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,

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 GRACE AND PARENTS OF TRANSGENDER YOUTH AS *AMICI CURIAE* SUPPORTING PETITIONER AND RESPONDENTS IN SUPPORT OF PETITIONER

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INTEREST OF *AMICI CURIAE*[1]

Amici curiae are GRACE (Gender Research Advisory Council & Education), a non-profit organization that promotes equality, dignity, and respect for transgender individuals and advocates for and empowers the transgender community, and the parents of 28 families whose transgender children received gender-affirming care as adolescents.[2] Most *amici* also have non-transgender children. Like any parents, they care for their children's physical and mental well-being. Their backgrounds vary widely: some are Jewish, some are Catholic, some are Protestant, and some observe no religion. They practice various professions, including law, medicine, and teaching. One is a mental health counselor, another a CEO. *Amici* live or have lived all across the nation: from Tennessee and Michigan in the Sixth Circuit to Alabama, North Carolina, Massachusetts, Maryland, Mississippi, Connecticut, New York, Oregon, and California. They are united by their love for their children and their desire for their children to live happy and healthy lives free from discrimination.

Amici have seen firsthand how vital gender-affirming medical care has been to their adolescent's well-being and safety. Based on their experiences, *amici* know that making such care illegal for

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[1] No counsel for a party authored this brief in whole or in part, and no person other than the *amici* and their counsel has made any monetary contribution to the preparation or submission of this brief.

[2] Parent *amici* are listed in Appendix A.

transgender adolescents would cause devastating harm to transgender adolescents and their families.

SUMMARY OF THE ARGUMENT

The panel decision impermissibly deprives transgender adolescents of medical treatments that remain available to others without adequate justification. Because Tennessee's SB 1 facially discriminates based on gender identity and sex, it is subject to at least intermediate scrutiny. *See United States v. Virginia*, 518 U.S. 515, 534 (1996); *Grimm v. Gloucester Cnty. Sch. Bd.*, 972 F.3d 586, 611-13 (4th Cir. 2020) (applying intermediate scrutiny to a school policy requiring students to use restrooms corresponding to their biological genders); *Karnoski v. Trump*, 926 F.3d 1180, 1200-01 (9th Cir. 2019) (applying intermediate scrutiny to law banning transgender people from military service). Heightened scrutiny is also warranted because the statute's unlawful discrimination impermissibly burdens parents' fundamental rights to make medical decisions for their children, and because of the animus displayed by the Tennessee legislature to transgender children and their caregivers. As a result, the Tennessee legislature must furnish an "exceedingly persuasive justification" for treating transgender children differently. *See United States v. Virginia*, 518 U.S. at 534. Tennessee has failed to do so.

The experiences of *amici* parents highlight the fundamental injustice the Tennessee ban causes to transgender adolescents. They have experienced firsthand how valuable and necessary obtaining appropriate medical care has been for their adolescents, and their stories show that the decision to seek such

care for their kids mirrors many other decisions parents make on behalf of their children: the decision is the result of an extensive process of learning and consideration in consultation with medical professionals and their children. But Tennessee's statute singles out care for transgender kids and deprives parents of their ability to make medical decisions in their child's best interest solely because of their child's sex.

ARGUMENT

I. THE CHALLENGED LAW DEPRIVES TRANSGENDER MINORS AND THEIR PARENTS OF EQUAL PROTECTION UNDER THE LAW

Tennessee's SB 1 facially discriminates on the basis of sex. If a legislature cannot write a law "without using the words man, woman, or sex (or some synonym)," the law classifies on the basis of sex. *See Bostock v. Clayton Cnty.*, 590 U.S. 644, 668-69 (2020). Here, Tennessee's SB 1 prohibits medically necessary care that is deemed "inconsistent with the minor's sex" designated at birth. Tenn. Code Ann. § 68-33-103(a)(1)(A). Courts have held that such bans discriminate based on sex, since their application requires knowledge of an individual's sex at birth, and they rely on sex stereotypes. *See Brandt ex rel. Brandt v. Rutledge*, 47 F.4th 661, 669 (8th Cir. 2022) (by relying on "the minor's sex at birth," Arkansas's ban on gender-affirming care for minors "discriminates on the basis of sex"); *see also Grimm*, 972 F.3d at 608 ("[V]arious forms of discrimination against transgender people constitute sex-based discrimination for purposes of the Equal Protection Clause because such policies punish transgender persons for

