

No. 24-539

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In the  
**Supreme Court of the United States**

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KALEY CHILES,

*Petitioner,*

*v.*

PATTY SALAZAR, in her official capacity as Executive  
Director of the Department of Regulatory Agencies,  
et al.,

*Respondents.*

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

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**BRIEF OF *AMICI CURIAE* DAVID PALMIERI,  
KAREN NAPOLITANO, PATRICK TIERNAN,  
STEWART HEATWOLE, AND TIMOTHY UHL IN  
SUPPORT OF RESPONDENTS**

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**INTEREST OF *AMICI CURIAE***<sup>1</sup>

**David Palmieri.** Mr. Palmieri has been a high school theology teacher and coach for more than 25 years. He is the founder of Without Exception, an international network of educators dedicated to the art of accompaniment for sexual and gender minority students in Catholic secondary schools. He works with schools, parishes, and dioceses to provide guidance and training on pastoral care to young persons and their families. He has a BA in Religious Studies from Colby College (Waterville, ME), a Master of Theological Studies degree from Harvard Divinity School, an M.Ed in Religious Education from Boston College, and he is currently a Doctor of Ministry candidate at The Catholic University of America. In 2022, David received the “Lead. Learn. Proclaim” award from the National Catholic Educational Association (NCEA) for his excellence and distinguished service in Catholic school education. His work appears in the International Journal of Evangelization and Catechetics (CUA Press) and in A Brighter Future for Catholic Schools: Innovation and Opportunity (NCEA). His interest in this case stems from his commitment to ensuring that youth are supported with compassion and evidence-based care, consistent with both professional ethics and Catholic teaching.

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<sup>1</sup> Pursuant to Sup. Ct. R. 37.6, counsel for *amici* certify that this brief was not authored in whole or in part by counsel for any party and that no person or entity other than *amici* and their counsel have contributed monetarily to preparing or submitting this brief.

**Karen Napolitano.** Dr. Napolitano is a veteran Catholic school educator and counselor, currently serving as the Director of Counseling Services in a Catholic secondary school. She holds a master's degree in counseling from Johns Hopkins University and a Doctorate in Social Work from the Suzanne Dworak-Peck School of Social Work at the University of Southern California. Her doctoral capstone project explored the experiences of students and alumni from Jesuit Secondary Schools who identify as LGBT and initiatives to advance their connection and belonging. Dr. Napolitano is a member of the inaugural cohort of the Association of Independent Schools of Greater Washington Women's Leadership Initiative and worked in social services for vulnerable populations for over a decade prior to returning to serve as a Catholic educator. Her interest in this case is to uphold a law that aligns with her duties as a counselor and educator to treat children with dignity.

**Patrick Tiernan.** Mr. Tiernan is a Catholic school administrator with over 20 years of experience and graduate degrees in theology, philosophy, and education. He is currently a doctoral candidate in educational leadership at Gwynedd Mercy University. Mr. Tiernan has presented extensively and written several published articles in the fields of education and childhood development. His interest in this case is founded in a moral and professional conviction that protecting children from harm is paramount.

**Stewart Heatwole.** Mr. Heatwole is a Catholic theology teacher and department chair. He has his BA in Theology from St. Louis University and a Master of Theological Studies from Boston College's



Clough School of Theology and Ministry. His interest in this case is grounded in his concern that invalidating Colorado’s Minor Conversion Therapy Law (the “MCTL”) would contradict his faith’s call to treat every person with dignity.

**Timothy Uhl, Ph.D.** Dr. Uhl is a lifelong Catholic educator who has served as a teacher, principal, and superintendent in seven Catholic dioceses. He is the author of *Orchestrating Conflict: Case Studies in Catholic School Leadership* (2020) and the editor of *A Brighter Future for Catholic Schools: Innovation and Opportunity* (2025). Dr. Uhl is a podcaster and blogger (Catholic School Matters) and has spoken across the country about Catholic school innovations and best practices. He holds a BA in English & Psychology from St. Mary’s University (TX), a Master’s and Ph.D. in American Studies, and a M.Ed. in Educational Leadership from Seattle Pacific. His interest in this case is to help prevent adverse outcomes for youth and to promote approaches that offer young people a safe, respectful space to explore their values and identity in the context of their faith.

## SUMMARY OF THE ARGUMENT

Conflict between religious liberty and protections for LGBT youth is not inevitable. *Amici* are Catholic educators, counselors, and school leaders who remain faithful to Church teaching while rejecting conversion therapy as harmful, unscientific, and inconsistent with authentic pastoral care. They have seen it fracture trust in families, damage faith, and leave young people isolated and at risk. By contrast, approaches rooted in Catholic principles of dignity, respect, and accompaniment help youth and families flourish together in faith.

Colorado's law furthers these same values. It regulates a discredited professional practice, not religious beliefs or ordinary conversations. It bars only licensed providers from promising to change a minor's sexual orientation or gender identity, while leaving untouched supportive counseling, faith-informed guidance, and religious ministry.

The law protects—not hinders—faith communities. By removing coercive, pseudoscientific practices from professional care, it safeguards the ability to accompany children in love and truth. It is a constitutionally sound, narrowly tailored measure that protects both the well-being of minors and the freedom of religious communities.

## ARGUMENT

### I. Personal Statements of *Amici Curiae*<sup>2</sup>

As the following statements show, *amici* have dedicated their lives to guiding youth with both evidence-based care and faith-based principles of love, compassion, and accompaniment. They have seen that laws like Colorado’s protect families and faith communities, allowing them to support young people without resorting to discredited practices that can cause lasting harm.

