To the Attention of:

Rep. Mike Johnson, Majority Speaker

Rep. Steve Scalise, Majority Leader

Rep. Tom Emmer, Majority Whip

Rep. Hakeem Jeffries, Minority Leader

Rep. Katherine Clark, Minority Whip

Rep. Mark Takano, Chair of the Equality Caucus

June 30, 2026.

RE: Opposition to the Chloe Cole Act's (H.R.7651/H.R.5483/S.2907) Attacks on Medically Necessary Healthcare for Trans and Gender-Diverse Adolescents

Dear esteemed Members of the House of Representatives/Senate,

The undersigned 170+ organizations — who constitute a broad and unified coalition of civil rights, health equity, and gender justice advocates — write to express our unequivocal opposition to all versions of the Chloe Cole Act. Although this bill claims to empower people who detransition, it merely exploits people who detransition in an effort to persecute transgender, gender-diverse, and intersex (TGDI) youth and their providers, with potentially devastating consequences. This legislation — proposed to Congress per the discriminatory directives of the current administration, by an Attorney General who has described transgender people as a "sociological disease"[1] — is nothing more than an effort to functionally ban access to medically necessary and evidence-based transition-related health care.

If passed, the Chloe Cole Act would expose tens of thousands of transgender and gender-diverse youth (TGD) youth to psychological suffering and increased risk of suicidality and violate providers' rights to prescribe the medically necessary treatments that are in patients' best interests. This bill would also rob intersex people of their bodily autonomy. All this suffering and moral injury, to satisfy this administration's discriminatory agenda of pushing TGD people out of public life and robbing intersex people of their bodily integrity. The bill's excessive statute of limitations implies, and its unreasonable retroactive liability asserts, that patients' participation in informed consent is not durable and that providers may still be retroactively liable for following evidence-based standards of care. This sets a dangerous and unworkable precedent for how providers are expected to navigate patients' decision-making while protecting themselves from liability.

[1] Chris Geidner, "Read A.G. Bondi's Memo Purporting to Implement Trump's Anti-Trans Attacks," April 14, 2025, https://www.lawdork.com/p/read-ag-bondis-memo-purporting-to.

The grave consequences for TGDI youth and their providers alone make this proposed legislation abhorrent and cruel. It is shameful that this legislation also exploits the experiences and needs of people who detransition. Rates of detransition remain low and may, at times, result from external pressures.[2] Rates of regret associated with PTRH ranged from 0.2% to 5% [3]. It is reprehensible that this legislation uses people who detransition as a rhetorical cudgel in the ongoing campaign against[4] an already vulnerable and medically underserved population. Detransition can neither be assumed to be permanent nor the result of a change in identity.[5] Overall, people who detransition are seeking support, community, legal services, and access to and coverage of the gender-affirming care they may require during the process of detransitioning. This extreme legislation, however, is more focused on exploiting and co-opting the experiences of the people who detransition than on addressing their healthcare needs. Where genuine malpractice occurs, however infrequently, for people who detransition, patients already possess the necessary legal tools to pursue medical malpractice claims.[6] Accordingly, there is no need for legislation such as these bills that purports to create a private right of action for people who detransition. Such a

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[2] Joanne LaFleur et al., *Systematic Medical Evidence Review of Hormonal Transgender Treatment Report* (Utah, 2025), https://le.utah.gov/AgencyRP/reportingDetail.jsp?rid=636; Jack L. Turban et al., "Factors Leading to 'Detransition' Among Transgender and Gender Diverse People in the United States: A Mixed-Methods Analysis," *LGBT Health* 8, no. 4 (2021): 273–80, https://doi.org/10.1089/lgbt.2020.0437; Luca Crabtree et al., "A More Nuanced Story: Pediatric Gender-Affirming Healthcare Is Associated With Satisfaction and Confidence," *The Journal of Adolescent Health* 75, no. 5 (2024): 772–79, https://doi.org/10.1016/j.jadohealth.2024.06.016; Kacie M. Kidd and Gina M. Sequeira, "Misinformation Related to Discontinuation and Regret Among Adolescents Receiving Gender-Affirming Care," *Journal of Adolescent Health* 75, no. 5 (2024): 698–99, https://doi.org/10.1016/j.jadohealth.2024.08.002; Kristina R. Olson et al., "Levels of Satisfaction and Regret With Gender-Affirming Medical Care in Adolescence," *JAMA Pediatrics* 178, no. 12 (2024): 1354–61, https://doi.org/doi:10.1001/jamapediatrics.2024.4527; Kristina R. Olson et al., "Gender Identity 5 Years After Social Transition," *Pediatrics* 150, no. 2 (2022): e2021056082, https://doi.org/10.1542/peds.2021-056082.

