No. 23-477

IN THE
Supreme Court of the United States

UNITED STATES OF AMERICA,
Petitioner,
v.

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

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

BRIEF OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION AND OTHER LEADING MENTAL HEALTH ORGANIZATIONS AS *AMICI CURIAE* IN SUPPORT OF PETITIONER

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INTEREST OF *AMICI CURIAE*[1]

Amicus curiae the American Psychological Association ("APA") submits this brief to provide the Court with context regarding the state of scientific knowledge about the efficacy and safety of gender-affirming care.[2] As the largest professional association of psychologists in the United States, the APA is deeply concerned about the mental health effects of banning gender-affirming medical interventions. The APA has a particular interest in this case given the emphasis on mental health issues in the parties' briefing and the decision below.

The APA is a scientific and educational organization dedicated to increasing and disseminating psychological knowledge. Its over 150,000 members include researchers, educators, clinicians, consultants, and students. The APA's mission is to promote the advancement, communication, and application of psychological science and knowledge to benefit society and improve lives. To that end, the APA has been, and continues to be a strong and consistent advocate for access to equal care and treatment for LGBTQ+ individuals. The APA has an interest in ensuring that robust scientific research is used to examine the mental

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[1] Pursuant to Rule 37.6, counsel for *amici curiae* state that no counsel for a party authored this brief in whole or in part, and no person or entity other than *amici* or their counsel has made a monetary contribution to the preparation or submission of this brief.

[2] The APA gratefully acknowledges the assistance of the following psychologists in the preparation of this brief: Roberto L. Abreu, Ph.D.; Stephanie Budge, Ph.D.; Francisco J. Sánchez, Ph.D.; and Elliot A. Tebbe, Ph.D.

health effects of denying access to gender-affirming medical care and to understand and refer to gender dysphoria. In February 2024, the APA published a policy statement affirming the APA's support for unobstructed access to healthcare and evidence-based inclusive, clinical care for transgender, gender diverse, and nonbinary individuals, and for increased public accessibility to timely and accurate information founded on clinical and psychological science. Moreover, the APA is committed to correcting misinformation and unfounded narratives that mischaracterize gender dysphoria and gender-affirming care.

The APA has filed nearly 250 *amicus* briefs in federal and state courts around the country. The APA has a rigorous approval process for filing *amicus* briefs, the touchstone being an assessment of whether there is sufficient scientific research, data, and literature on a question in a particular case such that the APA can usefully contribute to the Court's understanding and resolution of that question. Given the attention the decision below devoted to the mental health consequences associated with access to gender-affirming medical care, and the decision's mischaracterization of the available scientific literature on the topic, the APA has a particular interest in this case.

Founded in 1952, *amicus* the American Counseling Association ("ACA") is a not-for-profit organization dedicated to the growth and enhancement of the counseling profession. ACA provides education, community, and professional development opportunities for more than 58,000 members, including counselors in various practice settings and counselors in training. ACA engages in extensive advocacy for the profession

and for those whom it serves. ACA's Code of Ethics provides the foundation and direction for all that it does. The preamble of the ACA 2014 *Code of Ethics* describes the core professional values and the ethical principles that guide decision-making and practice for the counseling profession. These core professional values include: enhancing human development throughout the life span; honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts; promoting social justice; safeguarding the integrity of the counselor-client relationship; and practicing in a competent and ethical manner.

Amicus, the American Association for Marriage and Family Therapy ("AAMFT"), founded in 1942, is a national professional association representing the field of marriage and family therapy and the professional interests of over 81,000 marriage and family therapists in the United States. AAMFT stands as the organizational thought leader in and advocate of systemic and relational therapies. Endeavoring to meet the evolving needs of its members and advance the practice and profession of marriage and family therapy, AAMFT is dedicated to expanding access and reducing barriers to the service delivery of relationally centered mental health care and making the world a better place for the people and communities in which its members serve and work.

AAMFT recognizes the adverse effects of anti-transgender legislation on the livelihood of the transgender and gender-diverse community. AAMFT joins this brief for the reasons expressed in its

Transgender Resources for MFTs and in its 2004 *Statement on Nonpathologizing Sexual Orientation* and related statements on its website.

Amicus, the National Association of Social Workers ("NASW"), founded in 1955, is the largest association of professional social workers in the United States with 110,000 members in 55 chapters. Its Tennessee Chapter has over 1,700 members. NASW has worked to develop high standards of social work practice while unifying the social work profession. NASW promulgates professional policies, conducts research, publishes professional studies and books, provides continuing education, and enforces the *NASW Code of Ethics*. In alignment with its mission to ensure the efficacy and caliber of practicing social workers, NASW provides resources and develops policy statements on issues of importance to the social work profession. The NASW National Committee on Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning + Issues develops, reviews, and monitors NASW programs that significantly affect LGBTQ+ individuals.

Consistent with those policy statements, NASW, including its Tennessee Chapter, is committed to advancing policies and practices that improve the status and well-being of transgender, gender diverse, nonbinary people. NASW strongly advocates for the availability of culturally appropriate, comprehensive health and mental health services across one's life span.[3] NASW supports the open availability of comprehensive health, psychological, and social support services for

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[3] Nat'l Ass'n of Social Workers, Social Work Speaks, *Lesbian, Gay, and Bisexual Issues* 211, 215-16 (11th ed. 2018-2020).

transgender and gender diverse people and their families that are respectful and inclusive, provided by skilled, educated professionals who have been trained to work effectively with them.[4] Furthermore, NASW supports children's rights to be treated with respect as individuals; to receive culturally responsive services; and to express their opinions about their lives and have those opinions considered.[5]

Amicus, the Kentucky Psychological Association ("KPA") represents over 1,000 psychology practitioners, trainees and students in the Commonwealth of Kentucky. One of KPA's main strategic pillars is advocacy for psychology and psychologists. During the 2023 Kentucky General Assembly, KPA consistently advocated against legislation targeting transgender individuals. KPA testified at multiple committee hearings about the psychological science on gender-affirming care.

SUMMARY OF ARGUMENT

This case concerns Tennessee's ban on gender-affirming medical treatment for minors. The decision below asserts that the ban is justified by the State's interest in protecting adolescents. *Amici* write to underscore that medical interventions for gender dysphoria, like those at issue in Tennessee's Senate Bill 1 ("S.B. 1"), are overwhelmingly accepted by the medical community.

