

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

WORLD PROFESSIONAL ASSOCIATION FOR
TRANSGENDER HEALTH,

Plaintiff,

v.

FEDERAL TRADE COMMISSION; ANDREW N.
FERGUSON, in his official capacity as Chair of the Federal
Trade Commission; MARK R. MEADOR, in his official
capacity as Commissioner of the Federal Trade Commission,

Defendants.

No. 1:26-cv-00532-JEB

**BRIEF FOR AMICI CURIAE MEDICAL ORGANIZATIONS
IN SUPPORT OF PLAINTIFF AND MOTION FOR A PRELIMINARY INJUNCTION**

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March 11, 2026

CORPORATE DISCLOSURE STATEMENT

Amici curiae have no parent corporations and do not issue any stock.

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Madeline B. Deutsch et al., *State of the Art and Science*, 18 AMA J. Ethics 1098 (2016), <https://journalofethics.ama-assn.org/sites/joedb/files/2025-06/joe-1611.pdf>4

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IOM, *Clinical Practice Guidelines We Can Trust* (Robin Graham et al. eds., 2011), https://www.ncbi.nlm.nih.gov/books/NBK209539/pdf/Bookshelf_NBK209539.pdf4, 5

Simona Martin et al., *Criminalization of Gender-Affirming Care – Interfering with Essential Treatment for Transgender Children and Adolescents*, 385 New Eng. J. Med. 579 (2021), <https://perma.cc/BR4F-YLZS>11

Mayo Clinic, *Gender Dysphoria – Symptoms and Causes*, <https://www.mayoclinic.org/diseases-conditions/gender-dysphoria/symptoms-causes/syc-20475255>.....10

MedCentral, *How Clinical Practice Guidelines Evolved* (Mar. 10, 2023), <https://www.medcentral.com/guidelines/evolution-of-clinical-practice-guidelines>4, 5

Nat’l Acad. of Med., *About the NAM*, <https://nam.edu/about-the-nam/>4

NIH, Nat’l Ctr. for Complementary & Integrative Health, *Clinical Practice Guidelines*, <https://www.nccih.nih.gov/health/providers/clinicalpractice>12

Jason Rafferty et al., AAP Policy Statement, *Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents* (2018), <https://perma.cc/34FM-3E4X>.....2, 7, 9

Jason Rafferty et al., *Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents*, 142 *Pediatrics* e20182162, (2023).....11

Lori Rinella, *The Use of Medical Practice Guidelines in Medical Malpractice Litigation – Should Practice Guidelines Define the Standard of Care?*, 64 *UMKC L. Rev.* 337 (1995).....4

Nicolle K. Strand & Nora L. Jones, *Invisibility of “Gender Dysphoria,”* 23 *AMA J. Ethics* E557-62 (2021), <https://journalofethics.ama-assn.org/article/invisibility-gender-dysphoria/2021-07>11

U.S. GAO, *Practice Guidelines: The Experience of Medical Specialty Societies*, Report to Congressional Requesters (1991)4

U.S. GAO publication GAO/PEMD 91-11.....4

WPATH, *About WPATH*, <https://wpath.org/about/mission-and-vision/>8

WPATH, *Methodology for the Development of SOC8*, <https://perma.cc/XMJ3-5QF3>8

Erin Ziegler et al., *A Critical Review of Clinical Practice Guidelines for Care of Transgender and Gender Diverse Children and Youth for Use by Primary Care Practitioners*, 7 *Transgender Health* 397 (2022), <https://pmc.ncbi.nlm.nih.gov/articles/PMC9829138/pdf/trgh.2020.0185.pdf>.....12

INTEREST OF AMICI CURIAE¹

Amici curiae are the Academic Pediatric Association, American Academy of Child and Adolescent Psychiatry, American Academy of Nursing, American Association of Physicians for Human Rights, Inc. d/b/a GLMA: Health Professionals Advancing LGBTQ+ Equality, American College of Osteopathic Pediatricians, American College of Physicians, American Pediatric Society, American Psychiatric Association, Association of American Medical Colleges, National Association of Pediatric Nurse Practitioners, Pediatric Endocrine Society, American College of Obstetricians & Gynecologists, Society for Adolescent Health and Medicine, and Society of Pediatric Nurses (collectively, “amici”).

