

No. 23-477

IN THE
Supreme Court of the United States

UNITED STATES OF AMERICA,

Petitioner,

v.

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

Respondents,

and

L.W., BY AND THROUGH HER PARENTS AND NEXT FRIENDS,
SAMANTHA WILLIAMS AND BRIAN WILLIAMS, ET AL.,

Respondents in Support of Petitioner.

ON WRIT OF CERTIORARI TO THE
U.S. COURT OF APPEALS FOR THE SIXTH CIRCUIT

**AMICI CURIAE BRIEF OF FAMILIES WITH
TRANSGENDER CHILDREN IN SUPPORT OF
PETITIONER AND RESPONDENTS IN SUPPORT
OF PETITIONER**

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TABLE OF CONTENTS

	Page
TABLE OF AUTHORITIES.....	iii
INTEREST OF <i>AMICI CURIAE</i>	1
SUMMARY OF ARGUMENT.....	2
ARGUMENT	3
I. Laws Like SB1 Split Up Families and Force Them To Leave Their Communities To Obtain Medically Necessary Care for Their Adolescents with Gender Dysphoria.....	5
A. Gail Jones and 16-year-old daughter, Jenny.....	5
B. Leni Doe and 14-year-old son, Noah.....	11
C. Jackie and David Chapman and 18- year-old daughter, Parker.....	16
II. Laws Like SB1 Force Families To Disrupt Their Lives and Make Costly Travel Plans To Obtain Medically Necessary Care for Their Adolescents with Gender Dysphoria.....	20
A. Madeline Smith and 14-year-old son, Richard	20
B. John Roe and 17-year-old son, Owen	23

	Page
CONCLUSION	25

TABLE OF AUTHORITIES

	Page(s)
Statutes & Rules	
Mo. Rev. Stat. Ann. § 191.1720.....	19
N.C. Gen. Stat. §§ 90-21.150 <i>et seq.</i>	13
Ohio Rev. Code §§ 3109.054, 3129.01-06, 3313.19, 3345.562	24
Supreme Court Rule 37.6.....	1
Tenn. Code Ann. §§ 68-33-101 <i>et seq.</i>	24
Tex. Health & Safety Code §§ 161.701 <i>et seq.</i>	9
Tex. Occ. Code § 164.0552(a)	9
Other Authorities	
Am. Psychiatric Ass’n, Diagnostic and Statistical Manual of Mental Disorders (5th ed. 2022, text rev. DSM-5-TR)	2
Movement Advanced Project, <i>Healthcare Laws and Policies: Bans on Best Practice Medical Care for Transgender Youth</i> , www.mapresearch.org/equality- maps/healthcare/youth_medical_care_bans (last visited Aug. 29, 2024)	3
E. Coleman et al., <i>Standards of Care for the Health of Transgender and Gender Diverse People, Version 8</i> , 23 Int’l J. of Transgender Health Sept. 2022, at S64-65 (2022)	2

INTEREST OF *AMICI CURIAE*¹

Amici are families with transgender children who have been directly and adversely affected by Senate Bill 1 (“SB1”) and laws like SB1 that have been passed in other states. These laws are designed to prevent transgender adolescents from obtaining gender-affirming medical care that the adolescents, their parents and their doctors all agree is necessary as treatment for gender dysphoria. Through their stories, *amici* hope to illustrate the hardship that families experience when laws like SB1 deprive adolescents of gender-affirming medical care in their home states. The narratives contained in this brief are based on telephonic and videoconference interviews conducted between July 10 and August 26, 2024.

Amici are as follows:²

- Gail Jones and 16-year-old daughter, Jenny
- Leni Doe and 14-year-old son, Noah

¹ Pursuant to Rule 37.6, counsel for *amici curiae* certifies that no counsel for a party authored this brief in whole or in part, and no counsel or party made a monetary contribution intended to fund the preparation or submission of this brief. No person other than *amici curiae* or their counsel made a monetary contribution intended to fund the preparation or submission of this brief.

² *Amici* are proceeding pseudonymously to protect against the potential harm of disclosing their identities as families with transgender children.

- Jackie Chapman and 18-year-old daughter, Parker
- John Roe and 17-year-old son, Owen
- Madeline Smith and 14-year-old son, Richard

Amici offer this brief in support of Petitioner and Respondents in Support of Petitioner. *Amici* urge the Court to overturn the judgment of the Sixth Circuit.