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[4] Nat'l Ass'n of Social Workers, Social Work Speaks, *Transgender and Gender Nonconforming People* 323, 328 (11th ed. 2018-2020).

[5] Nat'l Ass'n of Social Workers, Social Work Speaks, *Child Abuse and Neglect* 35, 38-39 (11th ed. 2018-2020).

Diversity in gender identity and gender expression is a part of the human experience.[6] Throughout history, there have always been children and adolescents who we now recognize as transgender, gender diverse, and nonbinary.[7] The health care community's understanding of what it means to be transgender has advanced greatly over the past century. It is now understood and widely accepted within the medical and mental health communities that an incongruence between one's sex and gender in and of itself implies no impairment in a person's judgment, mental health, or general social or vocational capabilities.[8]

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[6] *See, e.g.*, Johanna Schmidt, *Paradise Lost? Social Change and Fa'afafine in Samoa*, 51 Current Socio. 417 (2003); Serena Nanda, *Gender Diversity: Crosscultural Variations* (2014).

[7] This brief recognizes that there are many diverse gender experiences but will henceforth use the umbrella term "transgender youth" to describe these varied groups.

[8] Am. Psych. Ass'n, *Report of the American Psychological Ass'n Task Force on Appropriate Therapeutic Responses to Sexual Orientation* (2009), http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf; Am. Psych. Ass'n, *Guidelines for Psychological Practice with Transgender and Gender Nonconforming People*, 70 Am. Psych. 832 (2015); Substance Abuse & Mental Health Servs. Admin., *Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth*, HHS Publ'n No. (SMA) 15-4928 (Oct. 2015); Am. Psych. Ass'n, *APA Resolution on Gender Identity Change Efforts* (2021), https://www.apa.org/about/policy/resolution-gender-identity-change-efforts.pdf. The APA's Resolution recognizes the distinction between transgender identity, on the one hand, and the diagnosis of gender dysphoria, on the other. Unlike transgender identity, gender dysphoria is associated with "clinically significant distress or impairment in social, occupational, or other important areas of functioning." Am.

Gender dysphoria, the distress that arises related to this incongruence, is, however, recognized as a medical condition by major U.S. medical associations and the World Health Organization.[9] Not all transgender people experience gender dysphoria.[10] It is a highly individualized experience.[11] Gender dysphoria manifests differently depending on age.[12] For children, gender dysphoria may look like significant distress or impairment due to marked gender incongruence, and a strong desire to be (or knowledge that one is) a gender different from their sex assigned at birth.[13] In adolescents and adults, manifestations of gender dysphoria may include the strong desire to be treated and seen as the gender with which they identify, and the strong desire for the primary and/or secondary sex characteristics of that gender, as well as a desire to be

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Psychiatric Ass'n, *Diagnostic and Statistical Manual of Mental Disorders: DSM-5 – TR*, at 512–13 (2022).

[9] *DSM-5 – TR*, *supra* note 8, at 512–13.

[10] *See* Claire A. Coyne et al., *Gender Dysphoria: Optimizing Healthcare for Transgender and Gender Diverse Youth with a Multidisciplinary Approach*, 19 Neuropsych. Disease & Treatment 479 (2023), https://ncbi.nlm.nih.gov/pmc/articles/PMC9985385/; World Health Organization, *Gender Incongruence and Transgender Health in the ICD*, https://www.who.int/standards/classifications/frequently-asked-questions/gender-incongruence-and-transgender-health-in-the-icd (last visited Aug. 30, 2024).

[11] *Id.* at 483.

[12] Gender Dysphoria, *APA Dictionary of Psychology* (updated Nov. 15, 2023), https://dictionary.apa.org/gender-dysphoria.

[13] *Id.*

rid of the primary and secondary sex characteristics of the gender assigned at birth.[14]

The medical consensus regarding accepted treatment protocols for gender dysphoria aims to alleviate the distress associated with the incongruence between gender identity and birth-assigned sex.[15] The major medical and mental health organizations in the United States follow guidelines that allow for medical interventions for adolescents when deemed medically appropriate by a licensed medical professional, and only after careful examination by a licensed mental health professional.[16] The guidelines were developed by the World Professional Association for Transgender Health ("WPATH"), the leading association of medical professionals treating transgender individuals, and the Endocrine Society, a global community of more than 18,000 medical specialists around the world. Given their scientific expertise on the subject, these organizations are considered the standard-bearers in transgender medical health.

Amici write to make this Court aware of the crucial role that mental health professionals play in safeguarding the careful administration of gender-affirming medical interventions for transgender youth

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[14] *Id.*

[15] Am. Med. Ass'n, Comm. on Human Sexuality, *Human Sexuality* 38 (1972).

[16] *See* GLAAD, *Medical Association Statements in Support of Health Care for Transgender People and Youth* (June 26, 2024), https://glaad.org/medical-association-statements-supporting-trans-youth-healthcare-and-against-discriminatory/.

under the WPATH's and Endocrine Society's treatment protocols.

First, *amici* explain that gender-affirming care is the accepted protocol for treating gender dysphoria. *Amici* explain the widely used standards of care and the importance of medical interventions for transgender mental health, as well as the role of mental health professionals in evaluating the appropriateness of medical interventions.

Second, *amici* explain that gender-affirming medical care is effective, evidence-based, and safe. Studies show that gender-affirming medical care has substantial positive effects for transgender youth, including reducing psychological distress as well as improving quality of life. In fact, multiple peer-reviewed studies have shown that an overwhelming number of adolescents with gender dysphoria who receive medications for pubertal suppression and/or hormone therapy are at less risk for anxiety, depression, low self-esteem, or self-harm.

Third, *amici* write to emphasize the long-term negative mental health consequences that banning gender-affirming medical treatments would have on transgender youth in Tennessee. Without the appropriate support and treatment for gender dysphoria, transgender youth as a whole face increased rates of negative mental health outcomes, substance use, and suicide.

