No. 23-477

IN THE
Supreme Court of the United States

UNITED STATES OF AMERICA,
Petitioner,

v.

JONATHAN THOMAS SKRMETTI, ATTORNEY GENERAL AND REPORTER FOR TENNESSEE, ET AL.,
Respondents,

and

L.W., BY AND THROUGH HER PARENTS AND NEXT FRIENDS, SAMANTHA WILLIAMS AND BRIAN WILLIAMS, ET AL.,
Respondents in Support of Petitioner.

On Writ of Certiorari
to the United States Court of Appeals
for the Sixth Circuit

BRIEF FOR CONSERVATIVE OFFICIALS, ADVISORS, AND ACTIVISTS AS AMICI CURIAE SUPPORTING PETITIONER

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INTEREST OF THE *AMICI CURIAE*[1]

Amici curiae are Republicans and political conservatives from diverse backgrounds who have served as federal, state, and local officeholders or as senior advisors to such officials. They share the conservative principle of a commitment to limited government and respect for families and the crucial role of parents—in particular, the rights of parents to make weighty decisions about the upbringing and medical care of their own children. The full list of *Amici* is provided as an Appendix to this brief.

Parents want their children to be safe, happy, and healthy. Parents of transgender children are no different. Reasonable people can disagree about what is best for kids, but the question presented here is who makes that decision: their parents or government bureaucrats? Laws like Tennessee's are nothing less than "a vast government overreach," as the former Republican Governor of Arkansas Asa Hutchinson put it in explaining why he vetoed similar legislation, because they anoint "the state as the definitive oracle of medical care, overriding parents, patients and health-care experts."[2] Other prominent defenders of limited government recognize this as well. Former New Jersey

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[1] No counsel for a party authored any part of this brief, and no such counsel or party made a monetary contribution intended to fund the preparation or submission of this brief. No person other than *amici curiae* or their counsel made a monetary contribution to the brief's preparation or submission.

[2] Asa Hutchinson, *Why I vetoed my party's bill restricting health care for transgender youth*, WASH. POST (Apr. 8, 2021), https://www.washingtonpost.com/opinions/asa-hutchinson-veto-transgender-health-bill-youth/2021/04/08/990c43f4-9892-11eb-962b-78c1d8228819_story.html.

Governor Chris Christie emphasized that how to care for a transgender child is "more of a parent's decision than a governor's decision," because "parents are the people who are best positioned to make these judgments" and "the government should [n]ever be stepping into the place of the parents."[3] Ohio's Republican Governor, Mike DeWine, similarly explained that such laws are built on the false premise that "the State . . . knows what is best medically for a child rather than the two people who love that child the most, the parents."[4] Many of *Amici* have also publicly defended parental rights from legislation akin to Tennessee's.[5]

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[3] Brooke Migdon, *Christie knocks transgender health care bans on campaign trail: 'It's more of a parent's decision'*, THE HILL (June 23, 2023), https://thehill.com/homenews/campaign/4065197-christie-knocks-transgender-health-care-bans-on-campaign-trail/.

[4] State of Ohio Exec. Dep't, Off. of the Governor, Veto Message: Statement of Reasons for the Veto of Substitute House Bill 68 (Dec. 29, 2023), https://content.govdelivery.com/attachments/OHIOGOVERNOR/2023/12/29/file_attachments/2731770/Signed%20Veto%20Message%20HB%2068.pdf.