Amici represent thousands of healthcare providers, many of whom have been involved with, and who rely on, professional medical guidance for a variety of health conditions. The Civil Investigative Demands (“CIDs”) issued by the Federal Trade Commission (“FTC”) target three organizations who have issued treatment guidelines or policy statements related to the treatment of transgender and gender diverse (“TGD”) youth. The issuance of CIDs directed at such standard-setting activity, specifically targeting the deliberative process for developing and revising clinical guidance, raises grave concerns regarding the chilling of professional activities designed to ensure high-quality care for patients. Gender dysphoria is a recognized health condition that requires individualized treatment to avoid the risk of serious harm to patients.

¹ Pursuant to Local Civil Rule 7(o)(5) and Federal Rule of Appellate Procedure 29(a)(4)(E), counsel for amici curiae certify that no counsel for a party authored this brief in whole or in part, and no person other than amici curiae, their members, or their counsel made a monetary contribution to the brief’s preparation or submission. As stated in the accompanying motion for leave, counsel for Plaintiff has consented to the filing of this brief; counsel for the Federal Trade Commission has stated that it does not oppose a timely motion to file an amicus brief that complies with the rules. A brief description of each organization joining as an amicus is included in an Appendix to this brief.

Amici file this brief in support of Plaintiffs’ efforts to enjoin the FTC’s investigation to help ensure that the development of treatment guidelines and other professional guidance remains scientific, rigorous, iterative, and methodologically sound.

ARGUMENT

The Federal Trade Commission (“FTC”) has initiated investigations and issued Civil Investigative Demands (“CIDs”) targeting the American Academy of Pediatrics (“AAP”), the Endocrine Society, and the World Professional Association for Transgender Health (“WPATH”), three organizations that have been involved in efforts to develop and disseminate guidance relating to treatment of gender dysphoria.² A focus of the CIDs is the development and publication of treatment guidelines and policy statements related to the treatment of TGD individuals, specifically care for patients under age 18. *See, e.g.*, AAP CID (seeking “all Communications with Professional Medical Organizations related to [AAP’s] 2018 Policy Statement [and] 2023 Reaffirmation”) (Doc. Req. No. 4) (referring to AAP Policy Statement, *Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents* (Oct. 2018)); Endocrine Society CID (seeking “all . . . Communications with other organizations, institutions, or individuals regarding the development and publication of the 2017 [Endocrine Society] Guidelines or the 2020 Position Statement”) (Doc. Req. No. 5) (referring to Endocrine Society, *Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline* (2017) and Endocrine Society Position Statement, *Transgender Health* (Dec. 2020)); WPATH CID (Doc. Req. No. 5) (similar with respect to

² Amici are filing this brief in each of the cases brought by the three organizations subject to FTC investigation.

SOC8) (referring to WPATH, *Standards of Care for the Health of Transgender and Gender Diverse People, Version 8* (2022)).

The FTC's investigations, targeting legitimate non-profit professional organizations devoted to the advancement and dissemination of scientific knowledge and the promotion of excellence in patient care, raise grave concerns for amici. Like AAP, the Endocrine Society, and WPATH, many members of amici medical organizations contribute to the development of clinical guidance, a process that depends on the free exchange of views among scientists, clinicians, academic experts, and other interested participants. Such exchange may include raising challenging questions, expressions of tentative or firm disagreement, and the testing of alternative approaches and perspectives. The FTC's investigations, by targeting these legitimate activities, will discourage open participation in such efforts and force those who do participate to consider self-censoring before expressing potentially controversial views – whatever the subject. That, in turn, will impede the development and reduce the reliability and effectiveness of such guidance documents. Because professional medical guidance plays a central role in assisting healthcare providers to deliver evidence-based care to their patients, the FTC's investigations pose a clear threat to patient care.

This brief addresses two basic points. First, it explains the importance of the development and dissemination of clinical guidance, as a product of open communication and debate, for promoting excellence in patient care. Second, the brief explains the current consensus concerning the need for clinical guidelines and policy recommendations in the treatment of gender dysphoria in young people.