gender non-conformity, thereby relying on sex stereotypes."). Because laws that classify based on a person's transgender status discriminate based on sex, courts have held that intermediate scrutiny applies. *See Karnoski*, 926 F.3d at 1200-01; *Grimm*, 972 F.3d at 611-13.

What is more, heightened scrutiny under the Equal Protection Clause of the Fourteenth Amendment is appropriate because the classification imposed here also infringes on parents' fundamental right to direct the upbringing of their children. *See Weber v. Aetna Cas. & Sur. Co.*, 406 U.S. 164, 172 (1972); *Plyler v. Doe*, 457 U.S. 202, 216-17 (1982). Parents have a "'high duty' to recognize symptoms of illness and to seek and follow medical advice," *Parham v. J. R.*, 442 U.S. 584, 602 (1979), and a corresponding right to safeguard their children's interest by directing their medical care. *See Kanuszewski v. Mich. Dep't of Health & Hum. Servs.*, 927 F.3d 396, 419 (6th Cir. 2019); *see also Hawk v. Hawk*, 855 S.W.2d 573, 580 (Tenn. 1993) (holding that "neither the legislature nor a court may properly intervene in parenting decisions absent significant harm to the child from those decisions" and that "[t]he requirement of harm is the sole protection that parents have against pervasive state interference in the parenting process").

Heightened scrutiny is also necessary where legislators are motivated by animus towards a particular class of individuals. *See Romer v. Evans,* 517 U.S. 620, 632 (1996); Order Granting Plaintiffs' Motion for Preliminary Injunction, at 33-34, *Van Garderen v. Montana*, No. DV-23-541 (Mont. 4th Jud.

Dist. Ct., Missoula Cnty., Sept. 27, 2023) (holding that it seems "more likely that the SB 99's purpose [the Montana bill banning gender-affirming healthcare] is to ban an outcome deemed undesirable by the Montana Legislature veiled as protection for minors. The legislative record is replete with animus towards transgender persons, mischaracterizations of the treatments proscribed by SB 99, and statements from individual legislators suggesting personal, moral, or religious disapproval of gender transition."). *See also Doe v. Ladapo*, No. 4:23cv114-RH-MAF, 2024 WL 2947123, at *15-27 (N.D. Fla. June 11, 2024) (finding that a ban on gender-affirming care was motivated by animus in part because it applied only to transgender individuals).

Here, comments by the legislators who enacted the Tennessee statute and by the supporting witnesses that testified in favor of it display a clear animus toward transgender children and their parents. Representative William Lamberth, for example, stated that discussing a child's transgender identity with them and providing appropriate medical care is "dangerous," "destructive," and "evil," and referred separately to gender dysphoria as a "growing social contagion."[3] And Representative Paul Sherrell, in his

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[3] *See* Tenn. Gen. Assemb., House Floor Session–9th Legislative Day, at 1:48:04 to 1:48:19 (Feb. 23, 2023), https://tnga.granicus.com/player/clip/27660?view_id=703&meta_id=699344&redirect=true; Tenn. Gen. Assemb., Health Subcommittee, at 11:27 to 11:32 (Jan. 31, 2023), https://tnga.granicus.com/player/clip/27344?view_id=703&meta_id=690241&redirect=true [hereinafter "Health Subcommittee"].

statement in support of the bill, directly addressed any transgender children who may be listening and stated that they should listen to what "[his] preacher would say."[4] Representative Gino Bulso likewise referred to transgender identities as "fiction" and a "fantasy."[5] The purported experts invited to testify in favor of the bill were even more extreme in their disdain for such medical care, describing those who provide it as "modern day Doctor Mengele[s]"[6] and "child-abusing quacks and soulless vultures."[7]

Tennessee SB1 cannot survive any heightened scrutiny analysis. Classifications based on transgender status require an "exceedingly persuasive justification." *See United States v. Virginia*, 518 U.S. at 534. The "burden of justification is demanding" and "rests entirely on the State." *Id.* at 533, 555. Furthermore, the state must show "at least that the [challenged] classification serves 'important

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[4] Health Subcommittee, *supra* note 2, at 1:06:58 to 1:07:29.

