In the Supreme Court of Ohio

MADELINE MOE, *et al.*, Plaintiffs-Appellees, vs. DAVE YOST, *et al.*, Defendants-Appellants.	CASE NO. 2025-0472 On Appeal from the Franklin County Court of Appeals, Tenth Appellate District, Case No. 24AP-483

BRIEF OF *AMICUS CURIAE* INDEPENDENT WOMEN'S FORUM IN SUPPORT OF JURISDICTION

Freda J. Levenson (0045916)
Counsel of Record
Amy Gilbert (100887)
ACLU OF OHIO FOUNDATION, INC.
4506 Chester Ave.
Cleveland, Ohio 44103
(614) 586-1972
flevenson@acluohio.org
agilbert@acluohio.org

David J. Cary (0088787)
Carlen Zhang-D'Souza (0093079)
ACLU OF OHIO FOUNDATION, INC.
1108 City Park Ave., Ste. 203
Columbus, Ohio 43206
(614) 586-1972
dcarey@acluohio.org
czhangdsouza@acluohio.org

Counsel for plaintiffs-appellees Madeline Moe et al.

Benjamin M. Flowers (0095284)
Counsel of Record
James S. Kresge (0086370)
Andrew D. McCartney (0099853)
ASHBROOK BYRNE KRESGE FLOWERS LLC
P.O. Box 8248
Cincinnati, Ohio 45249
(614) 705-6603
bflowers@abkf.com

Counsel for amicus curiae *Independent Women's Forum*

Dave Yost (0056290)
OHIO ATTORNEY GENERAL

T. Elliot Gaiser (0096145)
SOLICITOR GENERAL
Counsel of Record
Erik Clark (0078732)
DEPUTY ATTORNEY GENERAL
Stephen P. Carney (0063460)
DEPUTY SOLICITOR GENERAL
Amanda Narog (0093954)

ASSISTANT ATTORNEY GENERAL
30 East Broad Street, 17th Fl.
Columbus, Ohio 43215
(614) 466-8980
thomas.gaiser@ohioago.gov

Counsel for defendants-appellants Dave Yost, et al.

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INTRODUCTION

"[I]f our history has taught us anything, it has taught us to beware of elites bearing" scientific solutions to social issues. *Parents Involved in Cmty. Sch. v. Seattle Sch. Dist. No. 1*, 551 U.S. 701, 780–81 (2007) (Thomas, J., concurring). The Tenth District's decision below, which reads the Ohio Constitution to strip the General Assembly of any power to regulate practices endorsed by self-interested professional organizations, forgets this lesson. *See Moe v. Yost*, 2025-Ohio-914 (10th Dist.) (App. Op.). Its opinion constitutionalizes the misguided technocratic impulse to "trust the experts." And the Tenth District's opinion is as dangerous as it is wrong. That court declared invalid a law prohibiting doctors from administering puberty blockers and cross-sex hormones to minors. The decision thus empowers doctors to inflict irreparable harm on children via experimental procedures. This Court should accept jurisdiction and reverse.

STATEMENT OF *AMICUS* INTEREST

Independent Women's Forum (IWF) is a non-profit, non-partisan 501(c)(3) organization founded by women to foster education and debate about legal, social, and economic policy issues. IWF has warned about the risks of "so-called 'gender-affirming care,'" through which "vulnerable children who experience discomfort with their bodies are rushed onto an irreversible path of lifelong medicalization," often through "discredited standards of care" and procedures "carried out with no regard for underlying psychological conditions and documented long-term risks." *Joint Statement on Protecting Children*

from Gender Ideology, IWF (March 17, 2025), https://perma.cc/F32Y-NUQ6. IWF supports the challenged SAFE Act provisions, which protect children from the dangers of experimental treatments peddled by self-interested organizations.

STATEMENT OF THE CASE AND FACTS

A. Medical professionals are irreparably harming children through experimental "gender-affirming" interventions.

About a century ago, "eugenics"—the practice of "promoting reproduction between people with desirable qualities and inhibiting reproduction of the unfit"—"became a popular movement in Europe and the United States." *Preterm-Cleveland v. McCloud*, 994 F.3d 512, 538–39 (6th Cir. 2021) (*en banc*) (Griffin, J., concurring) (quotations omitted). "Many leading figures of the day—Theodore Roosevelt, John D. Rockefeller, Mrs. Mary Harriman, David Starr Jordan (a biologist and the first president of Stanford University), to name some—were fervent eugenicists, putting their money, their power, their time, and their research behind the effort." Jeffrey S. Sutton, *51 Imperfect Solutions* 87 (2018). Their efforts succeeded in persuading States across the nation to enact laws mandating the sterilization of children and adults with traits deemed undesirable. *Id*. at 87–91, 117–20. The craze eventually fizzled. But not until it had already robbed thousands of Americans of their dignity and ability to procreate.