SUMMARY OF ARGUMENT

The transgender children and teenagers featured in this brief have all suffered from gender dysphoria—a serious condition that causes them to feel significant distress as a result of the incongruity between their gender identity and the sex they were assigned at birth. Am. Psychiatric Ass’n, Diagnostic and Statistical Manual of Mental Disorders (5th ed. 2022, text rev. DSM-5-TR). The treatment for adolescents suffering from gender dysphoria includes gender-affirming medical care, such as the use of puberty blockers and hormone therapy. E. Coleman et al., *Standards of Care for the Health of Transgender and Gender Diverse People, Version 8*, 23 Int’l J. of Transgender Health Sept. 2022, at S64-65 (2022). Puberty blockers and hormone therapies are not only the standard of care, but they are the treatments that have specifically been deemed necessary for the adolescents featured in this brief. As exemplified by the narratives below, parents and healthcare providers have chosen to treat gender dysphoria using these methods to great effect.

With the passage of SB1, Tennessee is now one of 24 states that has enacted laws banning the provision of gender-affirming medical care to transgender adolescents. Movement Advanced Project, *Healthcare Laws and Policies: Bans on Best Practice Medical Care for Transgender Youth*, www.mapresearch.org/equality-maps/healthcare/youth_medical_care_bans (last visited Aug. 29, 2024). The narratives below offer a glimpse into how SB1 and similar laws in other states have harmed families with transgender children by prohibiting them from accessing where they live the medically necessary treatments they need for gender dysphoria. Each of these families has struggled immensely to ensure that their children did not lose access to medical care—which has been critical, beneficial and lifesaving—in the face of bans on gender-affirming medical care for youths in their home states. They urge the Court to put an end to such state-sanctioned discrimination against transgender youth through the unlawful denial of medical care that the transgender teens, their families and their doctors view as medically necessary and which undermines the states’ supposed interest in protecting children.

ARGUMENT

Because of the passage of laws barring the provision of gender-affirming medical care to transgender youth, some families have been forced to abandon their loved ones, communities and homes to move to states where their children can safely continue to access the medical care they need. Not getting care for their children, who need treatment to live healthy, normal childhoods, is simply not an

option. For some families, such as the Jones family, this has required splitting up the family so that one parent can live in a “safe” state with one child while the other parent and child remain behind.

Not all families are able to move in the face of laws banning gender-affirming medical care for their transgender children. Instead, some families have needed to endure significant financial hardship to travel out of state—in some cases, to multiple states or even out of the country—to secure treatment. And for some, such as the Smith family, paying out-of-pocket to travel across state lines is simply not an option. With assistance from charitable organizations, Madeline and Richard Smith were able to travel across the country to ensure that Richard could access his medical care. But that is not a viable or sustainable path for many affected families. Not only is such travel for care often cost-prohibitive, but it also interferes with school, work and childcare obligations. An inability to travel for care leaves parents with no way to shield their kids from the mental anguish of living with untreated gender dysphoria.

Amici’s stories offer a first-hand account of some of the harms caused by SB1 and other laws banning gender-affirming medical care for transgender youth, which leave parents with no way to provide their children with the medically necessary treatment they need in their home states. As made clear in the briefs submitted by Petitioner and Respondents in support of Petitioner, these laws violate the equal protection rights of transgender adolescents by imposing disparate treatment on the basis of sex because SB1 and similar laws “do[] not prohibit puberty-delaying

medication and hormone therapy across the board,” but instead do so “only when such treatment is used to depart from what [the state] considers typical of a minor’s sex assigned at birth.” (Resps.’ Br. in Support of Pet. at 1-2.) The Sixth Circuit’s opinion should be reversed, and the district court’s preliminary injunction should be reinstated to shield transgender adolescents and their families in Tennessee from the harms these families are enduring now.

I. Laws Like SB1 Split Up Families and Force Them To Leave Their Communities To Obtain Medically Necessary Care for Their Adolescents with Gender Dysphoria.

A. Gail Jones and 16-year-old daughter, Jenny

The Texas ban on gender-affirming medical care for minors split up the Jones family, forcing a teenager and her mother to relocate thousands of miles to Oregon while her father and older sister remained behind.