[5] Tenn. Gen. Assemb., Civil Justice Committee, at 1:32:03 to 1:32:15 (Feb. 15, 2023), https://tnga.granicus.com/player/clip/27548?view_id=703&meta_id=695544&redirect=true.

[6] Tenn. Gen. Assemb., Senate Health and Welfare Committee, at 46:56 to 47:00 (Feb. 1, 2023), https://tnga.granicus.com/player/clip/27361?view_id=703&meta_id=690505&redirect=true.

[7] Tenn. Gen. Assemb., Health Committee, at 17:30 to 17:40 (Feb. 8, 2023), https://tnga.granicus.com/player/clip/27453?view_id=703&meta_id=692944&redirect=true.

governmental objectives and that the discriminatory means employed' are 'substantially related to the achievement of those objectives.'" *Id.* (citations omitted). The Tennessee statute does not serve important governmental objectives. Rather, it undermines important interests of both parents and transgender children.

First, the challenged statute does not protect children's lives—it endangers them. Denying medically necessary hormone therapy yields "a significant likelihood of negative outcomes," including "suicidality." E. Coleman et al., *Standards of Care for the Health of Transgender and Gender Diverse People, Version 8*, Int'l J. of Transgender Health, vol. 23, no. S1, at S106 (2022).

Second, the statute does not reflect the medical consensus—it rejects it. As Judge White's dissent makes clear, "the medical profession" and "'[m]ost courts agree' that WPATH guidelines 'are the internationally recognized guidelines for the treatment of individuals with gender dysphoria.'" *L. W. ex rel. Williams v. Skrmetti*, 83 F.4th 460, 506 (6th Cir. 2023) (White, J., dissenting) (quoting *Edmo v. Corizon, Inc.*, 935 F.3d 757, 769 (9th Cir. 2019)).

Third, the statute threatens wide-ranging harms to third parties. Transgender people and their families have fled Tennessee and Kentucky—and some *amici* are afraid to return to visit family who still

live there. *See infra*. By separating families from their communities, these laws injure both.[8]

II. *AMICI* PARENTS SOUGHT MEDICAL CARE FOR THEIR CHILDREN AFTER EXTENSIVE RESEARCH AND DELIBERATION

Tennessee's SB1 burdens *amici*'s ability to exercise their rights as parents solely because of their children's status as transgender individuals. To give but one example, one *amicus* is the mother of twins, one of whom is transgender and the other of whom is not transgender. If this mother lived in Tennessee, she would be permitted, in consultation with her child's physicians, to consent to her non-transgender child being treated for precocious puberty with Lupron, a safe and widely prescribed puberty-blocking medication. But that same mother, despite the informed consent of her adolescent transgender son and the support of his physicians and mental health professionals, could not provide her transgender son with the same Lupron to pause the onset of puberty in

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[8] *See, e.g.*, Marianna Bacallao, *'It's not a way to live': Why transgender people are leaving Tennessee*, WPLN News (June 29, 2023), https://wpln.org/post/its-not-a-way-to-live-why-transgender-people-are-leaving-tennessee/; Jason Knowles & Ann Pistone, *Families flee states with anti-trans, anti-LGBTQ+ laws for Illinois where their rights are protected*, ABC7 Chicago (June 20, 2023), https://abc7chicago.com/illinois-lgtbq-rights-gender-affirming-care-drag-trans/13402900/; Adam Mintzer, *Mom of trans teen moving out of Tennessee after new law banning gender-affirming care*, WKRN (May 18, 2023), https://www.wkrn.com/news/local-news/nashville/mom-of-trans-teen-moving-out-of-tennessee-to-protect-her-family/.

