records, prescriptions, and billing records to conceal that his treatments and prescriptions were for the purposes of transitioning a child's biological sex or affirming a child's belief that their gender identity is inconsistent with their biological sex in violation of Tex. Bus. & Com. Code §§ 17. 46(a), (b)(5).

Cooper has knowingly committed unlawful acts under the Texas Health Care Program Fraud Prevention Act, Tex. Hum. Res. Code § 36.001, *et seq.* (THFPA), which resulted in Texas Medicaid paying claims for transgender interventions that violate State law and are specifically barred by Texas Medicaid regulations. Tex. Hum. Res. Code § 36.002(1), (2) & (4)(B).

Plaintiff, STATE OF TEXAS, by and through the Attorney General of Texas, KEN PAXTON, has a vested interest in ensuring that medical treatments provided to minors are safe, evidence-based, and in the best interest of the child's physical and emotional development. Texas is prioritizing the safety and well-being of children by holding Cooper accountable for violating state laws prohibiting fraud on Texas health care programs, deceptive trade practices, and providing cross-sex hormones to minors for the purpose of transitioning their biological sex or affirming their belief that their gender identity or sex is inconsistent with their biological sex.

## I. PARTIES

1. Defendant is M. BRETT COOPER, M.D. (NPI# 1477819241; TX Lic.# Q4928), an employee of the University of Texas Southwestern Medical Center ("UT Southwestern") in Dallas, Texas. He has hospital privileges at Children's Medical Center Dallas (Children's) and is an Associate Professor at UT Southwestern Medical Center. Cooper may be served with process at Children's Health Specialty Center, 7609 Preston Road, 3<sup>rd</sup> Floor, Plano, Texas 75024, or wherever he may be found.

## **II. DISCOVERY CONTROL PLAN**

2. Discovery in this case should be conducted under Level 3 pursuant to Tex. R. Civ. P. 190.4. This case is not subject to the restrictions of expedited discovery under Tex. R. Civ. P. 169 because Texas seeks nonmonetary injunctive relief.

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

## **III. JURISDICTION AND VENUE**

4. Texas Occ. Code § 161.706(b) provides that venue is proper in “the county where the violation occurred or is about to occur.”

5. Venue of this suit lies in Collin County, Texas pursuant to Texas Bus. & Com. Code § 17.47(b), because transactions forming the basis of this suit occurred in Collin County, Texas. Also, Cooper practices at UT Southwestern Pediatric Group at Plano in Collin County and Cooper's unlawful conduct occurred in Collin County, Texas.

6. Venue also lies in Collin County, Texas pursuant to Tex. Hum. Res. Code § 36.052(d), which provides that venue is proper under the THFPA “in a county in which any part of the unlawful act occurred.”

## **IV. PUBLIC INTEREST**

7. Cooper violated Tex. Health & Safety Code § 161.702, Tex. Bus. & Com. Code § 17.46(a) and is engaged in unlawful practices, as set forth in this petition.

8. Texas has reason to believe that Cooper is engaging in, has engaged in or is about to engage in, the unlawful acts or practices set forth below. Texas has further reason to believe Cooper

has caused injury, loss, and damage to Texas by endangering the health of its citizens. Therefore, the Consumer Protection Division of the Office of the Attorney General of the State of Texas is of the opinion that these proceedings are in the public interest.

## **V. TRADE AND COMMERCE**

9. At all times described below, Cooper engaged in conduct, the purported practice of medicine, which constitutes “trade” and “commerce” as defined in Tex. Bus. & Com. Code § 17.45(6).

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

10. The Consumer Protection Division has reason to believe that Cooper “is engaging in, has engaged in, or is about to engage in any act or practice declared to be unlawful ... and that proceedings would be in the public interest....” Tex. Bus. & Com. Code § 17.47(a).

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

## **VII. APPLICABLE LAW**

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

13. Texas Bus. & Com. Code § 17.47 authorizes the Consumer Protection Division to bring an action for temporary and permanent injunction whenever it has reason to believe that any person is engaged in, has engaged in, or is about to engage in any act or practice declared unlawful under Chapter 17 of the Business and Commerce Code.

14. Under the THFPA, a person commits an unlawful act if the person:
  - a. “knowingly makes or causes to be made a false statement or misrepresentation of a material fact to permit a person to receive a benefit or payment under a health care program that is not authorized or that is greater than the benefit or payment that is authorized.” Tex. Hum. Res. Code at § 36.002(1).
  - b. “knowingly conceals or fails to disclose information that permits a person to receive a benefit or payment under a health care program that is not authorized or that is greater than the benefit or payment that is authorized.” *Id.* at § 36.002(2).
  - c. “knowingly makes, causes to be made, induces, or seeks to induce the making of a false statement or misrepresentation of material fact concerning: . . . information required to be provided by a federal or state law, rule, regulation, or provider agreement pertaining to a health care program.” *Id.* at § 36.002(4)(B).
15. Tex. Hum. Res. Code § 36.051(b) provides “[i]f the attorney general has reason to believe that a person is committing, has committed, or is about to commit an unlawful act, the attorney general may institute an action for an appropriate order to restrain the person from committing or continuing to commit the act.”
16. Penalties assessed for violations of the THFPA include the amount of any monetary benefit provided under a health care program resulting from an unlawful act, liability for double the utilization, prejudgment interest, and civil monetary penalties per violation. *Id.* at §36.052(a).

## **VIII. FACTUAL BACKGROUND**

- A. *Texas Prohibits the Provision of Puberty Blockers and Cross-Sex Hormones to Minors for Gender-Transition Services.*

17. On May 17, 2023, the Legislature added Subchapter X to the Health and Safety Code, entitled “Gender Transitioning and Gender Reassignment Procedures and Treatments for Certain Children (SB 14).” Act of May 17, 2023, 88<sup>th</sup> Leg., R.S., ch. 335; *State v. Loe*, 692 S.W.3d 223 (Tex. 2024).

18. SB 14 prohibits physicians and health care providers from performing certain procedures or treatments when performed to (1) “transition[] a child’s biological sex as determined by the sex organs, chromosomes, and endogenous profiles of the child”; or (2) “affirm[] the child’s perception of the child’s sex if that perception is inconsistent with the child’s biological sex.” Tex. Health & Safety Code § 161.702.

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

20. SB 14 added Tex. Health & Safety Code § 161.702(3), which prohibits physicians from knowingly prescribing the following to transition a child’s biological sex or affirm a child’s perception of their sex if it is different from their biological sex: “(A) puberty suppression or blocking prescription drugs to stop or delay normal puberty; (B) supraphysiologic doses of testosterone to females; or (C) supraphysiologic doses of estrogen to males.”

21. Physicians were permitted to prescribe to patients already subject to a continuing course of treatment that began prior to June 1, 2023, and who attended at least 12 mental health counseling or psychotherapy sessions over a period of at least six months prior to starting treatment, provided that the prescriptions were for the purpose of “wean[ing] off the prescription drug over a period of time and in a manner that is safe and medically appropriate and that minimizes the risk of complications.” Tex. Health & Safety Code § 161.703(b)-(c).

22. SB 14 also added Tex. Occ. Code § 164.052(a)(24), which proscribed physicians from “perform[ing] a gender transitioning or gender reassignment procedure or treatment in violation of [Tex. Health & Safety Code § 161.702].”

23. SB 14 added Tex. Occ. Code § 164.0552, which commands that the Texas Medical Board “*shall revoke* the license or other authorization to practice medicine of a physician who violates [Tex. Health & Safety Code § 161.702].” (emphasis added).

