IN THE

SUPREME COURT OF THE UNITED STATES

UNITED STATES, et al.,
Petitioners,

v.

JONATHAN SKRMETTI, et al.,
Respondents.

BRIEF OF AMICUS CURIAE

IN SUPPORT OF PETITIONERS

Amicus Curiae Pro Se

CORPORATE DISCLOSURE STATEMENT

Amicus curiae is an individual and not a corporate entity. No parent corporation exists, and no publicly held company owns 10% or more of any interest in amicus.

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INTEREST OF AMICUS CURIAE

Amicus curiae is an independent legal and evidentiary analyst with extensive experience in legal research, regulatory interpretation, and the evaluation of complex evidentiary records, including the interaction between clinical frameworks, diagnostic criteria, and statutory regulation.

Amicus submits this brief to address a discrete issue not fully developed by the parties: whether a State may impose categorical medical restrictions on minors based on evidence not shown to be probative of the population it regulates.

Pursuant to Rule 37.6, amicus states that no counsel for any party authored this brief in whole or in part, and no person other than amicus curiae made a monetary contribution to its preparation or submission.

All parties have consented to the filing of this brief.

SUMMARY OF ARGUMENT

The question presented is not whether a State may regulate medical care for minors. It may. The question is whether it may impose a categorical prohibition on a defined class while relying on evidence not shown to be probative of that class.

The statute defines "minors" as a distinct population for purposes of restriction. Yet the evidentiary record invoked by the State aggregates data across materially different populations, including adults and clinically heterogeneous groups, without demonstrating that the asserted risks are present within minors as a class.

That failure of fit is constitutionally dispositive. Even under deferential review, the State may not rely on evidence that is not probative of the class it regulates. It may not define a class narrowly for purposes of prohibition while justifying that prohibition with evidence that does not correspond to that class.

Nor may the State displace parental medical decision-making based on generalized uncertainty where it has not shown that the asserted risks are present within the regulated population.

Because the statute rests on unsupported generalization rather than class-specific justification, it is overinclusive and lacks the required constitutional fit. The judgment below should be reversed. This case can be resolved without adopting any broader rule regarding the constitutionality of such regulations.

ARGUMENT

This case turns on a single requirement: the State may not rely on evidence that is not probative of the class it regulates.

This requirement does not alter the deferential nature of rational-basis review; it reflects only the minimal requirement that legislative classifications bear a rational relationship to the evidence invoked to justify them. That requirement does not demand scientific certainty. It requires only that the State's justification correspond to its classification. Where the State defines a class—here, minors—it must demonstrate that the risks it invokes are present within that class.

I. A STATE MAY REGULATE MEDICAL CARE FOR MINORS, BUT ONLY ON EVIDENCE PROBATIVE OF THE CLASS IT REGULATES

States possess broad authority to regulate medical interventions involving minors, particularly where uncertainty or risk is present. *Prince v. Massachusetts*, 321 U.S. 158, 166–67 (1944). The State may act on uncertainty and is not required to produce conclusive or population-perfect evidence.

That authority, however, is bounded by the requirement that legislation bear a rational relationship to the class it governs. *Romer v. Evans*, 517 U.S. 620, 632–33 (1996); *City of Cleburne v. Cleburne Living Ctr.*, 473 U.S. 432, 446–47 (1985).

This case does not require the Court to resolve contested medical questions. It requires only that the State's justification be directed to the population it has chosen to regulate. Where the State relies on evidence not shown to be probative of that population, the required rational relationship is absent.

II. THE STATUTE FAILS BECAUSE ITS EVIDENTIARY JUSTIFICATION DOES NOT CORRESPOND TO THE CLASS OF MINORS

The State defines "minors" as a distinct class for purposes of prohibition, yet relies on evidence that does not distinguish minors from materially different populations. The State may not rely on evidence that is not meaningfully relevant to the class it regulates.

That is not simply a matter of evidentiary weight. It is a failure of relevance. A legislature may not define a class with precision for

purposes of restriction and then justify that restriction with evidence that treats that class as indistinguishable from others.

The Constitution does not require scientific certainty. But it does require that the State's justification correspond to its classification. Where the State draws a boundary, it must show that the risks it invokes are present within that boundary.

