No. 26-2238

IN THE UNITED STATES COURT OF APPEALS
FOR THE SEVENTH CIRCUIT

AMERICAN ACADEMY OF PEDIATRICS, *Plaintiff-Appellee,* v. JAMES UTHMEIER, Attorney General of the State of Florida, *Defendant-Appellant.*	)	On Appeal from the United States District Court for the Northern District of Illinois, Eastern Division No. 1:26-cv-02401 Hon. Matthew F. Kennelly, District Court Judge

BRIEF OF *AMICI CURIAE* MEDICAL ORGANIZATIONS IN SUPPORT OF PLAINTIFF-APPELLEE AND AFFIRMANCE

Laurel A. Raymond
Tanner J. Lockhead
JENNER & BLOCK LLP
1099 New York Avenue NW
Washington, DC 20001
(202) 639-6000

Andrianna D. Kastanek
Counsel of Record
JENNER & BLOCK LLP
353 North Clark Street
Chicago, IL 60654
(312) 222-9350
akastanek@jenner.com

Counsel for Amici Curiae

CIRCUIT RULE 26.1 DISCLOSURE STATEMENT

Appellate Court No: 26-2238

Short Caption: American Academy of Pediatrics v. James Uthmeier

To enable the judges to determine whether recusal is necessary or appropriate, an attorney for a non governmental party or amicus curiae, or a private attorney representing a government party, must furnish a disclosure statement providing the following information in compliance with Circuit Rule 26.1 and Fed. R. App. P. 26.1.

The Court prefers that the disclosure statement be filed immediately following docketing; but, the disclosure statement must be filed within 21 days of docketing or upon the filing of a motion, response, petition, or answer in this court, whichever occurs first. Attorneys are required to file an amended statement to reflect any material changes in the required information. The text of the statement must also be included in front of the table of contents of the party's main brief. **Counsel is required to complete the entire statement and to use N/A for any information that is not applicable if this form is used.**

[x] PLEASE CHECK HERE IF ANY INFORMATION ON THIS FORM IS NEW OR REVISED AND INDICATE WHICH INFORMATION IS NEW OR REVISED.

(1) The full name of every party that the attorney represents in the case (if the party is a corporation, you must provide the corporate disclosure information required by Fed. R. App. P 26.1 by completing item #3):

Academic Pediatric Association, the American Academy of Child and Adolescent Psychiatry, the American Academy of Nursing, the American College of Physicians, the American Psychiatric Association, the National Association of Pediatric Nurse Practitioners, the Pediatric Endocrine Society, the Society for Adolescent Health and Medicine, the Society of Hospital Medicine, and the Society of Pediatric Nurses.

(2) The names of all law firms whose partners or associates have appeared for the party in the case (including proceedings in the district court or before an administrative agency) or are expected to appear for the party in this court:

Jenner & Block LLP

(3) If the party or amicus is a corporation:

i) Identify all its parent corporations, if any; and

N/A

ii) list any publicly held company that owns 10% or more of the party's or amicus' stock:

N/A

(4) Provide information required by FRAP 26.1(b) – Organizational Victims in Criminal Cases:
N/A

(5) Provide Debtor information required by FRAP 26.1 (c) 1 & 2:
N/A

Attorney's Signature: /s/ Andrianna D. Kastanek Date: August 25, 2026

Attorney's Printed Name: Andrianna D. Kastanek

Please indicate if you are *Counsel of Record* for the above listed parties pursuant to Circuit Rule 3(d). **Yes X No**

Address: 353 North Clark Street, Chicago, IL 60654

Phone Number: (312) 840-7285 Fax Number: (312) 527-0484

E-Mail Address: akastanek@jenner.com

CIRCUIT RULE 26.1 DISCLOSURE STATEMENT

Appellate Court No: 26-2238

Short Caption: American Academy of Pediatrics v. James Uthmeier

To enable the judges to determine whether recusal is necessary or appropriate, an attorney for a non governmental party or amicus curiae, or a private attorney representing a government party, must furnish a disclosure statement providing the following information in compliance with Circuit Rule 26.1 and Fed. R. App. P. 26.1.

The Court prefers that the disclosure statement be filed immediately following docketing; but, the disclosure statement must be filed within 21 days of docketing or upon the filing of a motion, response, petition, or answer in this court, whichever occurs first. Attorneys are required to file an amended statement to reflect any material changes in the required information. The text of the statement must also be included in front of the table of contents of the party's main brief. **Counsel is required to complete the entire statement and to use N/A for any information that is not applicable if this form is used.**

[x] PLEASE CHECK HERE IF ANY INFORMATION ON THIS FORM IS NEW OR REVISED AND INDICATE WHICH INFORMATION IS NEW OR REVISED.