24. SB 14 further mandates that “[p]ublic money may not directly or indirectly be used, granted, paid, or distributed,” to any health care provider, medical school, hospital, or any other entity that “provides or facilitates the provision of a procedure or treatment.” Tex. Health & Safety Code § 161.704. Accordingly, SB 14 prohibits Texas health care programs, including Texas Medicaid and CHIP, from providing reimbursement to physicians and health care providers for procedures or treatments that violate SB-14. *Id.*

B. *The Texas Supreme Court Held That SB 14 is Constitutional.*

25. Before SB 14 took effect several minors, parents of minors, and physicians brought suit in Travis County, TX, alleging a variety of constitutional challenges to the law. *Loe*, 692 S.W.3d at 222.

26. On August 25, 2023, a Travis County District Court entered a temporary injunction enjoining enforcement of SB 14. *Id.*

27. Texas appealed directly to the Texas Supreme Court, thereby dissolving the temporary injunction. *Id.*

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

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

C. *Cooper is a Radical Gender Activist.*

30. In his own words, Cooper makes clear that he is an advocate for transitioning the biological sex or affirming their belief that children’s gender identities are inconsistent with their biological sex.

31. Cooper said, in a Physicians for Reproductive Health *Meet Our Advocates* article: “I try to actively encourage all of our [physician] trainees to find some way to incorporate advocacy into their professional careers.” Cooper added that the most important policy issue for him is “[l]egislators trying to criminalize the provision of gender affirming medical care for patients under 18.” <https://tinyurl.com/4bj646e6>, last updated December 22, 2020.

32. Here, Cooper’s following contributions align with his call for activism:

- i. M. Brett Cooper, Resources for LGBTQ Youth During Challenging Times, (Feb. 14, 2023), <https://tinyurl.com/yck9f2y7>;
- ii. M. Brett Cooper, *Incorporating LGBT Health in an Undergraduate Medical Education Curriculum Through the Construct of Social Determinants of Health*, 14 MedEdPORTAL (Dec. 7, 2018) (power point presentation slides include statements that “our internal gender identity is essentially formed and stays consistent by the age of 7,” and falsely claiming that Texas physicians “are required to notify CPS for all minors who have sex with someone of the same gender.”), <https://tinyurl.com/3a7c8nrs>;
- iii. Laura E. Kuper, et al., *Supporting and Advocating for Transgender and Gender Diverse Youth and Their Families Within the Sociopolitical Context of Widespread Discriminatory Legislation and Politics*, *Clinical Practice in Pediatric Psychology* 3, 336 (2022), <https://tinyurl.com/bdabj3ra>;

- iv. Lauren T. Roth, et al., *Developing an Entrustable Professional Activity to Improve the Care of LGBTQ+ Youth* 23 *Academic Pediatrics*. 4, 697 (May 1, 2023), <https://tinyurl.com/56bk9hdz>;
- v. M. Brett Cooper, *Welcoming LGBTQ Patients*, *Pediatric News* (Apr. 17, 2024), <https://tinyurl.com/3vyxr9ae>;
- vi. M. Brett Cooper, *LGBTQ+ Youth Consult Questions Remain Over Use of Sex Hormone Therapy*, *Pediatric News* (Apr. 13, 2023), <https://tinyurl.com/54yecjdd>;
- vii. M. Brett Cooper, *The WPATH Guidelines for Treatment of Adolescents with Gender Dysphoria Have Changed*, *Pediatric News* (Oct. 17, 2022), <https://tinyurl.com/53txa22h>;
- viii. M. Brett Cooper, *How Gender-Affirming Care Is Provided to Adolescents in the United States*, *Pediatric News* (Apr. 22, 2022), <https://tinyurl.com/3yv3n6nj>;
- ix. M. Brett Cooper, *Call Them by Their Names in Your Office*, *Pediatric News* (Oct. 14, 2021), <https://tinyurl.com/2swpe6vf>;
- x. M. Brett Cooper, *Advocate for Legislation to Improve, Protect LGBTQ Lives*, *Pediatric News* (Dec. 11, 2020), <https://tinyurl.com/zruxkhmf>;
- xi. M. Brett Cooper, *Back to School: How Pediatricians Can Help LGBTQ Youth*, *Pediatric News* (Aug. 11, 2020), <https://tinyurl.com/36wf2xyy>;
- xii. Cooper submitted a sworn affidavit on behalf of the Plaintiffs in the *Loe* suit wherein he stated that “SB 14 thus not only endangers the health and wellbeing of my patients, but also places me in the unsustainable position of having to choose between providing my patients with the medical care that they need and deserve and having to comply with a discriminatory law like SB 14. I have an ethical duty to provide my patients with the best medical care for their conditions, if it is medically indicated for them. I consider the provision of gender-affirming medical care to treat a transgender adolescent’s gender dysphoria to be the best medical care for my patients when medically indicated”; and,
- xiii. Cooper is also prolific on X under the handle “TeenDocMBC.” His presence on X reveals that he infuses his medical practice with radical gender activism and exercises poor judgment, as exemplified by the following set of representative tweets:

This Post was deleted by the Post author. [Learn more](#)



**M. Brett Cooper, MD, M.Ed.**  
@teendocmbc



As a resident, I had a 17 yo masturbating in her ER room. Kept setting off alarm for bradycardia

12:41 PM · Sep 1, 2024 · 143 Views



**M. Brett Cooper, MD, M.Ed.**  
@teendocmbc



She may be the second patient I urge to get emancipated. One of my trans guys I actually encouraged to move out of his mom's house at 17 and just get declared emancipated.

12:57 PM · Dec 3, 2020



**M. Brett Cooper, MD, M.Ed.**  
@teendocmbc



Today is a sad day for transgender Texans. Yet again, the [#txlege](#) inserts themselves in the doctor-patient relationship, not because of science, but because of political ideology. This is despite testimony of physicians and major medical organizations.  
[cnn.com/2023/08/31/pol...](https://www.cnn.com/2023/08/31/pol...)

2:25 PM · Sep 1, 2023 · 201 Views



**M. Brett Cooper, MD, M.Ed.**  
@teendocmbc



Perhaps Ken Paxton needs to worry about his own problems in Texas and stop trying to patrol people's bodies and healthcare across the country...



dallasnews.com

Texas AG Ken Paxton seeks gender-affirming care records fr  
In the complaint, the Seattle hospital argues Texas  
authorities don't have jurisdiction over these Washington ...

12:39 PM · Dec 22, 2023 · 72 Views



M. Brett Cooper, MD, M.Ed.

@teendocmbc

...

Honored to be a part of this story. TX is losing doctors each year (and having trouble recruiting new ones) due to the regressive policies of our state government. The Lege doesn't belong in the doctor-patient relationship [#patientsoverpolitics](#) [@texmed](#)



From [texastribune.org](http://texastribune.org)

8:24 PM · Jul 18, 2023 · 519 Views

33. Cooper’s practices, publications, and social media presence reveal an entrenched commitment to a gender ideology advocacy that desires to medically transition the biological sex of children or affirm the belief that a child’s gender identity is inconsistent with their biological sex.

D. *The Texas Medicaid Program*

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

35. States participating in Medicaid enact their own standards regarding beneficiary eligibility, provider credentials, services covered, and program administration within federal parameters. 42 U.S.C. §§ 1396, 1396a. Texas participates in Medicaid and administers the program through the Texas Health and Human Services Commission (“HHSC”).

36. The vast majority of Texas Medicaid beneficiaries receive care through managed care organizations (“MCOs”) which contract with HHSC. Tex. Health & Hum. Servs. Comm’n, *Texas Medicaid and CHIP Reference Guide 4* (2024), <https://tinyurl.com/4c34yv3v>. *Id.* at 53.

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

38. HHSC promulgates the Texas Medicaid Provider Procedures Manual (“TMPPM”). To enroll as a provider in Texas Medicaid, the applicant must, among other things, submit a signed provider agreement, certifying that the applicant will abide by all terms and conditions of the provider agreement. 1 Tex. Admin. Code § 352.7. The provider agreement stipulates that providers “[have] a duty to become educated and knowledgeable with the contents and procedures contained in the Provider Manual [TMPPM].” Tex. Health & Hum. Servs. Comm’n, *HHSC Provider Agreement* ¶ 1.1 (2018), <https://tinyurl.com/3kj3ta2k>.