In this century, another movement popular with the day's leading figures threatens immense, irreversible harm to American children. The movement is radical gender ideology. Its most vocal adherents posit that the best means of treating "gender dysphoria"

—a mental-health condition in which one feels an incongruence between his sex and his felt sense of gender, App.Op.¶9—is to affirm the person's felt sense of gender with social and even medical intervention.

1. For young children, medical intervention starts with puberty blockers. These drugs prevent puberty—the "sweeping metamorphosis" between childhood and adulthood—from progressing naturally. Abigail Shrier, *Irreversible Damages* 163 (2020). "Lupron," once used to chemically castrate sex offenders "is the go-to puberty blocker." *Id*.

While "[g]ender doctors like to insist that halting puberty at onset … is a neutral intervention, or 'pause button," *id*., that insistence is unsupported by evidence. Given the novel, experimental nature of using puberty blockers to treat gender dysphoria, there is little in the way of long-term data on puberty blockers' effects. *See The Cass Review: Independent Review of Gender Identity Services for Children and Young People* at 194 (Apr. 2024) (Cass Review), https://perma.cc/G3QV-XDNJ. And the dearth of evidence more generally reflects the procedure's apparently self-reinforcing effects: nearly all children who take puberty blockers for gender dysphoria go on to receive cross-sex hormones, *see below* 4, complicating efforts to identify the effects of puberty blockers alone. The limited availability of evidence may also suggest self-censorship: scientists are hesitant to publish evidence casting doubt on the safety and reversibility of puberty blockers, either because doing so would undermine their own ideological commitments or because dissent on matters of transgenderism is verboten. Azeen Ghorayshi, *U.S. Study on Puberty Blockers*

Goes Unpublished Because of Politics, Doctor Says, New York Times (Oct. 24, 2024), https://perma.cc/JM7X-A3JF; Cass Review at 13.

What evidence *does* exist is alarming. Because "[p]uberty-related hormones have wide ranging effects on brain structure, function, and connectivity," the "suppression of puberty may permanently alter neurodevelopment." Sarah C.J. Jorgensen, *Puberty blockers for gender dysphoric youth: A lack of sound science*, 5 J. Am. Coll. Clin. Pharm. 1005, 1005 (2022). There is also evidence that puberty blockers permanently impair children's reproductive organs. Varshini Murugesh, *et al.*, *Puberty Blocker and Aging Impact on Testicular Cell States and Function* (2024), https://perma.cc/LLS5-FMZ4. And puberty blockers decrease bone-mineral density, impairing bone health. Jo Taylor, et al., *Interventions to suppress puberty in adolescents experiencing gender dysphoria or incongruence: a systematic review*, 109 Arch Dis Child. s33, s39 (2024).

2. Nearly all kids subjected to puberty blockers eventually receive cross-sex hormones. *See, e.g.*, Annelou L.C. De Vries, *et al.*, *Puberty Suppression in Adolescents with Gender Identity Disorder: A Prospective Follow-up Study*, 8 J. Sex. Med. 2276, 2276 (2011) (recording 100 percent progression to hormonal treatment); Polly Carmichael, *et al.*, *Short-term outcomes of pubertal suppression in a selected cohort of 12 to 15 year old young people with persistent gender dysphoria in the UK*, 16(2) PLoS ONE at 12 (2021) (98 percent progression).

