THE COLORADO ‘GENDER-AFFIRMING’ PIPELINE

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TABLE OF CONTENTS

Colorado's institutional support for so-called gender-affirming care for minor children has recently come under scrutiny following a near-unanimous Supreme Court ruling against the state in March 2026. The 8–1 decision effectively struck down a 2019 Colorado law that impermissibly restricted therapists' speech aimed at aligning patients' gender identity or expression with their biological sex, which proponents of the law wrongly labeled "conversion therapy." Instead, Colorado lawmakers insisted that the only option available to therapists was to affirm a child's gender confusion, even if therapists perceived it to be harmful.[1]

In fact, Colorado has some of the most radical policies in the nation concerning pediatric medical "transition." In addition to the state's recently curtailed "conversion therapy" ban, Colorado has produced sex-rejecting policies that include:

- Passing a law that banned "misgendering" (i.e., referring to individuals by pronouns associated with their natal sex) by adding that "offense" to the Colorado Anti-Discrimination Act.[2]
- Designating "gender-affirming care" as an essential health benefit in 2023, making Colorado the first state in the nation to require private insurers to cover sex-rejecting procedures.[3]
- Ensuring that sex-rejecting procedures are covered by the state's Medicaid agency.[4]
- Codifying protections on insurance coverage for "gender-affirming care" in 2025 by passing a law that prohibits insurers from limiting or denying sex-rejecting procedures.[5]
- Ordering Children's Hospital Colorado in May 2026 — through a Colorado Supreme Court ruling — to resume sex-rejecting treatments for minors despite a federal investigation into the hospital's practices.[6]

Observing the rapid march of Colorado's pro-"gender-affirming care" policies in recent years, Do No Harm set out to investigate the state's institutional support of sex-rejecting procedures for minors.

This report presents findings from a review of 279 files (amounting to several thousand pages) obtained through the Colorado Open Records Act (CORA). The documents are from five sources: I Matter, a state-funded therapy program primarily for youth 18 and under;[7] the University of Colorado (CU) School of Medicine curriculum;[8] email correspondence from Colorado Queer Youth Network co-lead Noah Jansen;[9] TRUE Center (a multidisciplinary "gender-affirming care" center at Children's Hospital Colorado) faculty appointment records;[10] and School-Based Health Center (clinics operating out of public K–12 schools) internal communications.[11]

1 Fox News. **Supreme Court blocks Colorado's so-called 'conversion therapy' ban on First Amendment grounds.**
2 Do No Harm. **Do No Harm sues Colorado officials following state's implementation of House Bill 25-1312**. See also The Washington Times. **Colorado law mandating preferred pronouns faces lawsuit from Christian bookstore.**
3 CO Department of Regulatory Agencies. ***Consumer Advisory: Gender-Affirming Care Insurance Coverage Guide Updated for 2024.***
4 Health First Colorado. ***Gender Affirming Care.***
5 Colorado Newsline. ***Gov. Jared Polis signs bill protecting gender-affirming care coverage in Colorado.***
6 PBS News. ***Colorado Supreme Court orders children's hospital to resume gender-affirming care for minors.***
7 **I Matter documents.**
8 **CU School of Medicine Curriculum.**
9 **Noah Jansen CU emails.**
10 CU True Center faculty appointment records.
11 **SBHC Internal Comms.**

Collectively, the documents reveal the scope of publicly funded youth "gender-affirming care" (GAC) infrastructure in Colorado and the use of public funds to market sex-rejecting services and resources to minors.

Notably, the records contain no consideration of alternative treatment approaches and appear to leave Colorado's youth healthcare infrastructure with one sole option: to affirm a child's gender incongruence and pave the way towards sex-rejecting procedures.

This report will establish the following key takeaways:

1. I Matter — a state-funded therapy program primarily for youth 18 and under — recorded 469 encounters categorized as "gender-affirming care" out of 12,896 total encounters between 2021 and 2024, including encounters involving children as young as five years old.
2. The State of Colorado spent $4.7 million on a marketing contract that included a social-media influencer campaign explicitly targeting minors ages 13–17, with talking points emphasizing that youth ages 12 and older could access services without parental consent.
3. The University of Colorado School of Medicine hired faculty specifically to staff the TRUE Center, a pediatric gender clinic, at Children's Hospital Colorado and to research cross-sex hormonal therapy in a pediatric setting, with 75 percent of one researcher's salary funded by a National Institutes of Health career-development award.
4. The University of Colorado School of Medicine is radically supportive of diversity, equity, and inclusion (DEI) and sex-rejecting interventions. Further, it is heavily influenced by pro-GAC political advocacy groups, resulting in a medical-school curriculum that singularly promotes and enables youth "transition."
5. The CU School of Public Health operated a program (Colorado's Queer Youth Network) that pays "queer" youth ages 12–18 in rural Colorado $40 per session to participate in weekly virtual meetings. Participants are actively recruited from local LGBTQ+ events/groups that promote youth gender ideology and/or provide youth sex-rejecting "transition" resources.
6. Many of the above entities and programs share institutional distribution and recruitment channels through the state's School-Based Health Center network, which has also distributed information on GAC-related provider training materials.

THE I MATTER PROGRAM: 'GENDER-AFFIRMING' TELEHEALTH FOR MINORS WITH LIMITED PARENTAL OVERSIGHT

I Matter is a Colorado state program that provides mental-health counseling, including sex-rejecting therapy, to minors in Colorado. A key feature of the program is its confidentiality and waiver of parental consent for children as young as 12. The program also notes that it will refer patients to healthcare providers for further treatment, allowing a child to confidentially begin the medical journey of sex-rejecting "transition" without parental knowledge or consent.

Between 2021 and 2024, I Matter provided at least 469 counseling sessions for "gender-affirming care" to Colorado youths. Of those, 381 were provided to minors under the age of 18, including three sex-rejecting therapy sessions for five-year-olds. In addition, there were at least 40 sex-rejecting counseling sessions provided to youths with special needs.

Throughout that time, I Matter used nearly $5 million of its state-funded budget to market its services to minors in Colorado through a marketing firm that espouses DEI. This included a social-media influencer campaign targeting kids as young as 12 on apps such as Instagram and TikTok. These influencers were selected due to the fact that their audience consisted primarily of adolescents, and talking points stressed the confidential nature and lack of parental consent at I Matter (for instance, "no parent/guardian consent is required for youth 12+"). Contract documents show that this marketing campaign was at least partially funded using federal pandemic-recovery dollars from the American Rescue Plan.

I MATTER PROGRAM SCOPE AND OVERVIEW

The core service of I Matter is the provision of up to six free therapy sessions for Colorado-based youth.[12] The program was created in 2021 as a temporary pandemic-response program[13] and was made permanent in May 2024.[14] It is administered by the Colorado Behavioral Health Administration (BHA).[15]

Eligibility extends to youth 18 and younger, as well as youth 21 and younger who are receiving special-education services. According to Colorado's Office of Special Education, this eligibility would extend to children with autism, deafness, developmental delays, serious emotional disabilities, specific learning disabilities, and traumatic brain injuries.[16]

The program is free, requires no insurance or citizenship documentation, and is delivered primarily via telehealth by a network of over 200 licensed therapists, psychologists, psychiatrists, licensed counselors, and supervised candidates (i.e., pre-licensed mental-health professionals).[17]

A critical design feature of the program is its parental-consent structure. Youth ages 12 and older can sign up without parent or guardian permission or knowledge. Youth 11 and under require a parent or guardian to sign up on their behalf, although it is unclear how I Matter obtains and verifies parental consent.[18]

12 I Matter. ***About I Matter.***
13 **Colorado House Bill 21-1258** (2021).
14 **Colorado Senate Bill 24-001** (2024).
15 I Matter fact sheet, FAQ, and program overview documents (**I Matter/Campaign Toolkit/Program Information**).
16 Colorado Office of Special Education. ***Special Education Guidance and Technical Assistance.***
17 Ibid.
18 Ibid.

I Matter does not provide or prescribe puberty blockers, hormones, or surgical procedures, but it does provide counseling for so-called gender-affirming care purposes.[19] Until a March 2026 Supreme Court decision, Colorado had banned non-affirming talk therapy for minors, and the only option for therapists counseling gender-confused minors was to affirm their perceived gender incongruence.[20]

Further, I Matter readily admits that after youths complete their free therapy sessions, I Matter will refer them to other healthcare providers for further treatment.[21] In the context of "gender-affirming care," many providers require a therapist's note to begin sex-"transition" procedures for minors. Through I Matter, a child as young as 12 could conceivably begin sex-rejecting therapy without parental consent, receive a therapist's note recommending gender "transition," and be referred to a healthcare provider that administers sex-rejecting procedures.[22]

Between 2021 and 2024, I Matter recorded 12,896 total encounters with Colorado youths. The program's own fact sheet, updated September 2024, boasts of "over 49,000 appointments" and "over 12,500 youth" served since launch.[23] The session-level dataset contains 68,987 total records, of which 73.9 percent were telehealth and 26.1 percent were in-person.[24]

'GENDER-AFFIRMING' THERAPY PROVIDED BY I MATTER INCLUDED KIDS AS YOUNG AS FIVE

"Gender-Affirming Care" is one of approximately 15 selectable "areas of need" on the I Matter intake form. Other areas of need on the same form include "Anxiety," "Depression," "Coping Skills," "Self Esteem," "Family Conflict," "Peer Relationships," "ADHD," "Trauma/PTSD," "Grief," "LGBTQIA+," "Substance Use/Addiction," "Bipolar Disorder," "Racial Identity," and "Culturally Competent Care." Multiple areas can be selected per encounter.[25]

Between 2021 and 2024, "Gender-Affirming Care" accounted for 469 of 12,896 total encounters in the program's encounter report — approximately 3.6 percent.[26] A detailed age-group breakdown is provided below with a full age breakdown included in Appendix A. Key demographic observations from the encounter data include:

- Of the 469 GAC encounters, approximately 381 (81.2 percent) involved individuals under 18.
- The largest cohort was ages 15–17, accounting for 149 encounters (31.8 percent of the GAC total).
- The second largest cohort was ages 12–14 with 117 encounters (24.9 percent).
- 66 encounters (14.1 percent) involved children ages 10–11.
- 46 encounters (9.8 percent) involved children ages 6–9.
- 3 encounters involved children aged five and under.
- The 19–21 age group — eligible only through the special-education services provision — accounted for 40 GAC encounters (8.5 percent).

