



**STATE OF IDAHO**  
OFFICE OF THE ATTORNEY GENERAL  
**RAÚL R. LABRADOR**

September 24, 2024

American Academy of Pediatrics  
President Benjamin D. Hoffman, MD, FAAP  
President-Elect Susan Kressly, MD, FAAP  
345 Park Boulevard  
Itasca, Illinois 60143

***Re: AAP's Compliance with State Consumer Protection Laws***

Dear Dr. Hoffman and Dr. Kressly:

When the American Academy of Pediatrics speaks, its 67,000 pediatrician members, the broader medical community, the public, and especially parents are listening. Since its founding in 1930, it has exercised great influence on the practice of medicine and the treatment of infants, children, and young adults. Often, the AAP has exercised its influence responsibly. It has been at the forefront of important advances in the field of pediatrics, and its medical recommendations have been carefully vetted and grounded in a safe and reliable methodology. And for the most part, it has not allowed non-medical considerations to infiltrate its guidance to physicians and parents.

But when it comes to treating children diagnosed with gender dysphoria, the AAP has abandoned its commitment to sound medical judgment. In 2023, it “reaffirmed” the 2018 AAP policy statement on gender-affirming care.<sup>1</sup> That policy statement endorses treating minors diagnosed with gender dysphoria with puberty blockers, cross-sex

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<sup>1</sup> Alyson Sulaski Wyckoff, *AAP reaffirms gender-affirming care policy, authorizes systematic review of evidence to guide update*, American Academy of Pediatrics (Aug. 4, 2024), <https://publications.aap.org/aapnews/news/25340/AAP-reaffirms-gender-affirming-care-policy>.

hormones, and surgical interventions.<sup>2</sup> And it tells physicians, the public, and parents and their children that puberty blockers<sup>3</sup> used to treat adolescents with gender dysphoria are “reversible.”<sup>4</sup>

That statement is misleading and deceptive. It is beyond medical debate that puberty blockers are not fully reversible but instead come with serious long-term consequences. The National Health Service of England commissioned a report to make recommendations for treating minors with gender dysphoria and to ensure that children experiencing gender dysphoria receive high-quality care that is safe, holistic, and effective.<sup>5</sup> That report has become known as the “Cass Report,” and it identifies several possible irreversible consequences when children are given puberty blockers. When used to suppress hormones below normal ranges during or before puberty, puberty blockers: (1) may interfere with neurocognitive development;<sup>6</sup> (2) compromise bone density and may negatively affect metabolic health and weight;<sup>7</sup> and (3) block normal pubertal experience and experimentation.<sup>8</sup> And when puberty blocker use is followed directly by cross-sex hormone use, which is often the case, infertility and sterility is a known consequence, at least for those who began puberty blockers in early puberty.<sup>9</sup>

Telling parents and children that puberty blockers are “reversible” at the very least conveys assurance that no permanent harm or change will occur. But that claim cannot

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<sup>2</sup> Jason Rafferty, *Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents*, American Academy of Pediatrics (Oct. 1, 2018), <https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for>.

<sup>3</sup> Gonadotropin-releasing hormone analogues, such as leuprolide and histrelin.

<sup>4</sup> Rafferty, *supra* note 2.

<sup>5</sup> Dr. Hilary Cass, *Independent review of gender identity services for children and young people: Final report*, The Cass Review (April 2024), [https://cass.independent-review.uk/wp-content/uploads/2024/04/CassReview\\_Final.pdf](https://cass.independent-review.uk/wp-content/uploads/2024/04/CassReview_Final.pdf).

<sup>6</sup> *Id.* at 178, 196.

<sup>7</sup> *Id.* at 32, 76, 170, 178, 179.

<sup>8</sup> *Id.* at 178.

<sup>9</sup> Stephen B. Levine, et al., *Reconsidering Informed Consent for Trans-Identified Children, Adolescents, and Young Adults*, 48 J. of Sex & Marital Therapy 706, 713 (2022), <https://www.tandfonline.com/doi/full/10.1080/0092623X.2022.2046221> (“[P]uberty blockade followed by cross-sex hormones lead to infertility and sterility.”).

be made in the face of the unstudied and “novel” use of puberty blockers to treat gender dysphoria.<sup>10</sup>

It is even less defensible now that the World Professional Association for Transgender Health and its standards of care—the AAP’s apparent cornerstone source—have been exposed as unreliable and influenced by improper pressures.<sup>11</sup> Indeed, we are additionally concerned about AAP’s involvement in pressuring WPATH to make last-minute changes to SOC8 based on political considerations<sup>12</sup>—and then assuring the public that those same standards are “evidence-based.”<sup>13</sup>

The 2018 AAP policy statement itself demonstrates that the “reversible” claim is misleading and deceptive. It acknowledges that “[r]esearch on long-term risks, particularly in terms of bone metabolism and fertility, is currently limited and provides varied results.”<sup>14</sup> The AAP has no basis to assure parents that giving their children puberty blockers can be fully reversed. It just isn’t true. That is why the World Health Organization refuses to endorse puberty blockers or otherwise provide treatment guidelines for children with gender dysphoria, explaining that “the evidence base for children and adolescents is limited and variable regarding the longer-term outcomes of

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<sup>10</sup> Cass, *supra* note 5, at 173. See Trial Transcript at 129:8-130:15, *Moe v. Yost*, No. 24-cv-2481 (Ct. Com. Pl. Ohio July 17, 2024) (showing testimony by Dr. James Cantor that there is no evidence that the effect of puberty blockers is reversible).