(1) The full name of every party that the attorney represents in the case (if the party is a corporation, you must provide the corporate disclosure information required by Fed. R. App. P 26.1 by completing item #3):

Academic Pediatric Association, the American Academy of Child and Adolescent Psychiatry, the American Academy of Nursing, the American College of Physicians, the American Psychiatric Association, the National Association of Pediatric Nurse Practitioners, the Pediatric Endocrine Society, the Society for Adolescent Health and Medicine, the Society of Hospital Medicine, and the Society of Pediatric Nurses.

(2) The names of all law firms whose partners or associates have appeared for the party in the case (including proceedings in the district court or before an administrative agency) or are expected to appear for the party in this court:

Jenner & Block LLP

(3) If the party or amicus is a corporation:

i) Identify all its parent corporations, if any; and

N/A

ii) list any publicly held company that owns 10% or more of the party's or amicus' stock:

N/A

(4) Provide information required by FRAP 26.1(b) – Organizational Victims in Criminal Cases:
N/A

(5) Provide Debtor information required by FRAP 26.1 (c) 1 & 2:

N/A

Attorney's Signature: /s/Laurel A. Raymond Date: August 25, 2026

Attorney's Printed Name: Laurel A. Raymond

Please indicate if you are *Counsel of Record* for the above listed parties pursuant to Circuit Rule 3(d). **Yes No X**

Address: 1099 New York Avenue, NW, Suite 900, Washington, DC 20001

Phone Number: (202) 637-6396 Fax Number: (202) 639-6066

E-Mail Address: lraymond@jenner.com

CIRCUIT RULE 26.1 DISCLOSURE STATEMENT

Appellate Court No: 26-2238

Short Caption: American Academy of Pediatrics v. James Uthmeier

To enable the judges to determine whether recusal is necessary or appropriate, an attorney for a non governmental party or amicus curiae, or a private attorney representing a government party, must furnish a disclosure statement providing the following information in compliance with Circuit Rule 26.1 and Fed. R. App. P. 26.1.

The Court prefers that the disclosure statement be filed immediately following docketing; but, the disclosure statement must be filed within 21 days of docketing or upon the filing of a motion, response, petition, or answer in this court, whichever occurs first. Attorneys are required to file an amended statement to reflect any material changes in the required information. The text of the statement must also be included in front of the table of contents of the party's main brief. **Counsel is required to complete the entire statement and to use N/A for any information that is not applicable if this form is used.**

[x] PLEASE CHECK HERE IF ANY INFORMATION ON THIS FORM IS NEW OR REVISED AND INDICATE WHICH INFORMATION IS NEW OR REVISED.

(1) The full name of every party that the attorney represents in the case (if the party is a corporation, you must provide the corporate disclosure information required by Fed. R. App. P 26.1 by completing item #3):

Academic Pediatric Association, the American Academy of Child and Adolescent Psychiatry, the American Academy of Nursing, the American College of Physicians, the American Psychiatric Association, the National Association of Pediatric Nurse Practitioners, the Pediatric Endocrine Society, the Society for Adolescent Health and Medicine, the Society of Hospital Medicine, and the Society of Pediatric Nurses.

(2) The names of all law firms whose partners or associates have appeared for the party in the case (including proceedings in the district court or before an administrative agency) or are expected to appear for the party in this court:

Jenner & Block LLP

(3) If the party or amicus is a corporation:

i) Identify all its parent corporations, if any; and

N/A

ii) list any publicly held company that owns 10% or more of the party's or amicus' stock:

N/A

(4) Provide information required by FRAP 26.1(b) – Organizational Victims in Criminal Cases:
N/A

(5) Provide Debtor information required by FRAP 26.1 (c) 1 & 2:

N/A

Attorney's Signature: /s/Tanner J. Lockhead Date: August 25, 2026

Attorney's Printed Name: Tanner J. Lockhead

Please indicate if you are *Counsel of Record* for the above listed parties pursuant to Circuit Rule 3(d). **Yes No X**