[3] C. M. Wiepjes et al., "Trends in Suicide Death Risk in Transgender People: Results from the Amsterdam Cohort of Gender Dysphoria Study (1972–2017)," *Acta Psychiatrica Scandinavica* 141, no. 6 (2020): 486–91, https://doi.org/10.1111/acps.13164; Lauren Bruce et al., "Long-Term Regret and Satisfaction With Decision Following Gender-Affirming Mastectomy," *JAMA Surgery* 158, no. 10 (2023): 1070–77, https://doi.org/10.1001/jamasurg.2023.3352; Sasha Karan Narayan et al., "Guiding the Conversation-Types of Regret after Gender-Affirming Surgery and Their Associated Etiologies," *Annals of Translational Medicine* 9, no. 7 (2021): 605, https://doi.org/10.21037/atm-20-6204; Kidd and Sequeira, "Misinformation Related to Discontinuation and Regret Among Adolescents Receiving Gender-Affirming Care"; Crabtree et al., "A More Nuanced Story"; Sarah M. Thornton et al., "A Systematic Review of Patient Regret after Surgery- A Common Phenomenon in Many Specialties but Rare within Gender-Affirmation Surgery," *The American Journal of Surgery* 234 (August 2024): 68–73, https://doi.org/10.1016/j.amjsurg.2024.04.021; Thomas Ren et al., "Prevalence of Regret in Gender-Affirming Surgery," *Annals of Plastic Surgery* 92, no. 5 (2024): 597–602; Olson et al., "Gender Identity 5 Years After Social Transition"; Kristina R. Olson et al., "Levels of Satisfaction and Regret With Gender-Affirming Medical Care in Adolescence," *JAMA Pediatrics*, ahead of print, October 21, 2024, https://doi.org/10.1001/jamapediatrics.2024.4527; Cornell University, *What Does the Scholarly Research Say about the Effect of Gender Transition on Transgender Well-Being?* (2018), https://whatweknow.inequality.cornell.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-the-well-being-of-transgender-people/.

[4] Department of Justice: Office of Public Affairs, "The Department of Justice Proposes Legislation to Protect Children from Gender Mutilation | United States Department of Justice," Justice.Gov, September 3, 2025, https://www.justice.gov/opa/pr/department-justice-proposes-legislation-protect-children-gender-mutilation; Geidner, "Read A.G. Bondi's Memo Purporting to Implement Trump's Anti-Trans Attacks."

[5] Crabtree et al., "A More Nuanced Story"; Kidd and Sequeira, "Misinformation Related to Discontinuation and Regret Among Adolescents Receiving Gender-Affirming Care"; Turban et al., "Factors Leading to 'Detransition' Among Transgender and Gender Diverse People in the United States."

[6] New York jury finds psychologist and surgeon didn't follow best practices in gender-affirming care case. Ring, Trudy. February 4, 2026. https://www.advocate.com/health/transgender-health/jury-rules-malpractice-transgender-treatment.

treatment-specific approach to medical malpractice is not consistent with current legal and medical standards.

This bill does not protect children, nor does it improve access to care for those who are permanently detransition. Instead, this legislation polices identities and penalizes the practice of safe pediatric medicine. The Chloe Cole Act and its previous iterations are extreme, overreaching, and discriminatory. The bill's only purpose is to penalize the provision of consensual, safe, and medically necessary healthcare provided to transgender patients based on evidence-based standards of care. And yet, the same treatments would remain available to adolescents who are not trans. At the same time, this bill endorses the performance of non-consensual and unnecessary surgeries on intersex infants. This bill's discriminatory objectives are clear: its objective is to enforce conformity with rigid, outdated, and unscientific stereotypes of sex and gender[7] and to dictate providers' ability to care for their patients based on patients' alignment with those stereotypes.