19 Ibid.
20 Fox News. **Supreme Court blocks Colorado's so-called 'conversion therapy' ban on First Amendment grounds.**
21 I Matter FAQ, p. 3 (**I Matter/Campaign Toolkit/Program Information**).
22 Note: Parental consent is still required before a Colorado healthcare provider can administer gender "transition" procedures. Yet a minor Coloradan is able to receive a referral and complete an initial gender-"transition" consultation without parental knowledge or consent.
23 I Matter fact sheet, (**I Matter/Campaign Toolkit/Program Information**).
24 Sessions.xlsx (**I Matter/Encounter Data**). Total of 68,987 session records.
25 Report - Unique Age-Gender1.pdf (**I Matter/Encounter Data**).
26 Ibid.

GAC ENCOUNTERS BY AGE GROUP

Age Group	GAC Encounters	% of all GAC Encounters	Total Encounters	GAC as % of Age Group Encounters
5 and under	3	0.6%	85	3.5%
6–9	46	9.8%	1,416	3.2%
10–11	66	14.1%	1,473	4.5%
12–14	117	24.9%	3,273	3.6%
15–17	149	31.8%	3,814	3.9%
18	48	10.2%	1,264	3.8%
19–21	40	8.5%	1,571	2.5%

FEDERAL PANDEMIC-RECOVERY FUNDS USED BY I MATTER FOR MARKETING TO MINORS

From 2021 to 2024, I Matter used nearly $5 million of its state-funded budget to market its services to minors in Colorado. The Amelie Company, a Denver-based marketing firm with a pro-DEI mission statement,[27] held the state marketing contract for I Matter from August 12, 2021, through June 30, 2024. The contract was signed by Michelle Barnes, executive director of the Colorado Behavioral Health Administration, on behalf of the State of Colorado.[28] Further contract details note that Amelie would "work closely" with the marketing team of Colorado's Behavioral Health Administration for "the I Matter platform to involve schools, neighborhood youth organizations, health care providers, faith-based organizations and any other community-based organizations that interact with youth on the local level."[29]

The scope of work encompassed creative development, messaging, production of marketing materials, paid media planning and buying, and campaign monitoring and reporting. The contract specified that the target population was Colorado youth 18 and younger (21 and younger with special-education services), plus parents and caregivers. It explicitly called for "community-specific strategies to reach diverse youth, including youth of color, LGBTQ+ youth, youth in rural areas, and youth experiencing homelessness."[30]

The total contract value across three fiscal years was $4,701,834.[31]

State Fiscal Year	Contract Amount
FY 2022	$2,197,326
FY 2023	$1,602,254
FY 2024	$902,254
Total	**$4,701,834**

The contract included provisions related to the State and Local Fiscal Recovery Funds (SLFRF) under the American Rescue Plan Act, using federal award number SLFRF0126. Publications produced with

27 Amelie. ***Our Commitment to DEIJ.***
28 Amelie Company contract Amendment #4 (23 IBEH 170196), pp. 1–3 (**I Matter/Influencer Contract Docs**).
29 Amelie Company contract Amendment #4 (23 IBEH 170196), pp. 4–6 (**I Matter/Influencer Contract Docs**).
30 Amelie Company contract Amendment #4 (23 IBEH 170196), pp. 4–6 (**I Matter/Influencer Contract Docs**).
31 Amelie Company contract Amendment #4 (23 IBEH 170196), p. 1 (**I Matter/Influencer Contract Docs**).

these funds are required to note federal support. This indicates that at least a portion of the marketing expenditure was federally funded using pandemic-recovery dollars.[32]

NOTICE OF THE USE OF FEDERAL PANDEMIC-RECOVERY FUNDS IN THE AMELIE MARKETING CONTRACT

EXHIBIT E-2 - SLFRF CONTRACTOR PROVISIONS EXHIBIT (CDHS)

This Exhibit applies regarding the use of State and Local Fiscal Recovery Funds (SLFRF) to comply with requirements established by the U.S. Department of Treasury and the Colorado Department of Personnel & Administration, Office of the State Controller re the Colorado Department of Human Services (CDHS).

Amelie's detailed FY24 marketing budget totals $902,254 for the period July 1, 2023, through June 30, 2024. The budget is divided into personnel services ($233,254) and supplies and operating expenses ($669,000).[33] Personnel services budgeted 1,593 hours across 13 positions, with hourly rates ranging from $130.63 (project coordinator, production designer) to $182.88 (creative director).[34]

The largest single line item in the supplies and operating budget was paid media, at $470,000 — more than half of the total FY24 budget. Other items included print production and fulfillment ($80,000), general production of campaign assets ($95,000), event sponsorships ($10,000), youth advisors ($2,000), campaign management ($7,000), and Spanish "transcreation" services ($5,000).[35]

THE SOCIAL-MEDIA INFLUENCER CAMPAIGN TARGETING MINORS AS YOUNG AS 12

In 2023, Amelie subcontracted with Find Your Influence (FYI) for a social-media influencer campaign at a cost of $25,000. The stated objective was to "help drive Colorado adolescents to the I Matter website through the authentic voice of Gen Z influencers."[36]

Influencer selection criteria specified Colorado-based creators with a primary audience ages 12–18 and a secondary audience of parents with children ages 7–18. The campaign brief specified that influencers must have a high engagement rate of above two percent.[37]

Five influencers on TikTok and Instagram were selected, ranging in average reach from approximately 28,000 to 116,000 followers. The campaign produced 37 content pieces and generated 1,267,170 impressions, 53,377 engagements, and 13,531 link clicks, for an overall engagement rate of 4.21 percent.[38]

Paid media associated with the influencer content was divided into two targeted audiences. Audience #1 was Colorado residents ages 13–17. Audience #2 was Colorado residents ages 18–50 with interests in therapy, psychology, self-care, and wellness, as well as parents with teenagers ages 13–17.[39]

32 Amelie Company contract Amendment #4 (23 IBEH 170196), pp. 14-20 (**I Matter/Influencer Contract Docs**).
33 Amelie Company contract Amendment #4 (23 IBEH 170196), pp. 7-8 (**I Matter/Influencer Contract Docs**).
34 Amelie Company contract Amendment #4 (23 IBEH 170196), pp. 7-8 (**I Matter/Influencer Contract Docs**).
35 Amelie Company contract Amendment #4 (23 IBEH 170196), pp. 7-8 (**I Matter/Influencer Contract Docs**).
36 Find Your Influence insertion order, signed June 26, 2023 (**I Matter/Influencer Contract Docs**).
37 **Find Your Influence 2023 Recap**.
38 Ibid.
39 Find Your Influence IO_I Matter Q3 2023_SIGNED (I Matter/Influencer Contract Docs).

I MATTER'S SOCIAL-MEDIA TALKING POINTS STRESSED CONFIDENTIALITY FROM PARENTS

The social-media campaign brief provided influencers with specific talking points to incorporate into their content. These included:[40]

> "The program is FREE." – "Therapy is available for youth in Colorado 18 and under." – "The program is confidential (AND, no parent/guardian consent is required for youth 12+)." – "Youth have choice and autonomy in the process."

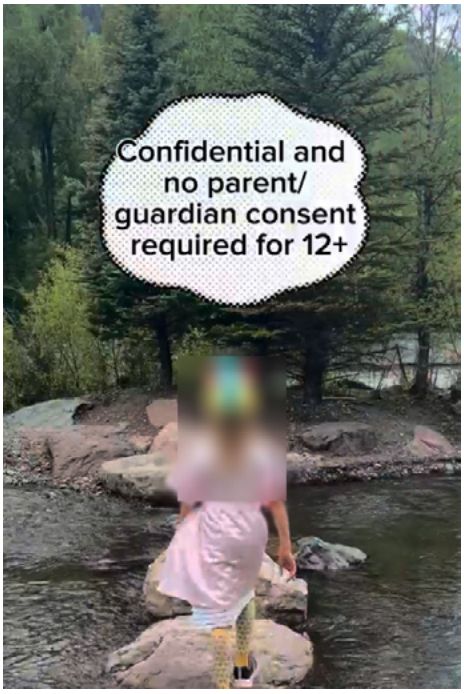
For parent-focused influencers, the brief added: [41]

> "Having a child in therapy is not a sign of failure" and "Sometimes youth need to talk to someone else (a professional, not a parent)."

The emphasis on confidentiality and the absence of parental-consent requirements in influencer talking points is notable. The campaign was designed not merely to inform youth about a therapy resource but to specifically communicate that youth ages 12 and older could access therapy, even potentially sex-rejecting therapy, without their parents' knowledge or consent.

These general talking points are reflected in the social-media posts themselves. One parent influencer posted campaign content emphasizing I Matter's confidentiality and lack of parental-consent requirement for youth 12 and older.[42]

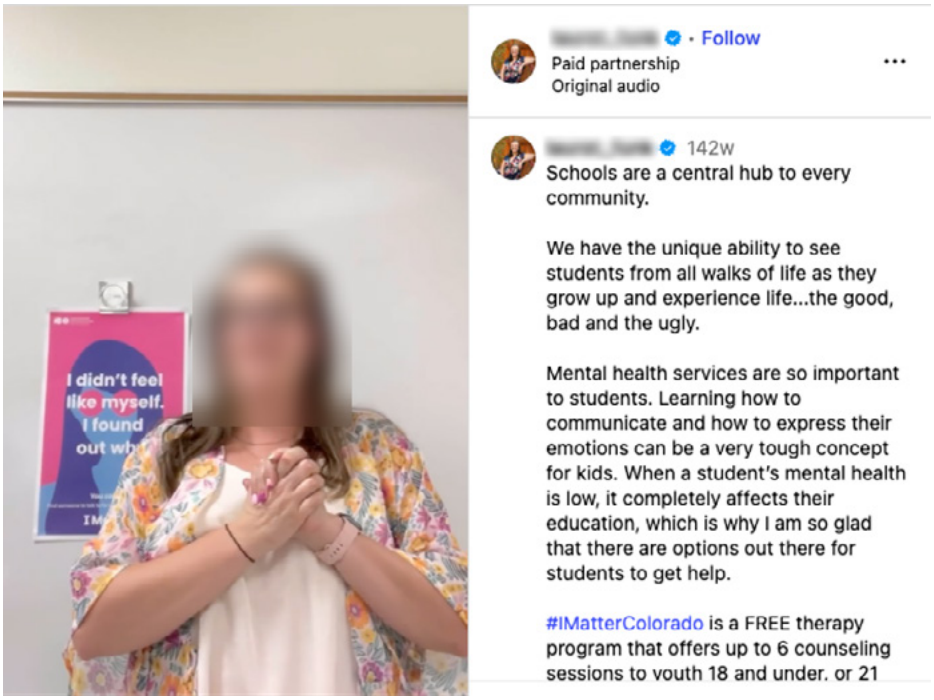
PARENT INFLUENCER TIKTOK I MATTER AD (IMAGE BLURRED FOR PRIVACY PURPOSES)



40 Ibid.
41 Ibid.
42 Note: Copies of influencer content relating to the I Matter social-media advertising campaign were released through CORA. For privacy purposes, video is available upon request.

