

No. 23-477

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IN THE  
**Supreme Court of the United States**

UNITED STATES OF AMERICA,

*Petitioner,*

*v.*

JONATHAN THOMAS SKRMETTI, ATTORNEY GENERAL  
AND REPORTER FOR TENNESSEE, *et al.*,

*Respondents,*

*(Caption Continued on the Reverse)*

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

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**BRIEF OF *AMICI CURIAE*  
17 HEALTHCARE PROVIDERS SUPPORTING  
PETITIONER AND RESPONDENTS  
IN SUPPORT OF PETITIONER**

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September 3, 2024

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*and*

L.W., BY AND THROUGH HER PARENTS AND NEXT FRIENDS,  
SAMANTHA WILLIAMS AND BRIAN WILLIAMS, *et al.*,

*Respondents in Support of Petitioner.*

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**STATEMENT OF *AMICI CURIAE*'S  
IDENTITY AND INTERESTS**

Amici Curiae (“*Amici*”) are 17 healthcare providers, including doctors, advanced practice nurses, therapists, and counselors, with extensive, first-hand experience providing healthcare services to transgender youth.<sup>1</sup> For many years Amici have provided a wide range of care to adolescents experiencing gender dysphoria, including primary healthcare, medical treatments, mental health care, therapy, and counseling. Amici have worked closely with transgender persons in States both with and without bans on medical treatment for gender dysphoria (“*Healthcare Bans*” or “*Bans*”) and in States both before and after Bans were implemented. Amici thus have a uniquely relevant and concrete perspective on the benefits of gender affirming care and how Bans such as Tennessee Senate Bill 1 (“*SB1*”), by prohibiting critical medical components of gender affirming care, cause direct and substantial harm to this already marginalized adolescent population.<sup>2</sup> Amici have also

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<sup>1</sup> Pursuant to Rule 37.6, Amici certify that no counsel for a party authored this brief, in whole or in part, and that no person other than Amici or their counsel have made any monetary contributions intended to fund the preparation or submission of this brief.

<sup>2</sup> SB1 is one of nearly two dozen similar Healthcare Bans passed by States in recent years. While these Bans vary in some respects, many of their core components are the same. As recounted herein, Amici have observed and experi-

witnessed how Healthcare Bans work to undermine and infringe upon the rights of healthcare professionals dedicated to these patients and destroy the broader healthcare infrastructure for transgender persons.

Amici who have signed on to this brief include:

- Dr. Jennifer Abbott (she/her) is a board-certified family physician at a federally qualified health center in North Carolina. Dr. Abbott is a graduate of the University of Colorado School of Medicine and currently provides primary and gender affirming care to more than 200 transgender and gender diverse patients. Over the course of her 19 years of medical practice, Dr. Abbott has had extensive experience providing medical care and counseling to transgender youth and their families.
- Dr. Jennifer Badik (she/her) is a pediatric endocrinologist. Dr. Badik graduated from Temple University School of Medicine, Lewis Katz School of Medicine, in 2006 and completed a fellowship at Emory University in 2012. She currently works in Greensboro, North Carolina. Her professional career has focused on pediatric obesity, pre-diabetes, menstrual health and puberty concerns, and transgender health.

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enced the consistently negative impact of Bans similar to SB1 across multiple States.

Over the course of Dr. Badik's 20 years of medical practice, she has had extensive experience providing medical care to transgender youth.

- Dr. Catherine Bast (they/them) graduated from Indiana University School of Medicine at age 43. They completed their residency at Memorial Family Medicine Residency in South Bend, Indiana and then opened Mosaic Health and Healing Arts with their now wife, Mixhi Marquis. Mosaic was Indiana's first family practice specifically welcoming the LGBTQ+ community. In the last eight years, Mosaic has served over 3,000 patients, the majority of whom are gender diverse.
- Dr. Crystal Beal (they/them) is a board-certified family medicine physician in private practice in multiple States including Alaska, California, Montana, Oregon, Washington, Wyoming, and Florida. Dr. Beal is a graduate of Florida State University College of Medicine and completed their residency at the Valley Family Medicine Residency Program in Washington State, completing extensive additional training in medical care for sexual and gender minority populations. Over the course of their 12 years of medical practice, Dr. Beal has substantial experience providing medical care to transgender and gender diverse youth and adults.



- Ms. Kami Kunz Brannon (she/her) is a therapist currently in private practice in Ohio. Ms. Brannon received her undergraduate degree from Louisiana State University in 2006 and her master's degree from Louisiana Tech University in 2010. She has since worked in community mental health and child welfare and has been affiliated with Alvis House, Ohio Guidestone, and the National Youth Advocate Program. Over the course of her 14 years of healthcare experience, Ms. Brannon has had extensive experience providing counseling to transgender youth. In 2014 she opened a private practice, Therapeutic Interventions, LLC, specifically focused on working with LGBTQ individuals, families, and children.
- Nicole Carr (she/her) is a family nurse practitioner at Southampton Community Healthcare in Missouri. Nurse Practitioner Carr received her Bachelor of Science in Nursing and Master of Science in Nursing degrees from the University of Missouri. Nurse Practitioner Carr currently provides assessment, diagnosis, and gender affirming medical care treatment for gender dysphoria to transgender patients. Over the course of her multiple years of medical practice, Nurse Practitioner Carr has had extensive experience in both nursing

and family medicine, specializing in transgender patient care.

