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

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

**Case No.: DV-32-2023-0000541-CR**

**Judge: Hon. Jason Marks**

## **DECLARATION OF KATHERINE MISTRETТА, DNP, APRN, FNP-BC**

I, Katherine Mistretta, DNP, APRN, FNP-BC, hereby declare as follows:

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

2. I am a Board-Certified Family Nurse Practitioner and Advanced Practice Registered Nurse, licensed by the Montana Board of Nursing. I am also a Doctor of Nursing Practice with extensive training in both nursing and family medicine.

3. I hold multiple nursing degrees obtained over the span of nearly a decade of educational training, including a post-Graduate Doctor of Nursing Practice degree from the University of Colorado, College of Nursing, a Bachelor of Science in Nursing, Master's in Nursing and Certificate in Nursing Education from Montana State University, College of Nursing in Bozeman, Montana.

4. I have worked as a Family Nurse Practitioner at Bozeman Creek Family Health in Bozeman, Montana since 2013, where I provide a wide range of care to patients of all ages.

5. I also provide gender-affirming care to transgender patients, including those under the age of 18. The gender-affirming care I provide to transgender minors includes puberty-blockers and hormone therapy that would be prohibited by the Act.

6. When I provide gender-affirming care to transgender patients, I do so in accordance with the Standards of Care established in the WPATH, including those set forth in the most recent version, and with the guidelines issued by the Endocrine Society for the diagnosis and treatment of gender dysphoria.

7. Several of my current patients are insured by Medicaid, including transgender youth receiving gender-affirming care to treat their gender dysphoria.

8. During the course of my career, I have provided gender-affirming care to several hundred transgender patients, which includes adult patients as well as patients who were minors at the time of treatment initiation.

9. I intend to continue treating gender dysphoria in minors with gender-affirming care.

10. As one of the few providers of gender-affirming care in Montana, a massive state in which the population is spread widely, many of my patients travel long distances to obtain this care.

11. I also regularly prescribe and administer the same medications used to treat gender dysphoria in transgender minors—testosterone, estrogen, testosterone suppressants, and hormonal contraception—to cisgender patients as part of my general healthcare practice. This includes, for example, prescribing: hormonal contraception, which can be used to control one’s menstrual cycle and/or for ovulation suppression, to cisgender girls who might have heavy periods; hormone therapy to treat hormonal issues in cisgender women who are pre-menopausal or cisgender men who are approaching andropause; hormone suppressants to treat symptoms of polycystic ovarian syndrome, which can include unwanted facial hair and body hair, excessive sweating, and body odor in cisgender women; testosterone for perimenopausal and menopausal cisgender women; and hormonal contraceptives including birth control pills or implants for cisgender female adolescents.

12. If the Act goes into effect, I will be prohibited from continuing to provide gender-affirming hormones and puberty blockers to treat gender dysphoria in my minor transgender patients because the purpose of that treatment is “to address the minor’s perception that [their] gender or sex is not [that assigned to them at birth].” But I will be permitted to continue providing the same treatments to my cisgender patients to address their medical needs.

13. If enforced, the Act would require that I either fully comply, as described above, and abandon the needs of my transgender patients, or risk the loss or suspension of my license, depriving me of the ability to care for any of my patients and thereby negatively impacting my livelihood.

14. The Act would also directly conflict with my education and training by labeling my compliance with accepted, evidence-based guidelines for treating gender dysphoria in transgender patients as “unprofessional conduct.”

15. As a healthcare provider of patients who experience gender dysphoria, I have developed close and meaningful relationships with my patients and their families. Seeking and receiving treatment for gender dysphoria is a profoundly personal and informed decision that is based on a person’s innermost sense of self and individual needs. It’s a decision made in consultation with their family. It is also a subject that remains deeply misunderstood by the public at large, particularly among those lacking relevant healthcare knowledge and training. Given this reality, many of my patients require and desire complete privacy. I believe that as a healthcare provider it is my duty and obligation to advocate on behalf of my patients, especially those who are not able to do so for themselves for fear of discrimination, harassment and violence.

16. I know from both my training and professional experience in treating adolescents with gender dysphoria that allowing the Act to take effect will be devastating to my patients, and will significantly compromise their health and wellbeing.

17. I am concerned that without access to hormone therapy through a licensed healthcare provider, some transgender youth will seek alternative means of accessing the care, including buying medication from unauthorized suppliers and using medication that they get from friends. This obviously presents serious risks to

their health and safety because there is no qualified healthcare professional to prescribe the correct dosage.

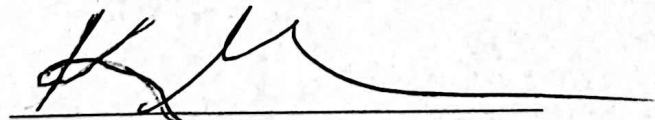
18. I have already seen the mental and emotional harm that the Act has caused my patients and their families, before it has even taken effect. I have observed the undue stress and pressure it places on transgender adolescents and their families. Several of my patients and their families have told me that they may need to leave the state in order to obtain this care if the Act takes effect, but this is also not a feasible option for many other families.

19. I have seen how even discussing the loss of gender-affirming care can cause so much discomfort, pain, fear and anxiety in my patients that I must seriously consider the most appropriate time and manner to initiate the discussion to minimize its negative consequences to their health and wellness.

20. I am deeply concerned for my young transgender patients because my educational, clinical and practical experience fully confirm my knowledge that denying them access to the gender-affirming care proscribed by the Act will likely lead to an increase in their depression, anxiety, suicidal ideation, and even suicidal attempts.

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

DATED this 6th day of June, 2023, and signed in Bozeman, Montana.

A handwritten signature in black ink, appearing to read 'Katherine Mistretta', is written over a horizontal line.

Katherine Mistretta, DNP, APRN, FNP-BC