



US Supreme Court upholds Tennessee law denying adolescents gender-affirming care

Conservative justices agreed with the state and Trump administration that banning minors' treatment for gender dysphoria is not discriminatory. Susan Jaffe reports.

In its first major foray into the debate over gender-affirming care, the US Supreme Court upheld a Tennessee law banning puberty blockers and hormone therapy for minors when used to treat gender dysphoria. Three transgender teenagers, their families, and a doctor sued to overturn the law, arguing that it discriminates against minors on the basis of sex. The Biden administration joined the case in 2023, claiming that the law violates Americans' right to equal protection under the law guaranteed in the Fourteenth Amendment of the US Constitution.

In an unusual move, the Trump administration reversed the Federal Government's position to support Tennessee's law but asked the Supreme Court to decide the case, known as *United States v Skrmetti*.

On behalf of the court's five other conservative members, Chief Justice John Roberts wrote that the law is not discriminatory because the ban restricts specific medical treatment for a specific purpose and applies equally to boys and girls. "The law does not prohibit conduct for one sex that it permits for the other."

Because the law regulates medical treatment in a way that does not distinguish between the sexes, Roberts wrote that it is subject to less strict legal review and, therefore, Tennessee is not violating the equal protection rights of transgender youth. The law allows Tennessee teenagers younger than 18 years to receive medical treatment such as puberty blockers, hormone therapy, and surgery to treat congenital defects, precocious or late puberty, or to recover from physical injuries. However, these treatments cannot be provided to minors for

gender dysphoria, gender identity disorder, or gender incongruence.

Roberts acknowledged that "This case carries with it the weight of fierce scientific and policy debates about the safety, efficacy, and propriety of medical treatments in an evolving field." One example he mentioned was a 2024 report commissioned by the UK's National Health Service that found weak evidence on the long-term outcomes of treatment for gender-related stress. As a result, the court determined that the medical treatment addressed in the law is controversial and not a matter the court can resolve. Instead, Roberts concluded the court should defer to the judgement of state lawmakers. "Questions regarding the law's policy are thus appropriately left to the people, their elected representatives, and the democratic process", he wrote.

Justice Sonia Sotomayor disagreed so strongly with the majority's decision that she read her dissenting opinion aloud from the bench, something justices rarely do. Writing for herself and the court's two other liberal justices, her scorching rebuttal argued that Tennessee's law "plainly discriminates" on the basis of sex and transgender status because it explicitly disqualifies only those minors seeking "life-saving medical care" to treat gender dysphoria. She also disputed the claim that there is no consensus among medical experts on the merits of gender-affirming care for minors. She named several major medical associations that support the use of puberty blockers and hormone therapy for minors when clinically necessary, including the American Academy of Pediatrics (AAP), the American Medical Association, the

American Psychiatric Association, the American Psychological Association, and the American Academy of Child Adolescent Psychiatry.

"If left untreated, gender dysphoria can lead to severe anxiety, depression, eating disorders, substance abuse, self-harm, and suicidality", Sotomayor continued. And so the court majority should have used a higher level of scrutiny to decide the issue. "By retreating from meaningful judicial review exactly where it matters most, the Court abandons transgender children and their families to political whims. In sadness, I dissent."

Among the physician and nurses groups that criticised the decision was the 67 000-member AAP, which filed an amicus brief along with 22 other health-care provider associations in support of the plaintiffs. "Gender-affirming care is medically necessary for treating gender dysphoria and is backed by decades of peer-reviewed research, clinical experience, and scientific consensus", said AAP President Susan Kressly in a written statement. "Too often mischaracterized as exclusively involving surgery and hormones, this care is provided thoughtfully and with the involvement of multidisciplinary teams of physicians, mental health professionals, families, and most importantly, young people themselves. Denying patients access to this care not only undermines their health and safety, it robs them of basic human dignity."

Nancy Northrup, President and CEO of the Center for Reproductive Rights (New York, NY, USA), pointed to similarities between the reasoning in this decision and the court's ruling

For the 2024 report commissioned by the NHS see <https://cass.independent-review.uk/home/publications/>

For the **Williams Institute report** see <https://williamsinstitute.law.ucla.edu/publications/impact-gac-ban-eo/>
 For the **KFF analysis** see <https://www.kff.org/other/dashboard/gender-affirming-care-policy-tracker/>

3 years ago eliminating nationwide access to a safe and legal abortion. “The Supreme Court has once again taken a wrecking ball to Americans’ rights to make decisions about their own bodies”, she said in a written statement. “Overturning *Roe v Wade* was the first domino, setting the stage for other personal liberties to fall.”