[5] *See, e.g.*, Sarah Davis, *My Republican Colleagues' Anti-Transgender Laws Threaten American Freedom*, NEWSWEEK (July 6, 2023), https://www.newsweek.com/my-republican-colleagues-anti-transgender-laws-threaten-american-freedom-opinion-1811107; Ileana Ros-Lehtinen, *Former Republican Congresswoman: The GOP Needs the LGBTQ*, NEWSWEEK (Aug. 22, 2023), https://www.newsweek.com/former-republican-congresswoman-gop-needs-lgbtq-1821713; Samantha Valentino, *Ky. lawmakers who broke from party lines on 'anti-trans' bill explain their vote*, WKYT (May 17, 2023), https://www.wkyt.com/2023/03/17/ky-lawmakers-who-broke-party-lines-anti-trans-bill-explain-their-vote/; Lulu Garcia-Navarro, *Why the G.O.P.'s Attack on Trans Rights Could Backfire on the Party*, N.Y. TIMES (Mar. 2, 2023), https://www.nytimes.com/2023/03/02/opinion/trans-gender-attacks-republican-party.html.

Amici strongly believe that the Constitution protects the traditional rights of families and prescribes a limited government that respects parental authority. Specifically, the Constitution safeguards the fundamental right of parents to make important medical decisions for their minor children without interference by the State—and it grants that right equally to parents of *all* children. Tennessee's law that bans gender-affirming medical care for minors with gender dysphoria (like the many similar laws recently enacted by other states) infringes this right by usurping the parental role, improperly intruding into a family's medical choices, and doing so only for parents of transgender children.

In light of *Amici*'s extensive and varied experience working to protect and support parents and families through the political process, *Amici* believe that this brief will assist the Court with its consideration of this case.

SUMMARY OF ARGUMENT

Parents know what is best for their children far better than the government does. And in our constitutional system, parents have the fundamental right to make critical decisions about the care of their own children, including medical decisions. While the government has a role to play in keeping kids safe, that role is limited, and it does not justify the State second-guessing the judgments of parents acting in good faith who are best positioned to know what their children need. States have no business overruling the decisions of fit parents who make an informed medical choice for their children that is supported by their doctors, by the

medical profession more generally, by the children themselves, and by their conscience.

Such government overreach is especially pernicious when the State, substituting its views for those of families, bans certain treatments for some children while making those same treatments available for other children and for adults. The Tennessee law does exactly that, prohibiting parents with children who suffer from gender dysphoria from electing certain hormone treatments in consultation with doctors, whereas parents whose children may require the same medical treatments for other reasons retain access to the same care. This basic fact about the law undermines Tennessee's assertion that it is protecting children from dangerous medical treatments; the State is instead trying to impose its own values related to sex and gender on families in a manner that is inherently unequal.

That is not limited government, and it is not constitutional. Under this Court's well-established precedent, "[w]hen a statutory classification significantly interferes with the exercise of a fundamental right, it cannot be upheld unless it is supported by sufficiently important state interests and is closely tailored to effectuate only those interests." *Zablocki v. Redhail*, 434 U.S. 374, 388 (1978). The Tennessee statute cannot survive that scrutiny and, therefore, violates the Equal Protection Clause.

The authority claimed by Tennessee here to trample on parents' decisions about their own kids sweeps far beyond this particular legislation. People of good faith have strongly held views on both sides of debates on issues involving children and gender dysphoria, and if Tennessee and other states can impose their will on

parents, then so can states and local governments that think differently—for instance, by allowing (or even requiring) schools to shut parents out of discussions regarding their child's gender expression. Beyond the gender-identity context, there is no end to the kinds of parental decisions that local, state, or federal officials could hijack whenever they think they know better than parents.

Government officials have no business interfering with parental value judgments in this manner. The Constitution wisely deposits that power in the hands of parents "to direct the education and upbringing of [their] children." *Washington v. Glucksberg*, 521 U.S. 702, 720 (1997).

ARGUMENT

A. The Constitution entrusts parents, not State officials, with the fundamental right and responsibility of raising their children.

Reflecting bedrock "concepts of the family as a unit with broad parental authority over minor children," "our constitutional system long ago rejected any notion that a child is 'the mere creature of the State.'" *Parham v. J.R.*, 442 U.S. 584, 602 (1979) (quoting *Pierce v. Soc'y of Sisters*, 268 U.S. 510, 535 (1925)). A long line of this Court's cases firmly establishes "that the Due Process Clause of the Fourteenth Amendment protects the fundamental right of parents to make decisions concerning the care, custody, and control of their children." *Troxel v. Granville*, 530 U.S. 57, 66 (2000) (plurality opinion) (collecting "this extensive precedent").