39. Moreover, a provider must agree “to comply with all of the requirements of the Provider Manual [TMPPM], as well as all state and federal laws governing or regulating Medicaid, and provider further acknowledges and agrees that the provider is responsible for ensuring that all employees and agents of the provider also comply.” *Id.* Providers also agree to submit accurate

claims and encounter data as required by state and federal laws and regulations and in accordance with HHSC billing guidelines and procedures. *Id.* at ¶ 1.3.

E. *HHSC Prohibitions and Restrictions on Gender Transition Services*

40. The TMPPM specifies certain “services, supplies, procedures, and expenses” that are excluded from program coverage as being “not benefits of Texas Medicaid.” 1 Tex. Health & Hum. Servs. Comm’n, *Texas Medicaid Provider Procedures Manual* § 1.11 (2025), <https://tinyurl.com/3v3f647u>. According to the TMPPM, the list of exclusions “is *not* all inclusive.” *Id.* (emphasis original).

41. Since December 1, 2024 Texas Medicaid has specifically excluded:

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

Tex. Medicaid & Healthcare Partnership, *Updates to the TMPPM Provider Enrollment and Responsibilities Handbook Available December 1, 2024* (Oct. 11, 2024), <https://tinyurl.com/2u9j4za2>.

42. In addition, after SB 14, HHSC added new prior authorization criteria, effective March 2024, requiring denial of certain drugs associated with gender transitioning if the patient had a gender dysphoria diagnosis within the past two years. Tex. Medicaid & Healthcare Partnership, *Prior Authorization Criteria for Hormonal Therapy Agents Effective March 1, 2024* (Dec. 15, 2023), <https://tinyurl.com/4fny92yt>.

43. Effective March 1, 2024, the TMPPM was also updated to exclude certain hormonal therapy agents when submitted with the following gender identity diagnosis codes: F64.0

(Transsexualism), F64.1 (Dual role transvestism), F64.2 (Gender identity disorder of childhood), F64.8 (Other gender identity disorders), and F64.9 (Gender identity disorder, unspecified). Id.

44. These hormonal agents include 15 billing codes for non-oral medications in clinical settings, including various forms of injectable and implantable puberty blockers, testosterone, and estrogen. 2 Tex. Health & Hum. Servs. Comm'n, *Texas Medicaid Provider Procedures Manual: Outpatient Drug Services Handbook* § 6.62 (2025), <https://tinyurl.com/jx8kwaxf>.

### IX. VIOLATIONS OF SB 14.

45. Cooper has knowingly violated Tex. Health & Safety Code § 161.702(3).

A. *Cross-Sex Hormones to Transition Biological Sex or Affirm a Child's Belief that their Gender Identity is Inconsistent with their Biological Sex.*

46. High dose cross-sex hormones are commonly used by certain gender activists to transition the biological sex of children or affirm a child's belief that their gender identity is inconsistent with their biological sex.

47. Cross-sex hormones induce a supraphysiologic state where the hormone levels are greater than would otherwise normally be present in the child's body.

48. As a result of the cross-sex hormones, the child will develop secondary sex characteristics.

49. Testosterone is a cross-sex hormone that is used to induce irreversible male secondary sex characteristics in biological females.

50. Testosterone is a Schedule III controlled substance.

51. Radical gender activists within the medical profession rely on the so-called "Standards of Care" promulgated by the WPATH as guidelines for transitioning the biological sex of children or affirming a child's belief that their gender identity is inconsistent with their biological

sex. See e.g. Selena Simmons-Duffin, *Rachel Levine Calls State Anti-LGBTQ Bills Disturbing and Dangerous to Trans Youth*, NPR (Apr. 29, 2022) (claiming that the standard for treating gender dysphoria is set by the WPATH), <https://tinyurl.com/3jxymtum>.

52. WPATH recommends transitioning the biological sex of a child or affirming a child's belief that their gender identity is inconsistent with their biological sex by prescribing injectable testosterone cypionate to induce a state of male puberty in a biological female such that she will develop irreversible male secondary sex characteristics. WPATH SOC at App'x C <https://tinyurl.com/mwe9kru4>.

53. WPATH and the Endocrine Society Guidelines recommend "induction of male puberty" in a biological female minor by prescribing "25mg/m<sup>2</sup>/2 weeks (or alternatively half this dose weekly) [of testosterone]. Increase by 25mg/m<sup>2</sup>/2 weeks every 6 months until adult dose and target testosterone levels achieved." *Id.*; Endocrine Society Guidelines at 3884, Tbl. 8 (same).

54. WPATH and the Endocrine Society Guidelines alternatively recommend the following testosterone regime for biological females to induce male secondary sex characteristics, "testosterone enanthate/cypionate 50-100 IM/SQ weekly or 100-200 IM every 2 weeks." WPATH SOC at App'x C; Endocrine Society Guidelines at 3887, Tbl. 11 (same).

B. *Testosterone is not FDA approved for biological females.*

55. The FDA has *not approved* testosterone for the treatment of any medical conditions in biological females.

56. Indeed, the FDA warns that testosterone cypionate "**is contraindicated in pregnant women and not indicated for use in females.**" TESTOSTERONE CYPIONATE INJECTION, FDA (June 2022) (emphasis added), <https://tinyurl.com/pph966z7>.

57. Under appropriate medical practices, testosterone is, instead, “use[d] to treat **males** whose bodies do not make enough natural testosterone, a condition called hypogonadism. Testosterone is a male hormone responsible for the growth and development of the male sex organs and maintenance of secondary sex characteristics. **This medicine is not for use in female patients.**” TESTOSTERONE CYPIONATE, Mayo Clinic (emphasis added), <https://tinyurl.com/558b8fcv>.

58. **There is no valid medical reason within the standard of care to prescribe testosterone to a minor biological female.** *See, e.g.,* Gary Donovitz, et al., *Testosterone Insufficiency and Treatment in Women: International Expert Consensus*, *Medicina y Salud Pública* (Sept. 4, 2019) (noting that some physicians use *low-dose* testosterone off-label to treat certain conditions in *adult* females associated with menopause), <https://tinyurl.com/2ay9wsav>.

59. **The only reasons to prescribe testosterone to a minor biological female are for the purposes of transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.**

C. *Cooper’s Testosterone Prescribing*

60. Radical gender activists in the medical profession, like Cooper, habitually alter the biological sex of their transgender patients in their medical records. *See, e.g.,* May C. Lau, M.D., *Transgender Care of Adolescents and Adults*, YouTube 20:59-22:40 (Jan. 8, 2020), <https://tinyurl.com/mkt4pzs3> (Cooper’s hospital colleague doctor May C. Lau admitting that she alters patient’s medical records to reflect their preferred name, sex, and pronouns, which can change on a visit-to-visit basis, something that is apparently “fairly typical [and] kind of persists into adulthood” for her minor transgender patients).

61. Cooper has violated the law by providing, prescribing, administering, or dispensing testosterone to minor patients for the purposes of transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex:

**Patient One<sup>2</sup>**

62. Patient One resides in Collin County, TX.

63. Patient One was 17 years old during the relevant time.

64. Cooper's records identify Patient One as a biological female.

65. On September 25, 2024, over a year after SB 14 went into effect, Cooper wrote Patient One a prescription for a 28-day supply of 200 mg/ml of testosterone cypionate for the purposes of transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

66. The same day, Patient One filled the prescription at a pharmacy located in Collin County, TX.

**Patient Two**

67. Patient Two resides in Dallas County, TX.

68. Patient Two was approximately 16 years old at the relevant time.

69. Cooper's records identify Patient Two as a biological female.

70. On October 11, 2023, after SB 14 went into effect, Cooper wrote Patient Two a prescription for a 7-day supply of 200 mg/ml of testosterone cypionate for the purposes of transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

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<sup>2</sup> Pseudonyms are used throughout to protect the identity of the victim minor patients.