Another parent influencer is a Colorado public high-school teacher.[43] In one of her posts advertising I Matter, she further stressed the confidential nature of I Matter and revealed that she had hung several I Matter posters in both her classroom and school hallways.[44]

PARENT INFLUENCER AND PUBLIC-SCHOOL TEACHER'S POST ADVERTISING I MATTER IN PUBLIC SCHOOLS



SOCIAL-MEDIA CAMPAIGN RECOMMENDATIONS PRIORITIZED INFLUENCERS AS YOUNG AS 13

The top-performing influencer was Liv Carr, who was 18 years old at the time. The campaign recap attributed her success to "her audience being within the target age range for I Matter's services, as she is 18." The recap recommended "continuing to partner with Liv and influencers within the 13–18 age range" and "[p]artner[ing] with college influencers."[45]

A TikTok-specific insight noted that "females ages 13–17 were the most apt to click the [call-to-action]." However, on Instagram and Facebook, the paid audience skewed significantly older and male: Males ages 25–34 were the most frequent clickers, with an overall gender split of 84-percent male and 16-percent female.[46]

The recap calculated an earned media value of $217,610 — a claimed 770-percent return on the $25,000 spend — and recommended that future campaigns continue utilizing a mix of Facebook, Instagram and TikTok advertising, partner with male influencers (to address the platform skew), and prioritize influencers ages 13–18.[47]

43 Horizon High School. **Meet our Teachers**.
44 **I Matter Public School Ad Post**. Note: Copies of influencer content relating to the I Matter social-media advertising campaign were released through CORA and have been verified through public social-media posts. For privacy purposes, references to personal social-media accounts have been omitted.
45 **Find Your Influence 2023 Recap.** pp. 10, 25
46 **Find Your Influence 2023 Recap.** pp. 21-22
47 **Find Your Influence 2023 Recap.** pp. 12, 25

THE CU TRUE CENTER: CLINICAL 'GENDER-AFFIRMING' INFRASTRUCTURE

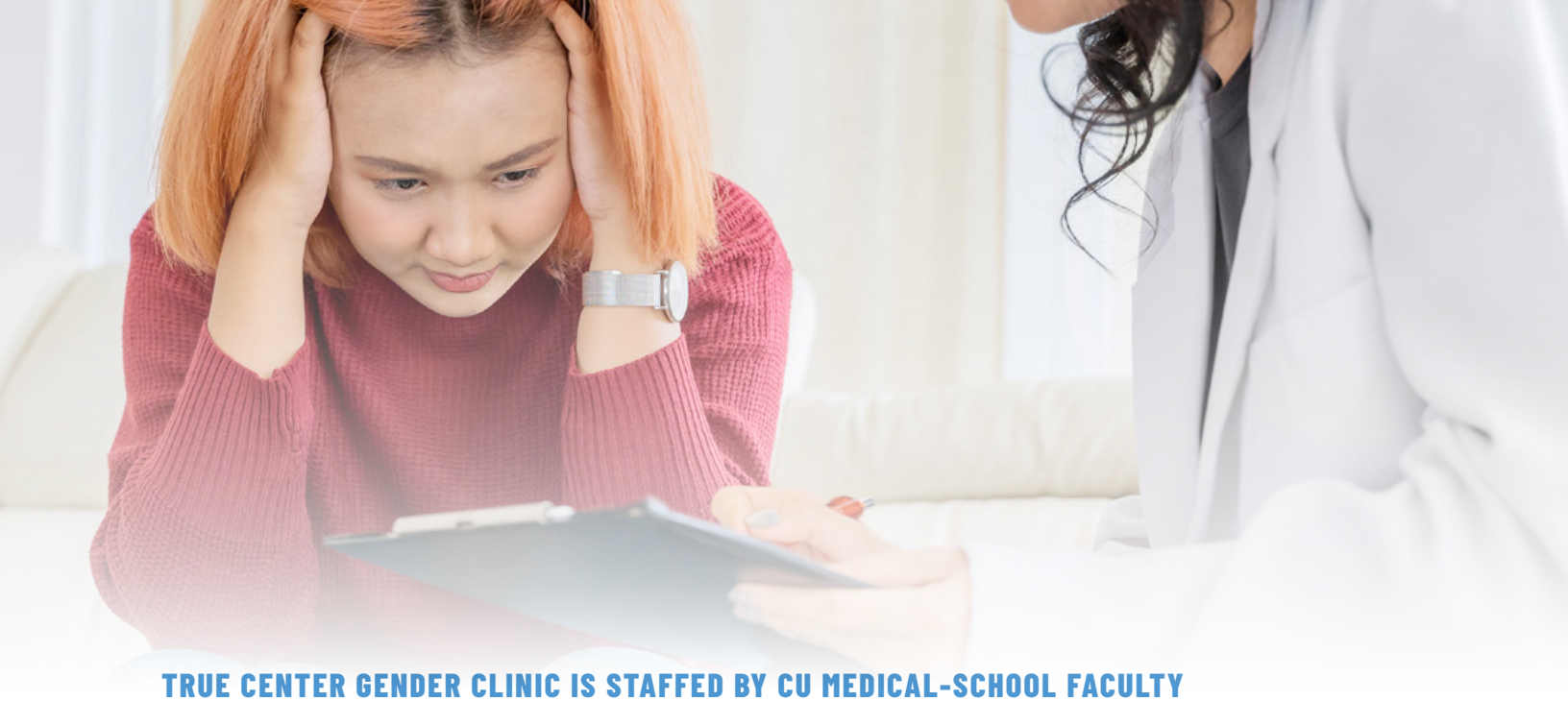
Children's Hospital Colorado is a nonprofit hospital system headquartered in Aurora, Colorado, and affiliated with the University of Colorado School of Medicine. The hospital offers puberty blockers, cross-sex hormones, and mental-health services to minors through its gender clinic, the TRUE Center for Gender Diversity.[48] According to the hospital's own court testimony, CU TRUE Center providers prescribed puberty blockers to 257 minors and cross-sex hormones to 549 adolescents in 2025 alone.[49]

In January 2026, Children's Hospital Colorado briefly suspended "gender-affirming care" procedures for transgender youth amid scrutiny from a federal investigation.[50] Just a few months later, in May 2026, the Colorado Supreme Court ordered the hospital to resume those procedures for existing patients.[51] Yet, likely owing to the ongoing federal investigation, by June 2026, doctors at the TRUE Center revealed they were not willing to provide sex-rejecting procedures for minors, citing legal concerns.[52]

In response to a CORA request for the job descriptions of select providers related to the TRUE Center, a 71-page document contains 10 faculty appointment packages — offer letters, job descriptions, non-compete agreements, and hiring forms — for physicians and clinicians affiliated with the CU School of Medicine. The appointments span from 1994 to 2023, with the TRUE Center appearing in records from 2019 onward.[53]

These documents establish that the TRUE Center's clinical gender-care facility is staffed by CU Medical School faculty, that at least one faculty member was specifically hired to provide care in transgender clinics, and that another was hired to research sex-rejecting hormonal therapy with the support of federal funds from an NIH grant.

48 Children's Hospital Colorado. ***TRUE Center for Gender Diversity.***
49 Rocky Mountain Voice. ***Children's Hospital Colorado insurance data tells one story—its testimony another.***
50 KUNC. ***Children's Hospital Colorado has suspended gender-affirming care for transgender youth amid a new federal investigation.***
51 Colorado Politics. ***Children's Colorado must resume care to transgender plaintiffs, state Supreme Court rules by 5-2.***
52 The Colorado Sun. ***Children's Hospital doctors refuse to provide gender-affirming care to trans youth, fearing criminal charges.***
53 **CU True Center.pdf,** pp. 1–16. Bogart offer letter and job posting.



TRUE CENTER GENDER CLINIC IS STAFFED BY CU MEDICAL-SCHOOL FACULTY

The appointment letters, a selection of which are further detailed below, reveal the organizational structure surrounding the TRUE Center.

The TRUE Center sits within Children's Hospital Colorado but is staffed by CU School of Medicine faculty. Faculty are employed by the University of Colorado, not by Children's Hospital Colorado directly, and payments from Children's Hospital Colorado flow to the university departments. CU Medicine (University Physicians, Inc.) handles all billing and collection for clinical services.[54]

DR. AMANDA BOGART: TRUE CENTER CLINICAL ROLE (2019)

Dr. Amanda Bogart was hired as an assistant professor in the Section of Adolescent Medicine, Department of Pediatrics, with a start date in August 2019 and an annual salary of $145,000. Her clinical time (0.9 cFTE) was explicitly divided among three clinical settings: 0.35 FTE in the Adolescent Medicine Clinic, 0.2 FTE in the TRUE Center, and 0.2 FTE in Family Planning/BC4U, a sexual- and reproductive-health program operated by Children's Hospital Colorado. The remaining 0.15 FTE was allocated to administrative time.[55]

The job posting for this position listed among the duties providing "clinical services to patients in the TRUE Center" and "reproductive and sexual health services to patients in BC4U." Among the preferred qualifications was "[e]xperience working with gender diverse youth and adolescents."[56]

This establishes the TRUE Center as a clinical program within Children's Hospital Colorado where CU School of Medicine faculty provide direct patient care. Additionally, this structure reflects a model in which sex-rejecting interventions, general adolescent medicine, and reproductive-health services share clinical expertise and remain housed within the broader Children's Hospital Colorado system.

54 **CU True Center.pdf**, pp. 40–42. CU Medicine Member Practice Agreement.
55 **CU True Center.pdf**, pp. 1–16. Bogart offer letter and job posting.
56 **CU True Center.pdf**, pp. 1–16. Bogart offer letter and job posting.