I. The Development of Evidence-Based Clinical Guidance Depends on Open Communication and Debate Among Medical Professionals, and the CIDs and Associated Investigations Chill Those Efforts

A. Developing high-quality, up-to-date clinical guidance and recommendations depends on the uninhibited exchange of views among medical professionals – including unpopular views

Clinical practice guidelines “emerged as the medical profession’s answer to significant shortcomings in prevailing medical practice.” Lori Rinella, *The Use of Medical Practice Guidelines in Medical Malpractice Litigation – Should Practice Guidelines Define the Standard of Care?*, 64 UMKC L. Rev. 337, 340 (1995) (citing U.S. GAO, *Practice Guidelines: The Experience of Medical Specialty Societies*, Report to Congressional Requesters at 12 (1991); U.S. GAO publication GAO/PEMD 91-11). The practice of medicine, before the development of practice guidelines, suffered from “increasingly wide variations in physician diagnosis and treatment methods as well as serious weaknesses in the scientific underpinnings of many medical customs and practices.” *Id.* In 1990, the Institute of Medicine (“IOM”)³ coined the term “clinical practice guideline,” and since the early 1990s, there has been significant growth in the number, range, and depth of evidence-based clinical guidelines across medical disciplines. MedCentral, *How Clinical Practice Guidelines Evolved* (Mar. 10, 2023), <https://www.medcentral.com/guidelines/evolution-of-clinical-practice-guidelines>; Madeline B. Deutsch et al., *State of the Art and Science*, 18 AMA J. Ethics 1098 (2016), <https://journalofethics.ama-assn.org/sites/joedb/files/2025-06/joe-1611.pdf>. To address the absence of standardized processes for developing clinical practice guidelines, in 2011 IOM published “Clinical Practice Guidelines We Can Trust,” which provides a set of standards for the

³ IOM is now the National Academy of Medicine. Nat’l Acad. of Med., *About the NAM*, <https://nam.edu/about-the-nam/>.

medical community to employ in developing trustworthy, high-quality clinical practice guidelines. IOM, *Clinical Practice Guidelines We Can Trust* (Robin Graham et al. eds., 2011), https://www.ncbi.nlm.nih.gov/books/NBK209539/pdf/Bookshelf_NBK209539.pdf. The IOM guidelines emphasize transparency; management of conflict of interest; systematic review; evidence foundations for the strength of guideline recommendations; articulation of recommendations; external review; and periodic updating. *Id.* These criteria have been “widely disseminated and adhered to in most fields of medicine.” MedCentral, *How Clinical Practice Guidelines Evolved*.

As reflected in the IOM guidelines, which remain the gold standard for developing clinical practice guidelines, clinical guidance for any medical condition must be subject to reexamination and improvement. Such guidance depends on renewed and state-of-the-art input from a range of experts engaging in the uninhibited exchange of ideas. Guidelines “must be regularly updated if they are to be of value” and “should be departed from if there is new evidence or depending on individual circumstances.” Shams Al-Ani & Anthony Lockett, *Interpreting Clinical Guidelines*, 53 *Medicine* 392-95 (2025). Because outdated guidelines can lead to sub-optimal patient care, it is crucial to monitor relevant literature and developments in clinical practice to keep these tools up-to-date. Monika Becker et al., *Partial Updating of Clinical Practice Guidelines Often Makes More Sense Than Full Updating: A Systematic Review on Methods and the Development of an Updating Procedure*, 67 *J. Clinical Epidemiology* 33 (2014), <https://doi.org/10.1016/j.jclinepi.2013.06.021>. A range of professional actors have a role to play in this development, including external medical societies and patient or consumer groups – reflecting a multidisciplinary effort. Council of Med. Specialty Societies *CMSS Principles for the Development of Specialty Society Clinical Guidelines* 4 (2017), <https://cmss.org/wp->

[content/uploads/2017/11/Revised-CMSS-Principles-for-Clinical-Practice-Guideline-Development.pdf](#). In short, to have the greatest utility for the medical community, policymakers,

and the public, the development of clinical guidance requires consistent, thorough scientific debate and candid exchanges among many experts and stakeholders.

B. Each of the recipients of the CIDs publishes medical guidance and information on the treatment of gender dysphoria

Provision of healthcare to TGD individuals, including children and adolescents, is no exception to the rule that up-to-date professional guidance contributes to quality patient care.

The provision of healthcare to TGD individuals continues to be an evolving field of study.

Researchers have called for continued scientific exploration to enhance the evidence base for

evaluating the impact of Gender Affirming Care (“GAC”) – that is, care that supports the individual with gender dysphoria in the exploration of their gender identity, based on their

unique circumstances – on health outcomes for TGD individuals.⁴ Erin E. Cooney et al.,

Provision of Gender-Affirming Care for Trans and Gender-Diverse Adults: A Systematic Review of Health and Quality of Life Outcomes, Values and Preferences, and Costs, 88

eClinicalMedicine (2025), <https://doi.org/10.1016/j.eclinm.2025.103458>. AAP, WPATH, and

the Endocrine Society have all developed medical guidance and policy statements regarding the treatment of gender dysphoria in TGD children and adolescents.