Address: 1099 New York Avenue, NW, Suite 900, Washington, DC 20001

Phone Number: (202) 639-3898 Fax Number: (202) 639-6066

E-Mail Address: tlockheadl@jenner.com

TABLE OF CONTENTS

TABLE OF AUTHORITIES 1

STATEMENT OF IDENTITY, INTEREST, AND AUTHORITY TO FILE OF *AMICI CURIAE* 4

SUMMARY OF ARGUMENT 5

ARGUMENT 7

I. Evidence-Based Clinical Guidance Is Essential to Quality Patient Care and Depends on the Free Exchange of Views Among Medical Professionals. 7

II. AAP's Guidance on the Treatment of Gender Dysphoria Is the Product of this Standard, Evidence-Based Process 9

III. The Florida Lawsuit Chills Participation in the Development of Clinical Guidance, Threatening the Quality of Patient Care Well Beyond This Field. 12

CONCLUSION 14

TABLE OF AUTHORITIES

CASES

Underwager v. Salter,
22 F.3d 730 (7th Cir. 1994) 12

OTHER AUTHORITIES

Am. Academy of Pediatrics, *About the AAP*,
https://www.aap.org/en/about-the-aap/ 9

Am. Psychiatric Ass'n, Diagnostic and Statistical Manual of Mental Disorders: DSM-5-TR (2022), https://www.ifeet.org/files/DSM-5-TR.pdf 10

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 11

Federal Rule of Appellate Procedure 29(a)(4)(E) 4

IOM, *Clinical Practice Guidelines We Can Trust* (Robin Graham et al. eds., 2011), https://www.ncbi.nlm.nih.gov/books/NBK209539/pdf/Bookshelf_NBK20959.pdf 8

Jason Rafferty et al., Policy Statement: *Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents* 142 Pediatrics e20182162 (2018) (reaffirmed 2023), https://perma.cc/34FM-3E4X 10

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) 7

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 7

Mayo Clinic, *Gender Dysphoria—Symptoms & Causes*, https://www.mayoclinic.org/ diseases-conditions/gender-dysphoria/symptoms-causes/syc-2047525 10

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 8

MedCentral, *How Clinical Practice Guidelines Evolved* (Mar. 10, 2023), https://www.medcentral.com/guidelines/evolution-of-clinical-practice-guidelines; 7, 8

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 8

Nat'l Acad. of Med., *About the NAM* (2026), https://nam.edu/about-the-nam/ 7

Nat'l Insts. of Health, Nat'l Ctr. for Complementary & Integrative Health, *Clinical Practice Guidelines*, https://www.nccih.nih.gov/health/providers/clinicalpractice (cite last updated Aug. 12, 2026) 9

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/2021-0723 10

Practice Guidelines: The Experience of Medical Specialty Societies, Report to Congressional Requesters 7

Primary Care Practitioners, 7 Transgender Health 397, 397 (2022), https://pmc.ncbi.nlm.nih.gov/articles/PMC9829138/pdf/trgh.2020.0185.pdf 12

Shams Al-Ani & Anthony Lockett, *Interpreting Clinical Guidelines, 53 Medicine* 392 (2025) 8

Simona Martin et al., *Criminalization of Gender-Affirming Care—Interfering with Essential Treatment for Transgender Children and Adolescents*, 385 New Eng. J. Med. 579, 579-80 (2021) 11

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 11

Steven D. Hollon et al., *Development of Clinical Practice Guidelines*, 10 Ann. Rev. Clinical Psych. (2014), https://doi.org/10.1146/annurev-clinpsy-050212-185529. 9

STATEMENT OF IDENTITY, INTEREST, AND AUTHORITY TO FILE OF *AMICI CURIAE*[1]

Amici curiae are the Academic Pediatric Association, the American Academy of Child and Adolescent Psychiatry, the American Academy of Nursing, the American College of Physicians, the American Psychiatric Association, the National Association of Pediatric Nurse Practitioners, the Pediatric Endocrine Society, the Society for Adolescent Health and Medicine, the Society of Hospital Medicine, and the Society of Pediatric Nurses (collectively, "*Amici*").

Amici represent thousands of healthcare providers, many of whom have been involved with and rely on professional medical guidance for a variety of health conditions. In this matter, the Florida Attorney General's Office sued the American Academy of Pediatrics ("AAP"), the World Professional Association for Transgender Health, and the Endocrine Society in Florida state court, targeting them for issuing a policy statement and legal filings supporting access to gender-affirming care for transgender and gender diverse ("TGD") youth. Lawsuits targeting the deliberative process for developing and revising clinical guidance raise 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] Plaintiff-Appellee and Defendant-Appellant consent to the filing of this brief. Pursuant to Federal Rule of Appellate Procedure 29(a)(4)(E), *amici curiae* certify that this brief was authored entirely by counsel for *amici curiae* and not by counsel for any party, in whole or part; no party or counsel for any party contributed money to fund preparing or submitting this brief; and apart from *amici curiae*, their members, and their counsel, no other person contributed money to fund preparing or submitting this brief.