III. RELIANCE ON HETEROGENEOUS AND AGGREGATED DATA CANNOT JUSTIFY A CLASS-SPECIFIC PROHIBITION

The record reflects these limitations. Systematic reviews cited in the record identify "serious methodological weaknesses," including small sample sizes and high attrition rates, preventing "any verifiable conclusions regarding the long-term effects" of treatment in minors, with long-term outcomes remaining unknown. *See J.A. 588–89 (systematic review finding "serious methodological weaknesses," including small sample sizes and high attrition, preventing "any verifiable conclusions regarding the long-term effects" and noting long-term outcomes are unknown)*.

Likewise, international evidence reviews conclude that existing studies consist of "small, uncontrolled observational studies… subject to bias," with results of "very low certainty" and a "largely unknown" long-term safety profile in children and adolescents. *See id. (summarizing international reviews describing evidence as very low certainty and long-term effects as unknown)*.

Individual studies cited in the record similarly rely on cross-sectional designs and biased recruitment methods that can demonstrate correlation but not causation, and that fail to

isolate treatment effects within defined pediatric populations. *See J.A. 573–74 (describing studies based on cross-sectional survey data, subject to recruitment bias, and unable to establish causal relationships)*.

This Court has rejected legislative reliance on overbroad generalizations where those generalizations are not meaningfully connected to the regulated class. *Craig v. Boren*, 429 U.S. 190, 198–204 (1976); *Cleburne*, 473 U.S. at 446–47.

At the same time, portions of the record reflect that available evidence may support treatment in specific clinical contexts and that parents are capable of informed decision-making. *See* J.A. 106–07 (expert explaining that evidence for gender-affirming care is comparable to other pediatric treatments and that parents can provide informed consent).

Taken together, the record reflects not population-specific evidence, but heterogeneous and methodologically limited data that does not establish that the asserted risks or benefits apply to minors as a class. That failure of population-specific evidence is sufficient to resolve this case. This does not require precision in legislative line-drawing; it requires only that the evidence relied upon bear a rational relationship to the class defined. That failure of population-specific relevance is sufficient to defeat the State's asserted justification.

IV. A CATEGORICAL BAN IS OVERBROAD ABSENT EVIDENCE OF RISK ACROSS THE REGULATED CLASS

The State imposes a categorical prohibition without demonstrating that the asserted risks are present across the regulated class.

That is the hallmark of an overinclusive classification. Where a law extends beyond the scope of the risks that justify it, it exceeds constitutional limits. *Zablocki*, 434 U.S. at 388; *Shelton*, 364 U.S. at 488.

Here, the State has not identified evidence demonstrating that the asserted risks extend across the regulated class. Nor has it attempted to tailor its regulation to reflect variation within that class. Categorical rules in pediatrics are common, but they typically rest on evidence directed to the pediatric population itself

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V. LEGISLATIVE UNCERTAINTY DOES NOT PERMIT NON-PROBATIVE EVIDENCE

The State may contend that legislatures are entitled to act under conditions of medical or scientific uncertainty. That principle is not disputed.

But uncertainty does not eliminate the requirement of relevance. Even under deferential review, the State must rely on evidence that is probative of the class it regulates. It may not substitute generalized uncertainty derived from other populations for evidence applicable to the regulated class itself.

To hold otherwise would permit the State to define a class precisely for purposes of restriction while dispensing with that precision when identifying the evidence used to justify the restriction. The Constitution does not permit that asymmetry.

VI. THE STATE CANNOT DISPLACE PARENTAL MEDICAL DECISION-MAKING BASED ON NON-SPECIFIC EVIDENCE

Parents possess a protected liberty interest in directing the medical care of their children. *Troxel v. Granville*, 530 U.S. 57, 65–66 (2000); *Parham v. J.R.*, 442 U.S. 584, 602–04 (1979).

That interest may be overridden where the State demonstrates a sufficient risk of harm to the child. But where the State relies on evidence not shown to be probative of the child's clinical category, it substitutes generalized uncertainty for individualized judgment.

That substitution, without evidence directed to the regulated class, is insufficient to justify displacement.

CONCLUSION

The State may regulate medical interventions involving minors, but it must do so in a manner that reflects the population it regulates.

Because the statute rests on evidence not shown to be probative of that population, it lacks the required constitutional fit between means and ends.

This case can be resolved without choosing between competing medical views or adopting broader doctrinal rules.

The judgment of the court below should be reversed.

Respectfully submitted,
Amicus Curiae Pro Se

CERTIFICATE OF WORD COUNT

Pursuant to Supreme Court Rule 33.1, I certify that this brief contains approximately 1,459 words, excluding the portions exempted by rule.

CERTIFICATE OF SERVICE

I certify that on _____, I served this brief on all counsel of record by _____.