UNITED STATES DISTRICT COURT
DISTRICT OF COLUMBIA

THE ENDOCRINE SOCIETY,

Plaintiff,

v. No. 1:26-cv-00512-JEB

FEDERAL TRADE COMMISSION, et al.,

Defendants.

BRIEF OF ILLINOIS, MASSACHUSETTS, CALIFORNIA, COLORADO, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, MAINE, MARYLAND, MICHIGAN, MINNESOTA, NEVADA, NEW JERSEY, NEW YORK, OREGON, RHODE ISLAND, VERMONT, VIRGINIA, AND WASHINGTON AS AMICI CURIAE IN SUPPORT OF PLAINTIFF'S MOTION FOR PRELIMINARY INJUNCTION

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INTRODUCTION AND STATEMENT OF INTERESTS

Illinois, Massachusetts, California, Colorado, Connecticut, Delaware, District of Columbia, Maine, Maryland, Michigan, Minnesota, Nevada, New Jersey, New York, Oregon, Rhode Island, Vermont, Virginia, and Washington ("Amici States") submit this brief in support of the Endocrine Society's motion for a preliminary injunction. As an exercise of our well-established police powers, Amici States regulate the practice of medicine within our borders, working to ensure that safe and effective medical care is available to our residents and that practitioners are held to the high standards necessary to provide such care. In developing the standards and guidelines that govern the medical profession, state licensing boards and other regulatory bodies regularly look to guidelines promulgated by professional organizations like the Endocrine Society. The reliability of these guidelines—and the confidence Amici States have that such guidelines are developed based on robust evidence and are grounded in the best interests of patients—is thus a critical part of the states' efforts to ensure that quality healthcare is available to their residents.

The Federal Trade Commission's ("FTC") targeting of reputable organizations that inform the standard of care simply because the Administration's policy choices run counter to the scientific consensus threatens to undermine Amici States' role as the primary regulators of medicine and hamper our ability to rely on the guidance of organizations like the Endocrine Society in setting standards of care. In pursuit of the FTC's improper purpose, its Civil Investigative Demand ("CID") to the Endocrine Society seeks vast troves of information regarding its public statements, deliberative processes, personnel, internal and external communications, political advocacy, and more. By bringing the immense pressure of the federal investigative apparatus to bear on the Endocrine Society, the FTC attempts to coerce the organization into taking considerations other than evidence and patient interests into account in developing medical

guidance. This, in turn, would make that guidance less reliable when Amici States look to it to fashion medical standards. In doing so, the FTC improperly inserts itself into the process of developing standards of care and upsets the balance between state and federal authority in this area of traditional state police powers.

Moreover, while this particular case is about the provision of transgender youth healthcare, if the FTC is successful in pressuring reputable evidence-driven scientific organizations to change medical recommendations the Administration disfavors, that would have significant downstream effects on patient health and forward-looking research in other medical fields for years to come.

ARGUMENT

I. The FTC's Actions Have the Potential to Undermine the Reliability of the Endocrine Society Guidance on Which Amici States Rely to Fulfill Our Long-Recognized Role as Regulators of the Practice of Medicine and Protect the Health of Our Residents.

Amici States have spent the last century developing legal guardrails to ensure medical care is safe, effective, and evidence-based, including by reviewing and relying on guidelines developed by professional organizations like the Endocrine Society. As part of the Administration's ongoing campaign to curtail transgender youth healthcare—including by usurping states' traditional and longstanding authority to oversee the regulation of the practice of medicine, *see Oregon v. Kennedy*, No. 6:25-cv-02409 (D. Or. Dec. 23, 2025) and *Massachusetts v. Trump*, No. 1:25-cv-12162 (D. Mass. Aug. 1, 2025)—the FTC has targeted the Endocrine Society, a leading professional organization in the field of hormone science, along with other organizations that have informed the standard of care for transgender youth. By challenging the evidence-based recommendations of reputable professional organizations in transgender youth healthcare, the FTC seeks to intimidate a reliable resource on which the states rely to guide and implement state

healthcare policies and promote public health. This interferes with Amici States' reliance interests and imposes additional costs and burdens to ensure public health and well-being for our citizens.