DR. NATALIE NOKOFF: GAC HORMONAL THERAPY RESEARCH (2018)

Dr. Natalie Nokoff was hired as an assistant professor in the Section of Endocrinology, Department of Pediatrics, effective January 2018, at an annual salary of $125,000. The position was specifically structured around transgender medicine and research.[57]

Her clinical duties (25 percent FTE) were described as "primarily the endocrine component of the transgender and DSD clinics, as well as inpatient service, including rounding on both endocrine and diabetes patients as needed." Her research duties (75 percent FTE) specified that she "will be expected to contribute to the Section research activities related to endocrine consequences of gender affirming hormonal therapy as well as effects of sex steroids on metabolism," including preparation of grant applications, clinical research, manuscripts, and presentations.[58]

The job description stated that the employee "[i]mplements research projects related to exploring the endocrine consequences of gender affirming hormonal therapy." Preferred qualifications included "[e]xperience in research related to gender affirming hormonal therapy."[59]

FEDERAL FUNDING OF 'GENDER-AFFIRMING' RESEARCH AND CLINICAL CARE: NIH BIRCWH AWARD

Dr. Nokoff's salary was funded from two sources: 25 percent from the endocrinology operating fund and 75 percent from a BIRCWH award. BIRCWH stands for Building Interdisciplinary Research Careers in Women's Health — an NIH K12 institutional career-development award that funds researcher salaries for protected research time.

BREAKDOWN OF DR. NOKOFF'S SALARY SOURCES

Source of Funding (include speed types)
ST68029308 (endo operating fund) – 25%
ST63015148 (BIRCWH award speedtype) – 75%

The NIH award itself, amounting to $510,032 in 2018, contains no mention of sex-rejecting research and is merely described as being focused on researching women's health and sex differences in healthcare.[60] Further, CU School of Medicine's own site on the BIRCWH program also contains no mention of its focus on sex-rejecting research, instead mentioning only that research must be "relevant to women's health."[61]

The fact that Dr. Nokoff's primary research focus was sex-rejecting hormonal therapy raises a question about whether NIH funds meant for studying women's health issues were instead supporting a researcher whose work primarily centered on the endocrine effects of pediatric sex-rejecting interventions.[62] This appears to be a gross misuse of taxpayer funding for ideologically driven pet projects pushing sex-rejecting gender ideology.

57 **CU True Center.pdf**, pp. 34–45. Nokoff offer letter and job description.
58 **CU True Center.pdf**, pp. 34–45. Nokoff offer letter and job description.
59 **CU True Center.pdf**, pp. 34–45. Nokoff offer letter and job description.
60 NIH RePORTER. ***The Colorado Building Interdisciplinary Research Careers in Women's Health Program.***
61 CU School of Medicine. ***Building Interdisciplinary Research Careers in Women's Health (BIRCWH).***
62 **CU True Center.pdf**, pp. 34–45. Nokoff offer letter and job description.

CU SCHOOL OF MEDICINE CURRICULUM UNFLINCHINGLY SUPPORTS THE 'GENDER-AFFIRMING CARE' MODEL

At the University of Colorado School of Medicine, internal documents show that the first-year medical-student curriculum is rife with DEI principles and unflinching support for youth sex-rejecting interventions. Students beginning their medical educations spend just days learning essential topics such as patient safety and systematic reviews, while entire weeks are devoted to topics titled "Climate Change," "LGBTQ+ Health," "Unstable Housing," etc.

Further, CU School of Medicine's "LGBTQ+ Health" curriculum is heavily influenced by external political groups that advocate for pro-"gender-affirming care" policies within the state. One Colorado, the self-described largest pro-LGBTQ+ advocacy group in the state, is heavily featured throughout the "LGBTQ+ Health" lesson plan and is presented as a primary resource for CU medical students.

As a result, this curriculum heavily favors a pro-GAC stance and appears to be singularly focused on enabling the sexual "transition" of minors. These documents show that Colorado's future physicians are taught to follow a five-year-old child's lead in exploring his or her gender incongruence, convince parents that irreversible gender "transition" is the right choice for a child with gender dysphoria, and even hide aspects of a child's gender "transition" from his or her own parents. The materials offer no discussion of the fact that many U.S. states and Western European nations have restricted sex-rejecting procedures in recognition of the fact that the known risks exceed the uncertain benefits.

MEDICAL SCHOOL FIRST-YEAR CURRICULUM HEAVILY FOCUSED ON DEI AND GAC

The University of Colorado School of Medicine's first-year curriculum is advertised as a standard education in the medical and clinical sciences, with three main pillars focusing on medical science, clinical science, and health/society.[63] While much of the curriculum covers relevant scientific study, internal documents show that a significant portion of the "Health and Society" sessions are more focused on indoctrinating medical students into a radical political ideology than on ensuring a solid foundation in medical education.[64]

In the 2024–2025 class, the very first week of students' medical education was spent on "Structural Racism," a component of the first course, "Foundational Principles." As the year progressed, students were required to study topics such as "Climate Change," "LGBTQ+ Health," "Unstable Housing," "Advocacy," "Reproductive Justice," and more.

According to CU's medical school, each of these politically charged topics is just as essential as the actual medical education of first-year medical students. These students are forced to switch between relevant medical principles and those concerning social justice.

For example, while students are in the middle of a course covering "Pulmonary & Cardiovascular Systems," they go from studying "LGBTQ+ Health" to "Power, Privilege, and Position" before finally getting around

63 CU School of Medicine. ***Plains Pre-clerkship Curriculum.***
64 CU School of Medicine. ***AMC CORA 0133.***

to "Patient Safety & Quality Improvement." One can only hope that the time spent on these ideologically driven topics does not detract from students' knowledge of patient safety.

"HEALTH AND SOCIETY" SESSIONS FOR PULMONARY & CARDIOVASCULAR SYSTEMS COURSE BLOCK FOR FIRST-YEAR CU MEDICAL STUDENTS

Pulmonary & Cardiovascular Systems	11/6/24	Transitions of Care
		IPE Synchronous Module 7
	11/13/24	EBM Critical Appraisal - Diagnostic Studies
		PIF 2
	11/20/24	LGBTQ+ Health
	12/4/24	Power, Privilege, and Position
	12/11/24	Introduction to Patient Safety & Quality Improvement
		Interpreter Use, Religion, and Spirituality
	12/18/24	Collaborative Leadership
		PIF 3

The full list of courses with questionable medical value are listed below.[65]

- Foundational Principles
  - "Structural Racism"
- Hematologic & Lymphatic Systems
  - "Recognizing and Addressing Bias"
- Gastrointestinal Systems
  - "Climate Change"
- Pulmonary & Cardiovascular Systems
  - "LGBTQ+ Health"
  - "Power, Privilege, and Position"
- Renal & Urinary Systems
  - "Incarceration"
- Musculoskeletal & Integumentary Systems
  - "Unstable Housing"
- Endocrine & Metabolic Systems
  - "Refugee & Immigrant Health"
  - "Health of Indigenous People"
- Reproductive System & Life Cycle
  - "When Policy Impacts Care"
  - "Advocacy"
  - "Reproductive Justice"
  - "Advocacy Panel"

One should question why the University of Colorado is subjecting its medical students to 13 weeks' worth of political indoctrination while spending only a few days on such critical topics as patient safety, systematic reviews, and other necessary skills for future physicians.

65 CU School of Medicine. ***AMC CORA 0133***.

"LGBTQ+ HEALTH" CURRICULUM PROMOTES ADVOCACY MATERIALS FROM PRO-GAC GROUPS

CU School of Medicine's 2024–2025 "LGBTQ+ Health" curriculum uncritically supports the so-called affirmation model and is littered with resources and references to political advocacy groups aiming to expand "gender-affirming care" in the state. Chief among them is One Colorado, a group that fully supports the expansion of sex-rejecting interventions for Coloradan minors.

To start, the curriculum's "Facilitator Guide" defines the learning objectives of the "LGBTQ+ Health" course, which include a heavy focus on so-called gender identity. These learning objectives are listed as:[66]

- "Define and differentiate between sex, gender, gender role, gender identity, and sexual orientation"
- "Describe the historical context of healthcare treatment of LGBTQ+ persons and how this impacts LGBTQ+ health"
- "Describe the development of gender identity"
- "Describe health inequities experienced by LGBTQ+ patients"

Students have just two required readings before the course, one of which is a report from the organization One Colorado.[67] This group is not an unbiased scientific resource but is instead a LGBTQ+ advocacy organization focused on enacting policies that include full access to sex-rejecting interventions for minors in the state.[68]

This report, entitled "Closing the Gap: The turning point for LGBTQ Health," is both a primer on the state of LGBTQ+ policies in Colorado and an examination of the results from a self-reported survey of the LGBTQ+ population in Colorado.[69] Included in the report are several policy recommendations that support sex-rejecting interventions for minors, specifically:[70]

- Require carriers with plans in Colorado to cover comprehensive, medically necessary "transition"-related care
- Ensure accessibility of providers who will prescribe hormone therapy and can perform "gender-affirming" surgeries
- Require collection of demographic data on sexual orientation, gender identity, and sex "assigned" at birth
- Increase access to affordable care for LGBTQ+ Coloradans, including insurance coverage for "gender-affirming care" and the banning of "conversion therapy" used to discourage gender "transition"
- Require Colorado's health systems to provide gender-neutral bathrooms, adopt policies on the use of preferred pronouns, ensure that healthcare employees undergo mandatory LGBTQ+ trainings, and have programs incentivizing — even requiring — providers to accept Medicaid patients
- Require providers to "educate all patients on the importance of their sexual orientation and gender identity to their overall health"
- Require providers to "advocate on behalf of patients accessing LGBTQ-specific care - including gender-affirming care - which includes, but is not limited to, navigating prior authorization processes and appealing insurance coverage denials."

66 CU School of Medicine. ***LGBTQ+ Health Facilitator Guide.*** (p. 1)
67 CU School of Medicine. ***LGBTQ+ Health Facilitator Guide.*** (p. 1)
68 One Colorado. ***Home Page.***
69 One Colorado. ***Research: Closing the Gap (2018).***
70 One Colorado. ***Closing the Gap: The turning point for LGBTQ Health.*** (pp. 30-34)

One Colorado is not only pushed on medical students at the beginning of the "LGBTQ+ Health" curriculum, but it is also listed at the end of the course as the top resource for students who are "interested in becoming more involved." Included alongside this call to action are two other Colorado-based pro-transgender organizations and a list of resources that argue in favor of "gender-affirming care."[71]

EXCERPT FROM "LGBTQ+ HEALTH" CURRICULUM PROMOTING GAC ADVOCACY GROUPS

Curious? Committed?