- Dr. Ashley Fischer (she/her) is a pediatrician based in central Illinois. In partnership with Positive Health Solutions, originally a local clinic for HIV since 1994, Dr. Fischer helped establish a clinic to provide transgender care to youth and adults. The clinic includes two doctors, two advance practice nurses, nurses, case managers, and mental health specialists providing mental health support and medical gender affirming care. Dr. Fischer has approximately 100-150 pediatric patients receiving a variety of treatments, ranging from counseling to puberty delaying medications to gender affirming hormones, depending on the patients' needs and stage of development. Over the course of her eight years of medical practice, Dr. Fischer has had extensive experience providing medical care to transgender youth.
- Dr. Janine Fogel (she/her) is a family medicine doctor in Indianapolis, Indiana. She received her medical degree from the University of Toronto Faculty of Medicine. Dr. Fogel is also an Assistant Professor of Clinical Family Medicine. Over the course of her 20 years of medical practice, Dr. Fogel has an extensive record of providing gender affirming care to transgender youth

and adults and has cared for over 3,000 patients.

- Natalie Frazier, CNM (she/her) is a clinician supervisor and the Gender Affirming Care Director at Planned Parenthood South Atlantic, with health centers across North Carolina, South Carolina, Virginia, and West Virginia. Ms. Frazier received her Bachelor's Degree in child development and Family Studies from Middle Tennessee State University and her Master of Science in Nursing from Vanderbilt University. Ms. Frazier is a nurse-midwife with over 16 years of experience providing family planning, sexual, and reproductive health services in an outpatient setting and obstetric care in a hospital setting. She has provided gender affirming hormone therapy for over eight years as a clinician with Planned Parenthood and has extensive experience providing hormone therapy and medical care to transgender patients.
- Dr. Baer Karrington (they/them) is a pediatrician based in Moorhead, Minnesota. They graduated from NYU Grossman School of Medicine in 2021 and completed their residency at the University of Washington and Seattle Children's Hospital in 2024. They provided care for multiple transgender and gender diverse youth and will continue their work in outpatient pediatrics in Minnesota. Throughout their three years of

medical practice, they have focused on adolescent and young adult health. Their research is dedicated to supporting transgender and gender-diverse young adults who are unstably housed.

- Joseph Knoll, APRN (he/him) is a Nurse Practitioner and the founder, CEO, and Clinical Director of SPEKTRUM Health. From his office located in Orlando, Florida, Joseph (Joey) Knoll proudly provides comprehensive primary healthcare options for LGBTQA+ individuals across the nation. Over the course of his career in healthcare, he has served the diverse needs of more than 10,000 transgender patients while adhering to the highest standards of care. In addition to his years of experience in providing for his transgender patients, Joey also has extensive experience with HIV treatment, prevention, and education. As someone who approaches healthcare from a holistic perspective and with a commitment to fully comprehensive care, he also provides care for a broad spectrum of needs from mental health to sexual health and beyond.
- Mrs. Carla Lantz (she/her) is a Certified Nurse Midwife and a Women’s Healthcare Nurse Practitioner at Planned Parenthood Great Rivers (“PPGR”) in Missouri. Mrs. Lantz has specialized in gender affirming care at Planned Parenthood since 2021.

Mrs. Lantz currently provides full-scope sexual, reproductive and gender affirming care for transgender adults in Missouri and Illinois. Since the ban on transgender care for minors in Missouri, she has also provided gender affirming care to youth ages 16 and 17 from PPGR's Illinois site. Over the course of her almost 30 years of healthcare experience, Mrs. Lantz has had extensive experience providing medical care and counseling to transgender youth.

- Dr. Shauna M. Lawlis (she/her) is an adolescent medicine physician and an assistant professor in Adolescent Medicine, Department of Pediatrics at the University of Oklahoma Health Sciences Center. Dr. Lawlis is double board certified by the American Board of Pediatrics in Pediatrics and in Adolescent Medicine and specializes in the care of transgender adolescents and gender diverse children. Over the course of her seven years of medical practice, Dr. Lawlis has had extensive experience providing health care to gender diverse youth and gender affirming medical care to transgender adolescents with gender dysphoria. Dr. Lawlis continues to practice gender affirming care in Washington State.
- Dr. Ren Massey (he/him) is a licensed clinical psychologist in private practice in Georgia. Dr. Massey earned his Ph.D. in clinical psychology from the University

of South Florida in 1989 and began his practice in 1991. Dr. Massey served as President of the Georgia Psychological Association and is currently the Co-Chair/Mental Health Chair of the Global Education Institute of the World Professional Association for Transgender Health. In his private practice, Dr. Massey provides psychotherapy, psychological evaluations, and gender identity consultations to patients. Over the course of his 35 years of practice, Dr. Massey has had extensive experience providing clinical counseling to transgender youth and families.