71. On the same day, Patient Two filled the prescription at a pharmacy located in Dallas County, TX.

72. On December 16, 2023, Cooper wrote Patient Two a prescription for a 30-day supply of 200 mg/ml of testosterone cypionate for the purposes of transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

73. On December 16, 2023, Patient Two filled the prescription at a pharmacy located in Dallas County, TX.

74. On February 20, 2024, Patient Two refilled the prescription at a pharmacy located in Dallas County, TX.

75. On March 26, 2024, Patient Two refilled the prescription at a pharmacy located in Dallas County, TX.

76. On June 1, 2024, Patient Two refilled the prescription at a pharmacy located in Dallas County, TX.

### **Patient Three**

77. Patient Three resides in Tarrant County, TX.

78. Patient Three was 16 years old at the relevant time.

79. Cooper's records identify Patient Three as a biological female.

80. On August 6, 2024, after SB 14 went into effect, Cooper wrote Patient Three a prescription for a 42-day supply of 200 mg/ml of testosterone cypionate for the purposes of transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

81. On August 8, 2024, Patient Three filled the prescription at a pharmacy located in Tarrant County, TX.

82. On September 18, 2024, Patient Three refilled the prescription at a pharmacy located in Tarrant County, TX.

#### **Patient Four**

83. Patient Four resides in Dallas County, TX.

84. Patient Four was 16 years old at the relevant time.

85. Cooper's records identify Patient Four as a biological female.

86. On February 12, 2024, after SB 14 went into effect, Cooper wrote Patient Four a prescription for a 28-day supply of 200 mg/ml of testosterone cypionate for the purposes of transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

87. On the same day, Patient Four filled the prescription at a pharmacy located in Dallas County, TX.

88. On August 7, 2024, Cooper wrote Patient Four a prescription for an 84-day supply of 200 mg/ml of testosterone cypionate for the purposes of transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

89. On August 7, 2024, Patient Four filled the prescription at a pharmacy located in Dallas County, TX.

#### **Patient Five**

90. Patient Five resides in Denton County, TX.

91. Patient Five was approximately 15 years old at the relevant time.

92. Cooper's records identify Patient Five as a biological female.

93. On November 20, 2023, Cooper wrote Patient Five a prescription for a 24-day supply of 200 mg/ml of testosterone cypionate for the purposes of transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

94. On December 13, 2023, Patient Five filled the prescription at a pharmacy located in Denton County, TX.

95. On January 25, 2024, Patient Five refilled the prescription at a pharmacy located in Denton County, TX.

96. On February 29, 2024, Patient Five refilled the prescription at a pharmacy located in Denton County, TX.

97. On May 5, 2024, Patient Five refilled the prescription at a pharmacy located in Denton County, TX.

98. On May 20, 2024, Cooper wrote Patient Five a 90-day supply of 1,000 mg/5 ml testosterone enanthate for the purposes of transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

99. On May 22, 2024, Patient Five filled the prescription at a pharmacy in Denton County, TX.

#### **Patient Six**

100. Patient Six resides in Nueces County, TX.

101. Patient Six was 14 years old at the relevant time.

102. Cooper's records identify Patient Six as a biological female.

103. On September 25, 2023, after SB 14 went into effect, Cooper wrote Patient Six a prescription for an 84-day supply of 200 mg/ml testosterone cypionate for the purposes of transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

104. On the same day, Patient Six filled the prescription at a pharmacy located in Johnson County, TX.

105. On January 12, 2024, Patient Six refilled the prescription at a pharmacy located in Johnson County, TX.

### **Patient Seven**

106. Patient Seven resides in Collin County, TX.

107. Patient Seven was 17 during the relevant time.

108. Some of Cooper's records identify Patient Seven's gender as "unknown."

109. Some of Cooper's records identify Patient Seven as a biological female.

110. On September 25, 2023, after SB 14 went into effect, Cooper wrote Patient Seven a prescription for a 21-day supply of 200 mg/ml of testosterone cypionate for the purposes of transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

111. On September 26, 2023, Patient Seven filled the prescription at a pharmacy located in Illinois.

112. On January 29, 2024, Cooper wrote Patient Seven a prescription for an 87-day supply of 200 mg/ml testosterone cypionate for the purposes of transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

113. On the same day, Patient Seven filled the prescription at a pharmacy located in Collin County, TX.

### **Patient Eight**

114. Patient Eight resides in Dallas County, TX.

115. Patient Eight was approximately 17 years old during the relevant time.

116. Some of Cooper's record's identify Patient Eight as a biological female.

117. Later, Cooper's records change Patient Eight's sex to biological male, but upon information and belief, Patient Eight is a biological female.

118. On January 10, 2024, after SB 14 went into effect, Cooper wrote Patient Eight two prescriptions, each for a 14-day supply of 200 mg/ml of testosterone cypionate for the purposes of transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

119. On January 10, 2024, Patient Eight filled the first prescription at a pharmacy located in Dallas County, TX.

120. On March 6, 2024, after SB 14 went into effect, Patient Eight filled the second prescription at a pharmacy located in Dallas County, TX.

121. On August 31, 2024, Cooper wrote Patient Eight a prescription for a 42-day supply of 200 mg/ml testosterone cypionate for the purposes of transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

122. On the same day, Patient Eight filled the prescription at a pharmacy located in Dallas County, TX.

## **Patient Nine**

123. Patient Nine resides in Collin County, TX.

124. Patient Nine was approximately 16 years old at the relevant time.

125. Some of Cooper's record's identify Patient Nine as a biological female.

126. Later, Cooper's records change Patient Nine's sex to biological male, but upon information and belief, Patient Eight is a biological female.

127. On December 22, 2023, after SB 14 went into effect, Cooper wrote Patient Nine two prescriptions, each for an 84-day supply of 200 mg/ml testosterone cypionate for the purposes of transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

128. On the same day, Patient Nine filled the first prescription at a pharmacy located in Collin County, TX.

129. On May 7, 2024, Patient Nine filled the second prescription at a pharmacy located in Collin County, TX.

130. On July 3, 2024, Cooper wrote Patient Nine two prescriptions, each for an 84 and 63-day supply of 200 mg/ml testosterone cypionate, respectively, for the purposes of transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

131. On August 3, 2024, Patient Nine filled the first prescription at a pharmacy in Collin County, TX.

132. On August 5, 2024, Patient Nine filled the second prescription at a pharmacy in Collin County, TX.

## **Patient Ten**

133. Patient Ten resides in Collin County, TX.

134. Patient Ten was 16 years old at the relevant time.

135. Cooper's records identify Patient Ten as a biological male, but upon information and belief, Patient Ten is a biological female.

136. On September 6, 2023, after SB 14 went into effect, Cooper wrote Patient Ten a prescription for a 30-day supply of 1,000 mg/5ml of testosterone enanthate for the purposes of transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

137. On September 7, 2023 Patient Ten filled the prescription at a pharmacy located in Collin County, TX.

138. On December 15, 2023, after SB 14 went into effect, Cooper wrote Patient Ten a prescription for a 90-day supply of 200 mg/ml testosterone cypionate for the purposes of transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

139. On the same day, Patient Ten filled the prescription at a pharmacy in Collin County, TX.

140. On June 7, 2024, Cooper wrote Patient Ten a prescription for a supply of 200 mg/ml testosterone cypionate for the purposes of transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

141. On the same day, Patient Ten filled an 84-day supply of the prescription at a pharmacy in Collin County, TX.

142. On October 8, 2024, Patient Ten refilled a 28-day supply of the prescription at a pharmacy in Collin County, TX.

**Patient Eleven**

143. Patient Eleven resides in Tarrant County, TX.

144. Patient Eleven was 17 years old during the relevant time.

145. Cooper's records identify Patient Eleven as a biological male, but upon information and belief, Patient Eleven is a biological female.