AAP, founded in 1930, is a 501(c)(3) non-profit organization of 67,000 pediatricians whose mission is to attain the optimal physical, mental, and social health and well-being for all

⁴ Identification of areas for further study should not be misunderstood as undermining the evidence supporting GAC. Stephanie L. Budge et al., *Gender Affirming Care Is Evidence Based for Transgender and Gender-Diverse Youth*, 75 *J. Adolescent Health* 851 (2024), <https://www.jahonline.org/action/showPdf?pii=S1054-139X%2824%2900439-7>; see also *infra* Part II (discussing the current medical landscape in diagnosis and treatment of gender dysphoria).

infants, children, adolescents, and young adults. AAP, *About the AAP*, <https://www.aap.org/en/about-the-aap/>. AAP publishes policy statements to provide the latest clinical guidance for practitioners. As most relevant here, AAP published a policy statement in 2018 (the “2018 Policy Statement”) that describes available scientific and medical research to inform the clinical judgment of pediatricians treating TGD youth. AAP Compl. ¶ 53; Jason Rafferty et al., AAP Policy Statement, *Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents* (2018) (“2018 Policy Statement”), <https://perma.cc/34FM-3E4X>. The 2018 Policy Statement summarizes available research on the treatment of youth diagnosed with gender dysphoria and the role of pediatricians in supporting youth and their families in making informed, individualized decisions regarding their health. In 2023, AAP reaffirmed the 2018 Policy Statement and authorized development of expanded guidance regarding GAC. AAP Compl. ¶¶ 49-50. AAP does not generate or publish clinical practice guidelines regarding GAC, in contrast to WPATH and the Endocrine Society, both of which publish clinical practice guidelines in this area.⁵

The Endocrine Society, founded in 1916, is a 501(c)(3) non-profit organization of physicians and scientists whose mission includes uniting, leading, and growing the endocrine community to accelerate scientific breakthroughs and improve health worldwide. Endocrine Society, *Who We Are*, <https://www.endocrine.org/about-us>; Endocrine Society Compl. ¶ 28. The Endocrine Society publishes clinical practice guidelines related to treatment of individuals with gender dysphoria, most recently in 2017 – the Endocrine Treatment of Gender-

⁵ A clinical practice guideline is a “published statement that includes recommendations that are intended to optimize patient care.” Romina Brignardello-Petersen et al., *How to Interpret and Use a Clinical Practice Guideline or Recommendation: Users’ Guides to the Medical Literature*, 326 JAMA 1516 (2021), <https://jamanetwork.com/journals/jama/article-abstract/2785258>.

Dysphoric/Gender Incongruent Persons Guidelines (the “Endocrine Guidelines”) – which includes clinical guidance for providers who treat young patients with gender dysphoria. Wylie C. Hembree et al., *Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline*, 102 J. Clinical Endocrinology & Metabolism 3869 (2017), <https://perma.cc/9CSM-2KXC>. The Endocrine Guidelines reflect the strength of each recommendation, along with summaries of evidence and criteria considered, including values and preferences to help inform individualized treatment decisions.

WPATH, founded in 1979, is a 501(c)(3) non-profit interdisciplinary professional and educational organization whose mission is to promote evidence-based care, education, research, public policy, and respect in transgender healthcare. WPATH, *About WPATH*, <https://wpath.org/about/mission-and-vision/>. WPATH develops and disseminates professional clinical practice guidelines, the most recent version being the Standards of Care, Version 8 (“SOC8”), published in September 2022. Eli Coleman et al., WPATH, *Standards of Care for the Health of Transgender and Gender Diverse People, Version 8*, 23 Int’l J. Transgender Health 51 (2022), <https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644>. SOC8 is a free resource consisting of recommendations reflecting the collective professional judgment of experts across disciplines regarding transgender healthcare. WPATH Compl. ¶ 47. The recommendations, like those of the Endocrine Society, are graded as either “strong” or “weak” based on the estimated effectiveness and risks associated with the recommended course of action, as well as evidentiary support and the consensus of medical professionals. WPATH, *Methodology for the Development of SOC8*, <https://perma.cc/XMJ3-5QF3>. SOC8 similarly provides extensive discussion of the research, rationale, and reasoning supporting each recommendation.