A. As regulators of the practice of medicine, Amici States employ legal safeguards to ensure high-quality healthcare.

It is well-settled that states have the general authority to enact laws and policies aimed at protecting the health and welfare of their residents. *See Hillsborough Cnty., Fla. v. Automated Med. Labs., Inc*., 471 U.S. 707, 719 (1985) ("[T]he regulation of health and safety matters is primarily, and historically, a matter of local concern."). Specifically reserved to the states are all rights and powers "not delegated to the United States," commonly referred to as "traditional state police powers." U.S. Const. amend. X; *see Metro. Life Ins. Co. v. Massachusetts*, 471 U.S. 724, 756 (1985) ("The States traditionally have had great latitude under their police powers to legislate as to the protection of the lives, limbs, health, comfort, and quiet of all persons.") (internal quotation marks omitted). These powers include "primary responsibility over matters of health and safety, including the regulation of the practice of medicine." *Medina v. Planned Parenthood S. Atl*., 606 U.S. 357, 364 (2025) (internal quotation marks omitted); *see also De Buono v. NYSA-ILA Med. & Clinical Servs. Fund*, 520 U.S. 806, 814 (1997) ("[W]e begin by noting that the historic police powers of the State include the regulation of matters of health and safety."); *Whalen v. Roe*, 429 U.S. 589, 603 n.30 (1977); *Linder v. United States*, 268 U.S. 5, 18 (1925). States therefore have a "legitimate concern for maintaining high standards of professional conduct" in the practice of medicine within their borders. *Barsky v. Board of Regents of Univ. of N.Y.*, 347 U.S. 442, 451 (1954). Indeed, the Supreme Court has explained that "[t]here can be no doubt the government 'has an interest in protecting the integrity and ethics of the medical profession.' . . . Under our precedents it is clear the State has a significant role to play in regulating the medical profession."

Gonzales v. Carhart, 550 U.S. 124, 157 (2007) (internal citations omitted). States' role and power to regulate medicine within their borders necessarily extends to the states' ability to make policy judgments about the health and well-being of their residents, a principle most recently recognized by the Supreme Court in *United States v. Skrmetti*, 605 U.S. 495, 524 (2025) (citing *Gonzales*, 550 U.S. at 163).

As states, we exercise our power to regulate medicine in a variety of ways, starting at the most basic level by defining the scope and contours of medical practice and requiring medical licenses for all practitioners. Fundamental requirements for obtaining a medical license across states include extensive education and residency requirements in addition to passing a licensing exam. *See, e.g.,* 225 Ill. Comp. Stat. 60/3; Wash. Admin. Code Title 246. And because Amici States have a strong interest in ensuring that our residents receive safe and effective healthcare, we have implemented legal guardrails on the provision of healthcare. All states have had boards that oversee the licensing of medical professionals since the nineteenth century. David Johnson & Humayun J. Chaudhry, *The History of the Federation of State Medical Boards*, 98 J. Med. Reg. 20, 23–24 (2012). State boards regulate the medical profession by disciplining licensees who act illegally or unethically and by enacting laws and regulations that circumscribe how licensed practitioners conduct medical practice. Patricia J. Zettler, *Toward Coherent Federal Oversight of Medicine*, 52 S.D. L. Rev. 427, 450–52 (2015), https://perma.cc/GCB5-URVV. Amici States have also passed laws and regulations that ensure patients are appropriately informed of risks and require their voluntary informed consent for all medical care. This is especially true for youth, whose parents or legal guardians retain the authority to provide informed consent with limited exceptions. *See, e.g.,* Conn. Gen. Stat. § 1-1d; 755 Ill. Comp. Stat. 5/11-1; *see also* 410 Ill. Comp. Stat. 210/2 ("Any parent . . . may consent to the performance upon his or her child of a health care

service by a physician licensed to practice medicine in all its branches, a chiropractic physician, a licensed optometrist, a licensed advanced practice registered nurse, or a licensed physician assistant or a dental procedure by a licensed dentist.").