Jenny is a typical teenager. She loves animals (especially her cat), dreams of studying at Stanford University and becoming a doctor someday, and has competed in team sports like soccer and swimming. Jenny is also a talented musician, playing several instruments, including piano and the trumpet, and she participates in choir, theater, school band—and even a mariachi band. She is kind, a caring friend and a good listener.

Growing up, Jenny, whose sex at birth was designated as male, did not express many gender-specific likes or dislikes. Her family spent a lot of time camping, hiking and riding bikes. However, she never met typical male stereotypes. For instance, she was never interested in football, wrestling or trucks, like some of her male friends, and she loved music and dancing. Jenny became noticeably uncomfortable being treated as a boy as she grew up. She wore her sister's hand-me-downs and would cry every time her mother, Gail, cut her hair. Jenny hated the boyish haircut Gail gave her and wanted her hair to be longer, which at the time, Gail thought meant that Jenny wanted bangs. Jenny was also uncomfortable, even from a young age, wearing swim trunks and having her shirt off on the swim team.

When Jenny was around 12 years old, her parents noticed that she began crying herself to sleep every night. During this period, Jenny also began engaging in self-harm through cutting. Her parents were concerned, and sought out mental health counseling for Jenny, where she was diagnosed with depression. Each night, when Gail tucked Jenny into bed, she would have long conversations with Jenny, in which she encouraged her to share her feelings. One night, Jenny told Gail that she did not feel like a boy.

Jenny's parents were initially surprised by the news, and told her that there were lots of ways to be a girl or boy. Her parents researched how to best support her mental health and found her a counselor through a group for LGBTQ+ youth. Throughout, Jenny persisted in her female identity. Her parents started to use her chosen name and female pronouns, which she also used at school.

Jenny's parents did not rush to seek out medical intervention for Jenny; they approached her treatment carefully. After a few months, Jenny and her family visited Jenny's pediatrician for her annual checkup, and Gail asked Jenny if Jenny was comfortable discussing her gender identity. Jenny was, and informed her doctor. Jenny's physician asked Jenny and her parents whether they wanted to take any further steps at that time, but Jenny and her parents decided not to. A year later, at her next annual check-up with her pediatrician, Jenny explained that she was still experiencing gender dysphoria. She had continued to use a female name and pronouns at school; she also began expanding her wardrobe, dressing in more feminine clothes and expressing an interest in makeup. However, the recognition that she was not a boy, but was trapped in a boy's body, was a very dark place for Jenny's mental health. At that point, Jenny's physician referred her to a gender clinic for further evaluation.

Several months later, Jenny had her first appointment with the gender clinic. There, Jenny received a formal diagnosis of gender dysphoria, and had a consultation with an endocrinologist for over an hour, who explained the risks associated with puberty blockers and hormones. She also underwent numerous tests to ensure that she was at the correct stage of adolescence for gender-affirming medical care, which included blood work and a bone scan, and Jenny spoke with a social worker and a nurse. The family carefully considered all of the information they received at the clinic, and eventually decided that the best course of action for Jenny at that time was to begin taking puberty blockers. The endocrinologist

had explained that the puberty blockers would give Jenny more time to think about what her gender identity meant to her.

While Jenny was taking puberty blockers, Jenny's self-acceptance and mental health were improving, but she still struggled, especially as her male friends at school rejected her. Jenny felt like she had finally recognized who she is, but she still was not able to fully be that person. She still experienced ups and downs with her self-harming behaviors. One day during this period, the school guidance counselor reported to Jenny's parents that Jenny had searched for ways to commit suicide on the internet. Jenny's parents desperately wanted to protect their daughter. Gail had numerous bedtime conversations with Jenny, and they regularly checked in with her counselor and her healthcare team at the gender clinic, where Jenny expressed that she wanted to experience the changes to her body that would come with taking estrogen, as she felt like she was in limbo—caught in between recognizing that she is transgender but still not able to be the person she knew she was. Through discussions with her healthcare providers, in which her parents weighed the risks and benefits of treatment, Jenny and her family decided that estrogen therapy was the right path for her.

Jenny began taking estrogen halfway through her freshman year of high school, in the summer of 2022—almost 2.5 years after she first came out as transgender. She began to see changes in her body that matched her female identity, which she liked. At school, she joined the girls' swim team and the girls' choir for sopranos and altos. The improvement in her

mental health was remarkable. Jenny's cutting improved and she gradually started feeling happier with the feminine changes in her body.