Amici file this brief in support of Plaintiff-Appellee AAP's federal suit to enjoin Florida Attorney General James Uthmeier from pursuing his state court action against AAP, and in defense of the district court's preliminary injunction, to help ensure that the development of treatment guidelines and other professional guidance remains scientific, rigorous, iterative, methodologically sound, and critically, free from politics.

SUMMARY OF ARGUMENT

In December 2025, Mr. Uthmeier, in his capacity as Florida Attorney General, initiated a criminal enforcement action against AAP for its publication of a 2018 policy statement, reviewed and reaffirmed in 2023, reviewing challenges and potential clinical approaches in the treatment of gender dysphoria. *See* AAP Compl. Dkt. 1, ¶¶ 46-56.[2] AAP has a nearly 100-year history of promoting excellence in patient care through the dissemination of the latest scientific knowledge, a history of which this policy statement is part and parcel. Florida's enforcement action contends that publishing this non-binding, scientifically informed guidance constituted a violation of the state's Deceptive and Unfair Trade Practices Act ("FDUTPA") and participation in a criminal enterprise, and it condemns AAP's scientifically based publications, recommendations, and advocacy as "reprehensible and immoral" for promoting what it describes as "butchery." *See* AAP Compl. ¶¶ 65-66.

The Florida enforcement action, targeting a legitimate non-profit professional

[2] Unless otherwise noted, citations to "Dkt._" are to the district court docket below, *AAU v. Uthmeier*, No. 26-cv-02401 (N.D. Ill.).

organization devoted to the advancement and dissemination of scientific knowledge and the promotion of excellence in patient care, raises grave concerns for *amici*. Like AAP, 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—all essential aspects of evidence-based care, which depends on rigorous and robust peer engagement and review. By targeting these legitimate activities, the Florida enforcement action will discourage open participation in these 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 in delivering evidence-based care to their patients, the Florida enforcement action poses a clear threat to patient care.

This brief addresses three 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, it explains that gender dysphoria is a recognized medical condition and that AAP's clinical guidance on its treatment is the product of that same rigorous, evidence-based process. Third, it explains how the Florida enforcement action against AAP chills

participation in the development of clinical guidance, threatening the quality of patient care well beyond the field at issue here.

ARGUMENT

I. Evidence-Based Clinical Guidance Is Essential to Quality Patient Care and Depends on the Free Exchange of Views Among Medical Professionals.

This case concerns clinical practice guidelines, which "emerged as the medical profession's answer to significant shortcomings in prevailing medical practice."[3] 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."[4] Then, in 1990, the Institute of Medicine ("IOM")[5] 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.[6]

To address the absence of standardized processes for developing clinical practice guidelines, in 2011 IOM published "Clinical Practice Guidelines We Can

---

[3] 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. Gen. Accounting Office, *Practice Guidelines: The Experience of Medical Specialty Societies*, Report to Congressional Requesters at 13 (1991); U.S. GAO publication GAO/PEMD 91-11).

[4] *Id.*

[5] IOM is now the National Academy of Medicine. Nat'l Acad. of Med., *About the NAM* (2026), https://nam.edu/about-the-nam/.

[6] 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, 1098 (2016), https://journalofethics.ama-assn.org/sites/joedb/files/2025-06/joe-1611.pdf.

Trust," which provides a set of standards for the medical community to employ in developing trustworthy, high-quality clinical practice guidelines.[7] 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.[8] These criteria have been "widely disseminated and adhered to in most fields of medicine."[9]

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 review, reexamination, and improvement. Such guidance depends on renewed and state-of-the-art input from a range of experts engaged in the uninhibited exchange of ideas. Guidelines "should 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."[10] 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.[11]

A range of professional actors have a role to play in this development, including external medical societies and patient or consumer groups, as this effort is inherently

---

[7] IOM, *Clinical Practice Guidelines We Can Trust* (Robin Graham et al. eds., 2011), https://www.ncbi.nlm.nih.gov/books/NBK209539/pdf/Bookshelf_NBK20959.pdf.
[8] *Id.*
[9] MedCentral, *How Clinical Practice Guidelines Evolved, supra* note 5.
[10] Shams Al-Ani & Anthony Lockett, *Interpreting Clinical Guidelines*, 53 Medicine 392 (2025).
[11] 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.

multidisciplinary.[12] And to be most useful for the medical community, policymakers, and the public, the development of clinical guidance requires sustained, rigorous scientific debate and candid exchange among experts and stakeholders.