Thus, "the right[] . . . to direct the education and upbringing of one's children" is among those "funda-

mental rights and liberties" that are "deeply rooted in this Nation's history and tradition" and "implicit in the concept of ordered liberty." *Glucksberg*, 520 U.S. at 720-721 (quotation marks and citations omitted). It also encompasses the right "to recognize symptoms of illness and to seek and follow medical advice" for one's children. *Parham*, 442 U.S. at 602.[6]

In keeping with this constitutional principle, it is generally *the parents'* decision, not the State's, whether to seek certain medical treatments for their minor children—particularly when those treatments are widely accepted in the medical community and are generally legal for adults. State laws that impinge on that fundamental right, including by drawing classifications that selectively deprive some parents of the ability to make medical decisions for their children, are subject to "the most exacting scrutiny." *Clark v. Jeter*, 486 U.S. 456, 461 (1988).

[6] While this Court's precedents have located this right in the liberty interest protected by the Due Process Clause, its foundations lie deeply embedded in our constitutional system as a whole. *See, e.g.*, *Brown v. Ent. Merchants Ass'n*, 564 U.S. 786, 822 (2011) (Thomas, J., dissenting) (explaining, in First Amendment context, that "[t]he historical evidence shows that the founding generation believed parents had absolute authority over their minor children and expected parents to use that authority to direct the proper development of their children"); *id.* at 795 n.3 (Scalia, J., for the Court) (agreeing with "the proposition that parents have traditionally had the power to control what their children hear and say").

B. The Tennessee law interferes with the fundamental right of fit parents to make important childrearing decisions.

The "foundational" problem with legislation like the Tennessee law at issue here was well captured by Texas Supreme Court Justice Debra Lehrmann: "the State [has] usurp[ed] parental authority to follow a physician's advice regarding their own children's medical needs." *Texas v. Loe*, 692 S.W.3d 215, 259 (Tex. 2024) (Lerhmann, J., dissenting). Indeed, validating such legislation "puts all parental decisions at risk of being overruled by the government." *Id.* at 261.

Tennessee's attempt to seize parental authority is evident on the face of the statute. The statute declares that "[t]he legislature finds that minors lack the maturity to fully understand and appreciate the life-altering consequences of such procedures." Pet. App. 298a (quoting Tenn. Code Ann. §68-33-101(h)). It therefore bans the relevant treatments *only* for "minor[s]," defined as anyone under eighteen years of age. Pet. App. 301a.

But this Court's *Parham* decision teaches that, when children lack the maturity to make important choices, that responsibility belongs first and foremost with the *parents*: "The law's concept of the family rests on a presumption that parents possess what a child lacks in maturity, experience, and capacity for judgment required for making life's difficult decisions." 442 U.S. at 602. And "[s]imply because the decision of a parent . . . involves risks does not automatically transfer the power to make that decision from the parents to some agency or officer of the state." *Id.* at 603. The State's effort to usurp the parental role and responsi-

bility is directly contrary to the sphere of authority the Constitution reserves for parents "to direct the . . . upbringing" of their own children. *Glucksberg*, 521 U.S. at 720.

At bottom, the Tennessee statute is an attempt by "the State to inject itself into the private realm of the family to . . . question the ability of [a fit] parent to make the best decisions concerning the rearing of that parent's children." *Troxel*, 530 U.S. at 68-69. Indeed, in defense of its position, Tennessee lapses into rhetoric drawing upon the discredited notion "that a child is 'the mere creature of the State.'" *Parham*, 442 U.S. at 602 (citation omitted). In this Court, the State repeatedly argues that "Tennessee acted reasonably to protect *its* children." Respondents' BIO at 34 (emphasis added); *id.* at 38 (same). It should be uncontroversial that parents have primary authority over their children, not the State. The Tennessee statute violates that elementary truth and, with it, the Constitution.