- Dr. Colleen McNicholas (she/her) is the Chief Medical Officer at Planned Parenthood Great Rivers in Missouri. Dr. McNicholas is a graduate of the Kirksville College of Osteopathic Medicine and completed her residency in obstetrics and gynecology, her fellowship in family planning, and her Master of Science in Clinical Investigation at Washington University School of Medicine in St. Louis. Over the course of her 17 years of medical practice, Dr. McNicholas has had extensive experience providing full-spectrum gynecology services and gender affirming care to transgender youth.
- Dr. Patrick O'Malley (he/him, they/them) is a psychiatrist at Texas Children's Hospital in Texas and an Assistant Professor at

Baylor College of Medicine. Dr. O'Malley received their medical degree from Texas Tech University in El Paso and completed their residency in psychiatry at UT Southwestern. During their residency, Dr. O'Malley became interested in providing care to LGBTQ youth and subsequently worked at the GENECIS clinic, a multidisciplinary clinic in Texas providing evidence-based care to transgender youth. In the course of their medical practice, Dr. O'Malley has had extensive experience providing medical care and psychiatric counseling to transgender patients.

- Dr. David Paul (they/them) is a pediatric endocrinologist in Houston, Texas and affiliated with Texas Children's Hospital. Dr. Paul received their medical degree from The University of Texas Health Science Center at San Antonio. Their practice involves treating disorders of the hormone-secreting glands regulating body functions. Over the course of their 40 years of medical practice, they have had extensive experience providing hormone therapy and medical care to transgender youth.

Amici offer a valuable perspective on core issues in this case: the extent to which gender affirming care provides critical benefits to transgender youth and how Healthcare Bans such as Tennessee SB1, contrary to their stated public purpose, cause direct

and substantial harm to this already marginalized population. Amici's many years of providing medical care and counseling to transgender youth give them a uniquely well-grounded basis for their views. Amici's common and consistent experiences demonstrate that Healthcare Bans such as SB1 result in injury and abuse to the very people they were purportedly passed to protect.

### **SUMMARY OF ARGUMENT**

In their arguments below, Amici present their views on the widely observed benefits of gender affirming care and medical treatments for transgender youth confronting gender dysphoria (Point I); the direct and substantial injury caused by Healthcare Bans on the health and wellbeing of transgender youth (Point II); the broader degradation of our country's healthcare system and infrastructure resulting from Bans (Point III); the particular harm caused by Bans on low-income transgender patients (Point IV); and the moral injury and debilitating burnout resulting from Bans and suffered by Amici themselves (Point V). This final point is brief but of immense importance: where well-qualified, dedicated doctors, nurses, and therapists are essential to our healthcare system, Bans such as SB1 constitute a direct attack on them and the care they have professionally committed to providing to their transgender patients.

Central to the American dream is the ideal of equal opportunity for all people to achieve their



highest aspirations and goals. Inherent in such equal opportunity is the freedom to access the life which a person understands and knows to be their own identity. The gender affirming care provided by Amici has become a crucial part of enabling American transgender youth to achieve their American dream. For this fundamental reason Amici share a deep conviction that Healthcare Bans are injuring and degrading members of American society who instead should be valued and uplifted.

## ARGUMENT

Amici submit their observations as providers of gender affirming care (including in some cases medical treatments) who know firsthand the benefits of the care they provide and the stakes for those impacted by Healthcare Bans.

### **I. Gender Affirming Care Benefits Transgender Youth**

Amici unanimously observe that gender affirming care improves the emotional, physical, and social health of their transgender youth patients and opens a path to long-term growth previously closed to those suffering from untreated gender dysphoria. Medical associations, including the Endocrine Society and the American Academy of Pediatrics, affirm the safety and efficacy of this care.<sup>3</sup> Amici

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<sup>3</sup> See, e.g., Moira Szilagyi, Why We Stand Up for Transgender Children and Teens, AM. ACADEMY OF PEDIATRICS VOICES BLOG (Aug. 10, 2022), <https://www.aap.org/>

recount numerous stories of patients who prospered after receiving medical care for gender dysphoria and some patients whose lives were literally saved from self-harm and suicidal thoughts and acts.<sup>4</sup> As one patient told Dr. Catherine Bast, who founded a family medical practice in Indiana with a large LGBTQ+ patient group: “You saved my life, doc. If I had not gotten care, I would be dead.”

Many transgender youths suffering from untreated gender dysphoria experience significant physical and mental health consequences, including anxiety disorders, depression, suicidal ideations, and self-harming behaviors such as cutting. These are serious conditions, and if caused by gender dysphoria, cannot be treated by psychiatric medications alone. Successful treatment can require a combination of approaches, including counseling, physical and voice therapy, and puberty delaying medications or hormones, among other medical interventions, specifically tailored to the individual patient. When these approaches are applied in the correct, medically recommended fashion, the positive results are dramatic.

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[en/news-room/aap-voices/why-we-stand-up-for-transgender-children-and-teens/](#)

<sup>4</sup> To be clear, experiences recounted by Amici in States with Healthcare Bans regarding the benefits of hormones and puberty delaying medications relate to care provided prior to the institution of Bans or to treatment of the small group of patients still permitted to receive such care.

Amici recount successes from something as simple as allowing patients to use their preferred pronouns during medical appointments to the joy experienced by patients after commencing hormone therapy and finally seeing their appearance reflect the person they have always been inside.<sup>5</sup> Amici repeatedly emphasize that providing gender affirming care for transgender youths has been one of the most rewarding aspects of their careers.