AAP, the Endocrine Society, and WPATH abide by widely accepted scientific principles in the development of their respective publications. For the clinical practice guidelines issued by the Endocrine Society and WPATH, the organizations follow the IOM guidelines. AAP's 2018 Policy Statement was developed pursuant to the same basic principles. Taken together, these guidelines and policy statements provide important tools to inform practitioners' clinical judgment in treating TGD individuals.

C. The CIDs and the associated investigations create a chilling effect, discouraging professionals from contributing to an ongoing medical debate – which threatens the development of sound medical practices and the progress of scientific inquiry

The chilling effect of a government-issued demand that encompasses internal communications is “self-evident” because it discourages “frank internal dialogue and deliberations.” *Whole Woman’s Health v. Smith*, 896 F.3d 362, 372-73 (5th Cir. 2018). That chill affects not just AAP, the Endocrine Society, and WPATH, but all medical organizations and individual subject-matter experts involved in the development of clinical guidelines. With the cloud of enforcement hanging overhead, clinical experts are deterred from participating in the development of guidelines or embarking on research studies to fill existing knowledge gaps. Further, the FTC’s investigations and CIDs discourage the frank exchange of views, including potentially controversial views, upon which the development process depends.

AAP, WPATH, and the Endocrine Society have already begun experiencing these chilling effects. AAP PI Mot. 21 (“AAP is facing increased difficulty engaging with members and experts on issues of importance due to those individuals’ fear of becoming subject to the FTC’s unconstitutional investigation and suffering the FTC’s retaliation”); WPATH PI Mot. 25 (“WPATH’s sworn declarations set out that WPATH’s leadership and members are considering the FTC’s scrutiny when they speak, issue a statement, or decide on WPATH’s

courses of action, or even speak to colleagues.”); Endocrine Society PI Mot. 12 (“The CID has already sharply chilled the Endocrine Society’s speech and association by substantially increasing the risk that any communication or association with the Endocrine Society – especially regarding gender affirming care – could expose others to similarly retaliatory action.”).

The chilling effect of the FTC’s actions extends beyond the field of care for TGD youth. Amici include organizations of medical professionals who are engaged in the development of evidence-based clinical practice guidelines in a variety of fields. The development of clinical guidelines may address controversial topics and involve the exchange of controversial views in discussions among experts. The prospect that such communications will be the subject of government investigation risks compromising the ability to engage in robust scientific exchange. That, in turn, will deter experts from participating in the development of future clinical practice guidelines.

Clinicians cannot realistically keep up with, let alone critically appraise, every new development in the scientific literature. Development and maintenance of evidence-based guidelines is critical to promoting high-quality care across healthcare disciplines. The predictable consequence of enforcement of the FTC’s CIDs will be to compromise the quality of patient care.

II. Gender Dysphoria Is a Recognized Medical Condition, and Practitioners, Patients, and Their Families Benefit from the Development of Clinical Guidance and Recommendations To Inform Their Shared Treatment Decisions

Many transgender people suffer from gender dysphoria, a medical condition characterized by feelings of distress that can negatively interfere with daily activities and other aspects of life. Mayo Clinic, *Gender Dysphoria – Symptoms and Causes*,

<https://www.mayoclinic.org/diseases-conditions/gender-dysphoria/symptoms-causes/syc-20475255>. Gender dysphoria is a formal diagnosis under the American Psychiatric Association's Diagnostic and Statistical Manual (DSM-5-TR). *See* Am. Psychiatric Ass'n, *Diagnostic and Statistical Manual of Mental Disorders: DSM-5-TR* 512-13 (2022), <https://www.ifeet.org/files/DSM-5-TR.pdf>. Without proper treatment, gender dysphoria can lead to serious negative health conditions including depression, anxiety, eating disorders, self-injurious behaviors, and suicidality. Nicolle K. Strand & Nora L. Jones, *Invisibility of "Gender Dysphoria,"* 23 *AMA J. Ethics* E557-62 (2021), <https://journalofethics.ama-assn.org/article/invisibility-gender-dysphoria/2021-07>; *see also* Jason Rafferty et al., *Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents*, 142 *Pediatrics* e20182162, at 3-4 (2023) (collecting data).