C. The Tennessee law violates the Equal Protection Clause.

Although the right to parental autonomy has primarily been enforced through the Due Process Clause, pp. 5-6, *supra*, the State's infringement on parental rights also violates the Equal Protection Clause. *See M.L.B. v. S.L.J.*, 519 U.S. 102, 120 (1996) (explaining that "due process and equal protection principles converge" in certain contexts (brackets and citation omitted)); *Obergefell v. Hodges*, 576 U.S. 644, 673 (2015) (discussing "[t]he synergy between the two protections"). The Court should accordingly reverse based on the equal protection challenge presented by the United

States, while taking due account of the important fundamental right to family autonomy at issue here.

Tennessee defends its law as necessary "to protect its children," Respondents' BIO 34, 38, but the State is conspicuously selective in how it pursues that ostensible end. Rather than adopt generally applicable restrictions on certain medical treatments (puberty blockers and hormones) based on a genuine assessment of overall risk, Tennessee has chosen to prevent parents from seeking the relevant medical treatments *only* for certain minors: those seeking treatment "for the purpose" of "[e]nabling a minor to identify with, or live as, a purported identity inconsistent with the minor's sex" or "[t]reating purported discomfort or distress from a discordance between the minor's sex and asserted identity." Pet. App. 301a (quoting Tenn. Code Ann. § 68-33-103(a)(1)).

Thus, the statute interferes with the fundamental right of some parents (the parents of children with gender dysphoria) to direct the upbringing and medical care of their children, but not the right of other parents (*i.e.*, those with children seeking these treatments for a statutorily permissible reason).[7] And although Ten-

[7] While the statute formally prescribes certain conduct (*i.e.*, enabling gender-affirming care or treating gender dysmorphia), that is tantamount to a statutory classification based on status where (as here) the law is focused on conduct that is specific to a particular group. *See Christian Legal Soc. Chapter of the Univ. of Cal., Hastings Coll. of the Law v. Martinez*, 561 U.S. 661, 689 (2010) ("[This Court's] decisions have declined to distinguish between status and conduct in this context." (citing *Lawrence v. Texas*, 539 U. S. 558, 575 (2003)); *cf. Bray v. Alexandria Women's Health Clinic*, 506 U.S. 263, 270 (1993) ("A tax on wearing yarmulkes is a tax on Jews.").

nessee gestures to putative medical justifications for this differential treatment, the law is ultimately driven by the State's value judgment: the State's purported "compelling interest in encouraging minors to appreciate their sex" and disapproving medical treatments "that might encourage minors to become disdainful of their sex." Tenn. Code An.. §§ 68-33-101(m). But that value judgment is highly contested in our society. In our constitutional system of limited government, a state's desire to take a side in culture-war disputes does not provide a basis to usurp parental judgment and family autonomy on sensitive matters like ensuring appropriate medical treatment.

Under this Court's equal protection precedents, a statutory classification that "significantly interferes with the exercise of a fundamental right" is subject to strict scrutiny. *Zablocki*, 434 U.S. at 388; *see also M.L.B.*, 519 U.S. at 115-117 (same).

The Tennessee statute is also subject to "heightened scrutiny" because it facially draws a "gender-based classification[]"—*i.e.*, a distinction based on sex. *United States v. Virginia*, 518 U.S. 515, 555 (1996) (quoting *J.E.B. v. Alabama*, 511 U.S. 127, 136 (1994)). As this Court held in *Bostock v. Clayton County*, "it is impossible to discriminate against a person for being . . . transgender without discriminating against that individual based on sex," given that "transgender status [is] inextricably bound up with sex." 590 U.S. 644, 660-661 (2020). That commonsense principle applies here. *Accord* United States Br. 19-23.