This bill is saturated with misleading language intended to misrepresent medically necessary transition-related healthcare, rather than reflecting the medical reality that this care is safe and supported by decades of clinical evidence[8]. Make no mistake, pediatric transition-related healthcare is a long-standing and evidence-based field of medicine. Every claim made within this bill and by the U.S. Attorney General[9], is refuted by a robust body of evidence drawn from over four decades of this care's provision to transgender and gender-diverse adolescents[10]. Countless

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[7] Claire Ainsworth, "Sex Redefined: The Idea of 2 Sexes Is Overly Simplistic," Scientific American, October 22, 2018, https://www.scientificamerican.com/article/sex-redefined-the-idea-of-2-sexes-is-overly-simplistic1/; Max Barnhart, "Scientists Reject a Binary View of Human Sex at NIH Symposium," Chemical & Engineering News, October 20, 2024, https://cen.acs.org/biological-chemistry/genomics/Scientists-reject-binary-view-human/102/i33; Kate Clancy et al., "Biology Is Not Binary," American Scientist, February 5, 2024, https://www.americanscientist.org/article/biology-is-not-binary; Agustín Fuentes, "Here's Why Human Sex Is Not Binary," Scientific American, 2023, https://www.scientificamerican.com/article/heres-why-human-sex-is-not-binary/.

[8] Jules Gill-Peterson, *Histories of the Transgender Child*, Histories of the Transgender Child (University of Minnesota Press, 2018), x, 262, https://doi.org/10.5749/j.ctv75d87g; Kara N. Ingelhart, *BRIEF OF AMICI CURIAE AMERICAN HISTORICAL ASSOCIATION, ORGANIZATION OF AMERICAN HISTORIANS, LGBTQ+ HISTORY ASSOCIATION, AND HISTORIAN SCHOLARS IN SUPPORT OF PETITIONER AND RESPONDENTS IN SUPPORT OF PETITIONER*, September 2, 2024; Stephanie L. Budge et al., "Gender Affirming Care Is Evidence Based for Transgender and Gender-Diverse Youth," *Journal of Adolescent Health* 75, no. 6 (2024): 851–53, https://doi.org/10.1016/j.jadohealth.2024.09.009; Jeremi M. Carswell et al., "The Evolution of Adolescent Gender-Affirming Care: An Historical Perspective," *Hormone Research in Paediatrics* 95, no. 6 (2022): 649–56, https://doi.org/10.1159/000526721; LaFleur et al., *Systematic Medical Evidence Review of Hormonal Transgender Treatment Report*.

[9] Geidner, "Read A.G. Bondi's Memo Purporting to Implement Trump's Anti-Trans Attacks"; Department of Justice: Office of Public Affairs, "The Department of Justice Proposes Legislation to Protect Children from Gender Mutilation | United States Department of Justice."

[10] Carswell et al., "The Evolution of Adolescent Gender-Affirming Care"; Ingelhart, *BRIEF OF AMICI CURIAE AMERICAN HISTORICAL ASSOCIATION, ORGANIZATION OF AMERICAN HISTORIANS, LGBTQ+ HISTORY ASSOCIATION, AND HISTORIAN SCHOLARS IN SUPPORT OF PETITIONER AND RESPONDENTS IN SUPPORT OF PETITIONER*; Gill-Peterson, *Histories of the Transgender Child*; Budge et al., "Gender Affirming Care Is Evidence Based for Transgender and Gender-Diverse Youth"; Guy T'Sjoen et al., "Endocrinology of Transgender Medicine," *Endocrine Reviews* 40, no. 1 (2019): 97–117, https://doi.org/10.1210/er.2018-00011; Courtney Finlayson, *Pubertal Suppression in Transgender Youth* (Elsevier Inc, 2019); LaFleur et al., *Systematic Medical Evidence Review of Hormonal Transgender Treatment Report*.

studies and systematic reviews, including a rigorous systematic review commissioned by the Utah Department of Health and Human Services, have concluded that these treatments are safe, effective, and are the same treatments as those provided to adolescents who are not transgender, a use for which many of these treatments have received FDA approval[11].

The care that this legislation would restrict has time and time again been found to be effective in reducing rates of suicidality and depression amongst trans youth.[12] This legislation's purported intent to support people who detransition is nothing more than a political bait-and-switch, intended to effectuate this Administration's goal of eliminating access to care for transgender people, while doing nothing to genuinely support people who detransition. Everybody deserves access to medically necessary, gold-standard healthcare, including TGD adolescents. Healthcare decisions should be made by patients and trained medical experts, who undergo nearly a decade of education and training to exercise good judgment in supporting their patients' needs. Furthermore, providers should not have the ability to practice compassionate and ethically grounded medicine impeded by a small number of lawmakers. All people, regardless of their gender, should be able to access the medically necessary healthcare they need, without government interference. Enacting a law that endangers thousands of adolescents, as this legislation would, is unconscionable and unjustifiable. As our elected representatives, it is your responsibility to protect the interests, rights, and well-being of your constituents. They expect you to oppose this discriminatory bill, which does nothing to address the actual needs of people across the country whose health and economic well-being are at risk.