Tennessee solely because he is transgender. This mother could provide informed care to one child but is rendered unable to help her transgender child in Tennessee simply because he is transgender. This law does not target a particular drug or procedure. Instead, it bans an entire class of necessary health care for one group and one group alone: transgender adolescents. At the same time, it allows all other minors to access the same treatments for any other purpose.

Despite the Tennessee legislature's discriminatory classification, however, the medical decisions made by *amici* and other parents of transgender children are no different than those of any other parent. Indeed, *amici* know from their experience as the parents of transgender children that the decision to seek medical care is not taken lightly. *Amici* only decided to seek gender-affirming care for their transgender children after having extensive discussions with them and educating themselves in consultation with medical professionals, often for many years, to determine the best course of action for their children's health. Like any other parents making medical decisions in their children's best interests, they did so only after extensive research and consultation with medical professionals and their children. But the Tennessee legislature would deprive *amici* of the right to obtaining life-saving medical care for their children solely because of their children's transgender identity. It replaces the medical needs of a patient, supported by their parents and trained health care providers, with a government-dictated outcome that is known to cause life-long harm and invite even more extensive treatment in the future. This does not comport with the

equal protection under law guaranteed by the Constitution.

A. *Amici* Educated Themselves and Went Through a Process of Acceptance

Some children are aware of their gender identity at a young age and inform their parents, who may then provide non-medical support such as social transition and counseling. However, many other transgender people do not recognize the incongruence between their sex assigned at birth and their gender identity until the onset of puberty, which can cause or exacerbate gender dysphoria[9] regardless of when an adolescent initially became aware of their gender identity.

Regardless of when or how *amici* learned their children were transgender, none blithely accepted it, and all underwent a long process of understanding and acceptance with their children. After discovering their child's gender identity, many *amici* went through a process of learning and acceptance. They almost all first went to their pediatrician or mental health counselors. Then they were referred to specialists. While they never wavered in their love and support of their children, many *amici* had to educate themselves. Several of the *amici* were not even familiar with the term "transgender" until raising their children. Other *amici* describe their initial reactions

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[9] Gender dysphoria is a medically recognized condition suffered by many transgender individuals that is characterized by debilitating distress and anxiety resulting from the incongruence between a person's gender identity and sex assigned at birth.

of jumping to "are you really sure?" or "is this just a phase?" questions or initially believing that their child's issues may be related to body image. As another *amicus* parent observed, the period after their child came out to them "was a very complicated time since we had very little knowledge about transgender kids, and, perhaps growing up in Missouri, or the time (2010) or our own upbringing [left us with] a somewhat negative connotation."

Amici also describe the complicated range of emotions they experienced upon learning of their child's gender identity. Some *amici* mourned the loss of the daughter they thought they had. Another pair of *amici* recall feeling "privately absolutely terrified" and initially "worried that it was just a phase," even as they knew all along how important it was to support their child. Other parents described their reactions as follows:

> My first thought was that I loved my child no matter what. After that I experienced many thoughts and feelings—fear for their safety, fear of them not being fully accepted, guilt, sadness, grief, curiosity, need to get better educated, protective and ultimately joyful.
>
> The first few months were difficult for me as a mom. I had mixed emotions wondering what I did wrong as a parent, grieving the loss of my daughter and the dreams I had tied to her, and was deeply worried about finding the best care and environment for my son.

But even if *amici* didn't immediately comprehend what it would mean for their child to be

transgender, they understood that their child was suffering. Like any parent in a similar position, *amici* did all they could to better educate themselves about what their children were experiencing. Many *amici* describe a process of scouring the internet and other sources of information to educate themselves. *Amici* reached out to other parents in their communities who had gone through similar experiences with their children, and many report seeking out community groups to better understand what their children were going through. One parent recalled:

> my husband and I basically read the whole internet, trying to figure out what our next steps should be. We learned about pronouns and terminology, hormones and blockers, doctors and parent support groups. A friend put us in touch with [a nonprofit], who helped us find a therapist who works with trans kids. By the time our son was released from the hospital, we at least had the basic pieces in place, and were practicing using the right pronouns.