#### *David Palmieri:*

For over 26 years, I have been a Catholic high school teacher and coach, mentoring thousands of adolescents during some of the most formative and vulnerable years of their lives. I am also a Doctor of Ministry candidate at The Catholic University of America, with a dissertation focused on the intersection of faith, education, and pastoral care for LGBT young persons. My entire career as a professional and a student has been guided by the Magisterium of the Catholic Church as revealed in the body of Scripture and Tradition.

When any student seeks my advice, my first responsibility as an educator and trusted adult is to listen without judgment, ensure the student’s emotional and physical safety, and support them in

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<sup>2</sup> To give the Court their perspectives as clearly as possible, these Personal Statements are quoted verbatim from the *amici curiae* themselves—i.e., counsel did not assist in their preparation or edit them for this Brief.

their own process of discernment. Furthermore, no matter where a child is in this process, my mission as a Catholic educator is to help them live an integrated life (physically, emotionally, intellectually, and spiritually). This is the process of accompaniment—a posture of support based on the model of Jesus Christ and the teachings of the Catholic Church.

As a matter of doctrine, the *Catechism of the Catholic Church* proposes that “[homosexual persons] must be accepted with respect, compassion, and sensitivity. Every sign of unjust discrimination in their regard should be avoided. These persons are called to fulfill God’s will in their lives and ... to unite to the sacrifice of the Lord’s Cross the difficulties they may encounter” (no. 2358). Accompaniment does not mean agreeing with every belief or decision; it does not endorse every feeling or action; it is not a posture of naivete, doctrinal denial, or moral compromise. Instead, accompaniment is the spiritual work of walking with someone as they discern what it means to be created in God’s image and likeness.

The story of one high school senior changed my life. In the spring of 2021, after I had known Matthew and his family for six years, he told me about struggling with his identity, his self-confidence, and his self-respect. During this conversation, Matthew came out to me as gay—something he had known for a long time. When I asked him directly why he questioned his self-worth, he said, “Because I tried to kill myself.”

Just because he was gay.

To hear those words spoken out loud took my breath away. I had never heard such a raw and heartbreaking disclosure.

Matthew's story is not unique. Since that day, I have devoted countless hours to learning about LGBT young persons and building a network for Catholic educators to provide accurate information and develop the knowledge and skills necessary to support young persons navigating questions of sexual orientation and gender identity. The real issue is one of mental health and well-being.

The profound level of disinformation—despite more than 80 years of research and decades of clinical care—has made it very difficult to provide appropriate support for children who identify as LGBT today. When families face adversity, parents often take their cues from clinicians and religious leaders, so access to accurate information is paramount in building effective systems of support.

The Family Acceptance Project is the first research, education, intervention and policy initiative to help diverse families learn to support their LGBT children. Research from the Family Acceptance Project shows that highly rejected LGBT young persons are more than eight times as likely to attempt suicide, nearly six times as likely to report high levels of depression, and more than three times as likely to use illegal drugs when compared with those who are not rejected. In fact, the corresponding research shows that supporting and nurturing children in their identity development results in better overall health, higher self-esteem, better family relationships, and

fewer risks associated with depression and suicidality. Even small changes in the attitudes and behaviors of caregivers can make a significant difference in the well-being of LGBT young persons.

Through a great deal of professional counseling, family support, and *learning to accept himself*, Matthew is now thriving. But his story is only one among so many others. Population-based data from the Centers for Disease Control and Prevention confirm that LGBT adolescents are twice as likely to experience depression and bullying, and three times as likely to seriously consider or attempt suicide. These elevated risks are not intrinsic to their identities, but rather the result of rejection, stigma, and maltreatment. Dr. Caitlin Ryan, Executive Director of the Family Acceptance Project, has firmly established that when trusted adults—parents, teachers, licensed mental health practitioners—aim to change, prevent, deny, discourage, or minimize a child’s LGBT identity, it substantially increases their health and mental health risks.

Despite a clear caution in the *Catechism of the Catholic Church* that the “psychological genesis [of homosexuality] remains largely unexplained” (no. 2357), sexual orientation and gender identity change efforts (“conversion therapy”) continue to persist in some Christian and Catholic spaces. Although typically motivated by care and concern to keep children safe, to help children belong, and to hold families together, these unproven change protocols are often experienced as rejection and negatively impact health risks and a child’s capacity for self-care. In contrast to the established position of the Catholic

Church that this identity is “not freely chosen” (Committee on Education, 1990), conversion therapy is based on the false premise that there are known psychological causes for “disordered” sexual orientations and gender identities, and these disorders can be overcome with conversion therapy. The evidence clearly demonstrates otherwise.

Evidence from the Family Acceptance Project shows that children subjected to family and counselor change efforts have poorer health and mental health outcomes, reduced life satisfaction, and greater risk of depression, substance abuse, and suicide. They also suffer lifelong consequences including loss of religion, diminished educational attainment, and lower weekly financial earnings. Claims that challenge these facts often have ulterior motives unrelated to scientific integrity.

I am heartbroken listening to stories from the minority of adolescents who struggle with self-worth and belonging because they are told they are broken, sinful, shameful, or disordered due to their sexual orientation or gender identity. Colorado law already permits open, respectful dialogue about these matters—including helping a young person explore their own questions and values. Nothing needs to change in the professional and ethical care of persons who want to explore these pathways.