146. On December 18, 2023, after SB 14 went into effect, Cooper wrote Patient Eleven a prescription for a 28-day supply of XYOSTED 50 mg/0.5 ml Auto-Injection of testosterone enanthate, an alternative to testosterone cypionate, for the purposes of transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

147. On December 20, 2023, Patient Eleven filled the prescription at a pharmacy located in Tarrant County, TX.

148. On January 19, 2024, Patient Eleven refilled the prescription at a pharmacy located in Tarrant County, TX.

149. On February 20, 2024, Patient Eleven refilled the prescription at a pharmacy located in Tarrant County, TX.

150. On March 20, 2024, Patient Eleven refilled the prescription at a pharmacy located in Tarrant County, TX.

151. On April 22, 2024, Patient Eleven refilled the prescription at a pharmacy located in Tarrant County, TX.

152. On May 24, 2024, Patient Eleven refilled the prescription at a pharmacy located in Tarrant County, TX.

**Patient Twelve**

153. Patient Twelve resides in Tarrant County, TX.

154. Patient Twelve was 16 years old at the relevant time.

155. Cooper's records identify Patient Twelve as a biological male, but upon information and belief, Patient Twelve is a biological female.

156. On February 26, 2024, after SB 14 went into effect, Cooper wrote Patient Twelve a prescription for a 28-day supply of 200 mg/ml testosterone for the purposes of transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

157. On February 26, 2024, Patient Twelve filled the prescription at a pharmacy in Tarrant County, TX.

158. On April 17, 2024, Patient Twelve refilled the prescription at a pharmacy in Tarrant County, TX.

159. On May 29, 2024, Patient Twelve refilled the prescription at a pharmacy in Tarrant County, TX.

160. On July 15, 2024, Patient Twelve refilled the prescription at a pharmacy in Tarrant County, TX.

161. On August 7, 2024, Cooper wrote Patient Twelve a prescription for a 28-day supply of 200 mg/ml of testosterone cypionate for the purposes of transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

162. On the same day, Patient Twelve filled the prescription at a pharmacy located in Tarrant County, TX.

**Patient Thirteen**

163. Patient Thirteen resides in Denton County, TX.

164. Patient Thirteen was 17 years old at the relevant time.

165. Cooper's records identify Patient Thirteen as a biological male, but upon information and belief, Patient Thirteen is a biological female.

166. On March 19, 2024, after SB 14 went into effect, Cooper wrote Patient Thirteen a prescription for a 28-day supply of 200 mg/ml of testosterone cypionate for the purposes of transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

167. On the same day, Patient Thirteen filled the prescription at a pharmacy located in Denton County, TX.

168. On April 19, 2024, Patient Thirteen refilled the prescription at a pharmacy located in Denton County, TX.

169. On May 14, 2024, Patient Thirteen refilled the prescription at a pharmacy located in Denton County, TX.

170. On July 10, 2024, Patient Thirteen refilled the prescription at a pharmacy located in Denton County, TX.

171. On August 11, 2024, Patient Thirteen refilled the prescription at a pharmacy located in Denton County, TX.

## **Patient Fourteen**

172. Patient Fourteen resides in Collin County, TX.

173. Patient Fourteen was approximately 15 years old at the relevant time.

174. Cooper's records identify Patient Fourteen as a biological male, but upon information and belief, Patient Fourteen is a biological female.

175. On October 11, 2023, after SB 14 went into effect, Cooper wrote Patient Fourteen two prescriptions, each for a 30-day supply of 200 mg/ml of testosterone cypionate for the purposes of transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

176. On the same day, Patient Fourteen filled the first prescription at a pharmacy located in Collin County, TX.

177. On November 17, 2023, Patient Fourteen refilled the first prescription at a pharmacy located in Collin County, TX.

178. On December 28, 2023, Patient Fourteen filled the second prescription at a pharmacy located in Collin County, TX.

179. On January 28, 2024, Patient Fourteen refilled the second prescription at a pharmacy located in Collin County, TX.

180. On February 28, 2024, Patient Fourteen refilled the second prescription at a pharmacy located in Collin County, TX.

181. On April 8, 2024, Cooper wrote Patient Fourteen three prescriptions, the first was for a 30-day supply and the second and third were for a 7-day supply of 200 mg/ml of testosterone

cypionate for the purposes of transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

182. On the same day, Patient Fourteen filled the first prescription at a pharmacy located in Collin County, TX.

183. On May 24, 2024, Patient Fourteen refilled the first prescription at a pharmacy located in Collin County, TX.

184. On June 29, 2024, Patient Fourteen filled the second prescription at a pharmacy located in Collin County, TX.

185. On August 2, 2024, Patient Fourteen refilled the second prescription at a pharmacy located in Collin County, TX.

186. On September 1, 2024, Patient Fourteen filled the third prescription at a pharmacy located in Collin County, TX.

187. On October 2, 2024, Patient Fourteen refilled the third prescription at a pharmacy located in Collin County, TX.

### **Patient Fifteen**

188. Patient Fifteen resides in Collin County, TX.

189. Patient Fifteen was approximately 16 years old at the relevant time.

190. Cooper's records identify Patient Fifteen as a biological male, but upon information and belief, Patient Fifteen is a biological female.

191. On October 22, 2023, after SB 14 went into effect, Cooper wrote Patient Fifteen a prescription for an 84-day supply of 200 mg/ml testosterone cypionate for the purposes of

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

192. On October 23, 2023, Patient Fifteen filled the prescription at a pharmacy in Collin County, TX.

193. On January 14, 2024, Patient Fifteen refilled the prescription at a pharmacy in Collin County, TX.

194. On April 9, 2024, Cooper wrote Patient Fifteen a 30-day supply of 200 mg/ml of testosterone cypionate for the purposes of transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

195. On the same day, Patient Fifteen filled the prescription at a pharmacy in Collin County, TX.

#### **Patient Sixteen**

196. On information and belief, Patient Sixteen resides in Ellis County, TX.

197. Patient Sixteen was 17 years old at the relevant time.

198. Cooper identifies Patient Sixteen as a biological female.

199. On August 8, 2023, less than a month before SB 14 went into effect, Cooper wrote Patient Sixteen a prescription for a 21-day supply of 200 mg/ml testosterone cypionate.

200. The purpose is for transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

201. On September 1, 2023, after SB-14 went into effect, Patient Sixteen refilled the prescription at a pharmacy located in Ellis County, TX.

## **Patient Seventeen**

202. On information and belief, Patient Seventeen resides in Dallas County, TX.

203. Patient Seventeen was 14 years old at the relevant time.

204. Cooper identifies Patient Seventeen as a biological male.

205. On August 25, 2023, just before SB 14 took effect, Cooper wrote Patient Seventeen a prescription for a 30-day supply of estradiol 1 mg tablets with 11 refills.

206. The purpose is for transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

207. On August 5, 2024, after SB-14 went into effect, Patient Seventeen refilled the prescription at a pharmacy located in Dallas County, TX.

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208. Paragraphs 62-201 describe 16 minor patients who Cooper has unlawfully treated with testosterone for the purposes of transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex in violation of SB 14.

209. Paragraphs 202-207 describe a minor patient to whom Cooper has unlawfully prescribed with estradiol for the purposes of transitioning the Patient's biological sex or affirming their belief that their gender identity is inconsistent with their biological sex in violation of SB 14.

210. Paragraphs 62-207 describe minor patients to whom Cooper has provided—or facilitated the provision of—illegal gender-transition services in violation of SB 14. *See* Tex. Health & Safety Code § 161.704.