<sup>11</sup> Azeen Ghorayshi, *Biden Officials Pushed to Remove Age Limits for Transgender Surgery*, N.Y. Times (June 25, 2024), <https://www.nytimes.com/2024/06/25/health/transgender-minors-surgeries.html>; *Leaked discussions reveal uncertainty about transgender care*, The Economist (Mar. 5, 2024), <https://www.economist.com/united-states/2024/03/05/leaked-discussions-reveal-uncertainty-about-transgender-care>; *Research into trans medicine has been manipulated*, The Economist (Jun. 27, 2024), <https://www.economist.com/united-states/2024/06/27/research-into-trans-medicine-has-been-manipulated> (noting WPATH blocking John Hopkins University Evidence-Based Practice Centre (EPC) systematic reviews).

<sup>12</sup> Ghorayshi, *supra* note 11 (reporting that “the American Academy of Pediatricians also warned WPATH that it would not endorse the group’s recommendations if the guidelines set the new age minimums”).

<sup>13</sup> Brief of *Amici Curiae* American Academy of Pediatrics et al., *United States v. Skermetti*, No. 23-477 (U.S. Sept. 3, 2024), at 8-9.

<sup>14</sup> Rafferty, *supra* note 2.

gender affirming care.” The WHO is not alone. Countries around the world are intervening to protect children against these untested treatments.<sup>15</sup>

That halt on what is fairly described as medical experimentation on children is long overdue—particularly since the majority of children initially diagnosed with gender dysphoria desist and “grow out” of the condition by the time they are adolescents or adults.<sup>16</sup> It is abusive to treat a child with biologically altering drugs that have an unknown physiological trajectory and end point. It is also inhumane to endorse such experimentation without a confident safety profile, especially if more times than not, it proves to be medically unnecessary.

And yet, the AAP continues to authoritatively declare that puberty blockers are “reversible.” That claim is scientifically unsupported and contradicts what is medically known. And because that claim raises questions under most state consumer protection laws, it has the undersigned alarmed. Idaho law, for example, prohibits “[e]ngaging in any act or practice that is otherwise misleading, false, or deceptive to the consumer.” Idaho Code § 48-603(17). Most other states likewise prohibit making statements to consumers that are false, misleading, or deceptive.<sup>17</sup> Each of us takes our responsibility to protect consumers in our states very seriously.

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<sup>15</sup> Elliott Davis Jr., *European Countries Restrict Trans Health Care for Minors*, U.S. News & World Report (Jul. 12, 2023), <https://www.usnews.com/news/best-countries/articles/2023-07-12/why-european-countries-are-rethinking-gender-affirming-care-for-minors>.

<sup>16</sup> Leor Sapir, *Adolescent Gender Dysphoria Is a Temporary Diagnosis for Most Teens*, City Journal (Aug. 30, 2024), <https://www.city-journal.org/article/adolescent-gender-dysphoria-is-a-temporary-diagnosis-for-most-teens> (“The single biggest observation [in this study] is that, contrary to what has been asserted by advocates of youth transition, most adolescents with a [gender dysphoria] diagnosis will not have this diagnosis within as few as seven years, during the period of rapid identity development.”); Christian J. Bachmann, et al., *Gender Identity Disorders Among Young People in Germany: Prevalence and Trends, 2013–2022*, Deutsche Aertzeblatt (May 2, 2024), <https://www.aerzteblatt.de/int/archive/article/239563> (reporting that over 60 percent of young people diagnosed with gender dysphoria in Germany no longer had that diagnosis five years later).

<sup>17</sup> Donald M. Zupanec, *Practices forbidden by state deceptive trade practice and consumer protection acts*, 89 A.L.R.3d 449 (1979) (“[A] substantial majority of states have adopted

The application of these laws to the AAP's claim is straightforward. First, statements made by medical trade associations, like the AAP, are subject to state consumer protection laws.<sup>18</sup> Second, misleading and deceptive statements of medical trade associations are connected to commerce and reach consumers.<sup>19</sup> The AAP has 67,000 pediatrician members and requires its members to pay annual dues. The AAP has a chapter in each State, and the AAP policy statement has a "Shop AAP" link prominently displayed at the top of the page with the "reversible" claim. That "shop" offers training courses and membership for purchase and touts that a paid AAP membership can "help you be the best clinician you can be for children and their families."