Under the Tennessee statute's plain terms, a child whose "immutable characteristics of the reproductive system . . . define the individual as male" at birth can-

not obtain estrogen therapy for the purpose of "liv[ing] as" a girl or "[t]reating purported discomfort or distress from a discordance between the minor's sex and asserted identity" as a girl. Tenn. Code Ann. §§ 68-33-102(9), 68-33-103(a)(1). By contrast, a child defined as female at birth based on "immutable characteristics of the reproductive system" is free to take estrogen for the purpose of living as a girl or treating any gender-related discomfort. Therefore, the child's "sex plays an unmistakable and impermissible role" in the statutory ban. *Bostock*, 590 U.S. at 660. The Court should not retreat from *Bostock*'s plain-language understanding of sex discrimination.

As fully explained by the United States, the Tennessee law cannot withstand heightened, much less strict, scrutiny. *See* United States Br. 32-49.

D. The authority claimed by the State would provide a blueprint for States to override parents' decisions wholesale.

While the State may prefer to override certain choices parents make about the care of their children, the authority it claims would open Pandora's box. It takes little imagination to picture a different local government, state legislature, or even Congress enacting policies that run roughshod over the rights of parents in a way that would offend the preferences of Tennessee's current government. A few examples illustrate the point.

In July 2024, California enacted a law prohibiting local school districts from "mandating that teachers notify families about student gender identity changes," thus taking "away the ability of parents to stay informed about their kid's education and well-being."

Mackenzie Mays, *Newsom signs bill banning schools from notifying parents about student gender identity*, L.A. TIMES (July 15, 2024).[8] Indeed, over a thousand school districts across the country have adopted "policies that *require* school administrators and district personnel to keep a student's transgender status hidden from parents" in various circumstances. Sarah Parshall Perry, *School Policies Hiding Students' Gender Identities Face Different Legal Fates*, HERITAGE FOUNDATION (Sept. 28, 2023) (emphasis added) (noting that such policies have been adopted in "approximately 1,044 school districts (impacting more than 10 million students)").[9]

Similarly, a school district in Maryland enacted a policy authorizing schools to implement "gender support plans" that help students pursue a gender transition without the knowledge or consent of the students' parents. *John and Jane Parents 1 v. Montgomery Cnty. Bd. of Educ.*, 78 F.4th 622, 626 (4th Cir. 2023). The policy specifically provides that "the school may withhold information about a student's gender support plan 'when the family is nonsupportive.'" *Id.* at 627. A group of parents understandably argued that "the Parental Preclusion Policy violates their fundamental right to raise their children under the Fourteenth Amendment of the Constitution." *Id.* That fundamental right cannot extend only to parents who make parental decisions of which the government approves.

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[8] https://www.latimes.com/california/story/2024-07-15/newsom-bans-schools-from-requiring-that-parents-are-notified-about-student-gender-identity.

[9] https://www.heritage.org/gender/commentary/school-policies-hiding-students-gender-identities-face-different-legal-fates.

The examples above are not isolated. And the issue is not limited to school districts. Maine recently enacted legislation permitting minors to obtain hormones for the purpose of gender transitions without parental consent in some circumstances. *See* Robbie Feinberg, *Maine expands ability of older teens to receive gender-affirming care without parents' consent*, WBUR (July 13, 2023) ("Transgender 16- and 17-year-olds in Maine can now, in certain situations, receive gender-affirming hormone therapy without a parent's consent.").[10] And Washington changed its law to allow shelters housing a minor "seeking gender-affirming care" not to contact the parents. Ed Komenda, *Transgender minors protected from estranged parents under Washington law*, PBS (May 9, 2023).[11] If parental rights are cast aside in this case at the altar of state authority, what principled basis would be left to oppose such laws that also seek to remove parents from core decisions involving their children?