211. Some of Cooper's medical records for the patients identified in the preceding paragraphs indicate that the biological female patients are male, but upon information and belief,

Patients One through Sixteen are biological females and some of Cooper's medical records indicate that the patient's sex has been recorded first as female and then as male. On information and belief, Patient Seventeen is a biological male whose records identify him as female. The result is a clear indication that Cooper is prescribing testosterone and estrogen to them for the purposes of transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

212. Cooper cannot circumvent the law by writing prescriptions to his patients *prior* to the SB 14 taking effect with orders to fill or refill the prescriptions *after* it takes effect, *see* 22 Tex. Admin. Code § 315.3(b)(2) (Schedule III Controlled Substances can be refilled up to five times within six months of the date of issuance). First, SB 14 prohibits the use of public money to any health care provider who "provides or facilitates the provision of medical interventions" that violate SB 14. Tex. Health & Safety Code § 161.704. Moreover, a "prescription" order is not a singular discrete act; it is a continuing act of treatment that begins with the prescription being written and continues through the pharmacist filling the prescription and the drug being used as directed by the patient, or until the written prescription expires or is cancelled. What's more, by issuing prescriptions with orders to fill them after the effective date of SB 14 Cooper is "providing" the prescribed medication to the patient at the time they fill and use the prescription as directed, which they could not do otherwise without the prescription.

213. Each and every prescription provided, prescribed, administered, or dispensed by Cooper on or after September 1, 2023 for the purpose of transitioning a child's biological sex violates Tex. Health & Safety Code § 161.702(3). Each and every prescription provided, administered, or dispensed to a patient on or after September 1, 2023 for the purpose of

transitioning a child’s biological sex based on a prescription written by Cooper violates SB 14. See Tex. Health & Safety Code § 161.704–.705 (prohibiting the granting of public money, including Medicaid reimbursements, to providers who “facilitate[] the provision of a procedure or treatment to a child that is prohibited under Section 161.702”).

## **X. FALSE, MISLEADING, OR DECEPTIVE ACTS**

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

A. *Cooper uses false diagnose and billing codes on transgender patients.*

215. According to gender dysphoria providers, many insurance companies will not accept transgender related billing codes when coupled with prescriptions for testosterone because testosterone is not Federal and Drug Administration (“FDA”) approved for use in the treatment of gender dysphoria for minors. *See e.g., Stephen Rosenthal, Insurance Coverage and Coding Considerations in Gender Affirming Hormonal Care for Adolescents & Young Adults, WPATH ppt 12 (Jul. 28, 2021), <https://tinyurl.com/4vycb29r>.*

216. Upon information and belief, Cooper regarded Patients One through Seventeen as transgender patients and he evaluated, diagnosed, and treated them for gender dysphoria, while falsely, misleadingly, and deceptively, diagnosing, billing, and prescribing testosterone for something other than the purpose of transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

217. Cooper is engaging in false, misleading, or deceptive practices, by falsely diagnosing and billing patients using precocious puberty or endocrine disorder, undefined codes, or similarly

false codes, instead of gender dysphoria, or other gender related diagnosis codes,<sup>3</sup> to conceal that he is prescribing testosterone and treating the patient for the purposes of transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex in violation of Tex. Bus. & Com. Code §§ 17.46(a), (b)(5).

218. Cooper, as alleged herein, has in the course of trade and commerce engaged in false, misleading, and deceptive acts and practices declared unlawful in violation of Tex. Bus. & Com. Code §§ 17.46(a), (b)(5).

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

220. Cooper deceptively misleads pharmacies, insurance providers, and/or the patients by falsifying patient medical records, prescriptions, and billing records to indicate that office visits and prescriptions written to minor patients are for something other than the purpose of transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

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

222. Cooper deceptively misleads pharmacies, insurance providers and/or the patients by falsifying patient medical records, prescriptions, and billing records to indicate the use of

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<sup>3</sup> The *International Classification of Diseases, 10<sup>th</sup> Revision*'s medical classification for gender identity disorders includes the following diagnosis codes: F64.0 Transsexualism, including other gender identity disorder and gender dysphoria in adolescents and adults; F64.1 Dual role transvestism; F64.2 Gender identity disorder of childhood; F64.8 Other gender identity disorders; and F64.9 Gender identity disorder, unspecified.

testosterone are for the treatment of medical conditions the patient does not have when, in fact, the drugs are for the purposes of transitioning the minor patient's biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

223. Cooper deceptively induces pharmacies, insurance providers, and/or the patients into entering into transactions by falsifying patient medical records, prescriptions, and billing records to conceal that the treatments and prescriptions are for the unlawful purposes of transitioning a child's biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

224. Upon information in belief, Cooper is falsely diagnosing children with endocrine disorders, precocious puberty and/or other medical conditions to prescribe them puberty blockers and cross-sex hormones for the purpose of transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

B. *Gender dysphoria is not an endocrine disorder.*

225. E34.9 or "endocrine disorder, unspecified" is an ICD-10 diagnosis code used for billing both private insurance and federal and state programs. It falls within the E codes for "Endocrine, nutritional and metabolic diseases," subpart E20-E35 "Disorders of other endocrine glands," and E34 for "Other endocrine disorders."

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

227. CMS issues the ICD-10 Official Guidelines for Coding and Reporting, which provide that "specific diagnosis codes should be reported when they are supported by the available medical record documentation and clinical knowledge of the patient's health condition. . . . Each

healthcare encounter should be coded to the level of certainty known for that encounter.” Centers for Medicare and Medicaid Services, “ICD-10-CM Official Guidelines for Coding and Reporting” FY 2024, 17 (updated April 1, 2024) <https://tinyurl.com/5n7rx6t5>. “Codes titled ‘unspecified’ are for use when the information in the medical record is insufficient to assign a more specific code.” *Id.* at 9.

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

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

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

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

232. It defines “gender dysphoria” as “[a] marked incongruence between one’s experienced/expressed gender and natal gender of at least 6 months in duration,” manifested by

two out of six criteria regarding the person's subjective experiences and desires regarding the opposite sex. Am. Psychiatric Ass'n, *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.) (2013).

233. An endocrine disorder results from the improper function of the endocrine system.

234. Children normally enter puberty reflecting their biological sex. There is no disorder at all. Rather, the disorder results when a physician intervenes in a child's natural puberty to induce through puberty blockers and cross-sex hormones a state of puberty naturally occurring in the opposite sex. Such physician causes a disorder rather than treats one, by introducing supraphysiological dose of a cross-sex hormone to force a child's body (a biological reality) to fit that child's gender identity (a mental construct).

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

236. For instance, a document titled "Insurance Coding Alternatives for Trans Healthcare" purports to "help guide providers about insurance codes for trans healthcare that are commonly accepted and rejected." Campaign for Southern Equality, *Trans in the South: A Guide to Resources and Services* 51 (October 2017), <https://tinyurl.com/2k3jy75p>.

237. The guide states that certain codes like F64 (Gender identity disorder) and intersex codes are "commonly rejected by insurance providers."

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

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

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

*Id.* at 52 (emphasis added)

240. Per the guide, this information comes from a toolkit created by the “Transgender Medicine Model National Coverage Determination Working Group,” which advised CMS in January 2016 on Medicare coverage for transgender surgeries.

241. Upon information and belief, Cooper is using this diagnostic billing code to falsely represent that he’s treating patients for an unspecified endocrine disorder, when in fact he is transitioning their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex—something that is not an endocrine disorder.

## **XI. VIOLATION OF TEX. HEALTH & SAFETY CODE § 481.071**

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

242. Cooper prescribed, dispensed, and administered the above-mentioned controlled substances without a valid medical purpose and, in the course of his medical practice, in violation of Tex. Health & Safety Code § 481.071. *See* Tex. Health & Safety Code § 161.702; *see also* Tex. Att’y Gen. Op. No. KP-0481 (2025).