I have devoted my life’s work to accompanying young persons on their spiritual and educational journeys to adulthood. Overturning Colorado’s ban on conversion therapy would cause real harm to LGBT youth and their families by allowing treatments that

are not only ineffective, but also cause great harm. Protecting the physical, psychological, and spiritual well-being of LGBT youth is not only a clinical and legal imperative, it is also a moral one.

As a Catholic educator, I align with the doctrinal claims of my faith: sex and gender are integral parts of our embodiment; we are first created as beloved children of God—incarnations of the same divine spirit. But I also affirm the ethical responsibilities of professionals and faith leaders to protect vulnerable youth from interventions that cause harm—especially when those interventions are cloaked in religious language that rejects both scientific evidence and the principles of pastoral care.

**Karen Napolitano:**

As a novice Catholic educator in 1989, I could not have imagined the trajectory my career would travel. With my freshly inked Bachelor of Arts, I accepted a position in a Catholic all-girls' high school teaching English, grammar, composition, elements of the short story and novel, poetic devices, the routine stuff of any high school course. My classroom became a mecca for kids who would pop in between classes and during lunch. What I quickly realized was that the students hanging after hours weren't looking for extra help to distinguish between a gerund and participle, but rather were seeking a safe space and a potential advocate. Ordinary conversations about music, pop culture, and literature evolved into tentative anecdotes "about a friend who might be gay" who didn't know what to tell her/his parents or friends. This phenomenon didn't happen once but many times.



I was humbled by their trust and underprepared for how to respond. I was a practicing Catholic, active in my home parish in the Archdiocese of Washington. I taught C.C.D. in the evenings and was planning a sacramental marriage with the man I loved. I spoke with my pastor, my spiritual advisor, my parents, and my fiancé. Each conversation ended like a Magic 8 Ball response: “Reply hazy. Try again.”

If these young people viewed me as a counselor and potential advocate, then that’s what I would become. Properly and officially. I went back to school to earn a Master’s Degree in Counseling. Finished. Done. Certified. Now my skills were better than just well-intentioned compassionate listening. I could offer real support grown from advanced training and professional supervision. What I knew now was the value and responsibility of honoring the young person where they are, a tenet which guides both professional counseling and Catholic education.

Fast forward to a decade ago in the Jesuit secondary school where I still serve. In spring 2015, a small group of graduating seniors asked me to advocate with and for them to host a new extra-curricular activity, a gay-straight alliance group (now called a gender and sexuality awareness group) for shared support and education. True to their experience as young men of courage, conscience, compassion, and competence, they had carefully framed a mission statement consistent with Jesuit values and the Catholic core belief in the dignity of each human. Our then school president, a Jesuit priest, fully supported this inaugural group which persisted for ten years serving as support and kinship

for students who identify as LGBTQ and their peers who serve as allies. The visibility of this group creates a safe and welcoming space for all of our students and its positive, supportive ethos now extends to classrooms, athletics, and campus ministry.

I remain a faithful Catholic educator, a practicing Catholic, the mother of three young adults, and am also a widow having lost that man from our sacramental marriage. My youngest child identifies as a LGBTQ, which called me to accompany him with abundant love and acceptance during his childhood and teen years.

As a professional counselor, I continue to be honored by the stories shared with me. One in particular resonates. As a high school student, “Jack” was exposed to conversion therapy, more appropriately referred to as sexual orientation and gender identity change efforts (SOGICE), a widely discredited practice well-documented for the way it contributes to heightened risk of depression, anxiety, negative mental and behavioral health outcomes, suicidal ideation, and the concomitant costs associated with therapeutic care for these conditions (Forsythe et al., 2022). As a high schooler experiencing symptoms of depression and anxiety, Jack was eager to connect with mental health support when his parents suggested a provider. He held a sincere desire to feel better. His therapeutic experience did not lead to the outcome he hoped, however. The therapist challenged Jack to examine the parts of himself he did not like and wanted to change, particularly in the framework of what his parents considered “normal.” A fifteen year old carries

an intrinsic trust with their parents, but an incipient dismay, mistrust, and fear grew from these “conversion” sessions.

The emotional toll for Jack was real. At fifteen, he could not fully nor freely consent to this type of therapy. “Adolescents are uniquely susceptible to exposure to SOGICE. Given their emotional and financial dependence on parents, adolescents are subject to parental influence or pressure to engage in SOGICE. There are fundamental ethical concerns about whether youths consent to SOGICE and whether they understand the inherent risks to their short- and long-term mental health (Fish & Russell, 2020).” SOGICE carries perils and potential harm similar to Adverse Childhood Experiences (Boullier & Blair, 2018) which often impact lifespan wellness.

As a career Catholic educator serving for almost two decades in a Jesuit secondary school and as a Maryland certified counselor, I have witnessed several stories similar to Jack’s, wrenching personal histories of young people who must hide or mask their identities for fear of a family response or rejection. They desire the most basic of human longings, to be loved and accepted fully as the people they are. The core of our Catholic education mission upholds the dignity of every young person. We seek to accompany the young person in the process of discernment and their personal, spiritual, and academic growth. In the Jesuit mission, we call this *cura personalis*, the care of the whole person, which means seeing the unique personhood in everyone, without exception or expectation of change (Otto, 2021). We meet and affirm young people where they are in their

developmental process. This echoes in secular, ethical standards as well, such as those published by the American School Counselor Association (ASCA), which has listed as their first two responsibilities to students: “Have a primary obligation to the students, who are to be treated with dignity and respect as unique individuals. Foster and affirm all students and their identity and psychosocial development (ASCA, 2022).” To attempt to change or “convert” the core identity of a young person would be unethical and potentially harmful by any standard of professional behavior, as well as antithetical to our Catholic education mission to extend God’s love and compassion to all humans.