If you are interested in becoming more involved, here are some community based coalitions to consider:

One Colorado—The state's leading advocacy organization dedicated to advancing equality for lesbian, gay, bisexual, transgender, and queer (LGBTQ) Coloradans and their families. We effectively advocate for LGBTQ Coloradans and their families by lobbying the General Assembly, executive branch, and local governments on issues like safe schools, transgender equality, relationship recognition, and LGBTQ health and human services.

The Center on Colfax—The largest LGBTQ community center in the Rocky Mountain region, giving voice to Colorado's lesbian, gay, bisexual, transgender, and queer (LGBTQ) community and playing a pivotal role in statewide initiatives to reduce harassment and discrimination. Today we are focused on fulfilling our mission by ensuring that every member of the LGBTQ community has access to the programs and resources they need to live happy, healthy, and productive lives.

Transgender Center of the Rockies—The Transgender Center of the Rockies provides holistic gender-affirming services to support transgender and gender-expansive individuals.

One Colorado has done the following in support of radical gender ideology and the expansion of sex-rejecting interventions for minors:

- Released a statement in support of full access to "gender-affirming care" for minors in Colorado.[72]
- Claimed to have "led the way" in defeating ballot initiatives[73] that would have banned "gender-affirming care" for minors, enshrined parental rights in the state constitution, required teachers to notify parents if a student is experiencing gender incongruence, and banned boys from competing in girls' sports.[74]

71 CU School of Medicine. ***LGBTQ+ Health Facilitator Guide.*** (pp. 12-13)
72 One Colorado. ***Joint Statement in Support of Gender Affirming Care in Colorado.***
73 One Colorado. ***One Colorado Celebrates Victory: No-Anti Trans Initiatives on November Ballot.***
74 BallotPedia. ***Colorado 2024 ballot measures.***

- Congratulated the Colorado Department of Health Care Policy & Financing (HCPF) for updating Colorado's Medicaid policies to cover "gender-affirming care," including for minor patients.[75]
- Supported a 2023 law that protects "gender-affirming care" providers from out-of-state prosecutions, a 2021 law that makes gender identity a protected class, a 2020 law that simplifies the process for minors to change the gender on their birth certificate, and a 2019 law that allows minors as young as 12 to obtain psychotherapy without parental consent (including "gender-affirming" therapy).[76]
- Supported the falsely labeled "conversion therapy ban,"[77] which, in reality, banned therapists from practicing non-affirming talk therapy for minors with gender incongruence. The Supreme Court has since ruled that the law cannot be enforced.[78]
- Released a statement in support of Gender and Sexuality Alliances (GSAs) in local schools and communities.[79] In recent years, these exact programs have been accused of luring children into after-school activities where they are indoctrinated with gender ideology, told they are transgender, and instructed that it is okay to lie to their parents about the program.[80]

This undue influence from a political advocacy organization on the medical education of future physicians is troubling and exhibits a clear ideological bent within the administration of the CU School of Medicine.

"LGBTQ+ HEALTH" CURRICULUM CONTENT SINGULARLY PROMOTES THE "GENDER-AFFIRMING CARE" MODEL

The content of the 2024–2025 "LGBTQ+ Health" curriculum at CU School of Medicine is shockingly radical. From the course documents provided, it appears to be fully committed to the provision of sex-rejecting interventions for minors. At no point are there reasonable discussions of alternative treatments beyond affirming a child's gender "transition." Instead, Colorado's future physicians are taught to follow the child's lead if he or she expresses any sign of gender incongruence, convince parents that irreversible gender "transition" is the right choice for their child, and even assist in hiding aspects of a child's gender "transition" from his or her parents.

In the primary case presented in the course, the example of a five-year-old boy describes a young child who "sometimes says he's a girl and likes to wear dresses." Students are taught to follow the child's lead even on a routine doctor's visit, while providing a "supportive environment." Students are taught that, at 18 months old, a child can distinguish between gender identities and, by age six, can develop his or her own gender identity.[81]

75 One Colorado. ***HCPF Updates Gender-Affirming Insurance Policy.***
76 One Colorado. ***State Advocacy.*** (Bill success: SB23-188; HB21-1108; SB20-166; HB19-1120)
77 One Colorado. ***Colorado to Become the 18th State to Ban Conversion Therapy.***
78 Fox News. ***Supreme Court blocks Colorado's so-called 'conversion therapy' ban on First Amendment grounds.***
79 One Colorado. ***One Colorado Supports and Affirms Statewide, Local GSA Clubs.***
80 Coloradoan. ***PSD cut ties with LGBTQ+ group after parent complaint about after-school club.***
81 CU School of Medicine. ***LGBTQ+ Health Facilitator Guide.*** (p. 2)

EXCERPT FROM "LGBTQ+ HEALTH" CURRICULUM TEACHING ON GENDER-IDENTITY DEVELOPMENT

Case Discussion

Case 1, Part 1:

Kaiden Garcia is a 5-year-old boy who comes with his father, Dylan, for a routine well-child check. Dylan reports that Kaiden has been doing well overall. As you begin to interview Kaiden, Dylan hesitatingly interjects, "There's just one thing....Kaiden is going to be starting kindergarten in the Fall...and he sometimes says he's a girl and likes to wear dresses. I'm worried about what the other kids will think..."

Discussion Questions:

1. *How would you respond? What is the process of gender identity development?*

Key Points:

- Gender identity development is a process, and it is too early to draw any conclusions.
  - In childhood, learning about gender starts early, and progresses through many stages. In their review of gender development in childhood, Perry, Pauletti, and Cooper describe eight dimensions of gender identity: (1) gender self-categorization, (2) felt same-gender typicality, (3) felt other-gender typicality, (4) gender contentedness, (5) felt pressure for gender differentiation, (6) intergroup bias, (7) gender centrality, and (8) gender frustration.[1]
  - By age 18-24 months most children can categorize their own and others' gender, and by age 6, have a developed gender identity.
  - Development of identity is an individual and social process and shaped by external surroundings coupled with numerous psychological and biological factors that influence gender identity.

Students are then instructed to get more information from the child's parent and to ask questions concerning signs of gender nonconformity and gender incongruence: how the child likes to dress, which toys the child plays with, if any body parts bother the child, and if the boy in the case wishes he were a girl.[82]

If the child expresses the slightest hint of gender incongruence — "I feel like most days I'm a girl" — students are instructed to "discuss [the] possibility of therapy" as a means of support, discuss possible steps to "transition" the child if he or she is "consistent, insistent, and persistent" about a gender identity different from his or her biological sex, and recommend resources from local LGBTQ+ groups.[83]

If parents are not supportive of "transitioning" their child, students are instructed to confront them with the fallacious claim[84] that their rejection will risk adverse mental-health outcomes, including suicide. Contrarily, affirming the child's gender will allegedly increase self-esteem, social support, and general health and protect against depression, drug use, and suicidal ideation.[85]

If parents ask about therapy options to discourage their child's gender incongruence, students are falsely instructed that this is "conversion therapy" and is both ineffective and will increase the child's risk of mental-health problems in the future.[86]

82 CU School of Medicine. ***LGBTQ+ Health Facilitator Guide.*** (p. 3)
83 CU School of Medicine. ***LGBTQ+ Health Facilitator Guide.*** (p. 4)
84 Do No Harm. ***The Truth About State Transgender Laws and Child Suicide.***
85 CU School of Medicine. ***LGBTQ+ Health Facilitator Guide.*** (p. 4)
86 CU School of Medicine. ***LGBTQ+ Health Facilitator Guide.*** (pp. 4-5)

EXCERPT FROM "LGBTQ+ HEALTH" CURRICULUM TEACHING STUDENTS THAT NON-AFFIRMING THERAPY IS TANTAMOUNT TO "CONVERSION THERAPY"

4. *What if they ask about reparative therapy?*
    - "Reparative" or "conversion" therapies are practices that claim to change a person's sexual orientation or gender identity or expression. "It is premised on a belief that an individual's sexual orientation or gender identity can be changed and that doing so is a desirable outcome for the individual, family, or community. Other terms used to describe this practice include sexual orientation change effort (SOCE), reparative therapy, reintegrative therapy, reorientation therapy, ex-gay therapy, and gay cure."[23]
    - Approximately 2-17% of the LGBTQ+ population report being exposed to conversion therapy. To date, there is no sound evidence that conversion therapy is effective. Currently available research suggests that conversion therapy is harmful, leading to increased stigma, shame, PTSD, and worsened mental health. One study found that individuals exposed to conversion therapy were significantly more likely to experience serious mental health issues.[24]
    - Most major medical organizations have repudiated conversion therapy—World Medical Association; American Psychological Association and 28 other health organizations have advocated for an end to conversion therapies citing professional ethics, lack of evidence on the efficacy of conversion therapies, and documented harm from treatment.

The module continues following this five-year-old boy, who is now 11 and has socially "transitioned" (i.e., dresses and asks to be recognized as a girl). The parents are interested in starting him on puberty blockers. This gives students the opportunity to discuss statewide bans on "gender-affirming care," something the course clearly argues is harmful and "targeting" to LGBTQ+ populations.[87]

EXCERPT FROM "LGBTQ+ HEALTH" CURRICULUM ARGUING THAT STATEWIDE GAC BANS ARE HARMFULLY TARGETING LGBTQ+ POPULATIONS

Case 1, Part 3:
KG, now 11, is seeing you to re-establish care. You have not seen them in the past 4 years as the family moved out of state.

When you ask, she informs you that she would like to be addressed as Katerina and uses she/her pronouns. Katerina has continued to express her gender identity as female.

Her parents recently moved back to Colorado because they were concerned about Katerina's overall health. They have noted that she has seemed more withdrawn and anxious than usual. They had been talking to a pediatrician about the possibility of starting puberty blockers when their state passed legislation banning transgender care for children. They decided to move back to Colorado so Katerina could get care.