In May 2023, the Texas legislature passed Senate Bill 14 ("SB 14"), which prohibits the provision of gender-affirming medical care for minors and requires the revocation of medical licenses for physicians who provide care. Tex. Health & Safety Code §§ 161.701 *et seq.*; Tex. Occ. Code § 164.0552(a). That law went into effect on September 1, 2023. Tex. Health & Safety Code §§ 161.701 *et seq.*

Jenny was understandably distressed by the new law. Not long after SB 14 passed, Jenny said to her mother, "Mommy, I can't do this anymore. I just can't." Jenny felt like the rug had been ripped out from under her. She liked the path she was on and how her body was changing to match her female identity, and she feared that she might be forced back into the "dark place" she was in before she began receiving estrogen hormone therapy. Gail was distressed that Jenny felt this way, and knew they needed to figure out a way to keep Jenny safe.

The family made the heart-wrenching decision to split up after exploring every other possible option. Following the ban on gender-affirming medical care for youth in Texas, the closest clinic still offering the medical care that Jenny needed was a 13-hour drive away, meaning that Jenny and her parents would have needed to regularly fly out of state for appointments every few months. And continuing to live in Texas was frightening and emotionally damaging for Jenny. Jenny's family also looked into boarding schools for Jenny in states that offered

gender-affirming medical care, but the timing of the Texas law's passage meant that each school had already distributed its financial aid and the family could not afford to pay full tuition. Jenny and her parents also did not want to be separated from each other for months at a time. It became clear that the only option was to split the family up. Gail's husband, who was needed in person for his work in Texas, and her eldest daughter, who was entering her senior year of high school that fall, stayed behind in Texas while Jenny and her mother moved to Oregon in the fall of 2023.

The move has taken an emotional and financial toll on the family. Jenny and her mother had to leave behind not only their family, but also the community of friends that they had developed over the course of living in the state for 10 years. It was also difficult for them to feel like a family from afar. Jenny's mother missed being around for her eldest daughter during her senior year of high school, including celebrating her birthday, helping with her college search and attending her final school play. At the same time, Gail felt like a single mother to Jenny, since she did not have the same co-parenting support from her husband while they lived apart. The move was also financially challenging for Gail and her husband, who together make under \$100,000 annually. They have had to pay for mortgages on two homes and to support their two children, on top of the expenses of a cross-country move and travel for occasional visits with each other.

Before Texas passed SB 14, Jenny's family "couldn't have possibly dreamed" of being where they are today. For them, the irony of the Texas legislation is that it was passed on the premise that it would be

good for families, when it caused their family nothing but harm.

B. Leni Doe and 14-year-old son, Noah

Noah is a 14-year-old transgender boy who moved from North Carolina with his mom, Leni, and three siblings to Michigan to receive gender-affirming medical care.

Noah told his family he was a boy when he was 11 years old. As a child, Noah was a happy kid, though Leni noticed that Noah was different from her other children and was very particular about his appearance. As Leni's only child assigned female at birth, Leni expected Noah to wear his hair long, but Noah insisted on short hair. He was a tomboy. Noah did go through phases where he tried to conform to what he thought a girl should do, but these phases were always short-lived and made Noah miserable. Even when he went through a period where he tried to wear dresses, he always insisted on shorts underneath. He preferred wearing oversized and baggy shirts and shorts, gravitating towards clothes that would hide his body. From the time he was potty training, he hated the Disney princess undergarments that Leni picked out for him and asked her to buy him the undergarments in the girls' section that were most like boys' boxer shorts. He was the type of kid who loved riding skateboards and being dirty. He was talkative and social, but he was also a bit anxious.

When Noah was 10 years old, just before puberty, he began having a hard time and his personality changed. He became withdrawn and depressed and began spending most of his time alone in his room.

Noah's increased anxiety became very apparent when he began his menstrual cycle. Noah started having anxiety attacks. They were day and night. One day, Leni found notebooks in Noah's room that said, "I hate myself," "I'm a freak" and "I'll never be accepted in society." The notebook also included mention of suicide.

