

IN THE COMMONWEALTH COURT OF PENNSYLVANIA

PENN STATE HEALTH and ST.
JOSEPH REGIONAL HEALTH
NETWORK d/b/a/ PENN STATE
HEALTH ST. JOSEPH,

No. 335 M.D. 2025

Petitioners,

vs.

COMMONWEALTH OF
PENNSYLVANIA, PENNSYLVANIA
HUMAN RELATIONS COMMISSION,

Respondent.

PETITION FOR LEAVE TO INTERVENE

Petitioner K.S., on behalf of her minor child, by and through undersigned counsel, hereby moves this Honorable Court pursuant to Rules of Civil Procedure 2327(4) and 2328 and Rule of Appellate Procedure 1531(b) for permission to intervene in this action and alleges the following in support:

Procedural and Factual Background

1. Between approximately November of 2024 and June of 2025, K.S.'s minor child, K.W., sought and received gender-affirming healthcare from Petitioner Penn State Health, through medical providers affiliated with Penn State Health Medical Group Briarcrest ("Penn State Health Briarcrest") and Penn State Health Milton S. Hershey Medical Center ("Penn State Health MSHMC").

2. K.W. is a 16-year-old nonbinary individual who was assigned female at birth.
3. Following consultation with their primary care physician and a licensed clinical social worker at Briarcrest, K.W. was diagnosed with adjustment disorder with mixed anxiety and depression due to gender dysphoria.
4. K.W.'s licensed clinical social worker and doctor, both at Briarcrest, recommended that K.W. undergo hormone therapy to treat their gender dysphoria. K.W. began this treatment in December of 2024.
5. Hormone therapy has drastically improved K.W.'s quality of life. In addition to the desired masculinizing effects, K.W. feels more comfortable at school and in social situations and has had a significant and measurable drop in their anxiety and depression.
6. In or about June of 2025, an employee of Briarcrest notified K.S. that Penn State Health would be discontinuing gender-affirming medical and pharmacological treatment for patients under the age of 19 as of August 1, 2025.
7. As a result, K.W. attended their final medical appointment with their doctor at Penn State Health Briarcrest in June of 2025.
8. At their final visit, K.W.'s doctor told them that the discontinuation of care was not based on medical practice recommendations or her judgment as to the best course of action of K.W.'s care. Rather, the

discontinuation was purely the result of Penn State Health's institutional policy change.

9. K.W. had their last appointment with their licensed clinical social worker at Briarcrest in August of 2025. They now attend therapy with a new provider outside of the Penn State Health network.
10. K.W. is a Medicaid recipient, and despite contacting approximately 20 medical providers across the Commonwealth and out of state, K.S. has not found an alternative provider who accepts Medicaid insurance and provides the necessary oversight and treatments needed for her child. As a result, no medical professional is monitoring K.W.'s treatment, and once K.W. exhausts the supply of medication they have on hand, they will be forced to stop treatment completely.
11. K.S. is now considering a treatment provider with limited availability located almost 100 miles from their family home. To continue K.W.'s treatment with this provider, the family will have to make a regular four to five-hour round trip journey and pay out of pocket for all treatment and medication. K.W. will have to miss a day of school for each appointment. Despite these barriers, K.S. believes this treatment is necessary to K.W.'s well-being.
12. On October 10, 2025, K.S., on behalf of K.W., filed a complaint against Penn State Health in the Pennsylvania Human Relations Commission ("PHRC"). The complaint raised claims of sex

discrimination and disability discrimination in the decision to terminate K.W.'s treatment.¹

13. On or about December 8, 2025, K.S. learned that Penn State Health filed the Amended Petition for Review in the Nature of a Complaint ("Amended Complaint") in this matter on November 26, 2025.

14. In the Amended Complaint, Penn State Health seeks declaratory relief that regulations promulgated by the PHRC are unconstitutional in violation of the nondelegation doctrine of the Pennsylvania Constitution and are further preempted by federal Executive Order 14187 and subsequent guidance. Amended Complaint at 4.

15. The Amended Complaint specifically references and invokes K.S.'s pending PHRC complaint on behalf of K.W. as a basis for seeking immediate declaratory relief in this matter. Amended Complaint at ¶¶ 66-70. Moreover, it obliquely challenges the sufficiency of K.W.'s pending gender discrimination claim in the PHRC because K.W. identifies as non-binary rather than male or female. *Id.* at ¶¶ 66-67.