243. The “Texas Controlled Substances Act defines ‘medical purpose’ as the use of a controlled substance for relieving or curing a mental or physical disease or infirmity.” *See Texas Dept. of Criminal Justice v. Canales*, No.: 03-23-00248-CV, 2024 Tex. App. LEXIS 4902, \*13, n. 5 (Tex. App. – Austin [3rd Dist.] 2024); *see also* Tex. Health & Safety Code § 481.002(27).

244. The unlawful “dispens[ing]” and/or distribution of “controlled substance[s]” can “be inferred from the large amount of controlled substances prescribed coupled with the suspicious circumstances under which [the pharmacist] prescribed them.” *See \$132,265.00 in United States Currency v. State*, 409 S.W.3d 17, 24 (Tex. App – Houston [1st Dist.] 2013 (citing Tex. Health & Safety Code § 481.071)).

## **XII. UNLAWFUL ACTS UNDER THE THFPA**

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

246. Cooper is a Texas Medicaid provider.

247. As a condition of enrollment, Medicaid providers must sign the HHSC Medicaid Provider Agreement. Tex. Health & Hum. Servs. Comm’n, *Medicaid Provider Agreement* (Revised: September 1, 2018), <https://tinyurl.com/3kj3ta2k>.

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

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

249. Cooper was a physician employed by UT Southwestern who physically worked at Children’s in Dallas and Plano. Both UT Southwestern and Children’s submitted claims to Texas

Medicaid where Cooper was the rendering provider (the provider who performs the service listed on the claims) or the prescribing provider for medications.

250. Texas Medicaid paid UT Southwestern and Children's for transgender interventions by Cooper on both minors and young adults – interventions that were not authorized by Texas Medicaid. Cooper made or caused to be made false statements or misrepresentations of material fact and concealed or failed to disclose information regarding (1) his compliance with State law and regulation, and (2) the use of false or misrepresentative diagnoses to obscure illegal and unallowable transgender medical interventions. For the reasons described below, his actions are unlawful acts under Texas Hum. Res. Code § 36.002(1), (2), and (4)(b).

A. *Texas Medicaid Prohibits Reimbursement for Cooper's Claims that Violate SB-14.*

251. UT Southwestern and Children's billed claims to Texas Medicaid for claims where Cooper prescribed testosterone and estrogen in violation of Tex. Health & Safety Code §161.702(3), 161.704, and 161.705.

252. Tex. Health & Safety Code § 161.704 prohibits public money from being “used, granted, paid, or distributed” “directly or indirectly” “to any health care provider, medical school, physician, or any other entity, organization, or individual that provides or facilitates the provision” of illegal transgender services to minors.

253. Tex. Health & Safety Code § 161.705 expressly prohibits Texas Medicaid reimbursement to physicians and health care providers for procedures or treatments that violate SB-14.

254. In the Provider Agreement, Cooper certified his compliance with Texas law, regulations, and all applicable conditions of participation in Medicaid.

255. Texas Medicaid paid UT Southwestern and Children’s for the prescriptions identified above related to Patients Five, Sixteen, and Seventeen. Cooper’s prescriptions in violation of SB 14 are unlawful acts under the THFPA, Tex. Hum. Res. Code § 36.002(1), (2), and (4)(b).

B. *Cooper Used False, Inappropriate, and Misrepresentative Diagnosis Codes to Bill Texas Medicaid for Illegal and Unallowable Gender-Transition Services.*

256. As described in Section VIII(E) *supra*, the TMPPM excludes from Texas Medicaid’s coverage transgender services that violate SB 14, and drugs and procedures provided to transition biological sex.

257. Nonetheless, UT Southwestern and Children’s billed claims where Cooper was the rendering or prescribing provider for testosterone for biological females and estrogen for biological males given for the purpose of transitioning their biological sex.

258. The ICD-10 codes include F64 diagnosis codes specifically for “Gender identity disorders,” including the following: F64.0 (Transsexualism), F64.1 (Dual role transvestism), F64.2 (Gender identity disorder of childhood), F64.8 (Other gender identity disorders), and F64.9 (Gender identity disorder, unspecified).

259. None of Cooper’s claims made for gender-transition purposes using the F64 codes after December 1, 2024 were eligible for Medicaid reimbursement.

260. Further, as illustrated by the representative examples below Cooper used various other codes, including E34.9 (Endocrine disorder, unspecified), to obtain reimbursement for illegal transgender services.

261. In addition to the fact that these claims were submitted with false or misrepresentative diagnoses, Cooper also committed unlawful acts in connection with them

because his false or misrepresentative diagnoses allowed for Medicaid reimbursement for transgender medical services and drugs that are not covered.

262. As described in Section X(B) *supra*, E34.9 (Endocrine disorder, unspecified) should only be used where there is no other ascertainable diagnosis. Cooper's use of E34.9 to obscure transgender medical interventions violates Texas Medicaid regulations and is a false statement or misrepresentation of material fact.

263. In addition to the testosterone and estradiol prescriptions identified in Section IX *supra*, Texas Medicaid paid the following claims for Patients Five, Sixteen, and Seventeen, all minors during the relevant time, using diagnosis codes that were false or that misrepresented the true diagnosis where Cooper was the rendering provider:

- **Patient Five:** On November 20, 2023 and May 20, 2024, Texas Medicaid paid two claims for outpatient office visits with Cooper under the principal diagnosis code E34.9 (Endocrine disorder, unspecified).
- **Patient Sixteen:** On June 5, 2023, Texas Medicaid paid a claim for an outpatient office visit with Cooper under the principal diagnosis code E34.9 (Endocrine disorder, unspecified), with additional diagnoses of N94.89 (Other specified conditions associated with female genital organs and menstrual cycle) and F33.0 (Major depressive disorder, recurrent, mild).
- **Patient Seventeen:** On August 23, 2023, Texas Medicaid paid two claims for outpatient office visits with Cooper under the principal diagnosis code E34.9 (Endocrine disorder, unspecified), with an additional diagnosis of M85.80 (Other specified disorders of bone density and structure, unspecified site), amongst others.

264. The following representative, non-exhaustive examples also demonstrate how Cooper billed Texas Medicaid using E34.9 and other fraudulent diagnosis codes for gender transitions on young adults that are excluded by Texas Medicaid.

### **Patient Eighteen**

265. Cooper identifies Patient Eighteen as a biological male.

266. On January 16, 2024, March 12, 2024, and June 18, 2024, Texas Medicaid paid eleven claims for outpatient office visits with Cooper and lab tests, all billed under the principal diagnosis code E34.9 (Endocrine disorder, unspecified).

267. On January 19, 2024, Cooper wrote Patient Eighteen a prescription for a 30-day supply of spironolactone 100 mg tablets with six refills. On March 5, 2024, Cooper wrote Patient Eighteen a prescription for a 28-day supply of estradiol valerate 200 mg/ 5 ml with 1 refill. On June 18, 2024, Cooper wrote Patient Eighteen a prescription for a 30-day supply of bicalutamide 50 mg tablets with 5 refills.

268. The purpose is for transitioning or facilitating the transition of their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

269. Patient Eighteen filled the spironolactone prescription on February 5, 2024 and March 10, 2024, the estradiol valerate prescription on March 5, 2024 and April 28, 2024, and the bicalutamide prescription on June 18, 2024, all at a pharmacy located in Dallas County, Texas. All five prescriptions were paid by Texas Medicaid.

### **Patient Nineteen**

270. Cooper identifies Patient Nineteen as a biological female.

271. On December 13, 2023, Texas Medicaid paid seven claims for an outpatient office visit with Cooper and lab tests. The office visit was billed under the principal diagnosis code E34.9 (Endocrine disorder, unspecified), and the lab tests were billed under the principal diagnosis code F41.8 (Other specified anxiety disorders), with E34.9 as an additional diagnosis.