Ultimately, the AAP's statements and guidance affect how physicians practice medicine and treat children. Because providers rely on the AAP when they make treatment decisions, parents and their children are harmed by the AAP's misleading and deceptive claim. When pediatricians are told by the AAP that treating children with puberty blockers is "reversible," that claim becomes part of the medical discussion and decision making with parents and children. The claim reaching parents and children isn't just foreseeable—it is part of the design and mission of the AAP. Its number one goal is to: "Strengthen the Academy's impact on health and health equity for infants, children, adolescents and young adults through clinical guidance, policy, advocacy, and education."<sup>20</sup>

The AAP has said that it plans to undertake a "systematic review of the evidence" regarding using puberty blockers, cross-sex hormones, and surgical interventions to treat minors with gender dysphoria. The undersigned applaud any effort that scrutinizes the safety and efficacy of these novel and risk-laden treatments. But whatever the status of that "systematic review," the AAP continues to mislead and deceive consumers by maintaining its claim that puberty blockers are "reversible." That claim is misleading and deceptive and requires immediate retraction and correction.

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deceptive trade practice and consumer protection acts which generally make it unlawful to use or otherwise engage in unfair or deceptive acts or practices in the conduct of trade or commerce.").

<sup>18</sup> *Am. Addiction Centers, Inc. v. Nat'l Ass'n of Addiction Treatment Providers*, 515 F. Supp. 3d 820, 852 (M.D. Tenn. 2021).

<sup>19</sup> *Id.* at 853.

<sup>20</sup> *American Academy of Pediatrics Strategic Plan*, American Academy of Pediatrics, <https://www.aap.org/en/about-the-aap/strategic-plan/> (last visited Sep. 12, 2024)

In addition, as we continue to review the AAP's conduct, we request your written response to the following questions by October 8, 2024:

1. Explain the draft and review process for the 2018 AAP policy statement and subsequent reaffirmation, including any efforts to verify claims that puberty blockers are reversible when used to treat adolescents suffering from gender dysphoria.
2. Provide substantiation for the AAP's claims that the 2018 AAP policy statement and subsequent reaffirmation are "evidence driven, nonpartisan and rigorously reviewed" and "reflect the latest evidence in the field."
3. Provide substantiation for the AAP's claims that puberty blockers are reversible when used to treat adolescents suffering from gender dysphoria.
4. Explain how the AAP's claim that puberty blockers are reversible and recommended during Tanner Stages 2–5 of puberty is consistent with the AAP's acknowledgement that research on long-term risks to bone metabolism and fertility from puberty blockers is limited.
5. Explain how the AAP's claim that puberty blockers are reversible is consistent with each of the following concerns raised in the Cass Report:
  - a. Puberty blockers block normal pubertal experience and experimentation, and thus there is "no way of knowing whether the normal trajectory of the sexual and gender identity may be permanently altered" by blockers;
  - b. Puberty blockers may interfere with neurocognitive development; and
  - c. Puberty blockers may compromise bone density.
6. Explain efforts by the AAP to incorporate its recommendations (including the 2018 AAP policy statement) into patient care by any doctors or medical providers, including through "smart phrases" or other systems that automatically incorporate medical standards.

7. Explain whether the AAP offers any input into the therapist letter of support process for transgender care, including any standards, guidelines, templates, or principles the AAP offers, publishes, or promotes for therapist letters of support.
8. Provide a copy of all communications, both internal and to third parties, that you have had between March 1, 2024, and the present regarding the SOC8, including any discussion related to pages on your website referencing WPATH and/or the SOC8.
9. Provide a copy of all communications you have had between January 1, 2020, to the present with WPATH regarding the SOC8, including any input into the drafting process.
10. Provide a copy of all of your policies and procedures related to providing members with updates to clinical guidelines and medically accepted standards of care.
11. Explain whether and how the AAP Committee on Bioethics' statement entitled "Informed Consent, Parental Permission, and Assent in Pediatric Practice" is consistent with the 2018 AAP policy statement's guidance.
12. Provide a copy of all communications the AAP has had regarding the 2018 AAP policy statement, transgender care, WPATH, SOC8, cross-sex hormones, puberty blockers, or any related topic with any member or representative of the Biden Administration, including but not limited to communications with Assistant Secretary for Health Dr. Rachel Levine, Sarah Boateng, or any other member of Sec. Levine's staff.
13. Explain why the AAP continues to cite the standards released by WPATH even after the release of the WPATH Files and WPATH Tapes exposed serious issues with WPATH.
14. Provide all AAP guidance and recommendations related to physicians or medical personnel discussing gender dysphoria, suicidality, and similar conditions with minor patients, including scripts, training materials, and best clinical practices.

We expect you will address this matter with the same seriousness that we are, and we look forward to receiving your response soon.

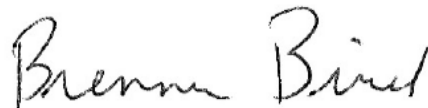
Sincerely,



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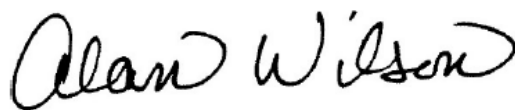


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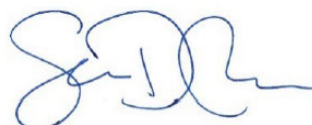
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