Importantly, clinical practice guidelines and similar 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."[13] Nor are these guidelines intended to generate any profit. Rather, the guidelines 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.[14]

II. AAP's Guidance on the Treatment of Gender Dysphoria Is the Product of This Standard, Evidence-Based Process.

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 infants, children, adolescents and young adults."[15] As part of this mission, AAP publishes policy statements to provide the latest clinical guidance for practitioners in the effective treatment of this constituency group—that is, in the treatment of children and adolescents, a population that includes TGD

[12] 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.
[13] Nat'l Insts. of Health, Nat'l Ctr. for Complementary & Integrative Health, *Clinical Practice Guidelines*, https://www.nccih.nih.gov/health/providers/clinicalpractice (cite last updated Aug. 12, 2026).
[14] 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.
[15] Am. Academy of Pediatrics, *About the AAP*, https://www.aap.org/en/about-the-aap/.

individuals.

Up-to-date professional guidance contributes to quality patient care, and TGD individuals, including children and adolescents, are no exception. The policy statement targeted by the Florida enforcement action is but one part of AAP's overall mission. But such statements fulfill a critical need in this developing area by gathering the latest evidence and describing the available scientific and medical research to inform the clinical judgment of pediatricians treating TGD youth.[16]

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.[17] Gender dysphoria is a formal diagnosis under the American Psychiatric Association's Diagnostic and Statistical Manual ("DSM-5-TR").[18] Without proper treatment, gender dysphoria can lead to serious negative health conditions including depression, anxiety, eating disorders, self-injurious behaviors, and suicidality.[19] AAP's 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,

---

[16] AAP Compl. ¶ 3; Jason Rafferty et al., Policy Statement: *Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents* 142 Pediatrics e20182162 (2018) (reaffirmed 2023) ("2018 Policy Statement"), https://perma.cc/34FM-3E4X.
[17] Mayo Clinic, *Gender Dysphoria—Symptoms & Causes*, https://www.mayoclinic.org/diseases-conditions/gender-dysphoria/symptoms-causes/syc-20475255.
[18] *See* Am. Psychiatric Ass'n, Diagnostic and Statistical Manual of Mental Disorders: DSM-5-TR 512-13 (2022), https://ia800804.us.archive.org/6/items/dsm-5-tr_202412/DSM-5-TR.pdf.
[19] 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 Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents*, *supra* note 15, at 3-4 (collecting data).

individualized decisions regarding their health.

There is a strong medical consensus that appropriate treatment for gender dysphoria should sometimes include some form of Gender Affirming Care ("GAC")—care that supports the individual with gender dysphoria in the exploration of their gender identity, based on their unique circumstances.[20] 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 each 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.[21] In short, GAC for adolescents with gender dysphoria is clinically appropriate, and medically necessary, when supported by evidence and professional judgment.

Even accounting for this strong medical consensus, however, the provision of healthcare to TGD individuals continues to be an evolving field of study, rendering robust, unchilled participation from groups like AAP all the more important. Researchers have called for continued scientific study to enhance the evidence base for evaluating the impact of GAC on health outcomes for TGD individuals.[22] In

[20] In this brief, GAC refers to the use of gonadotropin-releasing hormone (GnRH) analogues (puberty blockers) and/or hormone therapy to treat gender dysphoria.
[21] Simona Martin et al., *Criminalization of Gender-Affirming Care—Interfering with Essential Treatment for Transgender Children and Adolescents*, 385 New Eng. J. Med. 579, 579-80 (2021), https://perma.cc/BR4F-YLZS.
[22] 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,*

publishing its 2018 Policy Statement, and reviewing and reaffirming it on a regular cycle (leading to its 2023 reaffirmation), AAP acted in accordance with its mission and answered a general call for widespread engagement on treatment of TGD individuals.

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.[23] Formal education regarding quality transgender healthcare is limited for healthcare practitioners, and access to GAC practitioners varies considerably by geographic location.[24] The resources developed by AAP are highly valuable to practitioners who do not otherwise have a reliable source of the latest medical guidance on treatment for TGD individuals.