There is a strong medical consensus that appropriate treatment for gender dysphoria should sometimes include some form of GAC. As noted above, GAC is defined as care that supports the individual with gender dysphoria in the exploration of their gender identity, based on their unique circumstances. This can include a range of potential options, such as dress and name changes, counseling, psychotherapy, or, in some cases, pharmacological or medical treatment, tailored to the patient's individual needs. GAC can greatly reduce the negative physical and mental consequences of untreated gender dysphoria. Studies indicate that adolescents with gender dysphoria who receive GAC experience alleviation of clinically significant distress and improvements in their overall well-being. Simona Martin et al., *Criminalization of Gender-Affirming Care – Interfering with Essential Treatment for Transgender Children and Adolescents*, 385 *New Eng. J. Med.* 579, 580 (2021),

<https://perma.cc/BR4F-YLZS>. In short, GAC for adolescents with gender dysphoria is clinically appropriate, and medically necessary, when supported by evidence and professional judgment.

AAP, WPATH, and the Endocrine Society fulfill a critical need for medical care by gathering the latest evidence and helping to inform professional judgment. These organizations support the best efforts of researchers and medical experts to provide current evidence-based recommendations and guidelines for practitioners treating TGD individuals. Importantly, the tools are advisory, rather than compulsory – they are “not presented as a substitute for the advice of a physician or other knowledgeable health care professional or provider.” NIH, Nat’l Ctr. for Complementary & Integrative Health, *Clinical Practice Guidelines*, <https://www.nccih.nih.gov/health/providers/clinicalpractice>. Rather, they are intended to assist health professionals in making clinical judgments regarding the treatment and delivery of care to their patients, thereby facilitating decision-making by health professionals, patients, and families. Steven D. Hollon et al., *Development of Clinical Practice Guidelines*, 10 Ann. Rev. Clinical Psych. 213-41 (2014), <https://doi.org/10.1146/annurev-clinpsy-050212-185529>.

These tools are particularly important in the field of transgender healthcare, as researchers have identified a “significant incongruence” between the demand for and access to necessary care. Erin Ziegler et al., *A Critical Review of Clinical Practice Guidelines for Care of Transgender and Gender Diverse Children and Youth for Use by Primary Care Practitioners*, 7 Transgender Health 397 (2022), <https://pmc.ncbi.nlm.nih.gov/articles/PMC9829138/pdf/trgh.2020.0185.pdf>. Formal education for healthcare practitioners around the provision of quality transgender healthcare is limited, and access to GAC practitioners varies considerably by geographic location. *Id.* at 397-98. The resources developed by AAP, WPATH, and the

Endocrine Society are valuable to practitioners who do not otherwise have a reliable source of the latest medical guidance on treatment for TGD individuals.

Clinical practice guidelines and other medical resources are integral to the treatment of many health conditions, and their value in the treatment of gender dysphoria is one example. To protect professional efforts to provide patients with the best available care, it is critical that professional medical organizations remain able to inquire, research, test, review, and share their findings freely.

CONCLUSION

Amici respectfully urge the Court to grant the motions for a preliminary injunction.

Respectfully submitted,

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March 11, 2026

CERTIFICATE OF COMPLIANCE

I hereby certify that the foregoing complies with Local Civil Rule 7(o)(4) and does not exceed 25 pages. I further certify that the attached brief complies with the typeface and type style requirements of Local Civil Rule 5.1(d) because it has been prepared in a proportionally spaced typeface using Microsoft Word and 12-point Times New Roman font.

/s/ Aaron M. Panner
Aaron M. Panner

March 11, 2026

CERTIFICATE OF SERVICE

I hereby certify that, on March 11, 2026, I caused to be filed electronically a copy of the foregoing document, which will electronically serve all counsel of record who have entered an appearance in the case.

/s/ Aaron M. Panner
Aaron M. Panner

APPENDIX

A brief description of each organization that joined this brief is included below for reference.

The Academic Pediatric Association (APA)'s mission is to enhance the health and well-being of all children by nurturing the academic success and career development of child health professionals engaged in research, advocacy, improvement science, and education. The APA's vision of a "A thriving academic pediatric community that ensures optimal health and well-being for all children, particularly those most vulnerable" is guided by its core values of academic excellence, collaboration, mentorship, inclusion, respect, health equity and partnerships with children, families and communities.

The American Academy of Child and Adolescent Psychiatry (AACAP) promotes the healthy development of children, adolescents, and families through advocacy, education, and research. With more than 11,000 physician members, AACAP represents the collective expertise of child and adolescent psychiatrists who diagnose, treat, and advocate for youth across diverse clinical settings. Child and adolescent psychiatrists are the leading physician authority on children's mental health.