Fourth, *amici* write to stress that Tennessee's effort to ban gender-affirming medical care jeopardizes the role of mental health (and medical) providers in assessing what evidence-based treatments are

appropriate for their patients. Psychologists and other mental health practitioners are guided by ethical principles, including the principles of justice, do no harm, beneficence, and dignity for people's rights. Competent and ethical care requires providers to be able to access the full panoply of treatment protocols accepted under the WPATH guidelines. As some of the largest leading organizations of mental health professionals in the country, *amici* write to ensure the Court understands the serious impact that legislation banning gender-affirming medical care for minors would have on the medical community, and in particular on mental health professionals who seek to provide the best standards of care to their patients.

Finally, *amici* respond to the decision below, which relied on misleading and unfounded narratives that create a distorted perception of the psychological and medical support necessary for transgender youth.

ARGUMENT

I. Gender-Affirming Care Is the Accepted Treatment Protocol for Treating Children and Adolescents with Gender Dysphoria.

Major medical and mental health organizations in the United States, including *amici*, recognize the WPATH Standards of Care and the Endocrine Society Guidelines as the appropriate treatments for individuals diagnosed with gender dysphoria.[17] The WPATH Standards

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[17] *See, e.g.*, Jason Rafferty, Am. Acad. of Pediatrics, *Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents*, 142 Pediatrics at 2 (reaffirmed

explain that the recommended treatment is to provide gender-affirming care, which is highly individualized and includes a range of accepted treatment options.[18] The guidelines are highly tailored: recommendations are different for children, adolescents, and adults.[19] The WPATH Standards reflect the consensus in expert opinion among professionals in this field based on their collective clinical experience as well as a large body of research.[20]

2023), https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for.

[18] E. Coleman et al., World Professional Association for Transgender Health ("WPATH"), *Standards of Care for the Health of Transgender and Gender Diverse People, Version 8*, 23 Int'l J. Transgender Health S1, S7 (Sept. 2022), https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644 [hereinafter WPATH *Standards of Care*]; William Byne et al., *Assessment and Treatment of Gender Dysphoria and Gender Variant Patients: A Primer for Psychiatrists*, 175 Am. J. Psychiatry 1046 (2018).

[19] Am. Psych. Ass'n, *Report of the APA Task Force on Gender Identity and Gender Variance*, 35 (2009), https://www.apa.org/pi/lgbt/resources/policy/gender-identity-report.pdf.

[20] *Id.* at 32. The WPATH Standards of Care are developed by a multidisciplinary team of clinicians, researchers and stakeholders using a clearly defined process. The Standards of Care are developed using an evidence-based approach. Adopted recommendations require 75% approval of members and were "informed by a systematic review of evidence and an assessment of the benefits and possible harms of alternative care options." WPATH, *World Professional Association for Transgender Health Standards of Care for Transgender and Gender Diverse People, Version 8 Frequently Asked Questions (FAQs)*, https://www.wpath.org/media/cms/Documents/SOC%20v8/SOC 8 %20FAQs%20 %20WEBSITE2.pdf#:~:text=This%20version%20of

The WPATH Standards explain that, often, a combination of approaches is needed to provide comprehensive, gender-affirming care. The Standards emphasize that "there is no 'one-size-fits-all' approach" to gender-affirming healthcare, but rather, that a patient-centered care model should be used to support gender-affirming interventions.[21] These interventions can include changes to name and gender presentation, hormone therapy, surgery, and mental health support, among others.[22] The Standards further make clear that the availability of treatments depends on the age of the patient, and that no medication for pubertal suppression or surgical interventions are considered appropriate before a person reaches puberty.[23] Puberty is defined scientifically by the Tanner staging method, which is "an objective classification system that providers use to document and track the development and sequence of secondary sex characteristics of children during puberty."[24] The Tanner stages range from Tanner Stage

%20the%20Standards%20of%20Care%20uses,benefits%20and%20possible%20harms%20of%20alternative%20care%20options.

[21] WPATH *Standards of Care*, *supra* note 18, at S7; *see also id.* at S60 ("The range of youth experiences of gender incongruence necessitates professionals provide a range of treatments or interventions based on the individual's needs.").

[22] *Id.* at S60.

[23] *Id.* at S48 ("The adolescent has reached Tanner stage 2 of puberty for pubertal suppression to be initiated."); *see id.* at S48-S60 (explaining that "decisions to move forward with medical and surgical treatments should be made carefully," and listing requirements).

[24] Mickey Emmanuel & Brooke R. Bokor, *Tanner Stages*, StatPearls (last updated Dec. 11, 2022), https://www.ncbi.nlm.nih.gov/books/

1 (pre-pubertal) to Tanner Stage 5 (final adult form).[25] Providers use Tanner staging to determine when medication for pubertal suppression and/or other medical interventions may be appropriate.[26]

Mental health professionals play a critical role in ensuring that gender-affirming medical care is both individualized and carefully administered. As approaches to pediatric transgender healthcare have shifted toward a gender-affirming model, the role of mental health professionals has grown more important in helping to support transgender children and adults.[27]

NBK470280/; *see also* Jonathan T. Avila, *Normal Adolescent Growth and Development*, *in Encyclopedia of Child and Adolescent Health: Biological Development and Physical Health* 735 (Bonnie Halpern-Felsher ed. et al., 2023).

[25] Emmanuel & Bokor, *supra* note 24.

[26] *See* WPATH *Standards of Care*, *supra* note 18 at S48; Coyne et al., *supra* note 10, at 484.

[27] *See* WPATH *Standards of Care*, *supra* note 18 at S48 ("If possible, [transgender] adolescents should have access to experts in pediatric transgender health from multiple disciplines including primary care, endocrinology, fertility, mental health, voice, social work, spiritual support, and surgery."); Wylie C. Hembree et al., *Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society* Clinical Practice Guideline*, 102 J. Clinical Endocrin. & Metabolism 3869, 3870 (2017) (recommending that "an expert multi-disciplinary team comprised of medical professionals and mental health professionals" manage treatment for transgender adolescents") [hereinafter Endocrine Society Guidelines]; Lore M. Dickey et al., Univ. of Cal. S.F., Transgender Care, *Mental Health Considerations with Transgender and Gender Nonconforming Clients*, https://transcare.ucsf.edu/guidelines/mental-health (noting that "[e]very intake for [gender-affirming]

Mental health professionals diagnose and treat gender dysphoria, support gender exploration, and affirm gender identity.[28] Importantly, they work with transgender youth and their families to understand, refer, and support them in seeking medical interventions if appropriate.[29]

The WPATH Standards and the Endocrine Society Guidelines recommend the involvement of mental health practitioners in many of the steps required before a transgender adolescent can access gender-affirming medical care.[30] According to both Standards, transgender adolescents should not access gender-affirming medical care without certain mental health assessments and support.[31] Mental health professionals

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care should include a mental health history and an assessment for active mental health concerns").