16. The Amended Complaint requests declaratory relief "that the PHRC must dismiss any Complaints claiming violations of the PHRA related to Petitioners ceasing to provide gender-affirming care to minors in

¹ K.S., on behalf of K.W., filed an amended complaint in the PHRC on December 29, 2025. The amended complaint included Penn State Health Briarcrest and Penn State Health MSHMC as additional defendants.

compliance with federal law[,]" including the complaint filed by K.S. on behalf of K.W. *Id.* at 26.

Legal Principles

17. A person is permitted to intervene in an action if "the determination of such action may affect any legally enforceable interest of such person whether or not such person may be bound by a judgment in the action." Pa. R. Civ. Pro. 2327(4).
18. Under this Rule, an intervenor must establish standing. *Allegheny Reproductive Health Ctr. v. Pa. Dept. of Human Servs.*, 309 A.3d 808, 843 (Pa. 2024). To demonstrate standing, intervenors must show they are "'aggrieved,' by establishing a substantial, direct and immediate interest in the outcome of the litigation." *Id.* at 832.
19. Once the proposed intervenor has established an interest in the action, the petition may be denied following a hearing only if "(1) the claim or defense of the petitioner is not in subordination to and in recognition of the propriety of the action; or (2) the interest of the petitioner is already adequately represented; or (3) the petitioner has unduly delayed in making application for intervention or the intervention will unduly delay, embarrass or prejudice the trial or the adjudication of the rights of the parties." Pa. R. Civ. Pro. 2329.
20. "Reading Rule 2329 in conjunction with Rule 2327, ... the effect of Rule 2329 is that if the petitioner is a person coming within one of the

classes described in Rule 2327, the allowance of intervention is not discretionary, but is mandatory, unless one of the grounds for refusal of intervention enumerated in Rule 2329 is present.” *Shirley v. Pennsylvania Legislative Reference Bureau*, 318 A.3d 832, 853 (Pa. 2024) (quoting *In re Pa. Crime Comm’n*, 453 Pa. 513, 309 A.2d 401, 408 n.11 (1973)).

Argument

21. K.S.’s pending complaint in the PHRC, and legally enforceable interests under the PHRA asserted therein, will be directly impacted by a judgment in this matter. Pa. R. Civ. Pro. 2327(4). Indeed, Penn State Health admits as much by referencing K.S.’s pending complaint as a basis for seeking this Court’s relief. Amended Complaint at ¶¶ 66-70. If Penn State Health prevails, K.S.’s complaint will be dismissed.
22. Accordingly, K.S. has demonstrated standing to intervene, as her interest in this matter is substantial, direct, and immediate. *Allegheny Reproductive Health Ctr.*, 309 A.3d at 832.
23. The Preliminary Objections K.S. seeks to present are “in subordination to and in recognition of the propriety of the action.” Pa. R. Civ. Pro. 2329(1). “The general rule is that an intervenor must take the suit as he finds it.” *Com. ex rel. Chidsey v. Keystone Mut. Cas. Co.*, 76 A.2d 867, 870 (Pa. 1950) (citation omitted). Here, K.S. takes the suit as she finds it, raising procedural and substantive objections to the

Amended Complaint. She does not attempt to insert any new issues into the proceeding or alter past orders.

24. K.S.'s interests in this matter are not adequately represented by the PHRC. Pa. R. Civ. Pro. 2329(2). The PHRC's interest in this matter centers on its own statutory authority to promulgate rules and regulations to implement and enforce the PHRA. See 43 P.S. § 957(d)-(e). In contrast, K.S.'s interest in this lawsuit is to ensure her claim is adjudicated in the proper forum, *i.e.*, the PHRC; to advocate for and protect the rights of her minor child under state law in the face of unlawful interference from federal guidance or agencies; and to preserve all statutory avenues for relief, including appeals, to which she is entitled under the PHRA.

25. If granted permission to intervene, K.S. would file the attached Preliminary Objections,² which are incorporated by reference herein. See Exhibit A. Because K.S. has a pending complaint in front of the PHRC that is directly impacted by this matter, she raises procedural objections not raised by the PHRC.

26. K.S. also brings K.W.'s perspective and experience as a transgender individual subjected to discrimination at the cost of their own well-being, and K.S.'s perspective as a mother to K.W., to this proceeding.

² Pa. R. Civ. Pro. 2328(a). In addition, K.S. would file the attached Motion to Proceed under Pseudonym. Exhibit B.