The principle of state control that Tennessee and other states espouse may extend even further, putting families at risk of outright losing their children. Consider Texas's policy of investigating parents for "child abuse" simply for choosing to provide gender transition care to their children.[12] As this litigation makes clear,

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[10] https://www.wbur.org/news/2023/07/13/teens-gender-affirming-care-parental-consent.

[11] https://www.pbs.org/newshour/politics/transgender-minors-protected-from-estranged-parents-under-washington-law.

[12] Bill Chappell, *Texas Supreme Court OKs state child abuse inquiries into the families of trans kids*, NPR (May 13, 2022), https://www.npr.org/2022/05/13/1098779201/texas-supreme-court-transgender-gender-affirming-child-abuse; *see also* Jim Vertuno, *Texas investigates hospital over care for transgender minors*, AS-

many people and medical professionals believe that it endangers children with gender dysphoria *not* to provide them with gender-affirming care. The district court found "that treatment for gender dysphoria lowers rates of depression, suicide, and additional mental health issues faced by transgender individuals," and that "denial of treatment for gender dysphoria results in significant harms to patients." Pet. App. 196a, 207a n.59.

Given the seriousness of the issue and the strength of many people's convictions, it is not hard to imagine jurisdictions on the other side of the culture war authorizing a prosecutor or child-protective services to investigate parents for neglect or even "child abuse" simply because the parents do not allow their child to undergo any gender-transition procedures. A bill recently introduced in the Illinois legislature "would classify a parent's refusal to provide their child with gender-transition care or abortion access as child abuse." Luke Gentile, *Illinois bill would classify parent's refusal to provide gender-transition or abortion care as child abuse*, WASH. EXAMINER (Feb. 12, 2024);[13] *see* Ill. H.B. 4876 (introduced Feb. 7, 2024) (defining "[a]bused child" to include the child of a parent who "denies the child access to necessary medical care, including . . . gender-affirming services").[14] Similarly,

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SOCIATED PRESS (May 5, 2023), https://apnews.com/article/texas-transgender-hospital-investigation-greg-abbott-dce466dcaa7be541c009a2fdc0b4a286.

[13] https://www.washingtonexaminer.com/news/2850957/illinois-bill-classify-parents-refusal-to-provide-gender-abortion-care-child-abuse/.

[14] https://www.ilga.gov/legislation/103/HB/10300HB4876.htm.

the Cincinnati Board of Education has reportedly advised public schools "to 'consider' reporting child abuse to child protective services if a student's parents are unsupportive of his or her gender identity."[15] And a recent article in *Pediatrics*, the official journal of the American Academy of Pediatrics, made the case for treating parental resistance to their child's gender transition as a form of child abuse. Emily Georges et al., *Prohibition of Gender-Affirming Care as a Form of Child Maltreatment: Reframing the Discussion*, 153(1) PEDIATRICS at 2-4 (2024) (arguing that "denying [gender-affirming] care results in significant harm to children and meets diagnostic criteria for medical neglect," and further qualifies as "emotional abuse").[16] Such ideas are increasingly mainstream, and it will surely not be long before they are adopted as official policies in certain jurisdictions.

Examples of potential government overreach stretch far beyond the context of transgender identity and medical care and could easily be multiplied. For instance, consider whether states or local jurisdictions might enact laws or policies that disregard parental choice and consent regarding "unhealthy" foods, "dangerous" sports or athletic activities, or even ear pierc-

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[15] Jessica Chasmar, *Cincinnati schools told to 'consider' reporting child abuse if parents unsupportive of child's gender identity*, FOX NEWS (May 18, 2023), https://www.foxnews.com/politics/cincinnati-schools-told-consider-reporting-child-abuse-parents-unsupportive-childs-gender-identity.

[16] https://doi.org/10.1542/peds.2023-064292. The authors of this article are pediatricians affiliated with Seattle Children's Hospital and the Child Abuse Research Education and Service Institute at the Rowan-Virtua School of Osteopathic Medicine.

ings for girls and circumcision for boys. No one wants a system in which parents' basic judgments in raising and caring for their children are overridden at every turn by politicians and bureaucrats who disagree with the parents' choices. But that is where the State's logic leads, putting a host of routine parental decisions up for grabs by the government.