With gender affirming care, Amici have seen a significant decrease in the most serious conditions suffered by transgender youth, including depression and suicidal ideations.<sup>6</sup> But the benefits of gender affirming care are not restricted to avoiding the worst possible outcomes. Mrs. Carla Lantz, a nurse practitioner in Missouri, explains that she has seen her patients “bloom and blossom” as care proceeds. Their hospitalization rates fall, suicidality decreases, and mental health improves. “Gender affirming care is literally a life saver for these children,” according to Mrs. Lantz.

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<sup>5</sup> One patient of Dr. Bast said “When I started taking testosterone, I felt like I was home,” and another explained “When I started taking estrogen, I felt like my body was mine.”

<sup>6</sup> Dr. Baer Karrington, a pediatrician in Minnesota who provides care to multiple transgender and gender diverse youth, notes that one of their patients went from an “incredibly high score” on the Ask Suicide Screening Questions (“ASQ”) test at the first appointment to a score of zero two weeks after starting treatments.

Dr. Shauna Lawlis, a pediatrician formerly practicing in Oklahoma, describes the progress of one her patients who started receiving care in tears, but over time the tears were replaced with a confident adolescent able to navigate their world. Their father was thrilled to see his teenager finally comfortable in their own skin. Dr. Lawlis observes that the benefits extend to improved physical health for patients, many of whom started exercising, improved their sleep routines, and adopted healthier eating habits.

Dr. Badik in North Carolina also reports the positive impacts of gender affirming care: “Kids settle out and feel so much more at home in their bodies and are so much happier – they are so much more giving and loving when they can see that we respect and see who they are.” Dr. Patrick O’Malley, a psychiatrist at Texas Children’s Hospital in Texas, says: “My patients go from merely surviving to thriving.” They are able “to live authentically,” “flourish,” and “light up.” Dr. Crystal Beal, a board-certified family medicine physician treating transgender youth in multiple States, notes that their observations align with medical research demonstrating that with proper treatment the mental health of transgender youth matches closely with their cisgender peers.

Numerous Amici have witnessed their patients’ significant progress in achieving educational goals after receiving gender affirming care. Ms. Natalie Frazier, the Gender Affirming Care Director at Planned Parenthood South Atlantic, had patients

who were barely able to attend school before treatment. After only a few months of treatment, they attended school regularly, formed safe and supportive social circles, and started participating in extracurricular activities. Dr. Jennifer Abbott, a family physician in North Carolina, similarly notes that patients have successfully attended high school and college when those outcomes seemed unimaginable before treatment.

Mr. Joseph (“Joey”) Knoll has seen many of his patients go on to graduate from high school and college. Some of his transgender patients “graduated at the top of their classes,” one “finished an associate’s degree at 18,” and many now thrive in schools where they originally experienced intimidation. A few of his former patients now work in Mr. Knoll’s healthcare clinic assisting others with the issues they faced themselves as transgender youth.

Dr. Beal describes the long-term impact of gender affirming care as allowing teenagers to become “unstuck” from an inauthentic existence. A parent of a nonbinary teenager told Dr. Beal that “she did not even know her child before gender affirming care. Afterwards, they travelled without their parents on an international school trip, went to camp and they started a sport. They got to be a regular teen as opposed to having to be stuck.”

Amici thus observe that the benefits of properly administered gender affirming care—physical, mental, educational, and social—are immense and incontrovertible. Gender affirming care, including

medical treatments for gender dysphoria, can be, quite simply, a life-saver and life-giver for transgender youth.

## **II. Healthcare Bans Cause Devastating Harm to the Health and Development of Transgender Youth**

Amici attest unanimously that by prohibiting them from providing crucial healthcare to their patients, Healthcare Bans wreak substantial harm to the mental and physical health and wellbeing of transgender youth. This harm runs deeper than the mere prohibition of certain forms of care, as Amici have witnessed how Bans signify and amplify social hostility toward transgender youth and lead to estrangement and wide-ranging injury to this population.

### **a. The Impact of Healthcare Bans on the Mental Health of Transgender Youth**

Comprehending the devastating effects of Healthcare Bans on the mental health of transgender youth requires appreciating the reality of gender dysphoria. Dr. Ashley Fischer, a family doctor in Illinois, emphasizes that transgender youth cut off from medical treatments for gender dysphoria feel as though they have woken up in the wrong body. Dr. Fischer likens this confusion and distress to a cisgender person waking up one morning having metamorphosed into the opposite sex.

Dr. Ren Massey, a clinical psychologist in Georgia and former President of the Georgia Psychological Association, observes that “Just the existence of the ban is a stressor for families” of transgender youth. Dr. Massey explains that government endorsement of hateful rhetoric and prejudice creates an environment where transgender youth feel devalued and afraid for the future. Nicole Carr, a family nurse practitioner in Missouri specializing in transgender patient care, observes that “patients feel attacked by the world and by their home State.”

Healthcare Bans thus deepen and intensify feelings of hopelessness, depression, and suicidal ideation. Patients are in distress, and while healthcare professionals have the tools and training to help them, the Bans expressly prohibit this help from being provided. Kami Kunz Brannon, a therapist in Ohio, notes that “people are very, very scared of speaking to parents or counselors,” which in turn “has created another obstacle and an increased sense of hopelessness and powerlessness.” The Bans “have the opposite effect of what you are trying to address in therapy.”