By relying on these resources and through continued conversations with their children, *amici* gradually came to a better understanding and acceptance of their children's identities.

B. *Amici* Sought Medical Care For Their Children Only After Research and Careful Deliberation

Just like any other parents making medical decisions for their child, *amici*'s decision to seek appropriate transition-related medical care for their child followed painstaking research, due diligence,

and consultation with medical professionals. *Amici* report seeking out studies, metanalyses, and statements by leading medical associations like the American Academy of Pediatrics for guidance about the best course of action for their children. One *amicus*, who was pursuing a master's degree in counseling when her child came out, even shifted the focus of her academic research to the mental health of transgender children. One family's experience embodies the level of consideration these parents gave to these medical decisions:

> We first did an enormous amount of research on [local] transgender experts and medical care. We consulted with our physician who provided a number of recommendations for experts in transgender care; then we interviewed doctors and therapists. We as a couple ultimately met with an expert therapist (who we first interviewed for our daughter but who was not a good fit for her), and we secured a therapist for her who specialized in young adults questioning their gender identity. We received weekly updates from our daughter's caregivers. We also met with endocrinologists to understand the medical consequences of hormone treatment and puberty blockers and did extensive research. After several months of medical consultations and research, we jointly concluded with our daughter and her caregivers that puberty blockers were an appropriate pause to relieve her gender dysphoria. After several months of relief on puberty blockers and after further consultation with our daughter's caregiving team, we ultimately decided that

> hormone therapy was the right medical decision for our daughter.

The story of another *amici* couple, who grew up in Tennessee and Texas, is representative. After months of talking with their son and other parents, they connected with a child psychologist for weekly appointments, as well as their school counselor and primary care physician. After six months, the psychologist concluded that their son was experiencing gender dysphoria and recommended consulting an endocrinologist. Not until two years after their son came out as transgender—and only after seeking the advice of multiple medical professionals—did they decide to move forward with puberty blockers. Another three years would pass before they proceeded with testosterone. By the time they finished additional consultation with psychologists, specialists, and counselors he was sixteen.

At each phase of treatment, *amici* moved forward only after rigorous due diligence and discussion with experts. At each phase, their son expressed his deep gratitude and fear that, if he had different, less supportive parents, he may not be alive. This *amicus* family believes that, if they still lived in Tennessee, they would have had to move in order to care for their child. They are afraid to even visit their family in Tennessee because their son may not be able to receive the care he needs there in the event of an emergency.

A Connecticut family described a similar experience:

> We consulted with our pediatrician, the school psychologist and ultimately secured a therapist

> for our son. After approximately two years of discussions and my son seeing a therapist every week, all three ultimately agreed that our son would be helped by going on testosterone (he was too old for puberty blockers). Our son was 17 at this point and took the lead on his medical decisions with of course our close involvement and support.

This experience is similar to those of the other *amici*, all of whom made the decision to seek transition-related care for their children only after extensive research and consultation with medical experts. Another *amicus* family made regular two-and-a-half-hour trips to meet with nurses, psychologists, and doctors who specialized in transition-related care after their son came out to them. They started puberty blockers only after consulting with their medical team for years. Some *amici*, like the parents of a transgender daughter who came out at 15, wished they had spent less time deliberating before beginning hormone therapy once they witnessed the profound positive effects of transition-related care. As all of the *amici* can attest, parents decide to seek transition-related care for their children only after careful research, consultation with experts, and discussions with their children in order to protect their health and well-being, precisely the kind of parental decision-making the Constitution protects.