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[11] LaFleur et al., *Systematic Medical Evidence Review of Hormonal Transgender Treatment Report*.

[12] LaFleur et al., *Systematic Medical Evidence Review of Hormonal Transgender Treatment Report*; Jaclyn M. White Hughto and Sari L. Reisner, "A Systematic Review of the Effects of Hormone Therapy on Psychological Functioning and Quality of Life in Transgender Individuals," *Transgender Health* 1, no. 1 (2016): 21–31, https://doi.org/10.1089/trgh.2015.0008; Jack L. Turban et al., "Access to Gender-Affirming Hormones during Adolescence and Mental Health Outcomes among Transgender Adults," *PloS One* 17, no. 1 (2022): e0261039, https://doi.org/10.1371/journal.pone.0261039; Amy E. Green et al., "Association of Gender-Affirming Hormone Therapy With Depression, Thoughts of Suicide, and Attempted Suicide Among Transgender and Nonbinary Youth," *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine* 70, no. 4 (2022): 643–49, https://doi.org/10.1016/j.jadohealth.2021.10.036; Kerry McGregor et al., "Association of Pubertal Blockade at Tanner 2/3 With Psychosocial Benefits in Transgender and Gender Diverse Youth at Hormone Readiness Assessment," *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine* 74, no. 4 (2024): 801–7, https://doi.org/10.1016/j.jadohealth.2023.10.028; Johanna Olson-Kennedy et al., "Emotional Health of Transgender Youth 24 Months After Initiating Gender-Affirming Hormone Therapy," *Journal of Adolescent Health* 77, no. 1 (2025): 41–50, https://doi.org/10.1016/j.jadohealth.2024.11.014; Kellan E. Baker et al., "Hormone Therapy, Mental Health, and Quality of Life Among Transgender People: A Systematic Review," *Journal of the Endocrine Society* 5, no. 4 (2021): bvab011, https://doi.org/10.1210/jendso/bvab011; Christal Achille et al., "Longitudinal Impact of Gender-Affirming Endocrine Intervention on the Mental Health and Well-Being of Transgender Youths: Preliminary Results," *International Journal of Pediatric Endocrinology* 2020, no. 1 (2020): 8, https://doi.org/10.1186/s13633-020-00078-2; Diana M. Tordoff et al., "Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care," *JAMA Network Open* 5, no. 2 (2022): e220978, https://doi.org/10.1001/jamanetworkopen.2022.0978; Anna I. R. van der Miesen et al., "Psychological Functioning in Transgender Adolescents Before and After Gender-Affirmative Care Compared With Cisgender General Population Peers," *Journal of Adolescent Health* 66, no. 6 (2020): 699–704, https://doi.org/10.1016/j.jadohealth.2019.12.018; Luke R. Allen et al., "Changes in Suicidality Among Transgender Adolescents Following Hormone Therapy: An Extended Study," *The Journal of Pediatrics* 0, no. 0 (2025), https://doi.org/10.1016/j.jpeds.2025.114883.

We call upon all Members of Congress, across parties and chambers, to oppose this bill's passage. Accordingly, we urge members of Congress to **VOTE NO on this bill's progression,** for **the safety of transgender and intersex youth**; for **the rights of medical professionals** to care for their patients; and for **the rights of parents** to support their children in accessing the medical care they need.

With Respect,

Advocates for Trans Equality

4STAR: 4Corners Support for Transgender people, Allies, and Relatives

A Lighthouse Counseling

AAUW California

Abortion Forward

ACCESS REPRODUCTIVE JUSTICE

Advocates for Youth

AFFA Action

Alliance for TransYouth Rights

American Atheists

Amnesty International USA

Arkansas Black Gay Men's Forum

Autistic Self Advocacy Network (ASAN)

Autistic Women & Nonbinary Network

Basic Rights Oregon

Bend the Arc: Jewish Action

California LGBTQ Health and Human Services Network

California LGBTQ Health and Human Services Network

California Women's Law Center

Callen-Lorde Community Health Center

Calpride Valle Central

Campaign for Southern Equality

CARE Reproductive Health LLC

CenterLink

Central Coast Coalition for Inclusive Schools

Charlotte Trans Health

Clearinghouse on Women's Issues

COLAGE

Colorado Trans+Autistic Peer Support Group

Community Catalyst

Compass LGBTQ Community Center

Create the Pause PLLC

Defend Public Health

Disability Culture Lab

Disability Rights Education and Defense Fund

Doctors for America

Eastern PA Trans Equity Project

EmpowerMT

EmpowerMT

Equality California

Equality Federation

Equality Florida

Equality Illinois

Equality Michigan Action Network

EqualityMaine

Euphoria Family Medicine

Fair Wisconsin

Fairness Campaign

Female-To-Male International, Inc.