Finding Noah's notebooks pushed Leni to get him therapy. Leni first got Noah into a family therapist who talked with Noah about his struggles with his gender identity. After about two months in therapy, the family therapist assessed Noah to determine whether he would qualify for more specialized therapy for his gender-related issues. Noah qualified, and the family therapist encouraged Noah to begin seeing a gender-affirming therapist whose training was tailored to speaking with kids Noah's age who were struggling with their gender identity. Noah began seeing a gender specialist, while also continuing his sessions with the family therapist.

After about six months of therapy—including four months with the gender-affirming therapist—Noah's pediatrician diagnosed him with gender dysphoria. The pediatrician had consulted notes from Noah's therapist before making the formal diagnosis.

At Noah's yearly checkup, Leni, Noah and Noah's pediatrician outlined a plan of care, which included continuing with each of his therapists, potential referrals to medical specialists who could help Noah navigate his gender dysphoria and plans of continued care on realistic timelines. Leni was very affirming and accepting of Noah. She also wanted to ensure that if and when Noah began accessing medical

treatments, it would be because Noah had followed all the necessary steps, was ready mentally and physically to take the medication and because a team of doctors and healthcare professionals had said it was necessary.

Through therapy and additional consultation with Noah's pediatrician, it eventually became clear that Noah needed medical care to treat his gender dysphoria. Noah had already begun puberty, and it was too late for him to begin puberty blockers. A gynecologist and endocrinologist had recommended progesterone—essentially birth control—to treat cysts unrelated to Noah's gender dysphoria that had developed on Noah's reproductive organs. The progesterone would cease Noah's periods, and, while the purpose of the progesterone was not to treat Noah's gender dysphoria, the endocrinologist said that this would also be a helpful side-effect of the medication. Then, after about 18 to 24 months of therapy and many months of taking progesterone, Noah's pediatrician—in consultation with both of Noah's therapists—referred Noah to a gender clinic in Raleigh, North Carolina. All in all, Noah continued with therapy for nearly two years before the family even considered hormone therapy beyond birth control.

The gender clinic in Raleigh had a long waitlist. Noah finally secured an appointment. Then, in August 2023—just a few weeks before Noah was scheduled to meet with the endocrinologist in Raleigh and nearly three years after Noah had come out as transgender—House Bill 808 (“HB 808”) went into effect. N.C. Gen. Stat. §§ 90-21.150 *et seq.* That law prohibits doctors from providing gender-affirming

medical care, including puberty blockers or hormone therapy, for the purpose of “gender transition.” *Id.* § 90.21.151. Noah’s appointment was canceled.

After the law went into effect, Noah shrank into himself. He became nervous. He was no longer the child who had grown confidently into himself over the last two years. Leni knew she had to do something—anything—to make sure all her children, including Noah, were happy and healthy.

Three weeks after HB 808 went into effect, Leni moved her family—four children and a very supportive partner—back to her home state of Michigan. The move cost \$10,000, a financial burden from which the family is still recovering. The move also meant that Noah had to begin with a new therapist and psychiatrist in Michigan, and he had to start seeing a new pediatrician who had not previously treated Noah’s gender dysphoria.

Moreover, even after moving, Noah did not have access to the medical care he needed immediately. Given bans on gender-affirming medical care all over the country, many people are travelling out-of-state to access the care they need, and care in Michigan is bottlenecked as a result. Even though Noah and his family moved to Michigan in September 2023, Noah was not able to begin receiving gender-affirming treatment at the gender clinic at the University of Michigan until July 2024—ten months later.

At the University of Michigan, Noah’s first appointment was with a social worker who interviewed Leni and her partner alone, then did an evaluation with Noah alone, and then met with the

family all together. This appointment lasted more than five hours. After evaluating Noah's years of therapy, previous care received and level of familial support, the social worker recommended that Noah begin hormone therapy. Noah also underwent lab work at that time. Ten days later, the family went back to meet with an endocrinologist, who went through all the side effects of hormone therapy, and Noah also had a separate appointment with a nurse to further discuss the side effects of the treatment. Overall, doctors spent hours speaking with Noah and his family during these initial meetings to ensure that the family was properly educated about gender-affirming medical care and understood the risks and benefits associated with hormone therapy. This was in addition to years that Noah spent in therapy before seeing an endocrinologist to treat his gender dysphoria. Thus, before he began hormone therapy, myriad healthcare and child-welfare professionals—pediatricians, endocrinologists, nurses, therapists and a social worker—had evaluated Noah over nearly five years and determined that he was ready for and would benefit from such treatment.