Discussion Questions:

1. *What is the impact of governmental involvement in healthcare at the individual, community, and structural levels? What are the potential benefits of government involvement in healthcare? What are the potential harms?*
    - This is an opportunity for open dialogue for the group with no right answer.
    - Some potential benefits include public health measures, CDC for infection prevention, FDA for medication safety and regulation, NIH funding for research, government funding for vaccine development, etc.
    - Some potential harms include targeting of certain populations (e.g., LGBTQ+ patients), regulation of reproductive health options; may lack full understanding of medical evidence/practices; potential interference of the provider-patient relationship

87 CU School of Medicine. ***LGBTQ+ Health Facilitator Guide.*** (p. 6)

At 15, the same child has been on puberty blockers for three years and wants to start taking cross-sex hormones (in this case, estrogen) but doesn't want his parents to find out. While the course does note that parental consent is required for "gender-affirming" procedures, students are also taught about ways in which certain parts of a child's health record can be kept confidential from his or her parents. Parents generally have access to electronic health records, but the curriculum notes that some organizations restrict access to certain visit notes after a patient turns 12 by using, for example, "minor consent notes," which are generally not accessible to parents "even if they request the medical record."

Further, to avoid an "Explanation of Benefits (EOB)" statement that gives parents information on their child's medical treatments, the course explains that some providers will not bill insurance to avoid generating an EOB. Specifically, it's noted that Children's Hospital of Colorado has "work arounds" by which they schedule confidential visits and "bill it differently, but it is not easy."[88]

While this section is housed entirely within a case study focusing on sex-rejecting interventions, the statements covering confidentiality from parents seem to refer to general care areas such as contraception or sexually transmitted infection (STI) testing and treatment. Broadly extended restrictions on parental access to adolescent health records has become a pernicious issue in the realm of electronic records, as Do No Harm has covered in the past.[89]

EXCERPT FROM "LGBTQ+ HEALTH" CURRICULUM INSTRUCTING STUDENTS TO HIDE ASPECTS OF GENDER "TRANSITION" FROM PARENTS

Case 1, Part 4:
Katerina is now 15 years old. She and her parents decided to initiate puberty blocking medications at age 12 (tanner stage 2) to provide some additional time to consider their options.

She has started dating someone who is genderqueer and would like STI testing. She would also like to discuss the possibility of taking estrogen. She is worried about what will show up on insurance bill and also parental access to her Electronic Health Record. "What do you need to put in the chart? I don't want my parents to find out."

Discussion Questions:

1. *How do you advise Katerina? What care, if any, could be provided confidentially?*
    - In general, visits related to gender affirming care with a medical provider are not covered under confidential care for an adolescent. Depending on the state, visits about gender with a behavioral health provider may be covered as confidential.
    - Parents would generally have access to the visits in the electronic health record (21st Century Cares Act, open notes).
        - Some organizations (such as Denver Health) restrict access to visit notes in the electronic record to the patient once they turn 12 years of age.
            - Specific to Children's Hospital Colorado: Has "Minor Consent Notes" which are in the chart but confidential and not released to the parents even if they request the medical record. This is usually where providers document the HEADSSS exam; this information is confidential as long as there are no concerns for safety issues.
        - Any visits, lab tests, medication orders (contraception, antibiotic for STI, etc.) may generate an Explanation of Benefits (EOB) if the patient has private insurance. The care will be confidential but associated charges may not be.
            - Some practices have safeguards to not charge insurance.
            - Medicaid does not send an EOB.
            - CHCO has work arounds for this – basically they schedule a separate confidential visit and bill it differently, but it is not easy

88 CU School of Medicine. ***LGBTQ+ Health Facilitator Guide.*** (p. 8)
89 Do No Harm. ***Parental Access to Their Children's Medical Records is Under Attack.***

If the parents are unwilling to approve cross-sex hormones, students are essentially instructed to convince the parents to approve them by finding "commonalities (e.g., everyone wants to do what is best for Katerina)." Students are also told that the child can decide "what and how much she wants the provider to share with her parents." The practical effect of this could be that parents end up approving an intervention without truly understanding what the "treatment" entails.[90]

EXCERPT FROM "LGBTQ+ HEALTH" CURRICULUM INSTRUCTING STUDENTS HOW TO FIND "COMMONALITIES" WITH PARENTS IN ADVISING ON "GENDER-AFFIRMING" HORMONE THERAPY

2. *What would you advise regarding gender-affirming hormone therapy? (Note that we will focus on clinical care for LGBTQ+ patients in 2nd year)*
   - Discuss guidelines with Katerina and that these can cause permanent body changes and for someone under 18 years old, **parental consent is needed.**
     - Assess mental health, depression, suicidality. If parents are not supportive, see if Katerina is willing to wait until she is 18 (some patients are)
   - If she is not willing to wait until 18, you can discuss with Katerina what and how much she wants the provider to share with her parents. Providers can offer to meet with her parents separately; then meet with everyone together.
     - Goal is to find commonalities (e.g., everyone wants to do what is best for Katerina)
       - Hear parents' concerns.
       - Discuss concerns on both sides.
       - See if family therapy is an option.
       - Find a time to see them all back and continue discussing if they are willing

To end the case study, students are taught that, by age 16, most adolescents have sufficient mental capacity to pursue gender "transition," which, the course notes, is a "(partly) irreversible" procedure that will potentially result in patients' sterilization.[91] Students are also given instruction on sex-rejecting surgeries, including the instruction that there are no age minimums for "chest surgeries" (which require only a note from a therapist) and that "bottom surgeries" for minors are permissible if there is parental consent along with a letter from a physician and two therapists.[92] Notably, these types of surgeries are almost never performed on minors outside of the U.S.,[93] and activists routinely insist that they are not performed *in* the U.S. despite abundant evidence to the contrary.[94]

90 CU School of Medicine. ***LGBTQ+ Health Facilitator Guide.*** (p. 9)
91 CU School of Medicine. ***LGBTQ+ Health Facilitator Guide.*** (p. 9)
92 CU School of Medicine. ***LGBTQ+ Health Facilitator Guide.*** (p. 9)
93 Do No Harm. ***Reassigned Report.***
94 Gender Clinic News. ***Not up to standard.***

COLORADO SCHOOL OF PUBLIC HEALTH LGBTQ+ YOUTH-ENGAGEMENT PROGRAMS

The Colorado School of Public Health is a collaborative school of public health representing the University of Colorado, Colorado State University, and the University of Northern Colorado. On its shared campus with CU School of Medicine, the school has administered a program for "queer" youth, wherein Colorado youths are recruited, paid to attend LGBTQ+ group sessions, and provided with several resources pushing gender ideology, including some that provide trans-identifying youth with sex-rejecting resources. Notably, a program administrator for the period reviewed has connections to the CU TRUE Center, and the school itself recruits from School-Based Health Centers.

THE CQYN PROGRAM — PAID SESSIONS FOR QUEER YOUTHS IN RURAL COLORADO

Based on records reviewed from 2023 to 2024, Colorado's Queer Youth Network (CQYN) has been administered by the Colorado School of Public Health on the CU Anschutz campus.[95] The program has been staffed by youth engagement specialist Noah Jansen and co-facilitated by Dionisio Taitano Samora.[96]

CQYN is a virtual, Zoom-based weekly group for "queer" youth ages 12–18 (some recruitment materials say 12–19 or 13–19) living in rural Colorado, defined as 30 miles or more from a queer-serving organization. Each semester runs for 12 sessions — for example, September 19 through December 19, 2024, on Thursdays from 4:30 to 6:00pm. The program uses a methodology called YPAR (Youth Participatory Action Research), employs an "arts-based inquiry process," and allows participants to explore individual and community-level wellbeing needs.[97]

Participants are paid $40 per meeting attended. Recruitment emails explain this payment as one that values "you taking time out of your week to join us." Free art supplies are also provided to each participant.[98] In one email, Jansen offered a participant the option of applying his or her participation stipend toward a tablet he or she could keep.[99] Participants are instructed to complete a W-9 form to join, indicating that these payments are formal taxable compensation.[100]

Parental consent is required for participants under the age of 18, via a permission form signed by a parent or guardian — although it is unclear how that consent is verified. Recruitment emails note that the waiver was crafted "with care and attention, knowing that each of us has a unique situation and different levels of support from our close communities and families."[101]

95 CU School of Medicine. ***Artful Healing: How Colorado's Queer Youth Network is Crafting Community and Strengthening Mental Wellness, One Creative Journey at a Time.***
96 AMC CORA-000047. (**Noah Jansen CU Emails**). CQYN recruitment and program emails.
97 AMC CORA-000084. (**Noah Jansen CU Emails**). CQYN recruitment and program emails.
98 Ibid.
99 AMC CORA-000017 (**Noah Jansen CU Emails**). Email offering tablet purchase.
100 AMC CORA-000072 (**Noah Jansen CU Emails**). W-9 form attachment.
101 AMC CORA-000084 (**Noah Jansen CU Emails**). CQYN recruitment and program emails.

CQYN PROVIDED YOUTH WITH GENDER-"TRANSITION" RESOURCES, RECRUITED FROM PRIDE EVENTS AND LOCAL/NATIONAL LGBTQ+ GROUPS

CQYN recruitment emails consistently list the following as resources available to queer youth in Colorado — many of which promote youth gender ideology and/or provide youth gender-"transition" resources:[102]

- The Trevor Project, a national LGBTQ+ advocacy organization that produces research in support of gender ideology,[103] lobbies to enact policies enabling youth gender "transition,"[104] and provides informational resources on gender identity[105] and transgender youth issues.[106]
- YouFlourish app, a Colorado-based app that connects LGBTQ+ Coloradans with "mental health and healthcare professionals who are affirming of LGBTQ+ identities." There is no mention of an age requirement for users of the app.[107]
- The Center on Colfax, a Denver-based LGBTQ+ community center[108] that operates Rainbow Alley — described as "[a]n affirming environment for LGBTQ youth (ages 10-17) and their allies," including programs, events, and resources.[109]
- Splash NoCo, a Northern Colorado-based advocacy group that "serve[s] LGBTQIA+ youth ages 5-24, their families, schools, and community connections," with a goal to "affirm their identities by creating positive social experiences, advocating for their rights, and building communities of belongingness so that young people can thrive."[110] The group advertises several resources for trans-identifying youth[111] and operates the KweerStMarket where youths aged 12–24 sell pride merchandise.[112]
  - According to a 2021 parent complaint, a 12-year-old student attended a school club she allegedly understood to be an after-school art club. The event, a Genders and Sexualities Alliance meeting, featured a guest speaker from Splash NoCo who allegedly discussed gender-identity issues with the students.[113] Following this incident, the Poudre School District cut ties with Splash NoCo.[114]
- Rainbow Youth Center Four Corners, a Durango-based LGBTQ+ youth center which describes itself as "becoming the go-to resource in the community for 2SLGBTQIA+ issues."[115] It offers a monthly "Playgroup" for transgender and non-binary children aged 3–11, provides "2SLGBTQIA+" workshops and trainings,[116] and has an entire page dedicated to resources for queer youth — including links to financial resources for LGBTQ+ students.[117]

