No. 24-539

IN THE

Supreme Court of the United States

KALEY CHILES,

Petitioner,

v.

PATTY SALAZAR, IN HER OFFICIAL CAPACITY AS EXECUTIVE DIRECTOR OF THE COLORADO DEPARTMENT OF REGULATORY AGENCIES, *et al.*,

Respondents.

ON WRIT OF CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR THE TENTH CIRCUIT

BRIEF OF *AMICI CURIAE* OF WILLIAMS INSTITUTE SCHOLARS IN SUPPORT OF RESPONDENTS

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INTEREST OF *AMICI CURIAE*

Amici Ilan Meyer and Jody Herman[1] respectfully submit this brief in support of Respondents. *Amici* are scholars of public policy affiliated with the Williams Institute at UCLA School of Law.

Ilan H. Meyer, Ph.D., is Distinguished Senior Scholar for Public Policy at the Williams Institute, UCLA School of Law, and Professor Emeritus of Sociomedical Sciences at Columbia University. Dr. Meyer studies public health issues, particularly the effect of prejudice and discrimination on health outcomes in sexual and gender minorities, and the harm to Lesbian, Gay, Bisexual, and Transgender ("LGBT") people from conversion therapy. Dr. Meyer has received recognition for his work, including by the American Psychological Association (Presidential Citation) and the National Institutes of Health (Sexual and Gender Minority Distinguished Investigator Award). Dr. Meyer has served as an expert in court cases and hearings, including: *Perry v. Schwarzenegger*, 704 F.Supp.2d 921 (N.D. Cal. 2010); a United States Commission on Civil Rights briefing on peer-to-peer violence and bullying in K-12 public schools (2011); *Garden State Equality v. Dow*, No. L-001729-11 (N.J. Super. Ct. Law Div. June 29, 2011); *Bayev and Others v. Russia*, App. Nos. 67667/09, 44092/12, & 56717/12, (June 20, 2017), https://perma.cc/MXU2-SGF8; and *Sexual Minorities Uganda v. Lively*, 960 F.Supp.2d 304 (D. Mass. 2013).

[1.] *Amici* state that no counsel for any party authored this brief in whole or in part and that no entity, aside from *amici* and their counsel, made any monetary contribution toward the preparation or submission of this brief.

Jody L. Herman, Ph.D., is the Reid Rasmussen Senior Scholar of Public Policy at the Williams Institute. Dr. Herman studies the characteristics and experiences of the transgender population in the United States. Dr. Herman has worked to advance understanding of the population size and demographics of people who identify as transgender, utilizing innovative methods to fill in existing data gaps to produce transgender population estimates for the United States. She has received recognition for her work from the California State Senate (Certificate of Recognition), the United States Department of Justice (Gerald B. Romer Award), and the National Institutes of Health (Sexual and Gender Minority Health Researcher Spotlight). Dr. Herman's work has been cited by federal courts in a number of cases, including: *United States v. Skrmetti*, 145 S. Ct. 1816 (2025); *Hecox v. Little*, 104 F.4th 1061 (9th Cir. 2024); *Doe v. Indep. Blue Cross*, 2022 WL 2905252 (E.D. Pa. July 22, 2022); *Toomey v. Arizona*, 2020 WL 2465707 (D. Ariz. May 12, 2020); and *Dragovich v. U.S. Dep't of Treasury*, 872 F.Supp.2d 944 (N.D. Cal. 2012).

SUMMARY OF THE ARGUMENT

States have the right to regulate licensed professionals within their state to protect their citizens from ineffective and harmful conduct. This right is particularly salient with respect to regulating licensed medical professionals to protect minors—some of the most vulnerable citizens—from medical treatments that fall below evidence-based standards of care.

Many of the approximately 18 million Lesbian, Gay, Bisexual, and Transgender ("LGBT") adults and 3.8 million LGBT youth in the United States have experienced

conversion therapy, a treatment designed to suppress sexual orientation and/or gender identity. Researchers who study LGBT populations and professional mental health organizations agree that conversion therapy is an ineffective practice and can lead to adverse health consequences for LGBT people, including LGBT youth.

Colorado's Minor Conversion Therapy Law ("MCTL"), Colo. Rev. Stat. §§ 12-245-202(3.5), 12-245-224(1)(t)(V), is carefully crafted to target conversion therapy practices that have been found to be harmful, while permitting evidence-based therapeutic practices. Accordingly, finding Colorado's MCTL unconstitutional could lead to dire consequences for LGBT youth in Colorado and undermine states' longstanding right to regulate licensed professionals, and licensed medical professionals in particular, harming the American public broadly.