C. *Amici* Have Encountered Substantial Burdens in Obtaining Gender-Affirming Care for Their Children

Through an iterative process of dialogue and discovery, *amici* came to recognize that protracted

inaction is not a neutral option for adolescents suffering from gender dysphoria because nonintervention increases the risk of adverse mental and physical health outcomes. *Amici* have suffered alongside their adolescents with untreated gender dysphoria, which typically worsens as puberty progresses. In one harrowing example, one *amici*'s child was hospitalized for suicidality during the period of investigation before beginning gender-affirming care. And many *amici* recall agonizing over their children's suffering and feeling terrified at their potential for self-harm.

Although a prolonged, wait-and-see approach initially seemed reasonable, many *amici* parents discovered over time the additional distress that delay inflicted on their adolescent children. As one *amicus* recalls, "[i]n retrospect, I am deeply ashamed that I missed all of the signs that my daughter was struggling with gender dysphoria." Another *amicus* recalls six months of waiting before their child began treatment with puberty blockers as "six additional months of agony." The American Psychiatric Association has noted in an official Position Statement: "Due to the dynamic nature of puberty development, lack of gender-affirming interventions (i.e., social, psychological, and medical) **is not a neutral decision**; youth often experience worsening dysphoria and negative impact on mental health as the incongruent and unwanted puberty progresses."[10]

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[10] Am. Psychiatric Ass'n, *Position Statement on Treatment of Transgender (Trans) and Gender Diverse Youth*, at 1 (July 2020) (emphasis added).

Even after reaching the decision to obtain medical care, many *amici* describe the process of actually obtaining medical care for their adolescent children as "arduous," "dangerously slow," and full of "bureaucratic roadblocks" including the navigation of often-difficult insurance providers. On average, it takes ten months from the time a parent contacts a gender clinic to the time the adolescent receives treatment (blockers or hormones).[11] As one *amicus* discovered, waiting lists for clinics can be extremely long:

> We had originally wanted the fulsome and extremely respected services from the Yale Pediatric Gender clinic, but the waiting list was 2 YEARS and this was after our son had been socially transitioned for two years. We waited for a while hoping for an opening but that seemed hopeless so we went to a local LGTBQ health clinic which serves the over 16 population and which prescribed testosterone.

And seeking out a gender clinic is not the typical first step—that only comes after consultation with the child, the pediatrician, and other mental health professionals. All the while, the child continues to suffer, especially if puberty starts to progress. As one parent emphasized, "the transition is not a picnic or walk in the park. It's a difficult time of transition both

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[11] Diana M. Tordoff et al., *Factors Associated with Time to Receiving Gender-Affirming Hormones and Puberty Blockers at a Pediatric Clinic Serving Transgender and Nonbinary Youth*, Transgender Health, vol. 8, no. 5, at 420-428 (Oct. 4, 2023).

physically and emotionally." Another parent from San Francisco wrote:

> Mostly we hit a lot of bureaucratic roadblocks . . . We were eventually able to overcome them, but it became almost a joke in our family how every step of the process involved some new hurdle we would have to navigate. And this was in the San Francisco Bay Area! I have no idea how we would have gotten through the process in another part of the country.

For one *amicus* parent, the demands of dealing with a child experiencing gender dysphoria were so great that one parent was no longer able to work full time, and the family was forced to draw from its savings. Other *amici* were forced to pay for necessary care out of pocket when their insurance providers refused to provide coverage.

Amici undertook extensive deliberations and experienced substantial burdens in exercising their right to obtain needed medical care for their children, but Tennessee's SB1 would deny them the ability to exercise this right for no reason other than their child's transgender status. The arbitrariness of the Tennessee legislature's decision-making is painfully clear from the case of the *amici* parents of a transgender daughter who has also been diagnosed with precocious puberty. If this family lived in Tennessee, it would be illegal for these parents to obtain medically necessary puberty blockers to help their daughter live in accordance with her gender identity. But the very same medication would be available to the very same child if prescribed merely to treat her precocious puberty. In both situations, the *same* drug

would be used for the *same* purpose—to delay puberty. But these parents would have no possibility of accessing this medication at all in Tennessee for their transgender child if not for the fact that their daughter also suffered from precocious puberty. Indeed, the chilling effect of the Tennessee legislature's apparent hostility to transgender individuals has already resulted in one pair of *amici* making the difficult decision to move out of Tennessee in 2021 to protect the best interests of their transgender child.