B. Amici States regularly evaluate and rely on medical guidance and policy statements issued by professional organizations.

In implementing licensing, disciplinary, and other healthcare-related policies and laws, Amici States look to the recommendations of medical and scientific experts and organizations like the Endocrine Society. Indeed, Amici States recognize the Endocrine Society for its subject matter expertise in the field of endocrinology and hormone science. The Endocrine Society publishes position statements, scientific statements, and clinical practice guidelines, backed by rigorous research, that provide up-to-date medical recommendations related to a wide range of clinical endocrine issues. *Improving Practice*, Endocrine Society (last visited Mar. 11, 2026), https://www.endocrine.org/improving-practice. The process for developing such materials involves selecting topics based on emerging scientific impact and carefully appointing a panel of experts in those areas. *Scientific Statements*, Endocrine Society (Oct. 9, 2025), https://www.endocrine.org/advancing-research/scientific-statements; *Endocrine Society Guideline Methodology*, Endocrine Society (last visited Mar. 11, 2026), https://www.endocrine.org/clinical-practice-guidelines/methodology.

The Endocrine Society's clinical practice guidelines in particular are "[c]ritically appraised, synthesized information" and have become necessary tools both for clinicians in their practice of evidence-based medicine as well as for the states as regulators of the practice of medicine. *Clinical Practice Guidelines We Can Trust*, Inst. of Med., at 34 (2011) ("IOM Guidelines"). The Endocrine Society develops such guidelines using a rigorous systematic review

of evidence and literature and in consultation with multidisciplinary teams of clinicians, researchers, and stakeholders with expertise on the issue. *See* M. Hassan Murah, *Clinical Practice Guidelines: A Primer on Development and Dissemination*, 92 Mayo Clinic Proceedings 3, 423–33 (Mar. 2017). The guidelines, which go through several rounds of review, are read by both internal and external stakeholders before being published. *Endocrine Society Guideline Methodology*, Endocrine Society (last visited Mar. 11, 2026), https://www.endocrine.org/clinical-practice-guidelines/methodology. The Endocrine Society guidelines are also transparent about the evidence they rely on and disclose both the quality of the evidence as well as the strength of the guidelines' recommendations. *Id.* Further, the Endocrine Society clinical practice guidelines only encourage health providers to practice evidence-based medicine, as they are already obligated to do. 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, 3895 (2017), https://perma.cc/9CSM-2KXC. These guidelines thus ensure that the delivery of all healthcare is safe, individualized, and centered around the patient.

Given the longstanding reliability of the Endocrine Society's guidance, Amici States frequently consult its policies and guidelines when faced with matters regarding clinical practice and public health, when appropriate. For example, the Drug Utilization Review Board of Illinois Department of Healthcare and Family Services identified overutilization of Vitamin D and published a link to the Endocrine Society's current guidelines regarding the use of Vitamin D "to help providers meet patient care needs." *Resources for Managing Vitamin D Therapy*, Ill. Dep't of Healthcare and Family Servs. (last visited Mar. 11, 2026), https://hfs.illinois.gov/medicalproviders/pharmacy/vitamindtherapy.html.

Amici States also consider the Endocrine Society's clinical practice guidelines and position statements to ensure the provision of safe and effective transgender youth healthcare. *Clinical Practice Guideline: Gender Dysphoria/Gender Incongruence Guideline Resources*, Endocrine Society (Oct. 25, 2024), https://www.endocrine.org/clinical-practice-guidelines/gender-dysphoria-gender-incongruence. As with all its guidelines, the Endocrine Society employs a rigorous process involving experts in their specialty fields who study and review all medical treatment options and available, peer-reviewed scientific studies to make thoroughly vetted recommendations regarding vital transgender youth healthcare. With the Endocrine Society's evidence-based guidelines as a resource, Amici States and the healthcare providers whose practices we regulate can confidently deliver high-quality transgender healthcare to youth pursuant to stringent guidelines and based on the most current scientific evidence available.