27. K.S. has not unduly delayed filing this petition and granting this petition will not hinder or delay the Court's consideration of this case. Pa. R. Civ. Pro. 2329(3). This litigation is still in the pleading stage. K.S. timely files this Petition to Intervene and proposed Preliminary Objections prior to the Court issuing a briefing schedule or otherwise acting on the PHRC's Preliminary Objections.

28. Undersigned counsel have conferred with counsel for the parties regarding the filing of this Petition. Penn State Health and Penn State Health St. Joseph do not consent to this Petition. The PHRC does not take a position on this Petition.

WHEREFORE, Petitioner K.S., on behalf of her minor child, prays that the Court permit her to intervene in this action.

Respectfully submitted,

/s/ Anne Puluka

Anne Puluka
PA ID #322652
apuluka@cjplaw.org

Dan Vitek
PA ID #209013
dvitek@cjplaw.org

Community Justice Project
100 Fifth Avenue, Suite 900
Pittsburgh, PA 15222
T: 412-434-6002
F : 412-434-5706

Exhibit A

IN THE COMMONWEALTH COURT OF PENNSYLVANIA

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vs.

COMMONWEALTH OF
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HUMAN RELATIONS COMMISSION,

Respondent.

NOTICE TO PLEAD

Penn State Health and St. Joseph Regional Health Network: You are hereby notified to file a written response to the enclosed Preliminary Objections within thirty (30) days from service hereof or a judgment may be entered against you.

/s/ Anne Puluka

Anne Puluka
PA ID #322652
apuluka@cjplaw.org

Community Justice Project
100 Fifth Avenue, Suite 900
Pittsburgh, PA 15222
T: 412-434-6002
F : 412-434-5706

PRELIMINARY OBJECTIONS

Intervenor K.S., on behalf of her minor child, K.W., hereby files these Preliminary Objections to the Amended Petition for Review in the Nature of a Complaint for Declaratory Judgment (“Amended Complaint”), and in support thereof states as follows:

INTRODUCTION

Following its decision to discontinue gender-affirming care for patients under the age of 19 within its health system, two parents, including Intervenor K.S.,¹ filed complaints alleging sex discrimination under the Pennsylvania Human Relations Act, 43 P.S. §§ 951 *et seq.* (the “PHRA”) in the Pennsylvania Human Relations Commission (the “PHRC”) against Penn State Health. Amended Complaint at ¶¶ 61-70. Now, Penn State Health improperly seeks to avoid adjudicating the claims in the PHRC. Rather than proceeding through the appropriate administrative process and raising its defenses in due course, Penn State Health filed this Amended Complaint to upend an entire regulatory scheme and exempt itself from the nondiscrimination laws of the Commonwealth based on nothing more than speculative, hypothetical harms that have never materialized.

¹ K.S.’s child received treatment through medical providers at Penn State Health Medical Group Briarcrest (“Penn State Health Briarcrest”) and Penn State Health Milton S. Hershey Medical Center (“Penn State Health MSHMC”).

K.S. now raises four Preliminary Objections to the Amended Complaint: failure to exhaust administrative remedies; lack of subject matter jurisdiction; and failure to state a claim upon which relief can be granted under the non-delegation doctrine and the doctrine of federal preemption. These claims should be dismissed, and this Court should direct Penn State Health to pursue its remedies in the proper venue—the PHRC.

Factual and Procedural Background

1. Penn State Health and St. Joseph Regional Health Network d/b/a Penn State Health St. Joseph (collectively, the “Penn State Health Petitioners”) bring the instant case to challenge a regulation promulgated by the PHRC to define “sex” for the purposes of the PHRA and the Pennsylvania Fair Educational Opportunities Act (the “PFEOA”). Amended Complaint at ¶¶ 11-26.
2. The PHRC published its notice of proposed rulemaking to define protected classes, including sex, under the PHRA in April of 2022. *Protected Classes Under the PHRA and PFEOA*, 52 Pa. B. 2122 (April 9, 2022). As the statutes did not provide a definition for certain protected classes, the PHRC proposed the regulations to “provide[] clarity and consistency” in enforcement of the PHRA and PFEOA. *Id.*
3. In December of 2022, the Independent Regulatory Review Commission determined that the proposed regulations were “consistent with the statutory authority of the PHRC. . . and the intention of the General

Assembly,” and found that the regulation was in the public interest pursuant to the Regulatory Review Act. *Protected Classes Under the PHRA and PFOA*, 52 Pa. B. 8009 (Dec. 24, 2022).