D. The Children of *Amici* Benefitted Immensely From Receiving Appropriate Medical Care

Tennessee's discriminatory attempt to burden the parents of transgender children's fundamental right to make medical decisions for their children in consultation with their doctors is especially troubling to *amici* because *amici* parents saw their children go from suffering to thriving as a result of obtaining proper medical care. Although the transition process is difficult, with challenging emotional and physical consequences, *amici* all report that their children are now much happier. This is the essence of parental love that underpins this Court's longstanding recognition of the profound importance of protecting the rights and bonds of parents with respect to their children from unnecessary intrusion by the government, especially as it relates to the provision of appropriate medical care. As the American Psychiatric Association has explained, "[t]rans-affirming treatment, such as the use of puberty suppression, is associated with the relief of emotional distress, and notable gains in psychosocial and emotional development, in trans and

gender diverse youth."[12] And in a statement in 2024, the American Psychological Association noted that "state bans on gender-affirming care and the imposition of legal penalties on providers engaging in evidence-based care disregard the comprehensive body of psychological and medical research supporting the positive impact of gender-affirming treatments, which include as a standard of care noncoercive, developmentally appropriate support for gender exploration and decision-making in alleviating psychological distress and improving overall well-being for transgender, gender diverse, and nonbinary individuals across the lifespan."[13]

This is evidenced by the experiences of the *amici* here. Gender-affirming care has allowed *amici*'s transgender and gender non-conforming children to flourish in their studies and friendships, which at least one parent attributes to newfound confidence and the ability to focus on classes rather than gender identity. According to one parent, their child became "happier, more confident, and more of a leader" at each step along the way. One *amicus* describes feeling like "we have our kid back" and reports that their son's "GPA increased by nearly two points, and he

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[12] Am. Psychiatric Ass'n, *Position Statement on Treatment of Transgender (Trans) and Gender Diverse Youth*, at 1 (July 2020).

[13] Am. Psychological 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*, at 2 (February 2024).

finished his first year of high school on honor roll." *Amici* also relate their great relief that their children can "just get to be a kid."

Many of these children are now pursuing college degrees and have become more active socially and in extracurricular activities since transitioning. They have joined theater groups and debate clubs. They have become student leaders in honor societies and in extracurricular programs for their local county governments. They aspire to study medicine or the practice of law. *Amici* parents whose children are no longer minors report that their children are thriving in higher education after receiving such medical care during their teenage years.

Several *amici* parents commented that their children might not be alive today if they had been denied this important medical care. The decision that the Tennessee statute would refuse the parents of transgender children was, for the children of *amici*, literally lifesaving. It is hard to envision a more extreme invasion of parents' fundamental constitutional right to care for their children.

CONCLUSION

For the foregoing reasons, and the reasons stated in the petitioners' brief, this Court should reverse the Sixth Circuit's decision.

Respectfully submitted,

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APPENDIX

TABLE OF APPENDICES

APPENDIX A:
LIST OF PARENT *AMICI CURIAE*

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Laurie Barnes and Ben Haber
Cherise and Arick Basques
Joe and Sarah Celotto
Katharine Clemens
Rick Colby
Melissa Combs
Evelyn Cumberbatch
Craig and Dawn Ey
Gina Fleming
Michelle Gans
Sally Goldman
Jennifer and John Grosshandler
Sara and Micah Heumann
Lisa and Dmitri Keating
Deborah Kovsky
Ashley and Eric Larsen
Anne and Sean Madden
Sean Lisse and Manya Newton
Regina Olshan and Yves Catlin
Abigail and Brian Roccapriore
Jessica Rozenshteyn
Andrea Ryan and Colin Foster
Stacey Schwartz
Elizabeth Simmons and Sekhar Chivukula
Vicky Stilwill
Jeff and Lisa Walker
Katharyn and Stuart Warren