C. The FTC's CID to the Endocrine Society may harm Amici States by undermining our ability to safely and efficiently regulate healthcare.

The FTC's improper inquiry into the Endocrine Society is based on nothing more than its disapproval of some of the organization's guidelines. Indeed, FTC Chairman Andrew Ferguson publicly announced his disagreement with the so-called "trans agenda" and promised to use the FTC to "[i]nvestigate the doctors, therapists, hospitals, and others" who "push[] gender confusion." *As Chair, FTC Commissioner Touts He'd Pull Back on AI and Fight Trans Care*, Punchbowl News (Dec. 6, 2024), https://perma.cc/R2XQ-GXBD. Additionally, on July 9, 2025, the FTC convened the workshop titled "The Dangers of 'Gender-Affirming Care' for Minors." In announcing the workshop, the FTC confirmed that its purpose was to "follow[] President Trump's executive order ending the federal government's previous support for gender-affirming care." *FTC Announces Workshop on Exploring Unfair or Deceptive Trade Practices in "Gender-Affirming*

Care" for Minors, Fed. Trade Comm'n (June 9, 2025), https://www.ftc.gov/news-events/news/press-releases/2025/06/ftc-announces-workshop-exploring-unfair-or-deceptive-trade-practices-gender-affirming-care-minors.

This animus driven inquiry threatens to deprive the states of the evidence-based, objective, and reliable resources developed by the Endocrine Society and deny residents of these states the vital health benefits of the Endocrine Society's recommendations. Amici States do not undertake our own critical appraisal of all scientific and medical research published each year. Indeed, every year, more than 30,000 scientific journals publish about 2 million biomedical research papers. Jeffrey S. Flier, *Publishing Biomedical Research: a rapidly evolving ecosystem*, 66 Perspectives in Bio. & Med. 358, 363 (2023), https://doi.org/10.1353/pbm.2023.a902032. Instead, Amici States consider and review the recommendations of professional medical and scientific organizations that are established, in part, to serve that function. And when the processes and guidelines of these organizations meet Amici States' own rigorous standards for high-quality healthcare, the states can consider and, when appropriate, adopt their recommendations in whole or in part.

Patients and providers in Amici States also consider policies and recommendations from the Endocrine Society to engage in evidence-based clinical decision making. Practicing clinicians make complex treatment decisions based on a wide range of factors, including by assessing the strength of the available scientific evidence that supports certain treatments as well as recommendations from subject matter experts. Requiring individual clinicians in Amici States to stay abreast of the countless new developments in scientific and medical research would be a fruitless task: "an internist would have to read 33 articles 365 days a year to stay up to date" in their field. IOM Guidelines at 34. Given the need to also critically analyze each individual article

or paper, "[t]he two situations combined [] place clinicians at an increasing risk of drowning in doubtful data." *Id.* (internal quotation marks omitted).

Clinical practice guidelines, such as those published by the Endocrine Society, thus play a crucial role in ensuring practicing clinicians and state regulators can evaluate and synthesize the best available evidence for treating a variety of medical conditions, incorporating practical knowledge provided by subject matter experts as well as weighing other relevant factors, all in service of forming clinical recommendations for treatment and public health guidance. Because the guidelines are thoroughly reviewed and standardized, they reduce unnecessary uncertainty in medical decision making and in doing so, improve healthcare quality and safety and patient outcomes. The same standardization that makes these guidelines so valuable in treating patients makes them just as valuable in evaluating the performance of healthcare providers and healthcare systems and processes, as well as ensuring public health.