Chase Strangio, the Co-Director of the American Civil Liberties Union (ACLU)’s LGBTQ and HIV project who represented the plaintiffs before the court, called the decision “devastating”. He said it withholds medically necessary care that doctors recommend and that parents want for their children. However, because the ruling is narrowly focused on medication therapy for minors diagnosed with gender dysphoria, he said it is unlikely to affect other lawsuits involving transgender rights.

Several legal challenges have been filed around the country to block President Trump’s executive orders affecting transgender people. Lawsuits now working their way through courts target orders including restricting gender-affirming care for children and teenagers younger than 19 years, prohibiting transgender people from serving in the military, prohibiting transgender girls and women from competing in girls’ and women’s school sports, cancelling federal funding for transgender health research, and restricting the sex designation on US passports to male or female.

At a press conference, Tennessee’s Attorney General Jonathan Skrmetti called the decision “a big win for democracy”. He said that the court’s majority agreed that gender-affirming care for minors is controversial and states should be allowed “to make these decisions where the evidence is contested, the states and not the judges should be the ones who decide”. Skrmetti congratulated the sponsors of the legislation, including Tennessee State Representative

William Lamberth, who told reporters that “the research just isn’t there” to support “irreversible gender transition care”. Lamberth also claimed the evidence shows that “the overwhelming majority of kids that deal with gender confusion in their youth grow out of it unless they’re put on these irreversible courses of treatment”.

About 300 000 teens in the USA aged between 13 and 17 years identify as transgender, according to a [2025 report](#) from the Williams Institute at the University of California School of Law (Los Angeles, CA, USA). Of those individuals, an analysis by KFF (a health policy research non-profit formerly known as the Kaiser Family Foundation) found that 40% live in the 27 states that restrict youth access to gender-affirming care. KFF also found that, in 24 states, health-care providers face professional or legal penalties for violations. Legal challenges are underway in 17 states. “Because the court has upheld Tennessee’s ban, it’s likely that other bans could survive as well”, said Elana Redfield, the Williams Institute’s Federal Policy Director.

However, this decision does not overrule those states that permit it, including New York. Letitia James, New York’s Attorney General, said that “gender-affirming care remains legal and protected in New York, including for young people. To the transgender community in Tennessee and across the country...we will not let this decision weaken our resolve to build a safer, more just, inclusive, and compassionate nation for all”.

After limiting the case to sex discrimination and equal protection, the court declined to address the question the plaintiffs raised about whether parents have a constitutional right to direct their children’s medical care, said Harper Seldin, Senior Staff Attorney at the ACLU’s LGBTQ and HIV project. “This is an instance of the state getting in between doctors and parents and their adolescent children

to substitute the state’s view of what boys and girls should be and should look like, instead of what doctors, parents, and adolescents themselves decide is best.”

There are situations where the care parents want for their child is less likely to be carried out, including care deemed experimental, not part of the standard care, or so new that it lacks outcome data, said Arthur L Caplan, founding head of the Division of Medical Ethics at the New York University Grossman School of Medicine’s Department of Population Health (New York, NY, USA). Caplan said that none of those considerations are sufficient to override the parents’ wishes when their child and medical providers agree that gender-affirming care is necessary. “There is a legitimate medical condition recognised by paediatricians and psychiatrists called gender dysphoria”, he said. Prohibiting medication for this condition while allowing the same care for a different condition “doesn’t sound like equal treatment to me”, Caplan continued. “I think we should all be deeply worried when any court steps in and says the legislature—local or federal—can intervene in the doctor-patient relationship.”

The patchwork of changing state restrictions has forced families who can afford it to travel long distances for gender-affirming care. “After Tennessee passed its ban, we travelled to another provider in another state”, Samantha Williams, the mother of one of the teenage plaintiffs in the Tennessee case, wrote in a *New York Times* op-ed article after the court ruled against her. That state also passed a ban, as did the next state they tried. They now drive 5 h each way to get care in a fourth state. Such hurdles underscore why she and her husband filed their lawsuit, she wrote. “Let us do our job as parents. Let us love and care for our daughter in the best way we and our doctors know how.”

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