Without access to care, Amici report that their adolescent patients exhibit worsening depression and anxiety and heightened risk of suicide. Ms. Frazier explains that the increased wait time for care caused by Bans is so distressing to patients that many sink back into deep depression. Ms. Frazier fears that an increase in transgender youth suicide may result.

In some cases, that risk becomes a tragic reality. Ms. Carr shares that one patient died by suicide while waiting on the requisite approvals to start treatment.

**b. The Impact of Healthcare Bans on the Physical Health of Transgender Youth**

Amici observe that when transgender youth are unable to access gender affirming care, including medical treatments, their physical health suffers. The effects of Bans on physical health are wide-ranging and may include the dispensation of incorrect medical advice, use of non-prescribed and illicitly obtained hormones, and threatened and actual physical violence. Contrary to Bans' purported public interest in protecting transgender adolescent physical health, Bans have the opposite effect.

In States where Bans have gone into effect, Amici report that transgender youth who are still permitted to receive medical care legally under the Ban's terms often receive inaccurate and sometimes dangerous medical advice from providers when they seek out healthcare unrelated to their treatments for gender dysphoria. The existence of Bans can result in transgender youth visiting doctors who lack expertise in transgender healthcare or awareness of a particular patient's gender affirming care needs. In some circumstances, doctors have intentionally interfered with transgender patients' medical treatments for gender dysphoria.



Mrs. Lantz reports that a transgender patient who was being treated for an infection was told by the treating doctor to stop taking cross-sex hormones due to a risk of dangerous drug interactions, advice which was not scientifically grounded and resulted in harm to the patient. Amici report that experiences such as these cause transgender patients to become fearful of sharing details of their gender affirming treatments with providers of routine medical care.

Even when transgender youth share details of their gender affirming care, many providers of medical care are not well-versed on potential interactions between hormones, puberty delaying medications, and other medications. The result may be the dispensation of incorrect and potentially dangerous advice to patients, particularly in States with Bans, where providers may fear liability for “facilitating” banned care simply by researching how to care for a transgender patient’s unrelated condition.

**c. The Impact of Healthcare Bans on the Social Development of Transgender Youth**

Social marginalization of transgender Americans intensifies the challenges for transgender youth. The journey to adulthood and integration into broader society are difficult for everyone; for transgender youth these crucial stages of life are uniquely fraught. Not only must transgender youth

confront physical and mental challenges not experienced by their peers, but they face social barriers and ostracization in their schools, athletic and other extracurricular activities, and the communities where they reside. Amici consistently observe that Bans on gender affirming care intensify these social challenges and frequently have traumatic psychological effects. Political rancor surrounding the Bans has encouraged open hostility to transgender youth and impaired their social development and integration. The result is a cycle of increased isolation of an already marginalized group within our society.

Ms. Brannon has directly witnessed the socially destructive impact of Healthcare Bans on transgender youth: “Bans have created another obstacle for diversity and inclusion and a sense of increased hopelessness and powerlessness.” Ms. Brannon observes that transgender youth face particular difficulties integrating into their communities and peer groups where Bans are in effect.

Dr. Massey observes that for transgender youth, “Their care is being governed by the state rather than decided with their healthcare provider. These young people feel hopeless from being barred from the care they need. The codification of the government disaffirming somebody or not makes it easier to be socially rejected.”

Dr. Beal reports that one of their patients successfully participated in an extra-curricular activity where her team was invited to a national

competition in Texas. Because of the Texas Ban, the patient and her parents were not comfortable traveling to Texas, and the patient was unable to compete alongside her teammates.

Social integration of transgender teens is being impaired in some cases by fears of physical violence. With the imprimatur of government action, Bans create and legitimize a hostile environment where threats of violence have become part of discourse among young people. Dr. Ashley Fischer recounts that “One patient is a member of a sports team. At an overnight competition, fellow classmates were having conversation of how to kill a trans classmate if they ever had one, not knowing that the patient was trans. This rhetoric and hate are coming from the adults in society.”

Sadly, Dr. Fischer’s story is not an outlier. Amici routinely hear from patients who are scared of being physically harmed because they are transgender. Some Amici express the “heartbreak” of not being able to reassure patients under these frightening circumstances.

Choices of where to attend school and whether to attend school in-person versus virtual learning are also negatively impacted, creating a risk for further social isolation. Several Amici have worked with transgender youths and their families involved in the already stressful process of making educational choices. States where Bans are in effect become less desirable destinations for college, limiting choices for transgender students. Students who feel

pressured to opt for virtual learning instead of attending school in-person face the risk of increased social isolation.

In all these respects Amici have observed how the implementation of Healthcare Bans has worsened an already challenging social environment for transgender youth. The promise of an open society is that with the progress of time marginalized groups are able to integrate positively into broader community life. As observed by Amici through their experiences in States before and after Bans were implemented, Bans renege on that promise and instead drive transgender persons into greater social isolation.

### **III. Healthcare Bans Damage the Broader Healthcare Infrastructure for Transgender Youth**

Harm caused by Healthcare Bans is not limited to prohibiting specific medical treatments for transgender youth. The pernicious impact of Bans goes much further. As they take hold, Bans more broadly degrade the healthcare infrastructure for transgender youth, undermining and damaging the provision of routine primary care.