4. In June of 2023, the PHRC issued its final-form rulemaking promulgating the definitions of protected classes, effective August 16, 2023. *Protected Classes Under the PHRA and PFOA*, 53 Pa. B. 3188 (June 17, 2023).
5. The regulations are now codified and define “sex” for the purposes of the PHRA to include “(1) Pregnancy. (2) Sex assigned at birth. (3) Gender, including a person’s gender identity or gender expression. (4) Affectional or sexual orientation. . . . (5) Differences of sex development, variations of sex characteristics or other intersex characteristics.” 16 Pa. Code § 41.206; 16 Pa. Code § 41.204.
6. Penn State Health Petitioners now challenge the regulations on three grounds:
 - a. The PHRC’s regulation defining “sex” was unlawfully promulgated outside of the PHRC’s statutory authority and in violation of the Pennsylvania Constitution’s non-delegation doctrine (the “non-delegation claim”);
 - b. The PHRC’s regulation defining “sex” substantially burdens Penn State Health St. Joseph’s free exercise of religion in violation of

Pennsylvania's Religious Freedom Protection Act (the "RFPA claim"); and

- c. The PHRC's regulation defining "sex" is "at least partially" preempted by Executive Order 14187 and subsequent implementing guidance (the "preemption claim"). Amended Complaint at 4.
7. The Penn State Health Petitioners seek, among other things, a full dismissal of K.S.'s complaint on behalf of her minor child, full dismissal of any similar claims now pending or filed in the future, and that the PHRC's regulation defining "sex" be declared invalid and unenforceable, for all purposes and in all contexts, in the Commonwealth. Amended Complaint at 25-26.

First Preliminary Objection
Pa. R. Civ. P. 1028(a)(1): Failure to Exhaust Administrative Remedies

8. All previous paragraphs are incorporated as if set forth fully herein.
9. "[I]t is well established that this Court must refrain from exercising its original equitable jurisdiction to review an allegedly invalid regulation when there exists an *adequate* statutory remedy and review process." *Concerned Citizens of Chestnuthill Twp. v. Dep't of Env't Res.*, 632 A.2d 1, 2-3 (Pa. Cmwlth. 1993) (emphasis in original).
10. "A party cannot avoid the requirement to exhaust administrative remedies merely by raising a constitutional challenge to the validity of

a statute; “[t]he additional element required to confer equitable jurisdiction is either the absence of a statutorily-prescribed remedy or, if such a remedy exists, then a showing of inadequacy in the circumstances.” *Cnty. of Berks v. Pa. Labor Rels. Bd.*, 678 A.2d 355, 360 (Pa. 1996) (quoting *Borough of Green Tree v. Bd. of Prop. Assessments*, 328 A.2d 819, 823 (Pa. 1974)).

11. An administrative remedy is adequate if a litigant “can achieve full relief in front of the agency,” even if “the relief may be granted on bases different from those advocated by the litigant.” *Id.*
12. The administrative process, followed by judicial appeal, is considered adequate “unless the regulation itself causes actual, present harm. . . . [U]nless the regulation itself is self-executing, there is no harm done to the litigant until the [agency] takes some action to apply and enforce its regulations, in which case the normal post-enforcement review process is deemed an adequate remedy.” *Concerned Citizens of Chestnuthill Twp.*, 632 A.2d at 2–3 (citing *Neshaminy Water Res. Auth. v. Dep’t of Env’t Res.*, 513 A.2d 979 (Pa. 1986)).
13. Penn State Health has identified only two pending complaints in the PHRC stemming from its policy change related to gender-affirming care for individuals under the age of 19, which has been in place for approximately six months, and speculates that more complaints could be forthcoming. Amended Complaint at ¶¶ 61-70.

14. Penn State Health Petitioners have not articulated any actual, present pre-enforcement harm imposed by the PHRC's regulation defining "sex." It does not assert that any Penn State Health entity has been subject to any type of enforcement or penalty pursuant to Executive Order 14187, even before it changed its policy on providing gender-affirming care. Amended Complaint at ¶¶ 51-59. The only harm it now faces is the burden of defending itself in the PHRC—but this is precisely when post-enforcement review is deemed adequate.

Concerned Citizens of Chestnuthill Twp., 632 A.2d at 2–3.