Thankfully, the Constitution safeguards the rights of *all* parents against governmental policies that seek to control their children, regardless of whether the policy is popular with conservatives or liberals. This Court should enforce that constitutional protection and reject Tennessee's selective withdrawal of parental authority.

CONCLUSION

The judgment of the court of appeals should be reversed.

Respectfully submitted.

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Appendix

Kim Banta, Member of the Kentucky House of Representatives, 2019-Present.

Nancy G. Brinker, Ambassador to Hungary, 2001-2003, and Chief of Protocol for the United States, 2007-2008.

Claudine Cmarada Schneider, Member of the U.S. House of Representatives, 1981-1991.

Rick Colby, Republican lobbyist, advocate, and father of a transgender son.

Maria Comella, Campaign Manager, Christie for President, 2024; Deputy Chief of Staff to Governor Christie, 2009-2016; National Spokesperson, McCain for President, 2008.

Barbara Comstock, Member of the U.S. House of Representatives, 2015-2019.

Sarah Davis, Member of the Texas House of Representatives, 2011-2021.

Michael DuHaime, Former Political Director, Republican National Committee; Senior Campaign Staffer for President George W. Bush, Senator John McCain, Governor Chris Christie and Mayor Rudy Giuliani.

Robert Epplin, Legislative Director, U.S. Senator Susan Collins, 2008-2012, and U.S. Senator Gordon Smith, 1997-2008.

Jordan Willow Evans, Town Constable of Charlton, Mass., 2016-2020; Member of the Dudley-Charlton Regional School Committee, 2020-2022; and the Nation's first openly transgender elected Republican.

Chad Ingels, Member of the Iowa House of Representatives, 2021-Present.

Coddy Johnson, National Field Director, Bush-Cheney 2004, White House Office of Political Affairs, and Regional Director Bush-Cheney 2000.

Brian Jones, Senior Advisor, Romney for President, 2012, and Communications Director, McCain for President, 2008.

Fred Karger, Candidate for Republican Nomination for President, 2012.

Kirsten Kukowski, Republican National Committee National Press Secretary, 2012.

Alex Lundry, Director of Data Science, Romney for President, 2012.

Susan Molinari, Member of the U.S. House of Representatives, 1990-1997.

Connie Morella, U.S. Ambassador to the Organization for Economic Cooperation and Development, 2003-2007; Member of the U.S. House of Representatives, 1987-2003.

Michael Napolitano, White House Office of Political Affairs, 2001-2003.

Logan Phillips, Member of the Oklahoma House of Representatives, 2018-2022.

Sarah Pompei, Communications Director, House of Representatives Majority Whip's Office, 2011-2012; Deputy Communications Director, Romney for President, 2012.

Deborah Pryce, Member of the U.S. House of Representatives, 1993-2009.

Colin Reed, Former Executive Director of America Rising PAC, 2016; Scott Brown for Senate Campaign Manager, 2014; Christie for Governor, 2013; Romney for President, 2008; McCain for President, 2008.

Denver Riggleman, Member of the U.S. House of Representatives, 2019-2021.

Ileana Ros-Lehtinen, Member of the U.S. House of Representatives, 1989-2019.

Mark Salter, Senior Advisor and Chief of Staff, Sen. John McCain.

Chris Sander, Member of the Missouri House of Representatives, 2021-Present.

Christopher Shays, Member of the U.S. House of Representatives, 1987-2009.

Betsy Wright Hawkings, Congressional Chief of Staff, 1988-2008; 2010-2015.

Jennifer Williams, Chair of the Trenton Republican Committee, 2017-2023.

Dan Zwonitzer, Member of the Wyoming House of Representatives, 2005-Present.