This degradation of healthcare infrastructure results from a confluence of factors. First, Healthcare Bans have forced many healthcare providers for this vulnerable population to uproot themselves and change locations. Second, healthcare providers who remain in States with Bans are often fearful

to provide even those forms of gender affirming healthcare that are still permitted. Third, transgender youth in States with Bans are struggling to access even ordinary medical care unrelated to gender affirming treatments. Amici have seen a steep drop in the number of family care doctors willing to take on transgender youth for ordinary preventative care. They fear any type of care for a transgender youth will trigger an investigation and threat of license revocation or invite other unwelcome scrutiny and criticism.

**a. Healthcare Bans Have Gutted Provider Networks**

Amici confirm that Healthcare Bans are forcing healthcare providers to depart from States with Bans for locations more accepting of their transgender patients and practices.<sup>7</sup> Doctors make these decisions for a variety of reasons. Some feel they can no longer treat their patients consistent with their professional ethical obligations if they are unable to prescribe puberty delaying medications or cross-sex hormones when medically indicated. Others feel pressured to leave because their employers shut down all gender affirming treatment for transgender youth whether or not that

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<sup>7</sup> These departures worsen the preexisting shortage of pediatricians in the country. Aaron E. Carroll, *Why Doctors Aren't Going Into Pediatrics*, N.Y. TIMES: OPINION (July 1, 2024) <https://www.nytimes.com/2024/07/01/opinion/pediatrician-shortage.html>.

treatment was subject to a Ban. Finally, healthcare providers in some States leave under compulsion from State actors who target their medical licenses or in fear after death threats on social media or, in one case, delivered to the provider's front door. Whatever the reason, these departures can dramatically reduce access to legal forms of gender affirming care in States with Bans.

For example, prior to institution of the Ban in North Carolina, a substantial number of healthcare providers treated transgender minors across the State. Since institution of the Ban, according to Dr. Abbott, the availability of treatment for the limited group of still eligible patients has diminished, and trip distances and wait times for appointments have increased significantly. Many of Dr. Abbott's patients (primarily from North Carolina but also from Tennessee who transferred care prior to North Carolina's Ban) must travel up to five hours each way to visit her office. Meanwhile, the pool of available doctors has shrunk to only a handful treating patients over a large geographic area.

Dr. Badik, also in North Carolina, reports similar issues for her patients and a diminished number of available physicians and other providers. Since the North Carolina Ban, three of four gender affirming care providers within Dr. Badik's healthcare network left the State, leaving only Dr. Badik. Soon, Dr. Badik will join the ranks of doctors leaving North Carolina. Her clinic will close on September 12, 2024, after being subjected to crushing internal

and external pressures for providing legally permitted gender affirming care.<sup>8</sup>

Texas has experienced a similar hollowing out of its healthcare infrastructure for transgender youth. According to Dr. David Paul, a pediatric endocrinologist in Houston, Texas, hospitals there have ceased providing hormones and puberty delaying medications to transgender youth and, as a result of increased hostility to transgender patients, have terminated broader gender affirming care services not subject to the Texas Ban. In response, highly qualified medical personnel in pediatric endocrinology and other specialties have departed Texas, reducing available care for patients with unrelated conditions such as diabetes. Similarly, Dr. O'Malley reports that the GENECIS clinic where they previously trained in Dallas, which provided multidisciplinary care for transgender youth, was closed due to political pressures.

Dr. Paul and Dr. O'Malley affirm that the atmosphere in Texas towards prior providers of gender affirming care is worsening. Both have received death threats. Dr. Paul and their colleagues at the hospital where they work have had to institute security protocols at their places of work and police

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<sup>8</sup> Ms. Brannon, a mental health provider in Ohio, has seen the same issues in her State as doctors leave and the number of medical providers for transgender youth shrinks. Outside of urban areas, there are almost no providers. She is particularly concerned by the lack of health providers who specialize in providing care for queer people of color.

protection at their homes due to threats of physical harm.<sup>9</sup>

Unfortunately, referring patients to out-of-state providers is no solution to the hollowing out of the healthcare infrastructure. In Texas, Dr. Paul has had great difficulty placing their patients with providers in nearby States. In Colorado, for example, wait times for new patient appointments seeking medical gender affirming care can extend for months.

The situation is worse elsewhere. Indiana's Healthcare Ban not only prohibits care but also referral of patients to medical providers in other States where care is legal. Dr. Bast and Dr. Fogel both confirm that they are restricted from discussing their patients with providers in other States. It is no surprise that one of the main clinics providing gender affirming care, including medical treatments for gender dysphoria, Mosaic in Goshen, Indiana, is closing. Dr. Bast intends to leave the State, and other Indiana healthcare providers are making similar decisions.

Mr. Knoll witnessed similar deterioration of healthcare networks in Florida. Mr. Knoll manages

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<sup>9</sup> Even doctors located outside of States with Bans have received death threats based on their provision of medical treatment for gender dysphoria. Dr. Beal, who is based in Washington, explains that they have received death threats as a result of their work and were compelled to install extra security at home.



Spektrum Health in Florida which serves LGBT patients in a variety of areas, including gender affirming care. Spektrum Health's Melbourne clinic, which served approximately 800 transgender patients, including youth, closed in 2024 due to the Florida Ban. Patients previously served by the Melbourne clinic must now travel to the Spektrum Health clinic in Orlando to receive care. According to Mr. Knoll, the closing of the Melbourne clinic has threatened the entire financial viability of Spektrum Health.