These children face irreversible risks. "In some youth," the use of puberty blockers "followed by exogenous cross-sex hormones has resulted in a complete absence of sexual

function." Jorgensen, *Puberty Blockers for gender dysphoric youth*, 5 J. Am. Coll. Clin. Pharm. at 1005. "Gender transition patients" can thus "lose the ability to orgasm, experience sexual pleasure, reproduce, or breastfeed." Havilah Wingfield and Hadley Heath Manning, *The Risks of Gender-Transition Treatments in Adolescents* at 2, IWF (June 2023), https://perma.cc/2WG5-3N6S. "They are also at higher risk of osteoporosis, seizures (in epileptic patients), cardiovascular problems, stroke, heart attack, and other health problems." *Id*. Some changes are sex-specific. "Introducing high doses of testosterone to female minors increases the risk of erythrocytosis, myocardial infarction, liver dysfunction, coronary artery disease, cerebrovascular disease, hypertension, and breast and uterine cancer." *L. W. by & through Williams v. Skrmetti*, 83 F.4th 460, 489 (6th Cir. 2023) (per Sutton, C.J.). "And giving young males high amounts of estrogen can cause sexual dysfunction and increases the risk of macroprolactinoma, coronary artery disease, cerebrovascular disease, cholelithiasis, and hypertriglyceridemia." *Id*.

3. Proponents of these treatments suggest the risks are justified. Again, the evidence does not bear this out. "In clinical studies, childhood-onset gender dysphoria does not usually persist through puberty, at least if the child has not socially transitioned." Alex Byrne, *Another Myth of Persistence?* at 1, Archives of Sexual Behavior (2024), https://perma.cc/NE4V-W8CN. In some studies, the rate of persistence is as low as 2.2 percent for males and 12 percent for females. *See* Kenneth J. Zucker, *The myth of persistence: Response to "A critical commentary on follow-up studies and 'desistance' theories about transgender and gender*

non-conforming children" by Temple Newhook et al. (2018) at 2–3, Int'l J. of Transgenderism (2018). What is more, despite "widespread reporting that gender-affirming treatment reduces suicide risk," that "conclusion [is] not supported" by a "systematic review" of the evidence. Cass Review at 186; *see also* Sami-Matti Ruuska, *et al.*, *All-cause and suicide mortalities among adolescents and young adults who contacted specialized gender identity services in Finland in 1996–2019: a register study*, 27 BMJ Mental Health 1, 4 (2024). Nonetheless, medical professionals and activists use these unsupported claims to pressure or mislead parents into consenting to the life-altering treatment of their children. *See* Chad Terhune, *et al.*, *As more transgender children seek medical care, families confront many unknowns*, Reuters (Oct. 6, 2022), https://perma.cc/65TB-6PH5 ("Some gender-care professionals complain that suicide risk is too often used to pressure and even frighten parents into" consent).

B. The General Assembly enacted H.B. 68 to protect children from the risks of "gender-affirming" medical interventions.

All told, the medical profession too quickly embraced these dangerous, experimental treatments. *See, e.g.*, Charlotte Hays, *Is the Medical Establishment Rushing to Embrace Gender Transition for Kids Before the Science Is In?*, IWF (June 24, 2020), https://perma.cc/P4CR-JDDK. Governments around the world took note. As of 2023, "minors in six European countries—Norway, U.K., Sweden, Denmark, France and Finland—[could] access puberty blockers and cross-sex hormones *only* if they" met "strict eligibility requirements, usually in the context of a tightly controlled research setting." Joshua P. Cohen, *Europe and U.S. Diverge Sharply on Treatment of Gender Incongruence in Minors*, Forbes (Dec. 2,

2023), https://perma.cc/R9EP-83Y4 (comma added). In late 2024, the U.K. went further by banning puberty blockers indefinitely. *Ban on puberty blockers to be made indefinite on experts' advice*, Dep't of Health and Social Care (Dec. 11, 2024), https://perma.cc/9HZB-4RGB. In America, more than twenty States enacted laws banning physicians from using puberty blockers or cross-sex hormones to treat gender dysphoria in children.

Enter Ohio, which enacted H.B. 68 in 2024. *See* App.Op. ¶4. This bill, named the "Saving Ohio Adolescents from Experimentation (SAFE) Act," protects children from various aspects of radical gender ideology. For example, to ensure that women can safely and fairly compete in sports, the SAFE Act requires covered schools to offer women's athletics in which men may not compete. *See* R.C. 3313.5320, 3345.562. Of more relevance here, one codified provision forbids any "physician" to "knowingly" (1) perform gender-reassignment surgery on a minor or (2) "[p]rescribe a cross-sex hormone or puberty-blocking drug for a minor individual for the purpose of assisting the minor individual with gender transition." R.C. 3129.02(A)(1)–(2).

