News



The U.S. Supreme Court in Washington is seen Jan. 31. The nation's highest court is scheduled to hear Dec. 4 a challenge to a Tennessee state law banning certain types of medical or surgical gender reassignment procedures for minors who identify as transgender, the high court's first major step toward weighing in on the controversial issue. (CNS/Tyler Orsburn)

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The Supreme Court is scheduled to hear Dec. 4 a challenge to a Tennessee state law banning certain types of medical or surgical gender reassignment procedures for minors who identify as transgender, the high court's first major step toward weighing in on the controversial issue.

The high court agreed earlier this year to hear United States v. Skrmetti, the Biden administration's challenge to a law in Tennessee restricting gender transition treatments including puberty blockers for minors. Previously, a federal appeals court in Cincinnati allowed such laws in both Tennessee and Kentucky to take effect after they had been blocked by lower courts. The Supreme Court did not take up a separate appeal concerning Kentucky's law.

At least 25 Republican-led states have adopted laws restricting or banning gender reassignment surgery or hormonal treatments for minors, although not all of those bans are currently in effect amid legal challenges, according to data from the Movement Advancement Project, an LGBTQ+ policy group. A ruling in United States v. Skrmetti could potentially have a significant impact on whether those laws are enforced or prohibited.

Supporters of prohibitions on gender transition surgeries or hormonal treatments for minors who identify as transgender say such restrictions will prevent them from making irreversible decisions as children that they may later come to regret as adults. Critics of such bans argue that preventing those interventions could cause other harm to minors, such as mental health issues or physical self-harm.

The question at issue in the case before the Supreme Court is whether Tennessee's law, Senate Bill 1, violates the equal protection clause of the 14th Amendment.

In an Oct. 8 brief filed to the high court, respondents in the case including Tennessee Attorney General Jonathan Skrmetti wrote, "While the government is free to favor its transition-first, ask-questions-later approach, the Constitution does not

bind Tennessee to that same choice. This case involves a routine exercise of state power that touches on a controversial topic. But not every contentious social issue calls for a constitutional override."

But in a friend-of-the-court brief, also known as an amicus brief, the American Psychological Association alongside other mental health organizations wrote that they are "deeply concerned about the mental health effects of banning gender-affirming medical interventions."

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

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Medical providers in a number of countries have recently re-evaluated the application of gender identity interventions in children. Earlier this year, the National Health Service (NHS) in England announced it would no longer automatically prescribe puberty-suppressing hormones to child patients at its gender identity clinics. Other countries including Denmark, Finland, France, Norway and Sweden have moved to limit such treatments or otherwise prevent overdiagnosis of gender dysphoria.

England's move followed an interim report by Dr. Hilary Cass, a former president of the Royal College of Pediatrics and Child Health, whom the NHS appointed in 2020 to conduct an independent review of its gender identity services. The Cass report found "gaps in the evidence base" for puberty blockers, which arrest the onset of puberty by inhibiting sex hormones.

In guidance on health care policy and practices released in March 2023, the U.S. Conference of Catholic Bishops' Committee on Doctrine outlined the church's opposition to interventions that "involve the use of surgical or chemical techniques that aim to exchange the sex characteristics of a patient's body for those of the opposite sex or for simulations thereof."

"Any technological intervention that does not accord with the fundamental order of the human person as a unity of body and soul, including the sexual difference inscribed in the body, ultimately does not help but, rather, harms the human person," the document states.

A 2022 study by the UCLA Williams Institute found that there are approximately 1.6 million people in the U.S. who identify as transgender, with nearly half of that population between the ages of 13 and 24.