Our goal as Catholic educators and counselors is to find a path for Jack and students like Jack to survive to adulthood and to thrive by upholding the Colorado ban on conversion therapy for minors.

**Patrick Tiernan:**

My career in education has been exclusively in Catholic schools. As a teacher, department chair, assistant principal, principal, and president, my commitment to educating and meeting the needs of the whole person is embodied in my personal and professional life. It is this foundation that informs my concern regarding the *Chiles v. Salazar* Supreme Court Case.

As a theologian, my academic training has supported my pastoral passion for walking alongside

students. Grounded in an art of accompaniment,<sup>3</sup> it entails the humble recognition of servant leadership to the Church and upholding the unique personhood of individuals that I am privileged to encounter every day; it is not an either/or proposition or mandate. Caring for the individual and caring for the institution can be upheld in an authentic manner. Catholic Social Teaching in particular calls upon us to recognize and honor the dignity of the individual while maintaining the common good which calls us to recognize the diversity in our world mirroring the Body of Christ.

Over the years, I have taught students who have been ostracized and disowned by those closest to them because of their sexual identity. In classroom reflections and retreat discussions, I have been privileged to hear their stories which have an all too familiar common denominator—hopelessness. Given the social and moral complexities of adolescence woven in an ecosystem of changing perspectives and beliefs, the self-doubt and angst associated with discerning one’s sexual orientation is compounded by the way in which family members and close friends often encourage conversion therapy as a means to

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<sup>3</sup> Cf., Francis. (2013). *Evangelii Gaudium*, “In a culture paradoxically suffering from anonymity and at the same time obsessed with the details of other people’s lives, shamelessly given over to morbid curiosity, the Church must look more closely and sympathetically at others whenever necessary. In our world, ordained ministers and other pastoral workers can make present the fragrance of Christ’s closeness and his personal gaze. The Church will have to initiate everyone—priests, religious and laity—into this ‘art of accompaniment’ which teaches us to remove our sandals before the sacred ground of the other” (§169).

accomplish an untenable end—to change what God has created.

As a theology teacher, I often participated in the school Kairos (the Greek word for “right moment”) retreat program. Kairos can be a powerful experience for high school students given the nature of the talks given can create a vulnerable setting for others to share their own story. Adults are paired in teams with student leaders and work to provide feedback and encouragement leading up to the actual retreat. During one retreat in particular I was paired with a student I’ll call “Derek” whose talk was about him coming out to friends and family. My goal was not to be judgmental or critical; it was to serve as an active and appreciative listener. Derek’s story was a powerful vignette of pain and suffering because of certain individuals who believed that a fixed identity would somehow lead to his peace of mind. Ironically, it was his ability to question his identity that led him to a clearer heart and mind. The participants on that retreat contributed to a ministry of presence for his brave account of his emerging sense of self. There was no coercion, no alienation, no disdain. Just accompaniment.

Refraining from doing harm is a universal moral maxim accepted across disciplines from medicine to education. Colorado’s law prohibiting licensed counselors from providing conversion therapy to minors is a reasonable application of this belief. The ability to accompany minors on their journey of self-discovery should be protected rather than posited against an individualistic rights claim.

**Stewart Heatwole:**

*“Now that very day two of them were going to a village seven miles from Jerusalem called Emmaus, and they were conversing about all the things that had occurred. And it happened that while they were conversing and debating, Jesus himself drew near and walked with them, but their eyes were prevented from recognizing him.” (Luke 24: 13-16)*

As a Catholic theology teacher, it has been one of the great privileges of my career to walk with students actively discerning who they are. In my ministry, Jesus’ example on the Road to Emmaus in Luke’s Gospel has been profoundly important in guiding my ministry of accompaniment. Furthermore, as I have reflected on the Colorado Law (HB 19-1129) prohibiting the practice of Conversion Therapy by mental health care providers on minors, I have found Jesus’ witness on the Road to Emmaus helpful in my attempts to discern the validity of this law. There are two points in Luke’s account that I would like to focus on that offer particular guidance.

I. “Jesus himself drew near and walked with them,” (Lk 24:15)

The first moment is captured in Jesus’ decision to walk with Cleopas and his companion to Emmaus. In Luke’s telling, Jesus gives agency to his former disciples to dictate the road they will take. In fact, the autonomy Jesus offers is so great that as evening approaches, Jesus “gave the impression that he was going further, (Lk 24:28)” clearly not wishing to impose his travel plans on those of the two. What then

does this reveal about Conversion Therapy as it is defined in the CO law? I quickly see Jesus' own non-coercive practice of accompaniment mirrored in the CO law. The CO law targets the attempted or purported change of a minor's sexual orientation or gender identity. Simply, the CO law prohibits the coercion of minors and their families, through false promises, by mental health care providers. Any such protection from coercion reflects clearly Jesus' own practice of non-coercion and thus complements Christian teaching rather than opposing it. Therefore, as a Christian I find absolutely no contradiction or affront to the free expression of my faith in the CO law.