Oklahoma has gone even further to eviscerate gender affirming care. Dr. Lawlis moved to Oklahoma in 2017 and helped create a network of providers of gender affirming care for transgender youth. Prior to institution of its Ban, Oklahoma had a dedicated team of doctors and specialists caring for transgender youth, but after the Ban medical treatments largely had to stop. Dr. Lawlis found that, consistent with her ethical obligations, she could not continue to serve patients while at the same time withholding medically indicated gender affirming care. She left Oklahoma for Washington. Other providers of gender affirming care in Oklahoma reached the same conclusion and left the State. The Oklahoma legislature has now proposed removing gender dysphoria as a diagnostic code. Oklahoma transgender youth are literally being erased from medical records.

**b. Healthcare Providers Remaining in States with Bans Are Afraid to Provide Even Legally Allowed Medical Care for Transgender Youth**

Some proponents have defended Bans by noting that other forms of gender affirming care aside from puberty delaying medications and hormones are still available to transgender youth. Unfortunately, that is not the reality on the ground. In Missouri, for example, while hormone therapy and puberty delaying medications may be provided to patients who commenced treatment prior to the Ban, Mrs. Lantz reports that many providers and institutions are declining to do so. Two clinics, including one at Washington University in St. Louis, have either closed or stopped providing puberty delaying medications and cross-sex hormones, leaving patients with few alternatives. In addition, mental health providers around Missouri have been deterred from accepting new transgender patients or continuing treatment of existing patients after the Missouri Attorney General began investigating mental health providers who did so.

Amici from other States describe a similar issue. In North Carolina, Dr. Abbott reports that several doctors in her region have ceased offering any form of gender affirming treatments, not just those medications impacted by the Ban, to avoid negative scrutiny. Dr. Badik had a similar experience where one of her partners exited the practice because of concerns that she would be sued under that State's

expanded medical malpractice liability for transgender healthcare.

Adult transgender care has also been impacted. Dr. Paul reports that availability of care for transgender adults in Texas has shrunk and is increasingly under threat because hospitals and other medical institutions fear the current hostile environment. Dr. Bast relays that patients and providers in Indiana have the same concerns and are beginning to experience a shrinking of healthcare expertise and options for transgender adults.

**c. Healthcare Providers in States with Healthcare Bans Are Withholding Primary Care from Transgender Youth**

Healthcare Bans are fostering a general reluctance to provide health care to transgender youth beyond the medical treatments specifically prohibited by Bans. All aspects of care for transgender youth are being negatively impacted. In Indiana, Dr. Bast observes that providers whose practices are unrelated to gender affirming care are hesitant to treat transgender youth. Mrs. Lantz in Missouri has witnessed multiple instances where providers of ordinary preventative care will not accept transgender youth as patients. Dr. Colleen McNicholas, also in Missouri, finds that many providers are concerned that by simply participating in the care of a transgender person, they could be-

come liable under the Ban, even though their care is unrelated to gender dysphoria treatment. These providers see mere association with a transgender patient as too risky.

Prejudice against transgender patients may be subtle but still real. At the Spektrum clinic, Mr. Knoll sees a continuing increase in referrals of transgender patients to his clinic for all sorts of routine care, especially after the Healthcare Ban. “No one ever said it’s because [the patient] is trans, but we all know it’s true.” He has found that many medical providers do not want to care for transgender patients in any capacity. This is consistent with reports from other Amici that Bans have inflamed an already hostile environment for transgender youth, making it difficult for them to obtain care.

Transgender youths are sometimes reluctant to seek any type of healthcare because they are afraid of being identified to the State as transgender. Dr. O’Malley describes, especially since the Texas Ban, an unwillingness by their patients and their families to ask questions about gender dysphoria in his sessions. They rightly fear that the inquiry might create a medical record that could be subject to disclosure by a hostile party.<sup>10</sup> Dr. Ashley Fischer,

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<sup>10</sup> Leaking of medical records is a very real concern. In Texas, a surgeon improperly accessed the records of the transgender care clinic at Texas Children’s Hospital and leaked the personal medical records of its patients to an anti-transgender activist who posted them on the internet. *See*,

who provides gender affirming care in Illinois where there is no Ban, observes the same phenomena among her patients from Missouri. Those patients have asked whether she had to create a record of their medical treatments for gender dysphoria because they feared the records might be discovered by the Missouri authorities. Some asked that she create only paper records and convey them by mail or fax to protect their confidentiality.

Amici are unanimous in their concern that healthcare systems and infrastructure for transgender youth in States with Bans are deteriorating in multiple respects, thus intensifying the physical and mental health risks faced by transgender youth.

#### **IV. Healthcare Bans Particularly Harm Low-Income Patients**

Amici observe that the destructive impact of Bans falls heavily on low-income transgender youth and those without stable family structures. Low-income transgender youth in States with Bans are frequently unable to travel to States permitting gender affirming medical care or to pay out of pocket for hormones and access to specialized treatment. Their alternatives are to obtain hor-

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*e.g., Texas doctor charged with taking private patient information on transgender care*, AP News (June 18, 2024), <https://apnews.com/article/texas-doctor-transgender-care-indicted-80f26e760bdf857c4728bd39e2fddc50>.

mones illicitly or forgo treatment altogether. Both paths can lead to disastrous outcomes.