Now that Noah is receiving hormone therapy, he is the happiest and healthiest version of himself. He has a great group of friends, is social and is looking to the future. For a while, Leni thought this would never be possible.

Leni often reflects on what life would have looked like if Noah were not able to access the healthcare that he needs. Before Noah's diagnosis and access to care, Leni was petrified that she would lose her son to suicide. Being able to access the care he needs has not only improved Noah's quality of life, but the whole

family's quality of life. Even though the family is still recovering financially from their move to Michigan, Leni is relieved to be living in a place where her son can access the medical care that he needs. As she put it, if you don't have your health—including your mental health—then what do you have?

C. Jackie and David Chapman and 18-year-old daughter, Parker

Legislation banning gender-affirming medical care in Missouri required Jackie Chapman's 18-year-old daughter, Parker, to leave home and start college early.

Parker was assigned male at birth and came out to her parents as transgender around June 2020, after her freshman year of high school. Around that time, Jackie noticed that Parker had been depressed and isolated from her family and, despite being a straight-A student, her grades suddenly plummeted. Jackie had attributed Parker's withdrawal to the COVID-19 pandemic and difficulty connecting with her peers. Jackie and her husband, David, knew that they needed to understand if something more was going on so that they could help Parker. David went to a park with Parker to talk, where David told Parker that he loved and supported her, and she eventually shared that she is transgender and had been self-harming to escape the pain from her biological sex not aligning with her gender identity.

The news shocked Jackie and David. Upon reflection, however, Jackie and David realized that Parker had given signs of gender non-conforming behavior earlier. For instance, she had hated having

her hair cut short, which was a requirement of the Catholic school she attended as a child. Indeed, Parker would grow her hair out every summer. Parker's parents later learned that Parker had also been taking showers in the dark and could not bear to look in the mirror because the male body and face she saw was "grotesque" to her. After Parker expressed her female identity, Jackie and David saw her smile for the first time in years; they felt like they had their child back.

Parker's parents acted on the news immediately, particularly because Parker was self-harming in response to the disconnect between her biological sex and her gender identity. Jackie was afraid to leave the house because of the possibility that Parker might hurt herself, and locked up every sharp object and potentially harmful medication in the house. After Parker came out to her parents, Parker's parents arranged for her to see a psychologist the very next day, who confirmed that Parker was experiencing symptoms of gender dysphoria. Jackie admits that she was initially skeptical about whether Parker was transgender or had gender dysphoria, and the family approached the process slowly. When Parker first came out, she had chosen a new name that she wanted to use with Jackie and David, but she did not want to tell her brothers. Based on that, Jackie and David wanted to make sure that she was really experiencing gender dysphoria before considering any sort of medical intervention.

About six months later, Parker began seeing a pediatric endocrinologist. The endocrinologist discussed with Parker and her parents how Parker was feeling, the steps she was taking to socially

transition and all possible risks and side effects of puberty blockers and hormones. Although Parker wanted to start taking hormones right away, the endocrinologist made it clear that she and her parents would need to think about and research her options first. Her mother described the discussions of treatment options as more detailed than what she herself had received for far riskier medical care.

Parker did not start puberty blockers until six months after her first appointment with the endocrinologist. Throughout that time, Parker never wavered in her female identity; she continued to see a community therapist, began using female pronouns and came out to her brothers as transgender. Her parents and pediatric endocrinologist were still rigorous about the process and followed the clinical guidelines at every step. Before she was prescribed puberty blockers, Parker had screenings with multiple psychologists, as well as several medical tests done to ensure that she was at the right stage of puberty and that the treatment would not have any harmful effects.

While she was taking puberty blockers, Parker began to present her identity socially as a girl. She came out at school, and she began using her chosen name publicly. In August 2022, Parker's school records were changed to reflect her gender identity. Parker often dressed androgynously, but she also wore dresses and seemed more comfortable as herself.