III. The Florida Lawsuit Chills Participation in the Development of Clinical Guidance, Threatening the Quality of Patient Care Well Beyond This Field.

It is well-established that "[s]cientific controversies must be settled by the methods of science rather than by the methods of litigation." *Underwager v. Salter*, 22 F.3d 730, 736 (7th Cir. 1994). Permitting the Florida enforcement action to continue discourages medical practitioners from using the standard methods of

---

and Costs, 88 eClinicalMedicine (2025), https://doi.org/10.1016/j.eclinm.2025.103458. 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, 851-52 (2024), https://www.jahonline.org/action/showPdf?pii=S1054-139X%2824%2900439-7.

[23] 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, 397 (2022), https://pmc.ncbi.nlm.nih.gov/articles/PMC9829138/pdf/trgh.2020.0185.pdf.

[24] *Id.* at 397-98.

science for fear of punishment by the state. That chill affects not just AAP, but all medical organizations and individual subject-matter experts involved in the development of clinical guidelines. With the cloud of retaliation hanging overhead, clinical experts are deterred from participating in the development of guidelines or embarking on research to fill knowledge gaps. Florida's action thus discourages the frank exchange of views, including potentially controversial views, upon which the development process depends.

This chilling effect is familiar within organizations that work on GAC, as AAP's court submissions demonstrate.[25] But the chilling effect of the Florida enforcement action also 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 may result in being hauled into court, and even deemed part of a criminal enterprise, risks compromising the ability to engage in robust scientific exchange. That, in turn, deters experts from participating in the development of future clinical practice guidelines.

The predictable consequence of permitting Florida's retaliatory action will be

[25] *See, e.g.*, AAP's Prelim. Inj. Mot., Aff. of Mark Del Monte ¶ 18, Dkt. 4-2 ("[I]ndividuals declined or withdrew from media interviews or participation in AAP workshops, panels, or educational sessions due to fear of exposure or retaliation."); *id.* ¶ 23 ("AAP has experienced significant disruptions and safety threats at its events.").

to compromise the quality of patient care across a range of patient conditions and needs. Clinicians cannot realistically keep up with, let alone critically appraise, every new development in the scientific literature. For that reason, developing and maintaining evidence-based clinical guidelines is critical to promoting high-quality care across healthcare disciplines.

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 just 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 this Court to affirm the district court's preliminary injunction order.

Date: August 25, 2026

Respectfully submitted,

/s/ Andrianna D. Kastanek

Andrianna D. Kastanek
Counsel of Record
JENNER & BLOCK LLP
353 North Clark Street
Chicago, IL 60654
(312) 222-9350
akastanek@jenner.com

Counsel for Amici Curiae

Laurel A. Raymond
Tanner J. Lockhead
JENNER & BLOCK LLP
1099 New York Avenue NW
Suite 900
Washington, DC 20001
(202) 639-6000

CERTIFICATE OF COMPLIANCE

I hereby certify that this document complies with the word limit of Federal Rule of Appellate Procedure 29(a)(5) and Circuit Rule 29 because, excluding the parts of the document exempted by Federal Rule of Appellate Procedure 32(f), this document contains 2,710 words. This document complies with the typeface requirements of Federal Rule of Appellate Procedure 32(a)(5) and the type-style requirements of Federal Rule of Appellate Procedure 32(a)(6) because this document has been prepared in a proportionally spaced typeface using Microsoft Office Word in 12-point Century Schoolbook font for the main text and 11-point Century Schoolbook font for footnotes.

/s/ Andrianna D. Kastanek
Andrianna D. Kastanek
Counsel for Amici Curiae

CERTIFICATE OF SERVICE

I, Andrianna Kastanek, an attorney, hereby certify that on August 25, 2026, I caused the foregoing **Brief Of *Amici Curiae* Medical Organizations In Support Of Plaintiff-Appellee And Affirmance** to be electronically filed with the Clerk of the Court for the United States Court of Appeals for the Seventh Circuit by using the CM/ECF system. I certify that all participants in this case are registered CM/ECF users and that service will be accomplished by the CM/ECF system.

Pursuant to ECF procedure (h)(2) and circuit rule 31(b), and upon notice of this Court's acceptance of the electronic brief for filing, I certify that I will cause ten copies of the above cited brief to be transmitted to the Court via UPS overnight delivery, delivery fee prepaid within five days of that date.

/s/ Andrianna D. Kastanek
Andrianna D. Kastanek
Counsel for Amici Curiae