15. K.S.'s administrative complaint against Penn State Health is in the early stages in the PHRC, and Penn State Health retains the right to defend itself against that action and "achieve full relief in front of the agency." *Cnty. of Berks*, 678 A.2d at 360.

16. Additionally, Penn State Health Petitioners prevailed in the PHRC when it raised the RFPA as a defense to a complaint, see Amended Complaint, Ex. D, and it does not assert that any similar complaints remain pending.

17. Penn State Health, therefore, is required to exhaust administrative remedies by defending the pending PHRC actions before asserting its claims in this Court.

Second Preliminary Objection
Pa. R. Civ. P. 1028(a)(1): Lack of Subject Matter Jurisdiction

18. All previous paragraphs are incorporated as if set forth fully herein.

19. Penn State Health Petitioners initiated this action under this Court's original jurisdiction pursuant to 42 Pa.C.S. § 761(a)(1).
20. "[T]he Commonwealth Court's original jurisdiction of actions against the Commonwealth is limited to those not within its Section 763 appellate jurisdiction over appeals from Commonwealth agencies, whether directly under Section 763(a)(1) or (2), indirectly under Section 762(a)(3) or (4) or otherwise within its appellate jurisdiction." *Pa. Dep't of Aging v. Lindberg*, 469 A.2d 1012, 1015-16 (Pa. 1983).
21. Thus, issues related to PHRC proceedings, which "will ultimately be subject to this court's appellate review," are not within this Court's original jurisdiction. *Pittsburgh Bd. of Pub. Educ. v. Pa. Human Rels. Comm'n*, 820 A.2d 838, 841 (Pa. Cmwlth. 2003).
22. The Administrative Agency Law and Judicial Code specifically contemplate that a party to an administrative proceeding may challenge the validity of the statute on appeal to this Court. 2 Pa.C.S. §§ 702, 703; 42 Pa.C.S. § 763(a)(1).
23. Penn State Health cannot circumvent the PHRC and dispose of pending complaints by filing the instant matter when the issues raised herein will ultimately be subject to this Court's appellate review. Accordingly, this Court lacks subject matter jurisdiction over the Amended Complaint.

Third Preliminary Objection
Pa. R. Civ. P. 1028(a)(4): Demurrer to Non-Delegation Claim

24. All previous paragraphs are incorporated as if fully set forth herein.
25. Penn State Petitioners have failed to state a claim that the PHRC's regulations defining sex are unauthorized or unconstitutional.
26. Penn State Health Petitioners appear to raise two conflicting claims: that the PHRA violates the non-delegation doctrine, which prohibits the General Assembly from delegating "basic policy choices" to an agency without providing "adequate standards," *Protz v. Workers' Comp. Appeal Bd. (Derry Area Sch. Dist.)*, 161 A.3d 827, 834 (Pa. 2017) (citations omitted), and that the General Assembly did *not*, in fact, violate that doctrine by delegating rulemaking power to the PHRC. Amended Complaint at 16-26. Both cannot be true.
27. The General Assembly did not violate the non-delegation doctrine in granting legislative rulemaking authority to the PHRC. To the contrary, the PHRA sets forth broad policy considerations defining the goals and intent of the law and enumerates the specific conduct that constitutes a violation. 43 P.S. §§ 952(a), 955, 962. These provisions are sufficient to provide adequate standards for the PHRC to enact the General Assembly's basic policy choices. *Protz*, 161 A.3d at 834.
28. Nor did the PHRC exceed the bounds of the authority granted to it by the General Assembly by adopting the challenged regulations following a full notice and comment review period.

29. A regulation adopted pursuant to legislative rulemaking power “is valid and binding upon courts as a statute so long as it is (a) adopted within the agency's granted power, (b) issued pursuant to proper procedure, and (c) reasonable.” *Tire Jockey Serv., Inc. v. Com., Dep't of Env't Prot.*, 915 A.2d 1165, 1186 (Pa. 2007).
30. The General Assembly expressly granted the PHRC rulemaking power to implement and enforce the PHRA, and the challenged regulations fall within the scope of this authority. 43 P.S. § 957(d); *see PHRC v. Uniontown Area Sch. Dist.*, 313 A.2d 156, 169-70 (Pa. 1973) (plurality opinion) (holding that the PHRA grants the PHRC legislative rulemaking authority).
31. Furthermore, the regulations were adopted pursuant to proper procedure, *see infra* ¶¶ 2-5, and are reasonable.
32. Accordingly, Penn State Health Petitioners’ “non-delegation” claim must be dismissed.