On a more personal note, I want to offer a word on the tremendous potential in the ministry of accompaniment modeled by Jesus. Throughout my own accompaniment of youth, it has never been my presumption to know *a priori* the sexual orientation or gender identity of my students. Nor do I believe anyone but God and the person themselves capable of knowing fully the dimensions of a person's identity. In my experience then, approaching students with my best attempts at Jesus' radical love and accompaniment has given them an opportunity to simply be, to discern, and to be loved by God. For some, the results of such accompaniment has been the confidence to reengage with their parents from the position of a gender identity they were not assigned at birth, for others it has resulted in beginning the process of converting to the Catholic faith, and for others it has meant de-transitioning. In all these instances, it was the young person who was granted autonomy to form their identity and not my



predetermined and systematic attempt to change them, which enabled these results. The CO law explicitly aims to protect this type of non-coercive ministry and type of ministry which Jesus modeled.

- II. “Then beginning with Moses and all the prophets, he interpreted to them what referred to him in all the scriptures.” (Lk 24: 27)

Now a reader familiar with Luke’s narrative would wisely point out that Jesus did not simply walk with Cleopas and his companion to Emmaus. In fact, Jesus was rather active in the walk and the supper that followed; namely he interpreted Scripture and broke bread. In both his interpretation of Scripture and the breaking of the bread, He revealed the ways in which Hebrew Scripture foretold his coming and his real presence to the world. In my own ministry, I am not simply a listening ear, but also a voice for the Gospel of Jesus and hands to enact the love of Christ.

As best I understand one of the key concerns of the Petitioner, Kaley Chiles, and her Counsel at the Alliance Defending Freedom, it is that Chiles perceives that, in her capacity as a mental health care provider, she is unable to fulfill this crucial dimension of Christian accompaniment. In my reading of the CO law, there is no restriction or prohibition of any type of “Faith Informed Counseling”, which would constitute the practice of letting a faith tradition inform mental health counseling. All that is prohibited by the CO law is the coercive change and/or promising of change of a minor’s sexual orientation and/or gender identity. Therefore, as I read the CO

law, from my position as a Catholic teacher I perceived no threat to the free expression of faith.

Some might choose to argue that in fact coercive changing of a minor's sexual orientation and/or gender identity is a constitutive element of the Christian faith and thus is harmed by the CO law. To this my reply is twofold. First, such a claim is most appropriately debated in a theological forum and not a court of law. The Roman Catholic Church for its part has neither condemned or condoned Conversion Therapy, but it has clearly insisted that no sexual orientation or gender identity is inherently sinful and thus in need of correction. I am therefore dismayed that this honorable court saw it fit to review this case at all, especially given the unanimous decisions of the lower federal courts. Second, were there to be Christian theological consensus—which there is not—on the need to coerce minors into a particular sexual orientation and/or gender identity, it would be fully within the rights of a state, as I understand the powers of a state in a constitutional republic, to protect minors from practices that have been found to be harmful. Thus, the legal clarification Colorado offers its mental health providers is constitutionally sound.

To conclude, as a professor in my graduate program often reminded us, “all analogies fail,” so where does the Emmaus analogy fail in this context? In Luke's account, Cleopas and his companions are walking the wrong way. They are walking away from Jerusalem, away from their fellow disciples of Christ, and ultimately away from their relationship with the Son of God and Savior of the world. In the context of

this case, I would argue that many of us are walking the right way. The minors who discern their sexual orientation and/or gender identity are certainly not walking the wrong way. In fact, they are some of the greatest models I know of what living an intentional life looks like. Through their careful, intensive discernment, they are honoring the body, soul, and life they have been given. I therefore find any defense of Conversion Therapy profoundly troubling because at the root of Conversion Therapy I see a hubris that claims it knows completely the mystery of another person's identity and the right to recreate a person in the therapist or parent's image. Ultimately, Conversion Therapy on theological grounds risks dishonoring the gift of personhood that God has bestowed on someone. Likewise, it is my sincere belief that the petitioner in this case is likewise not "going the wrong way" because it is clear she is intent on living her faith in as complete and integrated way as possible. Finally, I am of the conviction that the CO law being tried is not "going the wrong way". The law in no way restricts mental health care providers from living their faith in a way that is unconstitutional. I therefore strongly advise the honorable Justices of the Supreme Court of the United States of America to uphold the rulings of their colleagues in the lower Federal Courts and find Colorado's law constitutional.

**Timothy Uhl:**

I am writing today in support of the Colorado Minor Conversion Therapy Law. As a lifelong educator and school leader in the K12 Catholic school space, I have been part of countless conversations between families and students in the area of sexual

and gender identity. These conversations are often fraught with conflict, confusion, and anxiety. The foundation of my approach has always been my Catholic faith. We are all made in the image of God, I remind students and adults alike, and our job is to offer an environment of love and support. In my professional opinion as a Catholic educator, the practices barred by Colorado's statute are deeply harmful to families and youth; they make it much harder for youth who are or may be gay or transgender to stay connected to their families and to remain in their faith.

As Catholic educators, we can set limits on behaviors and practices for students in our charge. But those rules should never be interpreted as judgments or condemnation. They are best practices rooted in our Church's teachings and our religion's tenets. We hold that every person is made in the image and likeness of God and thus our approach must be rooted in this paradigm. Mental health treatments that seek to shame or coerce a young person are debilitating and send a false message that a young person must change to be worthy of God's love.

I am a teacher, not a guidance or mental health counselor. In that role, I have counseled parents trying to understand their child's expression of their sexual preference. I have listened as parents have argued over their child's gender identity. My role is to listen and support them.