[28] *See, e.g.*, *Report of the APA Task Force on Gender Identity and Gender Variance*, *supra* note 19 (creating guidelines for psychologists and other mental health professionals to provide culturally competent psychological support for transgender adults and youth); Endocrine Society Guidelines, *supra* note 27 at 3870 ("We advise that decisions regarding the social transition of prepubertal youths with [gender dysphoria]/gender incongruence are made with the assistance of [a mental health practitioner] or another experienced professional.").

[29] *See, e.g.*, Endocrine Society Guidelines, *supra* note 27 at 3870 (explaining that physicians treating gender dysphoria must "confirm the criteria for treatment used by the referring mental health practitioner and collaborate with them in decisions" about gender-affirming medical care).

[30] WPATH *Standards of Care*, *supra* note 18 at S48; Endocrine Society Guidelines, *supra* note 27 at 3870.

[31] Endocrine Society Guidelines, *supra* note 27 at 3870–71 (explaining the role of mental health professionals and other

aid in these assessments by, for example, assessing whether an adolescent: (1) meets the diagnostic criteria of gender incongruence; (2) has the emotional and cognitive maturity required to provide informed consent/assent for the treatment; (3) has any mental health concerns that may interfere with diagnostic clarity, capacity to consent, and gender-affirming medical treatments, and if these concerns have been addressed.[32] Both the WPATH Standards of Care and the Endocrine Society Guidelines require that all of these steps, among others, be met before an adolescent is able to access gender-affirming medical care. Some transgender youth may undergo all available medical interventions, while others may opt for a few, and still others may opt for none.[33] Ultimately, the goal of gender-affirming care is to holistically address the social, mental, and medical health needs of transgender people while affirming their gender identity.[34]

II. Gender-Affirming Medical Care Is Effective, Evidence-Based, and Safe.

Leading medical and mental health professions support gender-affirming care, recognizing that gender identities are diverse and that rigid notions of sex and

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clinicians in evaluating transgender youth before providing gender-affirming medical care); WPATH *Standards of Care*, *supra* note 18 at S48 (same).

[32] WPATH *Standards of Care*, *supra* note 18 at S48.

[33] *APA Resolution on Gender Identity Change Efforts*, *supra* note 8, at 1; WPATH *Standards of Care*, *supra* note 18, at S81.

[34] *APA Resolution on Gender Identity Change Efforts*, *supra* note 8, at 1.

gender are barriers to good healthcare for all patients.[35] For example, the American Medical Association, the American Academy of Pediatrics, and the American Psychiatric Association—all major medical associations—recognize that gender-affirming care is a critical component for ensuring that transgender youth lead healthy lives.[36] Together, this means that hundreds of thousands of doctors, researchers, and mental health professionals support gender-affirming care.

That is because gender-affirming care, including the medications prescribed for pubertal suppression and hormone therapy at issue in Tennessee's S.B. 1, is effective, evidence-based, and safe.

First, gender-affirming care is effective: it leads to a decrease in suicidality, depression, and anxiety, as well as an increase in overall psychological functioning and mental well-being. There is substantial research that supports the efficacy of gender-affirming care in improving positive mental health outcomes for transgender youth who are able to access that care.[37]

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[35] *See* Am. Psych. Ass'n, *APA Policy Statement on Affirming Evidence-Based Inclusive Care for Transgender, Gender Diverse, and Nonbinary Individuals, Addressing Misinformation, and the Role of Psychological Practice and Science* (Feb. 2024), https://www.apa.org/about/policy/transgender-nonbinary-inclusive-care.pdf; *Guidelines for Psychological Practice with Transgender and Gender Nonconforming People*, *supra* note 8.

[36] *See* GLAAD, *supra* note 16.

[37] Julia C. Sorbara et al., *Mental Health and Timing of Gender-Affirming Care*, 146 Pediatrics e20193600 (Oct. 2020); Jack L. Turban et al., *Pubertal Suppression for Transgender Youth and Risk of Suicide*, 145 Pediatrics e20191725 (2020) (using a cross-sectional survey of more than 20,000 transgender adults to examine

Access to gender-affirming care, including medical interventions for pubertal suppression and/or hormone therapy, has a positive relationship with the mental health of transgender adolescents and lowers the risks of depression and suicide.[38] These medical interventions

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self-reported history of pubertal suppression during adolescence, finding a "significant inverse association between treatment with pubertal suppression during adolescence and lifetime suicidal ideation among transgender adults who ever wanted this treatment"); Diana M. Tordoff et al., *Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care*, 5 JAMA Network Open e220978 (2022) (performing study on over 100 transgender youth and finding that access to gender-affirming care was associated with mitigation of mental health disparities among transgender youth over one year); Lynn Rew et al., *Review: Puberty Blockers for Transgender and Gender Diverse Youth—A Critical Review of the Literature*, 26 Child & Adolescent Mental Health 3, 12 (2021) (conducting a systematic review of literature about the use of puberty-blocking hormones among transgender youth and finding that the "research supports the use of puberty suppression in early adolescents who are carefully screened for gender dysphoria and who have reached an early stage of pubertal development").

[38] *See, e.g.*, Luke R. Allen et al., *Well-Being and Suicidality Among Transgender Youth After Gender-Affirming Hormones*, 7 Clinical Prac. Pediatric Psych. 302 (Sept. 2019) (performing a longitudinal evaluation of the effectiveness of gender-affirming hormones for forty-seven youth and finding a "significant increase in levels of general well-being and a significant decrease in levels of suicidality" after gender-affirming hormones); Diane Chen et al., *Psychosocial Functioning in Transgender Youth after 2 Years or Hormones*, 388 New Eng. J. Med. 240 (2023) (finding that after two-year study involving over 300 transgender youth, administration of gender-affirming hormones appearance congruence, and life satisfaction increased, and depression and anxiety symptoms decreased); Annelou L.C. de Vries et al., *Puberty Suppression in Adolescents with Gender Identity Disorder: A Prospective Follow-Up Study*, 8

are available only to youth who have reached puberty, and the decision of whether to begin a course of treatment that includes medical intervention is made carefully, by medical and mental health providers, parents, and with input as appropriate from transgender adolescents themselves.[39]

One 2020 survey of over 11,000 transgender adolescents found that use of gender-affirming hormone therapy was associated with lower risk of depression and suicide for those who received therapy as compared to adolescents who wanted therapy but did not receive it.[40] Another survey, analyzing the results of six

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J. Sex. Med. 2276 (2011) (finding that behavioral and emotional problems and depressive symptoms decreased, while general functioning improved significantly during puberty suppression).