272. On January 8, 2024, Cooper wrote Patient Nineteen a prescription for a 28-day supply of testosterone cypionate 200 mg/ml with 5 refills.

273. The purpose is for transitioning or facilitating the transition of their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

274. Patient Nineteen filled the prescription on January 10, 2024, February 5, 2024, March 3, 2024, April 1, 2024, and April 27, 2024, all at a pharmacy located in Dallas County, Texas. All five prescriptions were paid by Texas Medicaid.

### **Patient Twenty**

275. Cooper identifies Patient Twenty as a biological female.

276. On November 8, 2023, Texas Medicaid paid three claims for outpatient office visits with Cooper and lab tests. One visit and the labs were billed under the primary diagnosis code E34.9 (Endocrine disorder, unspecified), with N94.89 (Other specified conditions associated with female genital organs and menstrual cycle) and F32.2 (Major depressive disorder, single episode, severe without psychotic features) as additional diagnoses. The other visit was billed under the principal diagnosis code F32.2 with E34.9 as an additional diagnosis.

277. On October 23, 2023, Cooper wrote Patient Twenty a prescription for a 7-day supply of testosterone cypionate 200 mg/ml.

278. The purpose is for transitioning or facilitating the transition of their biological sex or affirming their belief that their gender identity is inconsistent with their biological sex.

279. Patient Twenty filled the prescription on October 23, 2023 at a pharmacy located in Dallas County, Texas. The prescription was paid by Texas Medicaid.

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

281. He also knowingly concealed or failed to disclose information concerning these claims, *i.e.* his compliance with SB 14 and the patients' actual diagnoses, which permitted UT Southwestern and Children's to receive payment from Medicaid that was not authorized.

282. Finally, Cooper made, caused to be made, induced, or sought to induce the making of a false statement or misrepresentation of material fact by UT Southwestern and Children's concerning information about these claims that is required to be provided by state law, rule, regulation, or the provider agreement, namely their compliance with applicable law and regulation and the veracity of the patients' diagnoses.

283. Texas Medicaid paid these claims on the assumption that the claims were lawful, but in fact, they were transgender medical interventions billed covertly billed to Texas taxpayers.

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

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

285. Texas has reason to believe that Cooper is engaging in, has engaged in, or is about to engage in acts and practices declared to be unlawful under Tex. Health & Safety Code § 161.702(3) and 161.704, Tex. Bus. & Com. Code §§ 17.46(a), (b)(5), and Texas Hum. Res. Code § 36.002(1), (2), (4)(b) and believes these proceedings to be in the public interest.

286. Texas is entitled to, and seeks, temporary and permanent injunctions pursuant to Tex. Health and Safety Code § 161.702, Tex. Bus. & Com. Code § 17.47, and Tex. Hum. Res. Code § 36.051.

287. Cessation of unlawful conduct by Cooper shall not render such court action moot under any circumstances. Tex. Bus. & Com. Code § 17.47.

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

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

- i. Prescribing or facilitating the prescription of puberty blockers and testosterone or estrogen to minors for the purposes of transitioning the minor's biological sex or affirming the minor's belief that their gender identity or sex is inconsistent with their biological sex;
- ii. Deceptively misleading pharmacies, insurance providers, and/or the patients as to the correct medical diagnosis by writing prescriptions and billing for the purposes of transitioning the minor's biological sex or affirming their belief that their gender identity or sex is inconsistent with

their biological sex under false diagnoses, such as precocious puberty or endocrine disorder, undefined, rather than gender dysphoria (or other similarly related diagnosis); and,

- iii. Billing or facilitating the billing to a Texas health care program, including Texas Medicaid, for (a) procedures, services, or treatments that violate Tex. Health & Safety Code § 161.702 and § 161.704, including testosterone and estrogen prescriptions for minors, (b) procedures, services, or treatments for gender-transition purposes that are not reimbursable under the Texas Medicaid Provider Procedures Manual, and (c) procedures, services, or treatments for gender-transition purposes billed under false or misrepresentative diagnosis codes, including billing gender transition claims under E34.9 (Endocrine disorder, unspecified).

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

290. NOW THEREFORE Texas prays that Cooper be cited to appear and that after due notice and hearing, a temporary injunction be issued, and that upon final hearing a permanent injunction be issued, restraining and enjoining Cooper and all persons in active concert or participation with him, who receive actual notice of the injunction by personal service or otherwise from engaging in unlawful acts under the THFPA, Tex. Hum. Res. Code § 36.002(1), (2), (4)(b), and from engaging in false, misleading or deceptive acts and practices declared to be unlawful by Tex. Health and Safety Code §§ 161.702, 161.704, 161.705, and 481.071, Tex. Bus. & Com. Code § 17.46(a), (b)(5), including but not limited to:

- i. Prescribing or facilitating the provision of puberty blockers and testosterone or estrogen to minors for the purpose of transitioning the minor's biological sex or affirming their belief that their gender identity or sex is inconsistent with their biological sex;
- ii. Deceptively misleading pharmacies, insurance providers, and/or the patients as to the correct medical diagnosis by writing prescriptions and billing for the purposes of transitioning the minor's biological sex or affirming their belief that their gender identity or sex is inconsistent with their biological sex under false diagnoses, such as precocious puberty or endocrine disorder, undefined, rather than gender dysphoria (or other similarly related diagnosis); and,

- iii. Billing or facilitating the billing to any Texas health care program, including Texas Medicaid, for (a) procedures, services, or treatments that violate Tex. Health & Safety Code § 161.702 or § 161.704, including testosterone and estrogen prescriptions for minors for gender-transition purposes, (b) procedures, services, or treatments for gender-transition purposes that are not reimbursable under the Texas Medicaid Provider Procedures Manual, and (c) procedures, services, or treatments for gender-transition purposes that are billed using false or misrepresentative diagnosis codes, including billing gender-transition claims under E34.9 (Endocrine disorder, unspecified).

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

- i. Adjudge against Cooper civil penalties in favor of the State in the amount of not more than \$10,000 per violation of Tex. Bus. & Com. Code § 17.46(a), (b)(5);
- ii. Adjudge against Cooper under the THFPA
  - a. The value of any payments or the value of any monetary or in-kind benefits provided under a Texas health care program, including Medicaid, directly or indirectly, as a result of Cooper's unlawful acts including any payment made to a third party;
  - b. Interest on the value in (ii)(a);
  - c. For each unlawful act Cooper committed, civil penalties in an amount not less than \$5,500.00 or more than \$11,000.00 or the maximum amount imposed by 31 U.S.C. § 3729(a), if that amount exceeds \$15,000; and
  - d. Two times the value in (ii)(a);
- iii. Order Cooper to pay Texas's attorneys' fees and costs of court pursuant to Tex. Gov't Code § 402.006(c) and Tex. Hum. Res. Code § 36.007;
- iv. Order Cooper to pay both pre-judgment and post-judgment interest on all money awards as provided by law; and
- v. Grant all other and further relief Texas may show itself entitled to.

Respectfully submitted,

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**ATTORNEYS FOR TEXAS**

**CERTIFICATE OF SERVICE**

I hereby certify that on the 5th day of December 2025, a copy of the foregoing document was served to all counsel of record in accordance with the Texas Rules of Civil Procedure.

/s/ Andrea C. Haim  
ANDREA C. HAIM  
Assistant Attorney General

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Pauline Sisson on behalf of Jacob Przada

Bar No. 24125371

pauline.sisson@oag.texas.gov

Envelope ID: 108801099

Filing Code Description: Amended Petition

Filing Description: Plaintiff's Second Amended Petition and Request for Injunctive Relief

Status as of 12/9/2025 9:11 AM CST

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Bar No. 24125371

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Filing Code Description: Amended Petition

Filing Description: Plaintiff's Second Amended Petition and Request for Injunctive Relief

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Filing Code Description: Amended Petition

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Status as of 12/9/2025 9:11 AM CST

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