Over the years, I have taught students who have been subjected to conversion therapy. In these cases,

I have seen firsthand the harm these conversion practices can cause—how they can drive youth away from faith, cause them to become alienated and mistrusting of parents and other adults, and undermine their ability to navigate these difficult issues of identity and faith. I have also seen the benefit of approaches that do not promise or seek to impose change—that help youth and families communicate and understand one another, and that provide a safe space for youth to explore their values and identity and how they want to live their lives.

I'm a strong believer that nothing should be considered permanent before adulthood. If a student expresses a certain sexual preference or experiences gender dysphoria, that does not mean it should be interpreted as permanent. And the solutions shouldn't attempt to be permanent either. I can distinctly recall one young woman coming out to her parents and the family chaos that ensued. Fast forward to today—she is scheduled to be married to her (male) fiancé next year. What was once a seemingly life-altering declaration proved to be a moment in time.

I can also recall one young woman wanting to transition for her senior year of high school. I was able to convince her that that transition was better handled when she turned 18. We were able to make slight adjustments to their school environment to make that last year of high school more bearable and they began a formal gender transition the next year. Our approach balanced the demands of a Catholic school with respect and acceptance for the needs of one of our own students.

In either of these cases, conversion therapy would have made a difficult situation so much worse, likely destroying parent-child bonds and leading these youth either to question their self-worth or to resist, causing them to double down or cling to labels in an overly rigid way.

If a parent were to advocate for conversion therapy for a minor child, I would urge that our role is not to advocate for a certain outcome or for all-encompassing solutions. We should put acceptance—the foundation of our faith—first and accompany young people in their personal journeys. In the same way, counselors are supposed to help their counselees explore their feelings and beliefs without imposing a fixed outcome.

## **II. Providing Conversion Therapy Is Professional Conduct, Even When Carried Out Through Words**

Colorado’s law treats attempts to change a minor’s sexual orientation or gender identity by a licensed mental health provider as “prohibited activities.”<sup>4</sup> The speech-based therapy it regulates is not ordinary conversation: it is the delivery of treatment because it purports to achieve clinical outcomes. This Court has long allowed regulation of professional treatment that incidentally involves speech.<sup>5</sup>

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<sup>4</sup> Colo. Rev. Stat. §§ 12-245-202(3.5), -224(1)(t)(V).

<sup>5</sup> *Planned Parenthood of Southeastern Pennsylvania v. Casey*, 505 U.S. 833, 884 (1992) (“To be sure, the physician’s First Amendment rights not to speak are implicated . . . but only as

Very little imagination is required to appreciate why Petitioner’s argument that the law impermissibly regulates speech cannot be right. It would dismantle the State’s ability to protect the vulnerable.<sup>6</sup> Licensed professionals provide some of the most sensitive forms of treatment to the most vulnerable individuals exclusively through words. If the State were unable to regulate in these contexts, it equally could not discipline counselors that push youth to develop gay or transgender identities, or that seek to change or undermine a young person’s religious views.

*Amici*, as Catholic educators, know from their own classrooms that words can be every bit as powerful as actions in shaping the lives of young people. They therefore have a vital interest in ensuring that states retain authority to regulate professional treatment carried out through speech.

### **III. Prohibiting Conversion Therapy Serves Compelling Interests in Protecting Youth and Preserving Their Relationship with Their Faith, Families, and Community**

Colorado’s law is justified by the most compelling of interests: protecting the health and safety of children and ensuring that they can thrive in their

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part of the practice of medicine, subject to reasonable licensing and regulation by the State.”).

<sup>6</sup> See *Chiles v. Salazar*, 116 F.4th 1178, 1211 (10th Cir. 2024) (“Adopting Ms. Chiles’s position could insulate swaths of professional conduct by therapists from regulation, such as Colorado’s prohibitions on administering ‘demonstrably unnecessary’ treatments without clinical justification and ‘perform[ing] services outside of the [provider’s] area of training, expertise, or competence.’”).

families, faith, and communities. Conversion therapy contradicts the professional consensus in psychology and medicine, conflicts with core Catholic teachings on human dignity, and harms the very family and faith bonds it purports to preserve.

**A. Conversion therapy is a discredited practice that inflicts profound harm on minors**

Conversion therapy has been nearly universally “disavowed by behavioral health experts and associations,” resulting in professional consensus against its practice.<sup>7</sup> This professional consensus is based on overwhelming scientific evidence that sexual orientation and gender identity cannot be changed through therapy and attempts to do so cause grave harm.

Recent studies belie Petitioner’s argument that no studies demonstrate that talk-based conversion therapy is harmful.<sup>8</sup> As petitioner herself recognizes, “aversive practices such as electric-shock therapy”

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<sup>7</sup> Substance Abuse and Mental Health Services Administration (SAMHSA), *Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth* 1 (2015), [https://www.freestatesocialwork.com/articles/endingconversiontherapy\\_course\\_readings.pdf](https://www.freestatesocialwork.com/articles/endingconversiontherapy_course_readings.pdf).

<sup>8</sup> Compare Petitioner’s Brief at 45, with Amy E. Green, *et al.*, *Self-Reported Conversion Efforts and Suicidality Among US LGBTQ Youths and Young Adults*, 110 Am. J. of Pub. Health 1221, 1224–25 (Aug. 2020) & Anna Forsythe, *et al.*, *Humanistic and Economic Burden of Conversion Therapy Among LGBTQ Youths in the United States*, 176 JAMA Pediatrics 493 (Mar. 2022), <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2789415>.



have been “long-abandoned”<sup>9</sup> and, accordingly, the more recent studies establishing inefficacy and risk of harm largely concern talk therapy.<sup>10</sup> Those studies also show that personal shame from inevitable failure is often a key source of harm.<sup>11</sup>

The professional experiences of *amici* echo the data. *Amici* have encountered numerous students for whom conversion therapy has been a source of trauma instead of healing. Inherent in conversion therapy is the message that a youth’s sexual orientation or gender identity is unnatural and can be fixed. *Amici* have observed firsthand that this message breeds deep distress and depression, leaving students feeling rejected and inferior, and ultimately crushed by the inevitable disappointment when change does not come.