C. The Tenth District enjoined enforcement of the SAFE Act provision that prohibits the use of puberty blockers and cross-sex hormones in minors.

The plaintiffs—two "transgender adolescents living in Ohio with gender dysphoria diagnoses," App.Op. ¶2—brought this lawsuit by and through their parents. They claimed the SAFE Act violates numerous provisions of the Ohio Constitution. And they sought a judgment declaring the SAFE Act facially unconstitutional.

"Following a trial on the merits of the declaratory action, the trial court entered a

judgment … finding that the law does not violate any of the constitutional provisions" on which the plaintiffs' challenge rested. App.Op. ¶3.

But the plaintiffs fared better at the Tenth District. That court did not consider whether the SAFE Act's provisions regulating sports and gender-reassignment surgery violate Ohio's constitution. *See* App.Op. ¶¶60, 122, 125. But the court held that R.C. 3129.02(A)(2), which bans the use of puberty blockers and cross-sex hormones for treating gender dysphoria in children, violates the Ohio Constitution's Healthcare Freedom Amendment, *see* art. I, §21, and the Due Course of Law Clause, *see* art. I, §16.

1. The Healthcare Freedom Amendment bars the General Assembly from enacting laws that "prohibit the purchase or sale of health care" or "impose a penalty or fine for the sale or purchase of health care …." Ohio Const., art. I, §21(B)–(C). But it preserves the legislature's ability to enact "laws calculated to deter fraud or punish wrongdoing in the health care industry." Ohio Const., art. I, §21(D).

According to the Tenth District, these provisions strip the General Assembly of authority to regulate the use of puberty blockers and cross-sex hormones in children. The court acknowledged that Subsection (D) of the Healthcare Freedom Amendment reserves the legislature's power to "punish wrongdoing in the health care industry." But the court denied that this provision had any application to the SAFE Act's ban on puberty blockers and cross-sex hormones. *See* App.Op. ¶¶60–77. The Tenth District homed in on the word "wrongdoing," which it "defined as 'evil or improper behavior or action' and 'an instance

of doing wrong.'" *Id*. ¶68 (citation omitted). From there, and without much in the way of an explanation, it held that "'wrongdoing' most naturally refers to *specific instances* of misconduct within the medical profession." *Id*. (emphasis added; quotation omitted). Thus, the court held, the State's power to punish "wrongdoing" permitted only the punishment of specific acts of misconduct, not *categorical* bans on procedures. *Id.*

The Tenth District then dialed back its broad ruling. Taken literally, its holding would cast doubt on *any* categorical prohibition; it would create a constitutional right to buy and sell discredited procedures like lobotomies, along with dangerous, already-illegal treatments like administering steroids to improve a child's athletic prowess, *see* Ohio Admin. Code 4731-11-03. Perhaps sensing the problem, the court denied that the Healthcare Freedom Amendment "guarantees Ohioans the right to receive *any* treatment alleged to be 'health care.'" App.Op. ¶73. It claimed the constitutional problem arises only when the State "categorically ban[s] Ohio citizens from receiving recommended medical care from a qualified medical care provider that is consistent with the existing evidence, diagnosis guidelines, and *standard practices accepted by the professional medical community*." *Id* (emphasis added). Industry and activist groups—the World Professional Association of Transgender Health (WPATH) and the Endocrine Society—have issued "Guidelines" promoting the use of puberty blockers and cross-sex hormones for minors experiencing gender dysphoria. Doctors, the court held, cannot engage in "wrongdoing" by administering these expert-approved treatments. *Id*. ¶¶13–14, 75. The court thus interpreted the

Amendment as *sub silentio* empowering the medical establishment to decide for itself what medical procedures constitute "wrongdoing."

2. The Due Course of Law Clause says: "All courts shall be open, and every person, for an injury done him in his land, goods, person, or reputation, shall have remedy by due course of law, and shall have justice administered without denial or delay." Ohio Const., art. I, §16. This Court has treated "this provision as the equivalent of the 'due process of law' protections in the United States Constitution." *Arbino v. Johnson & Johnson*, 2007-Ohio-6948, ¶49. And those federal protections guarantee "substantive due process," under which "[g]overnment actions that infringe upon a fundamental right are subject to strict scrutiny, while those that do not need only be rationally related to a legitimate government interest." *Stolz v. J & B Steel Erectors, Inc.*, 2018-Ohio-5088, ¶14.

