



Autistic Self Advocacy Network (ASAN)
PO Box 66122
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September 22, 2025

Federal Trade Commission (FTC)
Federal Trade Commission Building
600 Pennsylvania Avenue, NW
Washington, DC 20580

RE: Request for Public Comment Regarding Gender-Affirming Care for Minors

To Chairman Ferguson and Commissioners Holyoak and Meador—

The Autistic Self Advocacy Network (ASAN) opposes the “Request for Public Comment Regarding Gender-Affirming Care for Minors.” We urge the Federal Trade Commission (FTC) to abandon its dangerous and pseudo-investigatory Request for Information (RFI).

ASAN is the largest and oldest nonprofit organization run by and for autistic communities. Through policy advocacy and community education, ASAN works to ensure that all people with disabilities, including those with intellectual and developmental disabilities, have equal rights, self-determination, and the support we need to thrive.

The communities ASAN serves include transgender and nonbinary people with disabilities, as well as transgender and nonbinary autistic people. We are submitting comments because access to gender-affirming care is of critical concern to our constituents, since the co-occurrence of gender dysphoria and autism is well-documented.¹

Gender affirming care is provided to minors on the basis of medical necessity with appropriate patient consent, and is not only safe, but lifesaving medical care. FTC assertions of deceptive practice inappropriately insert the FTC into the practice of medicine, and the medical decision-making of physicians and patients

While the FTC Commissioner claimed at the July hearing that the FTC was not seeking to regulate the practice of medicine, this RFI demonstrates that to be false. Rather than protect children from deceptive statements, the FTC employs deceptive language of its own by mischaracterizing both

¹ Van Der Miesen, A. I. R., Hurley, H., & De Vries, A. L. C. (2016). Gender dysphoria and autism spectrum disorder: A narrative review. *International Review of Psychiatry*, 28(1), 70–80. <https://doi.org/10.3109/09540261.2015.1111199>

GAC and its provision to youth. Decades of clinical research combined with every major medical association in the United States—including the American Medical Association and the American Academy of Pediatrics—all support gender affirming care (GAC) for children and adolescents in the treatment of gender dysphoria.^{2,3} The provision of this essential healthcare to trans youth is overseen by well-trained clinicians utilizing evidence-based clinical guidelines that prioritize informed consent and open communication between providers, patients, and their families. For example, the Endocrine Society’s standards of care include rigorous protocols for educating parents of trans and nonbinary youth with complete information: the available options and each option’s safety, efficacy, benefits, risks, and side effects.⁴ The RFI discounts this valuable science and instead promotes disinformation. Real healthcare does not involve limiting the provision of medically necessary healthcare. Contrary to FTC claims, limiting this care punishes authentic expression, rather than enabling it.

The FTC fails to recognize, acknowledge, or respect the grave consequences of their threats. Barriers to or outright restrictions on GAC cost too many youth their lives. Some pundits may cruelly misattribute these tragedies to underlying mental health conditions, despite substantial evidence that the mental health burden experienced by transgender individuals is not an intrinsic consequence of transgender status but overwhelmingly a consequence of lack of acceptance or support.⁵ Make no mistake: impeding access to GAC exacerbates suffering, while access to it offers relief. Many studies demonstrate this point. In states that passed anti-transgender laws aimed at minors, trans and gender non-conforming teenagers attempted suicide at a 72% higher rate in the years following.⁶ And transgender adults who received pubertal suppression hormone therapy as adolescents were less likely to experience suicide ideation in their lifetime.⁷ If the RFI is any indication of future FTC policymaking, it will no doubt endanger our young people’s health and well-being.

Medical professionals who inform parents about GAC’s role in reducing suicide and suicidal ideation are not exerting coercive pressure—they are simply upholding their hippocratic duty to “do no harm.” Presenting suicidality data is as useful as any other medical data. Suicidality is understood among those with lived experience as a “portal communicating to us what needs to change in society so that people want to live.”⁸ This framework elucidates how GAC can give trans kids the will and hope to live, which the RFI attempts to undermine.

² American Medical Association (AMA) & GLMA: Health Professionals Advancing LGBTQ+ Equality. (2019). *Issue Brief: Health insurance coverage for gender-affirming care of transgender patients*. <https://www.ama-assn.org/system/files/2019-03/transgender-coverage-issue-brief.pdf>

³ American Academy of Pediatrics (AAP) & Susan J. Kressly, MD, FAAP, AAP president. (2025, May 1). *AAP Statement on HHS Report Treatment for Pediatric Gender Dysphoria* [Press release].

<https://www.aap.org/en/news-room/news-releases/aap/2025/aap-statement-on-hhs-report-treatment-for-pediatric-gender-dysphoria/>

⁴ Endocrine Society. (2024, October 25). *Gender Dysphoria/Gender Incongruence Guideline Resources*. Clinical Practice Guideline.

<https://www.endocrine.org/clinical-practice-guidelines/gender-dysphoria-gender-incongruence>

⁵ American Psychological Association (APA). (2025, May 1). *APA Statement on Access to Treatment for Gender Diverse People*.

<https://updates.apaservices.org/statement-on-access-to-treatment-for-transgender-gender-diverse-and-nonbinary-people>; Castro-Peraza, M. E., García-Acosta, J. M., et. al. (2019). Gender Identity: the human right of depathologization. *International Journal of Environmental Research and Public Health*, 16(6), 978. <https://doi.org/10.3390/ijerph16060978>; Robles, R., & Fresán, A. (2016). Removing transgender identity from the classification of mental disorders: a Mexican field study for ICD-11. *The Lancet*, 3(9), 850–859.

[https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(16\)30165-1/abstract](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(16)30165-1/abstract)

⁶ Lee, W.Y., Hobbs, J.N., Hobaica, S. et al. State-level anti-transgender laws increase past-year suicide attempts among transgender and non-binary young people in the USA. *Nature Human Behaviour*, 8, 2096–2106 (2024). <https://doi.org/10.1038/s41562-024-01979-5>

⁷ Turban, J. L., King, D., Carswell, J. M., & Keuroghlian, A. S. (2020). Pubertal suppression for transgender youth and risk of suicidal ideation. *Pediatrics*, 145(2). <https://doi.org/10.1542/peds.2019-1725>

⁸ Alaska, C. (2022, December). *If we think of su*c*d*lity as a portal communicating to us what needs to change in society so that people want to live, it makes sense that the social response to su*c*de is to clamp down on it, treat it as irrational, and to disappear su*c*d*l people*. X (Formerly Twitter). <https://x.com/AlaskaCandice/status/1600564402461507590>

In addition to harming all trans youth, the RFI specifically harms trans youth with disabilities and autistic trans youth in particular. Both identities are natural parts of human diversity. The imposed myth of normalcy punishes difference and harms autistic youth, trans youth, and autistic trans youth alike. A number of policymakers have previously made false assertions about our capacity to competently engage in our own health decision-making. These false assertions directly endanger our rights to autonomy and to advocate for our own needs. The FTC's actions contribute to these broader attempts to stop disabled people, particularly autistic people, from making decisions about our own bodies. That is based on the discriminatory lie that we are "too disabled" to know our own identities or health needs. But all disabled youth, including autistic trans youth, deserve the dignity of making medical decisions in concert with our doctors, our chosen support people, and, when we are children, our parents or guardians. We do not need politicians or the FTC to make our medical decisions for us.

The RFI is disingenuous in its stated purpose. The questions are premised on a forgone and unscientific conclusion, making it dishonest in premise, misleading in purpose, and a wasteful use of government resources. ASAN, therefore, is vehemently opposed to the FTC's RFI. ASAN urges its immediate revocation.