### **B. Conversion therapy threatens faith, family, and community**

Conversion therapy undermines the very relationships that sustain young people of faith. Research confirms that, rather than strengthening

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<sup>9</sup> Petitioner’s Brief at 10. *See also* Judith M. Glassgold, *Research on sexual orientation change efforts: A summary*, in D. C. Haldeman, *The case against conversion “therapy”: Evidence, ethics, and alternatives* 26 (2022) (“These aversive treatments can no longer be provided because of ethical concerns.”).

<sup>10</sup> *See e.g.*, Glassgold, *supra* n. 9, at 39.

<sup>11</sup> *Id.* at 35; Amy Przeworski, *et al.*, *A systematic review of the efficacy, harmful effects, and ethical issues related to sexual orientation change efforts* 17 (Am. Psych. Ass’n 2020); *Appropriate Therapeutic Responses to Sexual Orientation*, 50–51 (Am. Psych. Ass’n 2009), <https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>.

families or fostering religious growth, it fractures trust between parents and children, burdens youth with shame, and estranges them from their faith communities. *Amici* have seen this harm firsthand. Colorado’s law helps prevent it by ensuring that professional counseling strengthens, rather than severs bonds of love, trust, and faith.

*First*, studies show that conversion therapy is associated with “worsening of family relationships.”<sup>12</sup> *Amici’s* experiences are consistent with these findings. *Amici* have observed that minors rarely seek conversion therapy truly of their own volition. Instead, their “choice” is often shaped by parental pressure and the implicit coercion of being asked to change what their parents deem “abnormal.”<sup>13</sup> Students who are directed toward these change efforts by family members often emerge with emotions of betrayal and resentment that further strain familial relationships.

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<sup>12</sup> John P. Dehlin, *et al.*, *Sexual orientation change efforts among current or former LDS church members*, 62 J. Couns. Psych. 95, 102 (2015); *see also* Ariel Shidlo & Michael Schroeder, *Changing Sexual Orientation: A Consumers’ Report*, 33 Professional Psych.: Rsch. and Prac. 249, 255 (2002) (“Many respondents reported that conversion therapy significantly harmed relationships with their parents.”).

<sup>13</sup> *See, e.g.*, Timothy W. Jones, *et al.*, *Religious trauma and moral injury from LGBTQ+ conversion practices*, 305 Soc. Sci. & Med. 1, 5 (2022); Caitlin Ryan, *et al.*, *Parent-Initiated Sexual Orientation Change Efforts with LGBTQ Adolescents: Implications for Young Adult Mental Health and Adjustment*, 67 J. Homosexuality 1, 8 (2020) (“SOCE typically happens in the context of other family rejecting behaviors that contribute to health risks in young adulthood.”).

*Second*, conversion therapy drives LGBT youth away from their faith and faith-based communities. Studies show that conversion therapy is associated with a “negative impact on . . . religiosity” and “increased distance from God and the church.”<sup>14</sup> In the experience of *amici*, this occurs because the very premise of conversion therapy—that one’s identity is disordered and must be rejected—creates a profound sense of betrayal by religious leaders and communities.

The tragedy is that, although conversion therapy may be pursued for religious reasons, it is inconsistent with Catholic teaching. Catholic doctrine does not teach that sexual orientation or gender identity can be changed. Instead, the Catechism of the Catholic Church humbly recognizes that the “psychological genesis” of same-sex attraction remains largely unexplained—an acknowledgment that undercuts the false certainty on which conversion therapy rests.<sup>15</sup> This humility is paired with an affirmation that persons with homosexual orientation “must be accepted with respect, compassion, and sensitivity.

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<sup>14</sup> Shidlo, *supra* n. 12, at 256; Dehlin, *supra* n. 12, at 35; Jones, *Religious Trauma*, *supra* n. 13, at 5; Timothy W. Jones, *et al.*, *Healing Spiritual Harms: Supporting Recovery from LGBTQA+ Change and Suppression Practices* (2021), <https://www.latrobe.edu.au/arcs/hs/documents/arcs/hs-research-publications/Healing-spiritual-harms-Supporting-recovery-from-LGBTQA-change-and-suppression-practices.pdf>.

<sup>15</sup> Catechism of the Catholic Church § 2357 (2d Ed. 2000 & Supp. 2016), <https://usccb.cld.bz/Catechism-of-the-Catholic-Church/>.

Every sign of unjust discrimination in their regard should be avoided.”<sup>16</sup>

Modern Catholic pastoral care emphasizes accompaniment, not coercion. Pope Francis counseled parents: “Never condemn your children” based on their sexual orientation but “accompany” them instead.<sup>17</sup> *Amici*, in their vocation as Catholic educators, have faithfully practiced these teachings and witnessed the positive outcomes that follow: while coercive interventions drive youth away from faith and family, supportive care fosters dignity, trust, and spiritual growth.

#### **IV. The Law Is Narrowly Tailored and Preserves the Ability to Provide Support, Exploration, and Faith-Based Care**

Colorado’s law is narrowly tailored. It prohibits only efforts to change a minor’s sexual orientation or

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<sup>16</sup> *Id.* § 2358.