The Tenth District held that R.C. 3129.02(A)(2) "interferes with [parents'] fundamental right to direct the medical care of their children." App.Op. ¶83. To avoid the implication that parents can obtain *any* form of treatment they want, no matter how dangerous, the Tenth District again appealed to the experts. It held that parents have a fundamental right to obtain care "in accordance with the prevailing standards of care"—here, the Guidelines announced by WPATH and the Endocrine Society. *Id*. ¶100. The court then applied strict scrutiny, holding that the "sweeping and inflexible ban on parents' ability to access medical care for their children is not narrowly tailored to advance the state's articulated interest" in "the protection of children." *Id*. ¶120.

THIS CASE RAISES A SUBSTANTIAL CONSTITUTIONAL QUESTION AND IS OF PUBLIC AND GREAT GENERAL INTEREST

This case presents a question of immense public interest and constitutional significance: whether, and to what degree, the General Assembly is foreclosed from regulating procedures endorsed by self-interested elite groups. The Tenth District's judgment rests on the Guidelines issued by WPATH and the Endocrine Society. Once these groups endorsed the use of puberty blockers and cross-sex hormones in children, the Tenth District held, Ohioans and their representatives lost the power to regulate the issue.

Ohioans deserve to know whether the charter of their liberties really does "remove debates of this sort—over the use of innovative, and potentially irreversible, medical treatments for children—from … the democratic process." *L.W.*, 83 F.4th at 471. That process, after all, is "the conventional place for dealing with new norms, new drugs, and new public health concerns." *Id*. And in Ohio, "[a]ll political power is inherent in the people," and "[g]overment is instituted for their equal protection and benefit." Ohio Const., art. I, §2. If the same constitution containing these commitments to self-rule empowers "a select, patrician, highly unrepresentative" group of experts to take issues from the voters, *Obergefell v. Hodges*, 576 U.S. 644, 718 (2015) (Scalia, J., dissenting), Ohioans need to know so that they may respond appropriately.

The matter is especially important because the groups the Tenth District empowered to regulate this issue are far from neutral arbiters. Start with WPATH. In separate litigation, Alabama obtained discovery showing that WPATH developed its supposedly

evidence-based guidelines by *suppressing* evidence contrary to its political commitments. *Amicus* Br. of Alabama at 2, *United States v. Skrmetti*, No. 23-447 (U.S., Oct. 15, 2024), https://perma.cc/RN4S-7YFL. WPATH's members include doctors, transgender activists, progressive lawyers, and other similarly aligned individuals. And WPATH thought it "important" that every one of the Guidelines' 119 authors "be an advocate for [transitioning] treatments before the guidelines were created." *Id*. at 11 (quotation omitted). When even these highly biased authors could not quite bring themselves to eliminate age restrictions, the Biden Administration pressured WPATH to "remove from [its] guidelines *all* age limits for chemical treatments, chest surgeries, and even surgeries to remove children's genitals." *Id*. at 2. "After some initial consternation 'about allowing US politics to dictate international professional clinical guidelines,' WPATH obliged." *Id*. (citation omitted)

The Endocrine Society, for its part, describes itself as a "community of endocrine scientists and clinicians …." *Endocrine Society Community*, The Endocrine Society, https://perma.cc/PP5S-CHLU. Its members thus have a financial incentive to promote the use of the procedures the SAFE Act regulates.

These financial and political motives help explain why the Guidelines are either unsupported by, or contradict, the evidence. *See above* 2–6. The Guidelines also contradict the law in twenty-plus States, the United Kingdom, and other European countries. These self-interested groups, who are not answerable in any way to the People of Ohio, are promoting experimental interventions on the most vulnerable members of society.

It is hard to believe that Ohioans, by ratifying the Due Course of Law Clause or the Healthcare Freedom Amendment, vested these unelected "experts" with unregulated control over the medical profession. Yet that is what the Tenth District's decision interprets the Ohio Constitution to do. Whether the Tenth District erred presents an immensely important, constitutionally significant question that this Court must resolve.