Following communications with Parker's doctors about developmentally appropriate next steps, Parker started taking estrogen in May 2022, after she turned 16 and nearly two years after coming out to her

parents. Even though Parker had started taking an antidepressant when she first came out, Jackie did not notice a real improvement in Parker's depression; by contrast, within three months of taking estrogen, Parker was noticeably happier, well-adjusted and talkative again. Her self-harming behaviors, which had improved but had not completely resolved over the course of her mental health treatment, also stopped. She interacted more with her family, and had more friendships than ever before. To Parker's parents, the process was "beautiful."

Then Missouri passed SB 49 in June 2023, banning the very gender-affirming medical care that had been medically necessary for Parker. Mo. Rev. Stat. Ann. § 191.1720. Given Parker's transformation—physically and emotionally—her parents knew that stopping her care would be devastating for her mental health. When SB 49 was introduced, Parker experienced a setback in her self-harm; although she tried to hide it, Jackie saw marks from cutting on her legs. Parker also revealed to her parents that before receiving gender-affirming treatment, she had considered suicide, and described her life as "torturous," like living in a bad dream.

Although Parker's parents explored transferring her care to Kansas, anti-transgender laws were passing there, too. Parker and her parents began to feel like she was no longer in a safe place. While discussing with Parker's school counselors whether she could take the GED and move elsewhere, the family learned that Parker only needed two credits to graduate. Within six weeks, and while working full-time at a data science internship at a major hospital, Parker managed to attend summer school, graduate

high school, and apply to college and scholarships. She was accepted to college, received scholarships and moved to Minnesota, where gender-affirming medical care remains appropriately lawful, in August 2023.

In doing so, Parker sacrificed her senior year of high school, left home at 17, and did not have the college options she expected because of her application's timing. Her younger brother struggled with her absence, and Parker's parents feared she would fail in college given her age and the short timeline that she had to make the transition. But the idea of being forced to stop Parker's gender-affirming medical care was far scarier. Parker is now in a healthier place, mentally and physically, and has flourished at school, learning about philosophy, biology and chemistry. She is lucky that she was able to graduate a year early and find care elsewhere. But no family should have to send their child away from home in order to keep them safe.

II. Laws Like SB1 Force Families To Disrupt Their Lives and Make Costly Travel Plans To Obtain Medically Necessary Care for Their Adolescents with Gender Dysphoria.

A. Madeline Smith and 14-year-old son, Richard

Richard is a 14-year-old transgender boy living in Texas with his mother, Madeline. Madeline and her ex-husband knew from an early age that Richard was not like other girls. He wanted to be Iron Man for Halloween for years, and then Spiderman. He was always a tomboy, and he always wanted to play with

the boys. When he was as young as three years old, Richard announced to his mother that he wanted a penis. Then, in the summer between first and second grade, Richard told his parents that he was a boy. After he came out, many of his “rough edges” smoothed over. He seemed more comfortable and confident. After he cut his long hair into a shorter, boyish cut, Madeline noticed that Richard started walking differently, as if he were more “aligned.”

The summer after Richard came out as transgender, he was living in Maine with his father. He began dressing exclusively as a boy, and when he started at a new school in the fall, he introduced himself as a boy and used male pronouns. He also began therapy in 2016 and has been in therapy ever since.

After Richard had been living as a boy for about a year, he received a formal diagnosis of gender dysphoria from his care team. He began seeing doctors at the MaineHealth Barbara Bush Children’s Hospital, who began monitoring Richard’s bloodwork, and when he was around 10 years old, Richard was put on puberty blockers once his labs indicated that he had entered the first stage of puberty. Richard never experienced any difficulties with his care or his experience as a transgender boy while living in Maine. His friends, classmates and teachers all accepted him.

By 2021, Richard and Madeline were living in Texas, and Richard continued therapy and continued receiving puberty blockers at Dell Children’s Medical Center in Austin. In August 2022, Richard’s doctors determined that he was ready to begin taking testosterone so that he could go through puberty as a

male. Richard's doctors discussed the side effects of this therapy with Richard and Madeline, and both Richard and Madeline also did their own research on the issue and discussed the treatment plan together. Seeing how thrilled Richard was at the thought of his "outsides matching his insides" confirmed for Madeline that she was doing the right thing.