[39] Tennessee's law also infringes on parents' rights to make medical decisions for their children. *See, e.g.*, Kacie M. Kidd et al., "*This Could Mean Death for My Child": Parent Perspectives on Laws Banning Gender-Affirming Care for Transgender Adolescents*, 68 J. Adolescent Health 1082 (2021) (summarizing a study of parents and caregivers of transgender youth who felt they "were the only ones who should have the right to make important decisions about medical interventions for their child"); Alexa Martin-Storey et al., *Barriers to Health Care and Mental Health Among Parents of Transgender and Gender Diverse Youth*, Transgender Health (July 2024) (conducting study showing that limiting access to gender-affirming health care for transgender youth is associated with "higher parent anxiety and depressive symptoms" for parents of transgender youth); Roberto L. Abreu et al., "*I Am Afraid for Those Kids Who Might Find Death Preferable": Parental Figures' Reactions and Coping Strategies to Bans on Gender Affirming Care for Transgender and Gender Diverse Youth*, 9 Psych. Sex. Orientation & Gender Diversity 500 (2020).

[40] Amy E. Green et al., *Association of Gender-Affirming Hormone Therapy With Depression, Thoughts of Suicide, and Attempted*

longitudinal cohort studies examining the impact of access to gender-affirming hormones during adolescence on the mental health outcomes among transgender adults, found improvement in mental health, decreases in internalizing psychopathology, improved general well-being, and decreased suicidality.[41] This study compared a group of adults who, as adolescents, received access to gender-affirming hormones with a group of adults who did not receive hormone treatment during adolescence, and concluded that access to gender-affirming hormone healthcare was associated with more favorable mental health outcomes reported in adulthood.[42]

Access to gender-affirming medical interventions improves mental health outcomes for transgender adolescents, which is especially critical because the rates of suicidal ideation and depression among the transgender population are much higher than the general population.[43] In fact, transgender adolescents

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Suicide Among Transgender and Nonbinary Youth, 70 J. Adolescent Health 643 (2022).

[41] Jack L. Turban et al., *Access to Gender-Affirming Hormones During Adolescence and Mental Health Outcomes Among Transgender Adults*, 17 PLoS ONE e0261039 (2022).

[42] *Id.*

[43] Christal Achille et al., *Longitudinal Impact of Gender-Affirming Endocrine Intervention on the Mental Health and Well-Being of Transgender Youths: Preliminary Results*, Int'l J. Pediatric Endocrinology (2020); Terryann C. Clark et al., *The Health and Well-Being of Transgender High School Students: Results from the New Zealand Adolescent Health Survey*, 55 J. Adolescent Health 93 (2014).

who have access to gender-affirming medical care experience improvements in mental health and often show mental health outcomes comparable to their cisgender peers.[44] Moreover, for those adolescents who—with parental consent—are able to access gender-affirming surgeries, such interventions are associated with a reduction in anxiety, depression, and suicide attempts, as well as an increase in life satisfaction.[45]

Second, gender-affirming care is a well-established, evidenced-based model of care for transgender youth.[46] Evidence-based practice in psychology is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences.[47] Gender-affirming care is evidence-based

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[44] Russell B. Toomey et al., *Gender-Affirming Policies Support Transgender and Gender Diverse Youth's Health*, Soc'y for Rsch. in Child Dev. (Jan. 2022).

[45] Sorbara et al., *supra* note 37; Anthony N. Almazan & Alex S. Keuroghlian, *Association Between Gender-Affirming Surgeries and Mental Health Outcomes*, 156 JAMA Surgery 611 (2021); Simone Mahfouda et al., *Gender-Affirming Hormones and Surgery in Transgender Children and Adolescents*, 7 Lancet Diabetes Endocrin. 484 (2019); Jaime Swan et al., *Mental Health and Quality of Life Outcomes of Gender-Affirming Surgery: A Systematic Literature Review*, 27 J. Gay & Lesbian Mental Health 2 (2022).

[46] Laura L. Kimberly et al., *Ethical Issues in Gender-Affirming Care for Youth*, 142 Pediatrics e20181537 (2018); Debra A. Hope & Jae A. Puckett, *Bans on Evidence-Based Care for Transgender and Gender Diverse People Present Risks for Clients and Dilemmas for Mental Health Providers*, 31 Cognitive & Behav. Prac. 15 (2023).

[47] Am. Psych. Ass'n, *Policy Statement on Evidence-Based Practice in Psychology*, https://www.apa.org/practice/guidelines/evidence-based-statement (last updated Apr. 2021).

because it is rooted in a sizeable body of evidence drawn from a variety of research designs and methodologies that attests to its effectiveness. Many scientifically rigorous studies have demonstrated improvements in mental health for transgender youth who received gender-affirming care.[48] As to gender-affirming hormones in particular, there have been at least six longitudinal cohort studies examining the impact of gender-affirming hormones on the mental health of transgender adolescents.[49] All six of these longitudinal studies showed improvement in mental health, including "decreases in internalizing psychopathology, improved general wellbeing, and decreased suicidality."[50]

Respondents question a lack of longer-term, larger studies on the impacts of gender-affirming medical treatment. However, the availability of such studies is not realistic or appropriate for several reasons and the

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[48] *See, e.g.*, Anna IR van der Miesen et al., *Psychological Functioning in Transgender Adolescents Before and After Gender-Affirmative Care Compared with Cisgender General Population Peers*, 66 J. Adolescent Health 699 (2020); *cf.* Anna IR van der Miesen et al., *"You Have to Wait a Little Longer": Transgender (Mental) Health at Risk as a Consequence of Deferring Gender-Affirming Treatments During COVID-19*, 49 Arch. Sex. Behav. 1395 (2020) (demonstrating negative mental effects of deferral of most gender-affirming (medical) treatments); Greta R. Bauer et al., *Intervenable Factors Associated with Suicide Risk in Transgender Persons: A Respondent Driven Sampling Study in Ontario, Canada*, 15 BMC Pub. Health 525 (2015); Allen et al., *supra* note 38; Turban et al., *supra* note 37; Chen et al., *supra* note 38; Tordoff et al., *supra* note 37, Rew et al., *supra* note 37.