The FTC's decision to target the Endocrine Society for its clinical practice guidelines on transgender youth healthcare risks undermining the accuracy of professional guidance on transgender youth healthcare and the thoroughness of the process that reputable organizations like the Endocrine Society use to develop their guidelines, which may negatively impact the practice of medicine across the country. Specifically, the Endocrine Society's ability to create unbiased, evidence-based guidelines on which the Amici States rely would be severely undermined if federal agencies could target and threaten it with investigation for making those guidelines. Less frequently updated guidelines—or no new guidelines at all—would mean less overall guidance for clinicians, potentially leading to decreased public understanding or lower awareness of evidence supporting emerging treatments, poorly informed clinical judgment, worse individual patient outcomes, and a decline of overall public health. Further, Amici States would be less able to trust

that any guidelines published by the Endocrine Society and other professional organizations are reliable when those guidelines are developed in the shadow of improper investigations fueled by political pressure and improper influence, as would happen here if the FTC's actions proceed unchecked. In addition to the time and resources Amici States will spend to assure residents and providers that certain healthcare supported by the Endocrine Society remains clinically recommended as well as safe and effective, Amici States will be hard-pressed to fill the void left by these professional organizations that will be impeded in their efforts to provide reliable recommendations.

II. The FTC's Attacks on the Endocrine Society Set a Dangerous Precedent That Endangers Future Efforts to Ensure the Health and Well-Being of All Americans.

While the FTC's inappropriate efforts to intimidate the Endocrine Society arise from its disapproval of transgender youth healthcare, the unprecedented investigative powers it invokes here are not so cabined and—if sanctioned by this Court—could lead to a misuse of authority and threaten the evidence-based development of healthcare guidelines and policies in a broad array of fields. To give several examples as context, the Administration has repeatedly made statements boosting the discredited theory linking vaccines and autism, *see, e.g.*, Megan Messerly, *Trump shares video highlighting discredited theory linking vaccines to autism*, Politico (Sept. 8, 2025), https://www.politico.com/news/2025/09/08/trump-shares-video-highlighting-discredited-theory-linking-vaccines-to-autism-00551311, and earlier this year the United States Department of Health and Human Services ("HHS") reduced the recommended schedule of childhood vaccines from 17 to 11 vaccinations despite widespread scientific consensus that the vaccines in question were effective and had been held to rigorous standards, *see, e.g.*, Jon Cohen, *The Trump administration says some approved childhood vaccines need better studies. Scientists disagree*, Science (Jan. 8,

2026), https://www.science.org/content/article/trump-administration-says-some-approved-childhood-vaccines-need-better-studies. The American Academy of Pediatrics ("AAP")—an organization that, like the Endocrine Society, has been targeted by the FTC with a CID concerning its statements on transgender youth healthcare—has promulgated evidence-based guidance and recommendations for childhood vaccines for nearly a century, Evi Arthur, *AAP has been leading voice on childhood vaccine recommendations since 1930s*, Am. Acad. of Pediatrics (July 30, 2025), https://publications.aap.org/aapnews/news/32762/, and AAP is in active litigation against HHS challenging the changes to the vaccine schedule and related agency actions as baseless, *see Am. Acad. of Pediatrics v. Kennedy*, No. 1:25-cv-11916-BEM, Dkt. 180-1 (D. Mass. Jan. 19, 2026) (proposed fourth amended complaint). If the Court were to approve the FTC's far-reaching inquiry into the Endocrine Society's decision making on transgender youth healthcare—and, as the FTC hopes to accomplish, to use the burden of being under investigation and the threat of enforcement in order to *shape* that decision making—there would be little to stop the FTC from misusing its authority to influence professional organizations' guidance and recommendations regarding childhood vaccines as well.