ARGUMENT

***Amicus Curiae*'s Proposition of Law 1:**

> *R.C. 3129.02(A)(2)'s prohibition on administering puberty blockers and cross-sex hormones to minors does not violate the Healthcare Freedom Amendment.*

The Tenth District erred when it held Ohio's prohibition on treating minors' gender dysphoria with puberty blockers and cross-sex hormones, R.C. 3129.02(A)(2), violates the Healthcare Freedom Amendment. The Amendment, by its express terms, "does not … affect any laws calculated to deter fraud *or punish wrongdoing* in the health care industry." Ohio Const., art. I, §21(D) (emphasis added). What constitutes "wrongdoing"? The Amendment does not say, so the word must receive its ordinary meaning. And when Ohioans ratified the amendment in 2011, "wrongdoing" meant exactly what it means today: "evil or improper behavior or action." Merriam-Webster's Collegiate Dictionary 1447 (11th ed.). Thus, the Amendment preserves the legislature's power to enact laws "calculated to prevent evil or improper behavior in the healthcare industry."

When the General Assembly prohibited using puberty blockers and cross-sex hormones to treat gender dysphoria in minors, it exercised its reserved authority under

Subsection (D) of the Healthcare Freedom Amendment. The SAFE Act's prohibition is targeted at experimental, unproven, high-risk procedures that threaten immense and irreversible harm. The legislature rationally deemed the administration of these procedures "improper," and the law is "calculated" to prevent them.

This does not mean the legislature can ban any procedure it wishes. As Subsection (D) permits only laws "calculated" to address "wrongdoing," laws aimed at procedures that cannot be fairly deemed "improper" may well exceed the legislature's power (and courts could perhaps so hold). But medical treatment that causes permanent disfigurement and worse has long been deemed improper. *Cf. Browning v. Burt*, 66 Ohio St.3d 544 (1993). So, the challenged provision falls safely within Subsection (D)'s scope.

***Amicus Curiae*'s Proposition of Law 2:**

> *Parents have no fundamental right to secure for their children the procedures regulated by R.C. 3129.02(A)(2).*

The substantive-due-process doctrine subjects to strict scrutiny laws restricting "fundamental rights"; others receive highly deferential rational-basis review. And only rights "deeply rooted in this Nation's history and tradition" qualify as fundamental. *Washington v. Glucksberg*, 521 U.S. 702, 721 (1997) (quotation omitted). The Supreme Court "has required a 'careful description' of the asserted fundamental liberty interest"; courts must eschew high levels of generality, and ask instead whether the particular right asserted is "fundamental" in the relevant sense. *Id*. (citation omitted). Any other approach risks improperly removing issues from the democratic process.

As Chief Judge Sutton explained for the Sixth Circuit in a case presenting the same question under the Due Process Clause, "[t]his country does not have a custom of permitting parents to obtain banned medical treatments for their children and to override contrary legislative policy judgments in the process." *Id.* at 475. As such, laws like the SAFE Act impair no fundamental right and receive rational-basis review. *Stolz*, 2018-Ohio-5088, ¶14. "Plenty of rational bases exist for these laws," as they advance the State's legitimate interest in protecting children from harms like those laid out above. *L.W.*, 83 F.4th at 489. It follows that R.C. 3129.02(A)(2) survives substantive-due-process review.

CONCLUSION

The Court should accept jurisdiction and reverse the Tenth District's judgment.

April 4, 2025

/s/ Benjamin M. Flowers
Benjamin M. Flowers* (0095284)
**Counsel of Record*
James S. Kresge (0086370)
Andrew D. McCartney (0099853)
ASHBROOK BYRNE KRESGE FLOWERS LLC
P.O. Box 8248
Cincinnati, Ohio 45249
(614) 705-6603
bflowers@abkf.com

Counsel for amicus curiae *Independent Women's Forum*

CERTIFICATE OF SERVICE

On April 4, 2025, I served this brief on the parties' counsel by sending it to the email addresses listed below.

/s/ Benjamin M. Flowers

Freda J. Levenson (45916)
Counsel of Record
ACLU OF OHIO FOUNDATION, INC.
4506 Chester Ave.
Cleveland, Ohio 44103
(614) 586-1972
flevenson@acluohio.org

Counsel for plaintiffs-appellees Madeline Moe et al.

T. Elliot Gaiser (0096145)
SOLICITOR GENERAL
Counsel of Record
thomas.gaiser@ohioago.gov

Counsel for defendants-appellants Dave Yost, et al.