[49] Turban et al., *supra* note 37.

[50] *Id.*

lack of availability of these studies does not call the safety of gender-affirming medical treatment into question. For example, randomized-controlled trials ("RCTs") can pose ethical issues for transgender youth, and the results of such studies may be of limited utility due to their lack of generalizability.[51] Moreover, as a group of highly experienced researchers and pediatric clinicians with experience in transgender healthcare has pointed out, many pediatric medical treatments are based on necessarily limited research due to time constraints and the urgency of certain treatments.[52]

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[51] RCTs require randomizing participants between at least two groups, one of which receives the proposed intervention and one of which does not (also known as "masking"). Florence Ashley et al., *Randomized-Controlled Trials are Methodologically Inappropriate in Adolescent Transgender Healthcare*, 25 Int'l J. Transgender Health 407 (2024) (describing the limitations of randomized-controlled trials in adolescent transgender healthcare because of ethical concerns, problems of generalizability, and the inability to mask treatment due to the physiological effects of gender-affirming interventions). Moreover, masking in an RCT examining the effects of medication prescribed for pubertal suppression would be impossible—a youth who received such medication would quickly notice "physiologically evident effects." de Vries et al., *supra* note 38, at 2282. RCTs could be beneficial in other ways, such as by comparing different *types* of hormone therapies (estrogen versus progesterone, for example) or different types of administrations (topical versus injection). But, the utility of RCTs demanded by opponents of gender-affirming care is limited in this context.

[52] Meredithe McNamara et al., *An Evidence-Based Critique of "The Cass Review" on Gender-affirming Care for Adolescent Gender Dysphoria*, 14–15 (Yale Law Sch. 2024) (responding to the "Cass Review," the UK National Health Service's 2024 Report on gender-affirming care for youth). Though the Cass Review has been cited by opponents of gender-affirming care as supporting their position,

In the absence of larger, randomized-controlled trials, medical providers may appropriately rely on complementary and well-designed observational studies, of which there are many, as cited herein, that support the safety and effectiveness of gender-affirming care in improving the mental health and quality of life for transgender youth. Recommending gender-affirming medical care requires providers to weigh the risks and benefits for each patient, and obtain informed consent, as with any other medical treatment. Gender-affirming care is informed by sound evidence and the international guidelines created by WPATH[53] and the Endocrine Society.[54]

Third, gender-affirming medical care is safe. Multiple studies demonstrate the safety of gender-

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McNamara, et al. have made clear that the Cass Review is "*not an endorsement of a ban on medical care for transgender youth*," *see id.* at 4, because it "favorably describes the provision of individualized, evidence-informed clinical care, including robust assessments of the various medical and non-medical domains of support that an adolescent may require," *id.* at 5. The Cass Review was undertaken by Dr. Hillary Cass, who had "negligible prior knowledge or clinical experience of trans and gender diverse youth or . . . transgender medicine and surgery." *See WPATH and USPATH Comment on the Cass Review* (May 17, 2024), https://www.wpath.org/media/cms/Documents/Public%20Policies/2024/17.05.24%20Response%20Cass%20Review%20FINAL%20with%20ed%20note.pdf?_t=1716075965.

[53] WPATH *Standards of Care*, *supra* note 18.

[54] Endocrine Society Guidelines, *supra* note 27; Press Release, Endocrine Soc'y, *Endocrine Society Statement in Support of Gender-Affirming Care* (May 8, 2024), https://www.endocrine.org/news-and-advocacy/news-room/2024/statement-in-support-of-gender-affirming-care.

affirming medical care for transgender youth.[55] The medical interventions available to transgender adolescents are supported by research demonstrating their safety and buttressed by careful standards that require informed consent for patients seeking treatment, including informed parental consent for patients under 18. Gender-affirming treatments such as medication for pubertal suppression and gender-affirming hormones have a well-established history of use among cisgender youth with certain medical conditions (for example, in underproduction of hormones or precocious puberty).[56] And, pubertal suppression is reversible insofar as youth who terminate their course of treatment will resume endogenous puberty.[57] Medications for pubertal suppression merely

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[55] Karine Khatchadourian et al., *Clinical Management of Youth with Gender Dysphoria in Vancouver*, 164 J. Pediatrics 906 (2014); Eric S. Mullins et al., *Thrombosis Risk in Transgender Adolescents Receiving Gender-Affirming Hormone Therapy*, 147 Pediatrics e2020023549 (2021) (finding that gender-affirming hormone therapy "does not carry a significant risk of thrombosis in the short-term, even with the presence of preexisting thrombosis risk factors"); Johanna Olson-Kennedy, *Mental Health Disparities Among Transgender Youth: Rethinking the Role of Professionals*, 170 JAMA Pediatrics 423 (2016); Johanna Olson-Kennedy et al., *Physiologic Response to Gender-Affirming Hormones Among Transgender Youth*, 62 J. Adolescent Health 397 (2018).

[56] Rosalia Costa et al., *Psychological Support, Puberty Suppression, and Psychosocial Functioning in Adolescents with Gender Dysphoria*, 12 J. Sex. Med. 2206 (2015); Annelou L.C. de Vries et al., *Young Adult Psychological Outcome After Puberty Suppression and Gender Reassignment*, 134 Pediatrics 1 (2014); Endocrine Society Guidelines, *supra* note 27.