Bans in certain States have restricted Medicaid coverage for gender affirming care. Mrs. Lantz and Ms. Carr report their low-income patients in Missouri lost insurance coverage and are unable to pay for care or medications. Two-thirds of Dr. Bast's patients in Indiana are on Medicaid. Given the Indiana Ban's restrictions, they not only cannot get care in Indiana, but they also have no way to pay for medical care or hormone treatments, even if they are able to reach another State where such treatments are legal. The South Carolina Ban prohibits State funding for gender affirming care, and transgender youth in Texas, Georgia, and Oklahoma face similar Medicaid funding challenges.<sup>11</sup>

The challenges faced by low-income patients in States with Bans go beyond the unavailability of insurance coverage. For many families, the only means of obtaining necessary medical treatments for gender dysphoria is to travel to States where care is legal. In some instances, the trip may be a short 15-minute drive, as it is for transgender youth in St. Louis who can cross state lines to seek treatment in Illinois. But for those in States like

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<sup>11</sup> Even when there is ostensibly Medicaid coverage for hormones and/or puberty delaying medications, States do not always honor their obligations. According to Mr. Knoll, in Florida some pharmacies will not fill hormone prescriptions under Medicaid, even though there is a court order requiring the State to cover these medications.

Texas, Idaho or Oklahoma with no near neighbors providing legal care, the journey will take hours and for some may even require a flight.<sup>12</sup> As Drs. Beal, O'Malley, Bast, Lawlis and McNicholas note, many families find such travel to be an insuperable obstacle. For some young patients, Mrs. Lantz explains, even a short trip is more than they can manage because their parents cannot take time off from work to accompany them or afford the costs of gas or public transportation.

Other transgender youth believe their only choice is to seek hormones through illegal means. One provider describes instances where his patients, without their parents' knowledge, obtained hormones illicitly and dosed themselves without either medical or parental supervision. Another provider shares that many African American patients in their clinic have a low level of trust in medical providers to begin with and that trust has been damaged further by the Ban in effect where the clinic is located. As a result, this provider has treated transgender teens unable to pay for medications who bought cheaper hormones "on the street" from dubious suppliers and self-administered the drugs. The risk of harm substantially increases in these circumstances. They have seen patients with estrogen levels of four times the average level as a result of taking illicit hormones. They have treated

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<sup>12</sup> Dr. Karrington reports that some of his patients drive two or three days each way to access care at their Washington State clinic.

other transgender patients who experienced kidney damage caused by a “cumulation” of the patient’s HIV positive status and excessive hormone doses bought from illegal sources.<sup>13</sup> These patients, prior to the implementation of the Ban, could have been treated by qualified medical professionals, drug safety could be assured, and costs could be covered by Medicaid.

## **V. Healthcare Bans Result in Moral Injury and Burnout to Providers**

Healthcare Bans run contrary to the longstanding guiding principle of healthcare providers to “do no harm” and, in the view of many Amici, to their professional commitments to provide care to patients. Bans place Amici in the fraught position of abiding by Ban-imposed legal restrictions which may conflict with evidence-based clinical guidelines.<sup>14</sup> As Dr. Bast explains, doctors “went to med-

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<sup>13</sup> Another provider reports that they interacted with homeless transgender youth who could not afford gender affirming care and as a result turned to unlicensed providers for hormones and dosed themselves without medical guidance or supervision.

<sup>14</sup> Gender affirming care is provided in accordance with evidence-based clinical guidelines as established by professional medical organizations including The Endocrine Society and the World Professional Association for Transgender Health (“*WPATH*”). Every major medical organization in the United States agrees that gender affirming care is safe, effective, and medically appropriate for the treatment of gender dysphoria, including in adolescents.



ical school because [they] want to help people and offer care,” but “legislative bodies are making decisions that are contrary to evidence-based practice and ethics.” Before the Bans, Dr. Abbott “never had to decide whether evidence-based care was legal” and finds it “very unsettling, odd, and concerning” to confront this dilemma as part of her practice.

Amici, who chose careers in medicine based on their sense of obligation to others, are suffering acute moral injury: the distress arising from being unable to comply with their moral principles in their professional lives. Mr. Knoll poses the dilemma: “What do you do when a health plan becomes illegal? It is ethically and morally a struggle. You look at somebody who needs medicine and I’m no longer allowed to give it to you, or I’ll go to jail.” Many Amici are suffering acute moral injury as they possess the tools and treatments which can benefit patients but are legally restricted from providing necessary care.

Ms. Frazier emphasizes the tremendous pressure and complications required to coordinate and provide care in accordance with the law in an ever-changing legal landscape. Moral injury compounds these practical difficulties and can lead to professional burnout and qualified practitioners leaving their chosen field. Despite the additional stress and challenge, Ms. Frazier is quick to note: “Of course, I’m not going to stop.”

**CONCLUSION**

For all the foregoing reasons, the decision of Sixth Circuit Court of Appeals should be reversed.

Dated: September 3, 2024

Respectfully submitted,

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## CERTIFICATION

As required by Supreme Court Rule 33.1(h), I certify that the document contains 7,528 words, excluding the parts of the document that are exempted by Supreme Court Rule 33.1(d).

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 3, 2024

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