After it became clear that Texas was going to pass a law barring doctors from providing gender-affirming medical care to transgender youth, Madeline began researching other options to ensure the continuity of her son's care. But Madeline was unable to afford any of the costs that she was quoted by out-of-state clinics. Madeline became angry at what was happening in Texas to Richard and other children like him. As a "low income single mother and person of color who does not have the means to travel for care," Madeline felt like the law struck families like hers the hardest. As Madeline explained, "Parents are just trying to buy their kids time so that they can have a choice about their bodies when they are older." She was furious that the state was trying to deprive her son of that choice.

After the Texas ban went into effect, Richard was unable to obtain access to puberty blockers, and his last dosage ran out in December 2023. Richard was able to stretch his testosterone medication until June 2024. Finally, in July 2024, Madeline and Richard were connected through a charitable organization to a gender-affirming medical care clinic in New Mexico, where Richard was able to secure the medical care he needed for his gender dysphoria. Madeline does not know how she will afford the trip back to New Mexico

for Richard's next appointment. But she knows that she will do whatever she can to figure it out.

B. John Roe and 17-year-old son, Owen

John Roe and his 17-year-old transgender son, Owen (or "O"), live in Memphis, Tennessee with Owen's mother and younger sister.

Owen—who enjoys cooking, baking, playing basketball, graphic design, reading, video games, and taking care of his dog—came out to his family as transgender a few days after his fourteenth birthday. As the family was driving back from a road trip, Owen expressed feeling different, like the gender he was assigned at birth did not match who he really was. After this conversation, Owen expressed to his family that, at that time, he felt most comfortable identifying as non-binary. Rather than rushing to place a label on him, his family gave him space and time to explore his identity, while ensuring that he had the support he needed to come to terms with who he was. To start, Owen's parents encouraged Owen do what felt comfortable in the moment by, for example, getting his hair cut when he was 14. Six months later, after Owen expressed that he wanted to continue exploring his identity, his parents gave him the flexibility to update his wardrobe to more closely align with his gender identity. When Owen was 15, he took the next big step and began seriously discussing a name change with his family. He decided to keep his nickname, O, but picked Owen as his new name, inadvertently picking a variant of his great-great grandfather's name. John, Owen's father, remembers Owen's younger sister updating her brother's contact

information on her phone as soon as Owen shared his new name.

When Owen was 16 years old, he and his family began searching for a therapist who could support him through his exploration of his gender identity. The therapist he eventually connected with verified that Owen was experiencing gender dysphoria. Owen was able to find and secure care at Cincinnati Children's Hospital, where he felt embraced and supported by staff that gave him and his family information about treatment options for gender dysphoria. Owen and his family would have ideally sought local care in Memphis or Nashville at a hospital run by Vanderbilt University, but all the doctors that John contacted indicated that they were no longer taking patients because of the newly enacted Tennessee law banning gender-affirming medical care for minors.³

After discussing his options with his family and healthcare team at Cincinnati Children's Hospital, Owen received a prescription for testosterone in April 2023, which the family was able to fill in Cincinnati. John then had to return to Cincinnati in September 2023 to refill his son's prescription.

Just a few months later, everything changed again when Ohio passed a similar law in early 2024 banning gender-affirming medical care for minors.⁴ Rather than continuing to get care from doctors with whom he was already familiar and comfortable, Owen has had to yet again locate new doctors in a new state.

³ Tenn. Code Ann. §§ 68-33-101 *et seq.*

⁴ Ohio Rev. Code §§ 3109.054, 3129.01-06, 3313.19, 3345.562.

The family currently plans to seek care in Illinois, and they plan to travel for Owen's first visit September 2024.

With each new law limiting the options available to Owen, the family has incurred not only increased travel expenses but also healthcare expenses that their insurance does not cover. According to John, "I'm a minister, and my wife is a teacher. We aren't wealthy, but we are fortunate enough to have the means to do these things." But if minors are denied the gender-affirming medical care they need, John worries that his and other families will be faced with the decision with whether to opt out of that care, either due to budgetary restraints or fear that they will face legal consequences. John shares that, for his family, "moving is not on the table." As he explained, "We don't have the economics to just drop everything and move away. In any event, if we had moved to Ohio a year ago because we liked that hospital so much, we'd still be in trouble today." John is playing whack-a-mole, when all he wanted was to let Owen "be a kid."

CONCLUSION

Amici curiae respectfully request that this Court overturn the judgment of the United States Court of Appeals for the Sixth Circuit.

September 3, 2024

Respectfully submitted,

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