102 AMC CORA-000001, -000036, -000039, -000044, -000047, -000072, -000084, -000086, -000372, -000400, -000415 (**Noah Jansen CU Emails**). CQYN recruitment and program emails.
103 The Trevor Project. ***Gender Euphoria and Mental Health in TGNB Young People.***
104 The Trevor Project. ***Advocacy & Government Affairs.***
105 The Trevor Project. ***Understanding Gender Identities & Pronouns.***
106 The Trevor Project. ***Guide to Being an Ally to Transgender and Nonbinary Young People.***
107 KKTV. ***New app You Flourish launches in Colorado to support LGBTQ+ mental health.***
108 The Center on Colfax. ***Welcome to The Center on Colfax!.***
109 The Center on Colfax. ***Rainbow Alley.***
110 SPLASH Youth of Northern Colorado. ***About Us.***
111 SPLASH Youth of Northern Colorado. ***Resources.***
112 SPLASH Youth of Northern Colorado. ***KweerStMarket.***
113 Defending Education. ***12-year-old student invited to after-school art club finds herself in a meeting about trans and queer identity where she is told to keep secrets and that parents aren't safe.***
114 Coloradoan. ***PSD cut ties with LGBTQ+ group after parent complaint about after-school club.***
115 Four Corners Rainbow Youth Center. ***About Us.***
116 Four Corners Rainbow Youth Center. ***Welcome to our Programs!.***
117 Four Corners Rainbow Youth Center. ***A Message From Our Youth.***

- Loving Beyond Understanding, a Grand Junction-based community organization for LGBTQ+ people of all ages which describes itself as a "resource hub" providing "[o]n-[s]ite LGBTQ+ specialized resource navigation" and "[a]ll-ages programming throughout the week."[118] They offer several training courses[119] and events focused on pushing gender ideology.[120]
- I Matter, detailed earlier in this report.
- Mountain Pride, an Edwards-based advocacy group that provides resources to "LGBTQIA+ people in small towns and rural communities" and hosts an annual Pride event.[121] They offer an entire section of "Gender Affirming Resources."[122]
  - Give Us The Floor, a San Francisco-based "2SLGBTQIA+ youth" support group that notes, "[W]e specialize in support for Queer and Trans youth."[123] The group provides "Youth Facilitator" trainings for "2SLGBTQIA+ youth,"[124] operates a "gender-affirming clothing swap,"[125] and provides a number of resources for transgender youth.[126]
- Inside Out, a Colorado Springs-based advocacy group focusing on "LGBTQIA2+ young people"[127] that operates a "Transparenting" group that provides resources for "parents and families of transgender and nonbinary children."[128]
- Open & Affirming Sexual Orientation & Gender Identity Support (OASOS), a now-defunct Boulder-based advocacy group for "LGBTQ+ youth,"[129] which provided "[a]dvocacy, support, and referrals."[130]

Jansen recruited CQYN participants at Pride events around Colorado (Pueblo and others),[131] through social media,[132] and through a network of partner organizations including[133] Inside Out, Mountain Pride, Give Us The Floor, OASOS, and Southern Colorado Equality Alliance, a Pueblo-based "LGBTQIA+ and ally" advocacy group[134] that operates a "Transgenerations Support Group."[135]

JANSEN PREVIOUSLY COLLABORATED ON A PROJECT THAT RECRUITED YOUTHS FROM SCHOOL-BASED HEALTH CENTERS

In March 2024, at the same time as Jansen's various CQYN recruitment drives, he was contacted by an administrator from the Colorado School of Public Health to review a shared spreadsheet created as a recruitment tool for reaching out to "school district/personnel folks." The email requested that Jansen suggest additional names to help "engage diverse perspectives" — such as those connected to School-Based Health Centers — in the outreach. It also notes an upcoming meeting with Jansen on the subject.[136]

118 Loving Beyond Understanding. ***The Center.***
119 Loving Beyond Understanding. ***Trainings.***
120 Loving Beyond Understanding. ***Programs.***
121 Mountain Pride. ***About Us.***
122 Mountain Pride. ***Resources.***
123 Give Us The Floor. ***Our Vision.***
124 Give Us The Floor. ***Become a Youth Facilitator.***
125 Give Us The Floor. ***I'm Here: A Clothing Swap & Self-Expression Event.***
126 Give Us The Floor. ***Resources.***
127 Inside Out Youth Services. ***About IOYS.***
128 Inside Out Youth Services. ***Transparenting.***
129 Boulder County. ***OASOS.***
130 Whole Connection. ***OASOS (Open & Affirming Sexual Orientation & gender identity Support).***
131 AMC CORA-000017, -000027, -000036, -000041, -000044, -000057, -000064, -000069, -000074. (**Noah Jansen CU Emails**). CQYN recruitment and program emails.
132 AMC CORA-000086 (**Noah Jansen CU Emails**). CQYN recruitment and program emails.
133 AMC CORA-000039, -000047, -000057, -000086, -000383 (**Noah Jansen CU Emails**). CQYN recruitment and program emails.
134 Southern Colorado Equality Alliance. ***Home Page.***
135 Southern Colorado Equality Alliance. ***Transgenerations Support Group.***
136 AMC CORA-000722 (**Noah Jansen CU Emails**). SBHC recruitment emails.

EMAIL SHOWING COLORADO SCHOOL OF PUBLIC HEALTH REQUEST THAT JANSEN SUGGEST NAMES TO HELP "ENGAGE DIVERSE PERSPECTIVES," INCLUDING THOSE OF SBHCS

Message

From: Stewart, Elisabeth [@CUANSCHUTZ.EDU]
Sent: 3/9/2024 9:25:04 AM
To: Kennedy, Heather [@CUANSCHUTZ.EDU]; Jansen, Noah [@CUANSCHUTZ.EDU]
Subject: Contact Sheet_School Committee - Please add by 3/14 if you have suggestions

Hi Heather and Noah,

Please see the shared spreadsheet that AD Solutions has begun to put together as a recruitment tool in reaching out to school district/personnel folks. For this list, we are hopeful to engage diverse perspectives (urban, suburban, rural, school health professionals, district substance misuse prevention units, school-based health centers, etc.) in this outreach. If you have names that come to mind, please add by 3/14 prior to our meeting.

Let me know if you have questions in the meantime,

Beth

Beth Stewart (she/her/hers), MPH
Senior Project Coordinator, Rocky Mountain Public Health Training Center https://www.rmphtc.org/
Center for Public Health Practice | Colorado School of Public Health

RMPHTC Rocky Mountain Public Health Training Center | colorado school of public health

Just weeks later, Jansen was given an update that "more young people have expressed interest," and he received a list of contact information that included high-school students. He was given the list to keep "for future reference."[137]

UPDATE EMAIL ON COLORADO SCHOOL OF PUBLIC HEALTH'S YOUTH-RECRUITMENT PROGRAM

From: Stewart, Elisabeth <@CUANSCHUTZ.EDU>
Date: Friday, March 29, 2024 at 11:53 AM
To: Kennedy, Heather <@CUANSCHUTZ.EDU>, Jansen, Noah <@CUANSCHUTZ.EDU>
Subject: Youth Interest for upcoming feedback and outreach

Hi all –

A couple of more young people have expressed interest and filled out the form that AD Solutions sent out last week. Sharing below the list for future reference. ☺

While this recruitment tool does not appear to involve CQYN, the fact that Jansen was included on emails that pertained to recruitment involving School-Based Health Centers raises questions about the extent to which government-funded groups could or do use SBHCs as a recruitment tool for advocacy of their own programs.

NOAH JANSEN'S CONNECTION TO THE TRUE CENTER

In an email dated January 18, 2024, Jansen wrote to a One Colorado organizing contact about an alleged TRUE Center privacy breach: The TRUE Center's newsletter had "accidentally included names and emails of the folks on that email list (patients) so all recipients could see." Jansen described himself as being on that list and characterized it as "a big mistake and violation of our privacy as folks on that list."[138]

137 AMC CORA-000021 (**Noah Jansen CU Emails**). SBHC recruitment emails.
138 AMC CORA-000016.pdf (**Noah Jansen CU Emails**). Email dated January 18, 2024.

This information establishes that Jansen — the CU School of Public Health employee who runs CQYN — is personally connected to the TRUE Center as a member of its patient or newsletter list. The nature of the connection (patient, community member, or other) is not definitively established by this email alone, but the language ("our privacy as folks on that list") suggests personal involvement beyond a professional relationship.

SCHOOL-BASED HEALTH CENTERS: TRAINING AND DISTRIBUTION NETWORKS

The School-Based Health Center (SBHC) program is essentially a selection of medical clinics operating out of Colorado's public schools that provide several healthcare services above and beyond those provided in a typical school nurse's office. While the program does not outwardly advertise the provision of sex-rejecting interventions, internal documents show that SBHC administrators receive information on "gender affirming" trainings, distribute pro-gender-affirming materials from both I Matter and CQYN, and are offered NIH-funded grant opportunities for research on "[y]oung patients who are [a] gender or sexual minority."

PROGRAM OVERVIEW

In the 2021–2022 period, Colorado's SBHC program operated 53 medical clinics in schools or on school grounds, offering integrated primary care, behavioral health, oral health, and reproductive-health services. The program was established by state statute in 2006 and is administered by the Colorado Department of Public Health and Environment (CDPHE).[139]

The 53 SBHCs served 34,427 patients across 96,452 visits, with total operating costs of $21.5 million. Funding sources included CDPHE grants ($6.1 million), insurance reimbursement and fees ($10 million), and other grants and in-kind contributions ($5.4 million). Additional state funding included $1.5 million from SB22-147 (Behavioral Health Care Services for Children Act) and $1.4 million annually from the Colorado Behavioral Health Administration for substance-use screening.[140]

The SBHC Annual Brief lists services including well-child exams, sick visits, health screenings, immunizations, mental-health counseling, reproductive health, and health education.[141] Although it does not specifically mention providing "gender-affirming care" services, additional trainings and resources provided to SBHC grantees focus on sex-rejecting services for youth.