Feminist Majority

Feminist Majority Foundation

Fenway Health

Fluxx Productions Inc.

Focused Care Therapy Group

Forest Path Therapy, inc

FORGE, Inc.

Freedom Oklahoma

Gender Alchemy

Gender Health Training Institute

Gender Justice

Gender Justice LA

Gender Liberation Movement

GenderNexus

Georgia Equality

GLYS Western New York

Grand Rapids Pride Center

Grand Rapids Trans Foundation

Greater Boston PFLAG

Guttmacher Institute

Hawai‘i State LGBTQ+ Commission

Health & Education Alternatives for Teens ("HEAT")

Ibis Reproductive Health

If/When/How: Lawyering for Reproductive Justice

Inclusive Counseling

Indigenous Women Rising

Indivisible

Inform Transform

interACT: Advocates for Intersex Youth

InnerVision Resources, LLC.

Ipas US

IYG

Kaleidoscope Growth LLC

Lawyering Project

Lawyers for Good Government

Legal Voice

Los Angeles LGBT Center

Louisiana Trans Advocates

Lyon-Martin Community Health Services

Marguerita Blaker & Associates PLLC

Mazzoni Center

Metamorphosis Medical Center

Metro DC DSA Bodily Autonomy Working Group

Mockingbird Counseling LLC

Montgomery Pride United-Bayard Rustin Community Center

National Abortion Federation

National Asian Pacific American Women’s Forum

National Black Justic Coalition

National Center for LGBTQ Rights

National Council of Jewish Women

National Family Planning & Reproductive Health Association

National Health Law Program

National Latina Institute for Reproductive Justice

National LGBTQ Task Force Action Fund

National LGBTQ+ Bar Association

National Network of Abortion Funds

New Disabled South

North Shore Alliance of LGBTQ+ Youth (NAGLY)

Oasis Legal Services

One Colorado

one•n•ten

OutNebraska

Pennsylvania Youth Congress

Peoria Proud

PFLAG National

PFLAG Sacramento

PFLAG San Jose / Peninsula

Physicians for Reproductive Health

Point of Pride

Positive Women's Network-USA

Power to Decide

Pride at Work - Hawai'i

Pride At Work, AFL-CIO

Pride Center of Western New York

Pride Center San Antonio

Prism Counseling & Advocacy

PROMO Missouri

Queer the Land

QUEERSPACE collective

Racial & Ethnic Mental Health Disparities Coalitio

Reproductive Freedom for All

Reproductive Justice Action Collective

Resource Center

RHAP

Rochester Rainbow Riders

Rochester Rainbow Union

Rockland County Pride Center

Rocky Mountain Equality

Sacramento LGBT Community Center

SAGE

San Francisco AIDS Foundation

SIECUS: Sex Ed for Social Change

Silver State Equality

SiX Action

Southern Legal Counsel's Transgender Rights Initiative

Stand with Trans

Stonewall Caucus of the Democratic Party of Hawai'i

The California LGBTQ Health and Human Services Network

The Cancer Network

The Equality Crew

The Gala Pride & Diversity Center

The Houston Intersex Society

The Institute for Health Research & Policy at Whitman-Walker

The Pride Center at Lehigh University

The Spectrum Center of Hattiesburg

The Transformation Project South Dakota

The TransLatin@ Coalition

The U.S. End FGM/C Network

Trans Can Work

Trans Income Project

Trans Maryland

Trans Youth Equality Foundation

Transathlete

TransFamily Support Services

Transgender Education Network of Texas (TENT)

Transgender Law Center

Transgender Michigan

Transgender Resource Center of New Mexico

Transgender Resource, Advocacy & Network Service

Transhealth

TransNewYork

TransOhio

Transpositive PDX

TransVisible Montana

Triangle Community Center

UCSF Bixby Center for Global Reproductive Health

Uniting Pride

URGE: Unite for Reproductive & Gender Equity

William E. Morris Institute for Justice

Women's Health Centers of West Virginia and Maryland

Youth MOVE National