[57] Endocrine Society Guidelines, *supra* note 27.

provide more time for youth to "mature and consider, along with their parents and treatment team," whether additional medical interventions are appropriate.[58] Adolescents who have progressed further in puberty may receive gender-affirming hormones, the effects of which are partially reversible.[59] And, most surgical interventions are offered to adults only, save for chest masculinization surgery, which is only available to transgender adolescents experiencing "significant and impairing chest dysphoria," and only with the support and consent of their parents.[60]

The WPATH Standards require that youth seeking gender-affirming medical and surgical treatments demonstrate the emotional and cognitive maturity required to participate in the consent process, and that any mental health concerns that may interfere with diagnostic clarity, capacity to consent, and gender-affirming medical treatments have been addressed before beginning treatment.[61] Similarly, medical providers must inform transgender adolescents of the potential side effects and repercussions of certain interventions, such as the potential loss of fertility and the available options to preserve fertility, all of which must be discussed in the context of the adolescent's

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[58] Coyne et al., *supra* note 10, at 483.

[59] *Id.* at 484.

[60] *Id.*; Johanna Olson-Kennedy et al., *Chest Reconstruction and Chest Dysphoria in Transmasculine Minors and Young Adults*, 172 JAMA Pediatrics 431 (2018).

[61] WPATH *Standards of Care*, *supra* note 18, at S48; *Guidelines for Psychological Practice with Transgender and Gender Nonconforming People*, *supra* note 8, at 845–46.

stage of pubertal development.[62] Of course, all medications may have side effects,[63] but the scientific evidence does not justify a categorical ban on medical interventions for transgender youth, particularly when the same interventions are used safely for a population of youth who are not transgender.

III. Banning Gender-Affirming Medical Care Would Irreparably Harm the Mental Health and Emotional Well-Being of Transgender Youth.

Tennessee's S.B. 1 denies adolescents with gender dysphoria access to evidence-based medical interventions that a licensed medical professional has deemed medically necessary to treat gender dysphoria. That lack of access to medically necessary interventions grounded in science and endorsed by the medical and mental health communities, coupled with the increasingly hostile anti-transgender rhetoric that fuels these restrictions, will significantly affect the mental health of transgender youth living and seeking access to care in Tennessee.[64]

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[62] WPATH *Standards of Care*, *supra* note 18, at S48; Endocrine Society Guidelines, *supra* note 27, at 3871.

[63] *See, e.g.*, George Ostapowicz et al., *Results of a Prospective Study of Acute Liver Failure at 17 Tertiary Care Centers in the United States*, 137 Annals Internal Med. 947 (2002) (concluding that acetaminophen overdose is the most frequent cause of acute liver failure).

[64] Mark Hatzenbuehler et al., *Proposition 8 and Homophobic Bullying in California*, 143 Pediatrics e20182116 (2019); Roberto L. Abreu et al., *Impact of Gender-Affirming Care Bans on Transgender and Gender Diverse Youth: Parental Figures' Perspective*, 36 J. Fam. Psych. 643 (2022).

Anti-transgender policies like Tennessee's law can exacerbate the risk of "anxiety and depression, low self-esteem, engaging in self-injurious behaviors, suicide, substance use, homelessness, and eating disorders among other adverse outcomes" that many transgender individuals face.[65] One study concluded that "living in states with discriminatory policies . . . was associated with a statistically significant increase in the number of psychiatric disorder diagnoses."[66] The APA has studied the burden that stigma and discriminatory legislation have on transgender youth, and concluded that "the notable burden of stigma and discrimination affects minority persons' health and well-being and generates health disparities."[67]

Exclusionary policies have a particularly negative effect on the social and emotional development of children and adolescents. Such policies can produce and compound the stigma and discrimination that

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[65] Am. Psych. Ass'n & Nat'l Ass'n of Sch. Psychs., *Resolution on Gender and Sexual Orientation Diversity in Children and Adolescents in Schools* (2015), https://www.apa.org/about/policy/orientation-diversity [hereinafter APA/NASP Resolution].

[66] Judith Bradford et al., *Experiences of Transgender-Related Discrimination and Implications for Health: Results From the Virginia Transgender Health Initiative Study*, 103 Am. J. Pub. Health 1820, 1827 (2013), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3780721/. *See also* Abreu et al., *supra* note 64.

[67] APA/NASP Resolution, *supra* note 65; *see also* Jaclyn M. White Hughto et al., *Transgender Stigma and Health: A Critical Review of Stigma Determinants, Mechanisms, and Interventions*, 147 Soc. Sci. Med. 222, 223, 226–27 (2015) (discussing how anti-transgender stigma is "linked to adverse health outcomes including depression, anxiety, suicidality, [and] substance abuse").

transgender children and adolescents face in a school environment, which in turn is associated with an increased risk of post-traumatic stress disorder, depression, anxiety, and suicidality in adulthood.[68] In short, banning access to gender-affirming medical treatments for children and adolescents will have a deleterious and long-term impact on their mental, social, and emotional well-being.

IV. Banning Gender-Affirming Medical Care Disrupts the Role of Providers in Offering Evidence-Based, Medically Accepted Care.

The Tennessee law at issue also threatens medical providers' ability to engage in beneficent clinical practices, placing psychologists and other mental health providers in a compromising position in which abiding by the law could require them to violate their ethical code of conduct to pursue the best medically accepted treatment options for their patients.[69]

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[68] Russell B. Toomey et al., *Gender-Nonconforming Lesbian, Gay, Bisexual, and Transgender Youth: School Victimization and Young Adult Psychosocial Adjustment*, 46 Developmental Psych. 1580, 1580-82 (2010), https://familyproject.sfsu.edu/sites/default/files/documents/FAP_School%20Victimization%20of%20Gender-nonconforming%20LGBT%20Youth.pdf; *see also* APA/NASP Resolution, *supra* note 65; Harry Barbee et al., *Anti-Transgender Legislation—A Public Health Concern for Transgender Youth*, 176 JAMA Pediatrics 125 (2022) ("Systemic marginalization may have uniquely harmful effects on transgender youths' health.").

[69] *See, e.g.*, Landon D. Hughes et al., *"These Laws Will Be Devastating": Provider Perspectives on Legislation Banning Gender-Affirming Care for Transgender Adolescents*, 69 J. Adolescent Health 976 (2021) (surveying over 100 providers of gender-affirming care and finding that fear that legislation banning

Specifically, gender-affirming medical and psychological care has been shown to mitigate the negative effects of gender dysphoria, satisfying the ethical principles of beneficence and nonmaleficence.[70] Laws prohibiting transgender adolescents from accessing medical interventions that may be a crucial component of their individualized treatment for gender-affirming care are also inconsistent with the general medical ethics principle of integrity. The principle of integrity requires psychologists to "seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology."[71] Psychologists and social workers who provide truthful, evidence-based

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gender-affirming care would lead to worsening mental health including increased risk for suicides among transgender youth and interfere with providers' ability to practice evidence-based medicine); Damian Krebs et al., *Care for Transgender Young People*, 95 Hormone Rsch. Paediatrics 405, 406 (2022) (noting it is "fundamental that clinicians ensure that their practices affirm the young people that they serve as nonaffirming healthcare experiences or environments may deter [transgender youth] from seeking healthcare").