Fourth Preliminary Objection

Pa. R. Civ. P. 1028(a)(4): Demurrer to Federal Preemption Claim

33. All previous paragraphs are incorporated as if fully set forth herein.
34. While the Supremacy Clause of the United States Constitution “invalidates state law that ‘interferes with or is contrary to federal law,’” there is nonetheless a presumption against preemption that “applies with particular force in fields within the police power of the

state.” *Farina v. Nokia Inc.*, 625 F.3d 97, 115–16 (3d Cir. 2010) (quoting *Free v. Bland*, 369 U.S. 663, 666 (1962)).

35. “Preemption comes in three forms: express preemption, field preemption, and implied conflict preemption.” *Roth v. Norfalco LLC*, 651 F.3d 367, 374 (3d Cir. 2011).
36. Penn State Health Petitioners do not identify which form of preemption allegedly applies to Executive Order 14187.
37. If they fall under one of these three categories of preemption, federal regulations can preempt state laws. *Farina*, 625 F.3d at 115.
38. Importantly, “it is federal *law* which preempts contrary state law; nothing short of federal law can have that effect.” *Fellner v. Tri-Union Seafoods, LLC*, 539 F.3d 237, 243 (3d Cir. 2008) (emphasis in original); *id.* at 245 (“We decline to afford preemptive effect to less formal measures lacking the ‘fairness and deliberation’ which would suggest that Congress intended the agency’s action to be a binding and exclusive application of federal law. Courts with good reason are wary of affording preemptive force to actions taken under more informal circumstances.”).
39. Executive Order 14187 instructs certain agencies to engage in rulemaking “consistent with applicable law,” but does not, and cannot, create binding regulations to preempt state law out of whole cloth.

Amended Complaint, Ex. F.

40. Penn State Health Petitioners cite no authority for the proposition that an executive order which sets policy objectives and directs agencies to engage in future rulemaking can have immediate preemptive power over a lawfully enacted state law and regulations.
41. Penn State Health does not allege that any enforcement or regulatory actions have materialized at all, let alone been implemented against Penn State Health entities at the time it changed its policy on gender-affirming care or filed the instant Amended Complaint.
42. Additionally, Section 4 of the EO, “Defunding Chemical and Surgical Mutilation,” was enjoined from implementation prior to Penn State Health’s decision to discontinue gender-affirming care for patients under the age of 19. *PFLAG, Inc. v. Trump*, 769 F.Supp.3d 405, 432-441, 451 (D. Md. March 4, 2025) (holding that the President lacks the power to unilaterally terminate federal grants authorized by Congress and granting preliminary injunction).
43. As a result, no portion of the Order poses any actual, present risk of harm to Penn State Health Petitioners, and the policy directives described in the Order, but not yet implemented in binding fashion by any entity, cannot preempt the PHRC’s lawfully enacted regulations.

44. Penn State Health Petitioners have failed to state a claim upon which relief can be granted in their federal preemption claim.²

WHEREFORE, K.S., on behalf of her minor child, respectfully requests this Honorable Court sustain her Preliminary Objections and dismiss the Amended Complaint.

Respectfully submitted,

/s/ Anne Puluka

Anne Puluka
PA ID #322652
apuluka@cjplaw.org

Dan Vitek
PA ID #209013
dvitek@cjplaw.org

Community Justice Project
100 Fifth Avenue, Suite 900
Pittsburgh, PA 15222
T: 412-434-6002
F : 412-434-5706

² Fifteen states, the District of Columbia, and Josh Shapiro in his official capacity as Governor of the Commonwealth of Pennsylvania have filed suit against the federal administration arguing, in part, that Executive Order 14187 unlawfully infringes on the traditional police powers reserved for the states under the Tenth Amendment to the United State Constitution. *Massachusetts v. Trump*, 1:25-cv-12162-AK, ECF 1 at 68-71 (D. Mass. 2025). Notably, in that case, the federal government takes the position that “[n]either the EO nor the [DOJ] Guidance, however, directs the investigation or prosecution of any particular entity. Nor does the EO or the Guidance assert that providing gender-related care is inherently illegal under federal law, or that state laws protecting such care are invalid.” *Id.*, ECF 82 at 1; *id.* at 12 (“Again, DOJ has never suggested that merely providing medically necessary care violates federal law in the absence of independent misconduct.”).