The American Academy of Nursing (Academy) serves the public by advancing health policy and practice through the generation, synthesis, and dissemination of nursing knowledge. Academy Fellows are inducted into the organization for their extraordinary contributions to improve health locally and globally. With more than 3,000 Fellows, the Academy represents nursing's most accomplished leaders in policy, research, administration, practice, and academia.

The American Association of Physicians for Human Rights, Inc. d/b/a GLMA: Health Professionals Advancing LGBTQ+ Equality (GLMA) is the largest and oldest association of

lesbian, gay, bisexual, transgender and queer (LGBTQ+) health professionals and their allies. GLMA is a national leader in addressing the full range of health concerns and issues affecting LGBTQ+ people, including by ensuring that sound science and research informs health policy and practices for the LGBTQ+ community.

The American College of Osteopathic Pediatricians (ACOP) is a non-profit organization which represents and supports Osteopathic Pediatricians throughout the United States. As osteopathic physicians, ACOP's members believe strongly in the bio-psycho-social model of healthcare, that a child is more than a collection of symptoms and that true health is found when all aspects of that child's health are in balance.

The American College of Physicians (ACP) is the largest medical specialty organization and the second largest physician membership society in the United States. ACP members include 163,000 internal medicine physicians, related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge, clinical expertise, and compassion to the preventive, diagnostic, and therapeutic care of adults across the spectrum from health to complex illness.

The American Pediatric Society (APS) is comprised of distinguished pediatric leaders shaping the future of academic pediatrics. Assembling an engaged, diverse, inclusive and impactful community of academic pediatric thought leaders, APS's strategic priorities are to exercise thought leadership to shape the field, advocate for academic pediatrics and support career development of academic pediatrics to improve child health.

The American Psychiatric Association (APA), with more than 39,000 members, is the Nation's leading organization of physicians who specialize in psychiatry. The APA has participated in numerous cases in the federal courts. The American Psychiatric Association

opposes all public and private discrimination against transgender and gender-diverse individuals, including in gender-affirming care.

The Association of American Medical Colleges (AAMC) is a nonprofit association dedicated to improving the health of people everywhere through medical education, clinical care, biomedical research, and community collaborations. Its members are all 163 U.S. medical schools accredited by the Liaison Committee on Medical Education, nearly 500 academic health systems and teaching hospitals, and more than 70 academic societies.

The National Association of Pediatric Nurse Practitioners (NAPNAP) has been advocating for children's health since its founding in 1973. NAPNAP is the nation's only professional association for pediatric-focused advanced practice registered nurses (APRNs) dedicated to improving the quality of health care for infants, children, adolescents and young adults. NAPNAP opposes all forms of discrimination against individuals based on sexual orientation, gender conformity and gender identity.

The Pediatric Endocrine Society (PES) is the leading professional society for pediatric endocrinology in the United States. PES, with more than 1,600 members, is dedicated to promoting the endocrine health of all children and adolescents, including those who are transgender.

The American College of Obstetricians & Gynecologists (ACOG) is the nation's leading group of physicians providing evidence-based obstetric and gynecologic care. As a private, voluntary nonprofit organization of more than 60,000 members, ACOG advocates for equitable, exceptional, and respectful care for all people in need of obstetric and gynecologic care; maintains the highest standards of clinical practice and continuing education of its members;

promotes patient education; and increases awareness among its members and the public of the changing issues facing patients and their families and communities.

The Society for Adolescent Health and Medicine (SAHM), founded in 1968, is a multidisciplinary organization committed to promoting the optimal health and well-being of all adolescents and young adults by supporting adolescent health and medicine professionals through the advancement of clinical practice, care delivery, research, advocacy, and professional development. SAHM supports evidence-based patient-centered, culturally effective practices when providers of health care to adolescents and young adults are treating transgender and gender-diverse (TGD) youth.

The Society of Pediatric Nurses (SPN), founded in the mid-1980s, represents a professional network of over 3,000 pediatric nurses across 28 specializations. SPN seeks to advance the specialty of pediatric nursing through excellence, education, research and practice in order to improve child health. SPN believes in the development, dissemination, and diffusion of knowledge and evidence-informed standards of care that supports diversity, equity and inclusion to ensure the best care for all children and families