<sup>17</sup> CNA Staff, *Pope Francis to parents: Never condemn a child*, *Catholic News Agency* (Jan. 26, 2022), <https://www.catholicnewsagency.com/news/250221/at-general-audience-pope-francis-urges-parents-never-condemn-a-child>. See also Pope Francis, Apostolic Exhortation *Amoris Lætitia* ¶ 250 (2016), [https://www.vatican.va/content/dam/francesco/pdf/apost\\_exhortations/documents/papa-francesco\\_esortazione-ap\\_20160319\\_amoris-laetitia\\_en.pdf](https://www.vatican.va/content/dam/francesco/pdf/apost_exhortations/documents/papa-francesco_esortazione-ap_20160319_amoris-laetitia_en.pdf) (“We would like before all else to reaffirm that every person, regardless of sexual orientation, ought to be respected in his or her dignity.”); Congregation for Catholic Education, *Male and Female He Created Them: Towards a Path of Dialogue on the Question of Gender Theory in Education* 9 (2019), [https://www.vatican.va/roman\\_curia/congregations/ccatheduc/documents/rc\\_con\\_ccatheduc\\_doc\\_20190202\\_maschio-e-femmina\\_en.pdf](https://www.vatican.va/roman_curia/congregations/ccatheduc/documents/rc_con_ccatheduc_doc_20190202_maschio-e-femmina_en.pdf).

gender identity by a licensed therapist; it does not bar supportive, exploratory, or faith-based counseling. Thus, in *amici's* view, the law only goes as far as necessary to protect vulnerable youth. Petitioner portrays Colorado's statute as a sweeping gag order that bars her from helping clients pursue faith-based goals. That is simply not the case.

*First*, the law only proscribes treatment *to the extent* that it seeks to change sexual orientation or gender identity.<sup>18</sup> It expressly excludes providing “support . . . for the facilitation of . . . identity exploration and development” from its definition of conversion therapy.<sup>19</sup> Thus, the law allows the kind of work *amici* do every day: guiding students as they wrestle with questions of faith, identity, and behavior, listening without judgment, and helping them discern a path forward consistent with their values. Nothing in Colorado's law prevents that ministry of accompaniment.

Petitioner's argument that the MCTL prevents her from assisting a “religious adolescent who seeks to change only his same-sex sexual behavior by becoming celibate” is incorrect.<sup>20</sup> The law bars attempts to change orientation, not efforts to live celibately. *Amici* have counseled students pursuing chastity and disavowing conversion therapy has never prevented them from guiding those youth.

*Second*, the MCTL does not require “counselors to encourage young people to pursue a gender transition”

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<sup>18</sup> Colo. Rev. Stat. §§ 12-245-202(3.5), -224(1)(t)(V).

<sup>19</sup> Colo. Rev. Stat. §§ 12-245-202(3.5)(b)(I).

<sup>20</sup> Petitioner's Brief at 50.

or prevent a counselor from “supporting detransition” as Petitioner claims.<sup>21</sup> Gender transition entails changing one’s body or presentation—often through medical or social steps—not changing one’s identity.<sup>22</sup> The law is agnostic about that process: it does not even prevent counselors from *discouraging* gender transition. It simply defers to the clinical judgment of the provider.<sup>23</sup>

Moreover, because detransition is simply transition in the reverse direction, the statute’s exemption plainly covers both. Recognizing that “for some, sexual orientation identity . . . is fluid,” the law permits a counselor to help a minor client detransition if their gender identity evolves.<sup>24</sup>

*Finally*, the exemptions in Colorado’s law do not make it underinclusive. It makes perfect sense that Colorado’s statute regulates only licensed mental health professionals. When the State grants a license, it cloaks the licensee’s services with its imprimatur and assures the public that those services meet basic standards of safety and competence. Families who turn to a licensed counselor reasonably believe they are receiving *scientifically* grounded care endorsed by the State. Families do not have the same expectation when they listen to “life coaches, mentors, and social-media influencers.”<sup>25</sup> That is why Colorado—like every other state—holds licensed professionals to strict codes of conduct, and why it may discipline

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<sup>21</sup> *Id.* at 24, 35.

<sup>22</sup> Joint App. Vol. 2, at 651.

<sup>23</sup> Colo. Rev. Stat. § 12-245-202(3.5)(b)(II).

<sup>24</sup> Joint App. 139.

<sup>25</sup> Petitioner’s Brief at 51.

licensees who exploit their authority by offering discredited or dangerous treatments.

The statute’s express exemption for “religious ministry” is important to *amici*, who serve in Catholic schools and parishes.<sup>26</sup> They know that families often turn to priests, youth ministers, or other pastoral figures for guidance about sexuality and identity. The law leaves those faith-based conversations untouched. This means that clergy, religious lay counselors, and others offering guidance *within a faith context* remain entirely free to counsel minors in accordance with their religious beliefs without violating the law. In *amici*’s view, this line-drawing is not a weakness but a strength: it ensures that the State stays in its proper lane, regulating professional health care practices while steering clear of intruding into religious ministry.

## CONCLUSION

For the reasons set forth above, *amici* urge this Court to affirm the judgment of the U.S. Court of Appeals for the Tenth Circuit.

August 26, 2025

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<sup>26</sup> Colo. Rev. Stat. § 12-245-217(1).

Respectfully submitted,

MARK W. FRIEDMAN

NAWI UKABIALA

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