CERTIFICATE OF COMPLIANCE

I certify that this filing complies with the provisions of the Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts that require filing confidential information and documents differently than non-confidential information and documents.

Date: January 28, 2026

/s/ Anne Puluka
Anne Puluka
Attorney for Plaintiffs

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PROPOSED ORDER

AND NOW, this _____ day of _____, 2026, upon consideration of the Preliminary Objections filed by K.S., on behalf of her minor child, it is hereby ORDERED that said Preliminary Objections are SUSTAINED. The Amended Petition for Review is DISMISSED.

BY THE COURT,

Exhibit B

IN THE COMMONWEALTH COURT OF PENNSYLVANIA

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COMMONWEALTH OF
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HUMAN RELATIONS COMMISSION,

Respondent.

MOTION TO PROCEED UNDER PSEUDONYM

Intervenor K.S., on behalf of her minor child, by and through undersigned counsel, hereby moves this Honorable for permission to proceed in this matter under her initials and alleges the following in support:

1. K.S. seeks to intervene in this case on behalf of her minor child, K.W., because this case directly relates to a complaint she filed with the Pennsylvania Human Relations Commission (PHRC) on behalf of K.W. *K.S. o/b/o K.W. v. Penn State Health et al.*, PHRC Case No. 2025-03272.
2. A pleading filed on behalf of a minor shall identify the minor by their initials, Pa. R. Civ. Pro. 2028(a), while adults must generally plead under their full names, Pa. R. Civ. Pro. 1018.
3. Under the common law balancing approach, a party who wishes to proceed under a pseudonym "must show that her personal interest in

secrecy outweighs the traditional presumption of openness” of judicial proceedings and records. *R.W. v. Hampe*, 626 A.2d 1218, 1220 n.3 (Pa. Super. 1993).

4. Identifying K.S. by her full legal name will have the effect of identifying K.W. in the public record.
5. K.S. seeks to proceed under a pseudonym to protect the privacy of her child, who she fears may be subject to harassment and discrimination if publicly identified in this matter.
6. Because K.S.’s complaint on behalf of K.W. is pending in front of the PHRC, both Penn State Health Petitioners and PHRC are aware of her identity and will not be prejudiced if she proceeds under her initials herein.
7. Penn State Health Petitioners have already used K.S.’s initials, rather than her full name, in their Amended Complaint “to protect the privacy of Complainants.” Amended Complaint, ¶ 32 n.3.
8. K.S.’s interest in maintaining the privacy of her child outweighs the presumption of openness in these proceedings.

WHEREFORE, Intervenor K.S. respectfully requests that this Court permit her to proceed in this matter under her initials and direct that all filings and docket entries refer to her by her initials.

Respectfully submitted,

/s/ Anne Puluka
Anne Puluka

PA ID #322652
apuluka@cjplaw.org

Dan Vitek
PA ID #209013
dvitek@cjplaw.org

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100 Fifth Avenue, Suite 900
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T: 412-434-6002
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/s/ Anne Puluka
Anne Puluka
Attorney for Plaintiffs

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ORDER

AND NOW, this _____ day of _____, 2026, upon consideration of the attached, verified Motion to Proceed under Pseudonym, it is hereby ORDERED that K.S. is permitted to proceed in this matter under her initials. All public filings and docket entries shall refer to K.S. by her initials.

BY THE COURT,

CERTIFICATE OF COMPLIANCE

I certify that this filing complies with the provisions of the Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts that require filing confidential information and documents differently than non-confidential information and documents.

Date: January 28, 2026

/s/ Anne Puluka
Anne Puluka
Attorney for Plaintiffs

IN THE COMMONWEALTH COURT OF PENNSYLVANIA

PENN STATE HEALTH and ST.
JOSEPH REGIONAL HEALTH
NETWORK d/b/a/ PENN STATE
HEALTH ST. JOSEPH,

No. 335 M.D. 2025

Petitioners,

vs.

COMMONWEALTH OF
PENNSYLVANIA, PENNSYLVANIA
HUMAN RELATIONS COMMISSION,

Respondent.

ORDER

AND NOW, this _____ day of _____, 2026, upon consideration
of the attached, verified Petition, it is hereby ORDERED that K.S., on behalf
of her minor child, is permitted to intervene in this case.

BY THE COURT,