GAC-RELATED TRAININGS DISTRIBUTED TO SBHC GRANTEES

Internal Basecamp communications reveal a pattern of GAC-related training resources and LGBTQ+ materials being distributed to the SBHC grantee network by CDPHE program staff throughout 2022–2024.[142]

139 **SBHC Annual Brief 21-22** (SBHC).
140 ibid.
141 ibid.
142 Noted in the records received by CORA: "Please note, the SBHC Program primarily uses Basecamp to share information and training opportunities that might interest SBHC staff, but are not required or promoted by CDPHE's SBHC Program."

Specific trainings shared with grantees include:[143]

- "Introduction to Providing Gender-Affirming Care to Transgender & Gender Diverse Youth" (April 2023, offered by Partners for Children's Mental Health)
- "Introduction to Providing LGBTQ+ Competent Care" (May 2023, offered by Partners for Children's Mental Health)
- "Supporting Gender-Expansive Youth" (February 2024, explicitly noted as "not an introductory course")
- "Working With Gender Diverse Youth For Advanced Practitioners" (January 2023)
- "A Guide To Being an Ally to Transgender and Nonbinary Young People" (a resource from The Trevor Project)
- A listing of "Resources for Transgender Care," which includes:
  - Gender Affirming Care and Young People
  - Support LGBTQ+ Clients with Affirming Language Job Aid
  - Gender Appropriate Language: Practical Skill Development Webinar
  - Cultural Competency in Family Planning Care eLearning
- A standing mental-health resource document in the Basecamp files section includes guides from the Trevor Project and Trans Lifeline

The explicit note that one training was "not an introductory course" suggests an institutional trajectory of building GAC competency among school-based health providers.

NIH-FUNDED RESEARCH ON LGBTQ+ SBHC SERVICES

In April 2024, an invitation was shared with SBHC grantees from the Pacific Institute for Research and Evaluation (PIRE). PIRE, the University of New Mexico, and UC San Diego were seeking help testing a tool for enhancing LGBTQ+ services in SBHCs. The study was funded by a grant award from the NIH National Institute of Nursing Research. This represents active federally funded research into expanding LGBTQ+ service delivery within SBHCs nationally and advertised in Colorado particularly.[144]

This NIH grant, which amounted to $821,559 in 2024 alone, would assist in developing "structural competency" to treat "[y]oung patients who are gender or sexual minority (GSM)" within SBHCs. Recommended guidelines for accomplishing "structural competency" include:[145]

1. "Adoption, dissemination, and enforcement of GSM supportive policies and procedures."
2. "Creation of welcoming physical environments for GSM patients."
3. "Systematic documentation and use of sexual orientation and gender identity (SOGI) information to inform and improve clinical services."
4. "Ongoing training for all employees in best practices for interacting with GSM patients."
5. "Clinical workforce development to encourage delivery of high-quality services to GSM patients."

143 **Basecamp Posts.pdf** and **Basecamp Follow-ups.pdf** (SBHC).
144 **Basecamp Posts.pdf**, p. 6 (SBHC). Kristina Green post, April 4, 2024.
145 NIH RePORTER. ***Enhancing Structural Competency in School-Based Health Centers to Address LGBTQ+ Adolescent Health Equity.***

SBHC NETWORK SERVED AS A DISTRIBUTION CHANNEL FOR I MATTER AND CQYN

In June 2024, CDPHE SBHC Program Coordinator Liz Atwood distributed I Matter promotional materials to SBHC grantees with instructions for ordering physical materials and accessing the digital toolkit.[146] In September 2024, Atwood posted the full CQYN recruitment flier — Noah Jansen's program for queer youth ages 12–18 — directly to the SBHC Grantees Basecamp general chat.[147]

The same materials appeared in the Colorado Department of Human Services (CDHS) Positive Youth Development Newsletter, which also carried both I Matter and CQYN content.[148] This means all three programs — I Matter (administered by BHA), CQYN (administered by CU School of Public Health), and SBHCs (administered by CDPHE) — share institutional distribution channels even though no direct operational coordination has been documented.

CDHS POSITIVE YOUTH DEVELOPMENT NEWSLETTER ADVERTISES I MATTER AND CQYN

I Matter was created in 2021 by the state of Colorado and offers up to six free therapy sessions with a licensed therapist. It's free for anyone 18 or younger, or 21 and younger if receiving special education services

146 Basecamp Posts.pdf, p. 1 (SBHC). Liz Atwood post, June 6, 2024.
147 **Basecamp Posts.pdf**, p. 2 (SBHC). Liz Atwood post, September 12, 2024.
148 **Positive Youth Development Newsletter.pdf** (SBHC).

INSTITUTIONAL CONNECTIONS ACROSS PROGRAMS

While no single document in the CORA production establishes direct operational coordination among these programs, the records collectively reveal a web of institutional connections across Colorado's youth-health infrastructure, with a focus on promoting gender ideology and sex-rejecting interventions for minors.

PRO-GAC ADVOCACY GROUP INFLUENCE

Political advocacy groups working to expand sex-rejecting services for Colorado's minors are heavily promoted throughout the state's youth-healthcare institutions. One Colorado, which claims to be the largest LGBTQ+ advocacy group in the state, is promoted by the CU Medical School curriculum. CQYN both recruited from and advertised several LGBTQ+ advocacy groups in its recruitment materials — the same materials that were then distributed to the network of School-Based Health Centers in Colorado.

SHARED DISTRIBUTION CHANNELS AND RECRUITMENT NETWORKS

The SBHC Basecamp network served as a distribution channel for both I Matter promotional materials and CQYN recruitment. The CDHS Positive Youth Development Newsletter carried content about both programs. This means that a single state-administered communication channel was used to promote a state therapy program (I Matter) and a university-run program for queer youth (CQYN) to the same network of school-based health providers.

GAC POLICY CONTEXT

The CORA production includes One Colorado advocacy emails that document Colorado's sex-rejecting policy landscape during 2023–2024. Key developments captured in the records include:

- Colorado becoming the first state to include "gender-affirming care" services as essential health benefits in insurance (March 2023)[149]
- The introduction of a "Safe Access to Protected Health Care Package" — three bills protecting providers of abortion and sex-rejecting interventions from out-of-state legal threats (March 2023)[150]
- Colorado Medicaid updating its sex-rejecting interventions policy to reduce surgery-authorization requirements and remove the mental-health counseling prerequisite for hormone therapy (July 2023)[151]

These policy developments provide context for the institutional activity documented in the records. The state was simultaneously expanding insurance coverage for sex-rejecting interventions, reducing barriers to accessing those interventions through Medicaid, and funding the marketing and distribution infrastructure documented in this report — all during the same 2023–2024 period.

149 AMC CORA-000384 (**Noah Jansen CU Emails**). One Colorado newsletter, March 2023.
150 AMC CORA-000395 (**Noah Jansen CU Emails**). One Colorado newsletter, March 2023.
151 AMC CORA-000091 (**Noah Jansen CU Emails**). One Colorado newsletter, July 2023.

THE ABSENCE OF MEDICAL OR SCIENTIFIC ALTERNATIVES TO MINORS' GENDER "TRANSITION"

A notable feature of the entire CORA production is what it does not contain. Across 279 files, 803 pages of emails, 86 pages of faculty appointment and curriculum documents, 1,569 pages of I Matter encounter data, and dozens of marketing and training materials, there is no reasonable discussion of alternative treatment methods other than affirming a child's gender incongruence.

While this absence is not proof that no such deliberation occurred, it is notable that throughout the entire breadth of internal records obtained from Colorado's youth-healthcare institutions, public officials appear to promote GAC for Colorado's youths without regard for the consideration of alternatives.

KEY TAKEAWAYS: WHAT THESE RECORDS ESTABLISH

- I Matter is a state-funded therapy program that has recorded nearly 13,000 total encounters with Colorado youths between 2021 and 2024 and facilitated tens of thousands of therapy sessions. Its intake form includes "Gender-Affirming Care" (GAC) as one of approximately 15 selectable areas of need. 469 encounters (3.6 percent of the total) selected this category, including encounters involving children as young as five.
- The State of Colorado spent $4.7 million on a marketing contract for I Matter that included influencer campaigns targeting minors ages 13–17, with talking points emphasizing that youth 12 and older could access services without parental consent.
- The I Matter marketing contract was funded at least in part with federal pandemic-recovery funds.
- The CU School of Medicine hired faculty specifically to provide clinical care in the TRUE Center gender clinic and to research "gender-affirming" hormonal therapy, with 75 percent of one researcher's salary funded by NIH. The Center has provided medical "gender-affirming care" — hormonal therapy — not just counseling.
- The CU School of Medicine Curriculum is radically supportive of DEI and sex-rejecting interventions to the detriment of teaching core medical competencies. Further, it is heavily influenced by pro-GAC political advocacy groups, resulting in a curriculum that singularly promotes and enables youth gender "transition."
- The Colorado School of Public Health paid "queer" youth ages 12–18 in rural Colorado $40 per session to participate in CQYN, a weekly virtual program. The employee who administered this program is personally on the TRUE Center's patient/newsletter list.
- CDPHE distributed information on GAC-related provider-training materials to its network of school-based health clinics, progressing from introductory to advanced courses between 2023 and 2024.
- An NIH-funded study was actively recruiting SBHC staff to test tools for enhancing LGBTQ+ services in School-Based Health Centers.
- I Matter, CQYN, and the SBHC program share institutional distribution channels and recruitment networks with the SBHC network being used to distribute both I Matter promotional materials and CQYN recruitment fliers.
- Colorado enacted multiple legislative and regulatory measures expanding access to and protections for sex-rejecting interventions during the same 2023–2024 period documented in these records.

APPENDIX A: I MATTER "GENDER-AFFIRMING CARE" ENCOUNTERS BY AGE AND GENDER

Source: I Matter Encounter Data.[152]

Age	Female	Male	Non-binary	Prefer not to say	Total
5	1	2	0	0	3
6	0	4	0	0	4
7	3	8	0	0	11
8	9	3	0	0	12
9	8	10	0	1	19
10	15	10	0	0	25
11	19	20	2	0	41
12	20	14	0	0	34
13	29	13	3	0	45
14	25	11	2	0	38
15	27	13	2	0	42
16	37	13	5	2	57
17	27	19	2	2	50
18	30	14	4	0	48
19	15	9	2	0	26
20	9	2	1	1	13
21	1	0	0	0	1
Total	**275**	**165**	**23**	**6**	**469**

152 Report - Unique Age-Gender1.pdf (**I Matter/Encounter Data**). 1,569-page report listing 12,896 individual encounter records.

Do No Harm