[70] Beneficence is the principle that demands that people be "treated in an ethical manner not only by respecting their decisions and protecting them from harm, but also by making efforts to secure their well-being." Nat'l Comm'n for the Prot. of Human Subjects of Biomedical & Behav. Rsch., *The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research* (Apr. 18, 1979). Nonmaleficence is the principle that demands that medical and mental health professionals "do no harm."

[71] Am Psych. Ass'n, *Ethical Principles of Psychologists and Code of Conduct* at 3–4 (effective Jan. 1, 2017), https://www.apa.org/ethics/code/ethics-code-2017.pdf [hereinafter APA, 2017].

information to patients may risk being charged with "aiding and abetting" criminalized medical care.[72] Laws or regulations that cast gender-affirming mental health care as "aiding and abetting" could create a conflict with medical professionals' ethics code, which directs that "psychologists … take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code."[73]

Finally, legislation that prohibits gender-affirming medical interventions risks violating the APA's Code of Ethics' and the NASW Code of Ethics' principle of respect for people's rights and dignity.[74] The principle of respect for people's rights and dignity affirms the rights of individuals to privacy, confidentiality, and self-determination, as well as respect for individual differences including gender identity.[75] Tennessee's law

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[72] *See, e.g.*, Arkansas H.B. 1540 (2021). H.B. 1540 would have prohibited medical providers from offering minors gender-affirming care or providing referrals, or risk discipline by relevant licensing entities; *see also* Lindsey Dawson et al., *Youth Access to Gender Affirming Care: The Federal and State Policy Landscape*, Kaiser Fam. Found. (June 1, 2022) (noting that "since January 2022 15 states introduced a total of 25 bills that would restrict access to gender-affirming care for youth," and that some provisions would: "criminalize or impose/permit professional disciplinary action (e.g. revoking or suspending licensure) of health professionals providing gender-affirming care to minors, in some cases labeling such services as child abuse").

[73] APA, 2017, *supra* note 71, at 4; *see also* Anthony W.P. Flynn et al., *When the Political is Professional: Civil Disobedience in Psychology*, 76 Am. Psych. 1217 (2021).

[74] APA, 2017, *supra* note 71, at 4.

[75] *See* Beth A. Clark & Alice Virani, *This Wasn't a Split-Second Decision: An Empirical Ethical Analysis of Transgender Youth*

essentially requires the opposite—that psychologists and mental health professions ignore or disregard clients' desires as to their gender identity when considering treatment options.

V. The Sixth Circuit Relied on Misleading and Unfounded Narratives that Create a Distorted Perception of the Psychological and Medical Support Necessary for Transgender Youth.

The Sixth Circuit's decision characterized the use of medications for pubertal suppression and/or hormone therapy for treating transgender youth as harmful primarily on the grounds that the "long-term harms of these treatments, some potentially irreversible, remain unknown and outweigh any near-term benefits because the treatments are 'experimental in nature and not supported by high-quality, long-term medical studies.'" Pet. App. 7a-8a. That statement, however, both ignores the available scientific literature demonstrating the safety and efficacy of these treatments and is premised on a flawed understanding of pediatric medicine.

Clinical standards of care require that evidence certainty and quality are appropriately weighted against the balance of benefits and harms of denying medical care, as well as the patient's values and

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Capacity, Rights, and Authority to Consent to Hormone Therapy, 18 J. Bioethical Inquiry 151 (2021); Natalie Holt et al., *The Often-Circuitous Path to Affirming Mental Health Care for Transgender and Gender-Diverse Adults*, 25 Current Psychiatry Reps. 105 (2023); Elana Redfield et al., *Prohibiting Gender-Affirming Medical Care for Youth*, Williams Institute (Mar. 2023), https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Youth-Health-Bans-Mar-2023.pdf.

preferences. The Sixth Circuit's conclusion fails to contextualize the available evidence within the context of pediatric medicine, in which no other area of pediatrics is held to the same standard of research quality and certainty.[76] In fact, "parallels between gender-affirming medical care and other areas of pediatrics are abundant."[77] As with other areas of pediatric care, "careful use of the treatment options we have now, with the best evidence we have, defines pediatric care" treatment standards.[78] And, as further explained above, the available and widely accepted medical evidence credibly indicates that medications for pubertal suppression and/or hormone treatments effectively treat gender dysphoria, that transgender youth benefit from these treatments, and that the continuation of these interventions into adulthood improves medical and mental health outcomes.

Further, the Sixth Circuit's decision fails to contextualize its statement that standards of care for minors "have become less restrictive over the course of time so that fewer procedures require mental health evaluation, fewer recommendation letters are required, and more types of professionals are viewed as capable of providing such evaluations." Pet. App. 6a (internal quotation omitted). It is important for the Court to understand that the evolution of multidisciplinary care for transgender youth, which is based on the

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[76] McNamara et al., *supra* note 52.

[77] *Id.* at 14.

[78] *Id.* at 15.

accumulation of data over time, is rooted in the evolution of social attitudes towards transgender individuals.

"Historical approaches to care were situated in the belief that transgender identities are pathological in nature and associated with poor quality of life and psychosocial outcomes, develop in response to psychosocial factors, and are malleable in childhood."[79] Thus, previously, social and medical transition were considered only after persistent attempts to change transgender identity failed and patients reached adulthood. With increased understanding and improvements in scientific studies and data, however, standards of care have shifted over time. Accordingly, over the last decade, there has been a significant shift in pediatric transgender healthcare, with social and medical interventions being widely adopted as the appropriate standard of care. As discussed above, these interventions are effective, evidence-based, and safe.

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[79] Coyne et al., *supra* note 10, at 482.

CONCLUSION

For the foregoing reasons, *amici* respectfully request that this Court reverse the decision below.

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Respectfully submitted,

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