Other examples abound of the Administration advancing healthcare policies and positions that sit at odds with leading medical and scientific organizations. President Trump has urged pregnant women not to use Tylenol because of unproven links to autism, conflicting with longstanding recommendations from the American College of Obstetricians and Gynecologists stating that the medication is safe during pregnancy. Will Weissert, *Dr. Trump? The president reprises his COVID era, this time sharing unproven medical advice on autism*, Associated Press (Sept. 23, 2025), https://apnews.com/article/trump-doctor-vaccines-autism-tylenol-covid-disinfectants-22f5bcfe2fd3c18fdd412419941541f8. In its updates to dietary guidelines earlier this

year, the Administration recommended consumption of high-fat animal products and whole-fat dairy products, such as red meat and whole milk. The Administration did so despite science-based recommendations from the American Heart Association and the American College of Cardiology that encourage limited consumption of these products, which are linked to increased cardiovascular risk. Press Release, Am. Coll. Cardiology, *American College of Cardiology Comments on New Dietary Guidelines for Americans* (Jan. 7, 2026), https://www.acc.org/about-acc/press-releases/2026/01/07/22/59/american-college-of-cardiology-comments-on-new-dietary-guidelines; News Release, Am. Heart Ass'n, *New Dietary Guidelines Underscore Importance of Healthy Eating* (Jan. 7, 2026), https://newsroom.heart.org/news/releases-20260107-691586; *see also How Do the 2025-2030 Dietary Guidelines Measure Up For CV Health?*, Am. Coll. Cardiology (Mar. 1, 2026), https://www.acc.org/latest-in-cardiology/articles/2026/03/01/01/from-the-member-sections-dietary-guidelines. And the president of the American Medical Association issued a statement decrying the Administration's slashing of the research budget of the National Institutes for Health by 40% as "endangering the health of millions whose illnesses could have been treated had we stayed on course." Bobby Mukkamala, *Slashing NIH funding imperils the foundation of medical research*, Am. Med. Ass'n (Aug. 1, 2025), https://www.ama-assn.org/about/leadership/slashing-nih-funding-imperils-foundation-medical-research. The head of the American Cancer Society Cancer Action Network made a similar statement regarding budget cuts for HHS and the Centers for Disease Control and Prevention. *President's Proposed 26.2% Cut to Department of Health and Human Services Budget Devastating to Fight Against Cancer*, Am. Cancer Soc'y Cancer Action Network (May 2, 2025), https://www.fightcancer.org/releases/president%E2%80%99s-proposed-262-cut-department-health-and-human-services-budget-devastating-fight. So too with the American Lung Association,

which warned of "devastating consequences" from the Administration's decision to cancel funding for mRNA vaccine research and development. *Understanding the Impact of Federal Cuts to mRNA Vaccine Research*, Am. Lung Ass'n (Sept. 17, 2025), https://www.lung.org/blog/mrna-vaccines-cuts.

As described above, Amici States rely on professional organizations like these to inform statewide standards to ensure that our residents can receive safe, high-quality, effective healthcare. But if the FTC is allowed to use the threat of enforcement action as a cudgel against reputable medical and scientific organizations when it disagrees with an organization's recommendations, everyone would suffer: The organizations would find themselves forced to consider the political ramifications of their guidance, impeding their ability to develop guidelines based solely on their expert review and understanding of the evidence. States that count on the reliability of that guidance to set medical standards would find their power to regulate medicine in the best interests of their residents interfered with by federal priorities. And individuals who seek out medically appropriate, critical care may find themselves unable to access it not because it is unsafe or ineffective, but solely because the federal government disfavors it. What's more, these possible consequences could snowball over time; federal efforts to influence or control the guidelines developed by professional organizations today threaten to restrict the research and scientific developments those organizations shepherd, in turn hampering Amici States' ability to deliver life-saving treatments to our populations tomorrow.

CONCLUSION

Plaintiff's motion for a preliminary injunction should be granted.

Dated: March 13, 2026

Respectfully submitted,

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CERTIFICATE OF SERVICE

I, Morgan Carmen, hereby certify that I have this day, March 13, 2026, served the foregoing document upon all parties of record, by electronically filing to all ECF-registered parties.

/s/ Morgan Carmen