ARGUMENT

I. It Is Well Within States' Police Power to Regulate Ineffective and Harmful Medical Care.

Courts have long recognized that states have a compelling interest in regulating the medical profession to protect the public from ineffective and harmful medical practices. *See Barsky v. Bd. of Regents of Univ.*, 347 U.S. 442, 449 (1954) ("It is elemental that a state has broad power to establish and enforce standards of conduct within its borders relative to the health of everyone there. It is a vital part of a state's police power."); *see also Semler v. Oregon State Bd. of Dental Examiners*, 294 U.S. 608, 611 (1935) (upholding law regulating dentist's conduct and advertising because "the state may regulate the practice

of dentistry" to "afford protection against ignorance, incapacity and imposition").

A state's interest in regulating the medical profession to protect against substandard care is particularly acute when considering the treatment of youth, who are uniquely vulnerable. As this Court has recognized, "a State's interest in safeguarding the physical and psychological well-being of a minor is compelling" because "[a] democratic society rests, for its continuance, upon the healthy, well-rounded growth of young people into full maturity as citizens[.]" *New York v. Ferber*, 458 U.S. 747, 756-57 (1982) (upholding New York statute that prohibited knowingly distributing child pornography against First Amendment challenge) (cleaned up); *see also Ginsberg v. New York*, 390 U.S. 629, 639 (1968) ("The well-being of its children is of course a subject within the State's constitutional power to regulate").

Even during the early years of this country's foray into establishing a healthcare system,[2] this Court upheld state regulation of medical care against constitutional

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[2.] There is a well-established history, dating prior to the passage of the First and Fourteenth Amendments, of states regulating medical care in line with prevailing standards of care. *See* David A. Johnson & Humayun J. Chaudhry, Medical Licensing and Discipline in America: A History of the Federation of State Medical Boards 4 (2012) (in 1649, the Massachusetts Bay Colony was "among the first to acknowledge the danger to its citizens of unscrupulous and/or unqualified health practitioners" and required physicians, surgeons, and midwives to consult with others skilled in those practices when providing care); Lewis A. Grossman, *The Origins of American Health Libertarianism,* 13 Yale J. of Health Pol'y, L., and Ethics 76, 129 (2013) (by 1901, every state and the District of Columbia had a medical licensing system mandating rigorous qualifications for practitioners and imposing severe penalties on violators).

challenges and acknowledged its crucial role in protecting the public. *See Dent v. West Virginia*, 129 U.S. 114, 122 (1889) ("[t]he power of the state to provide for the general welfare of its people authorizes it to prescribe all such regulations as in its judgment will secure or tend to secure them against the consequences of ignorance and incapacity" in medical care); *see also Hawker v. New York*, 170 U.S. 189, 193-94 (1898) (noting that legislation prohibiting felons from practicing medicine is a proper exercise of a state's police power because a "physician is one whose relations to life and health are of the most intimate character").

As the medical field has evolved, so too has the body of law protecting states' rights to regulate more recently developed medical fields. For modern practices such as mental health care and dietician/nutrition counseling, these regulations often come in the form of licensure requirements. *See Brokamp v. James*, 66 F.4th 374, 406 (2d Cir. 2023), *cert. denied*, 144 S. Ct. 1095 (2024) (upholding New York licensure requirement for mental health practitioners against First Amendment challenge); *Del Castillo v. Sec'y, Fla. Dep't of Health*, 26 F.4th 1214, 1217-20 (11th Cir. 2022) (upholding Florida licensure requirement for "practitioner[s] of dietetics and nutrition practice or nutrition counseling" against First Amendment challenge).

States maintain their right to regulate medical practices even if those practices incidentally burden the provider's speech. *See Nat'l Inst. of Fam. and Life Advocs. (NIFLA) v. Becerra*, 585 U.S. 755, 769 (2018) (acknowledging that the Court "has upheld regulations of professional conduct that incidentally burden speech")

(collecting cases). And lower courts have followed this Court's edict in *NIFLA* and upheld state regulations of medical providers and other professionals. *E.g.*, *Del Castillo*, 26 F.4th at 1225 (upholding Florida statute regulating dieticians' and nutritionists' practice and nutrition counseling because it "regulated professional conduct and only incidentally burdened . . . speech," and so, pursuant to *NIFLA*, did not violate plaintiff's First Amendment right to free speech); *360 Virtual Drone Servs. LLC v. Ritter*, 102 F.4th 263 (4th Cir. 2024) (upholding North Carolina statute requiring licenses for those who engage in land surveying activities against First Amendment challenge); *Locke v. Shore*, 634 F.3d 1185, 1191 (11th Cir. 2011) (upholding Florida statute mandating licenses for interior decorators despite incidental effects on speech because the statute does not regulate "professionals' speech to the public at large" but rather "their direct, personalized speech with clients").

The MCTL is one such regulation-by-licensing statute that implicates the way that licensed mental health practitioners speak to their patients while furthering a compelling state interest in protecting vulnerable youth in Colorado from substandard care. Colorado carefully drafted the MCTL to prohibit the use of conversion therapy—a practice rooted in stigma against LGBT people that evidence-based research demonstrates is ineffective and harmful—on minors, while permitting the use of therapies that are supported by mental health professional organizations.

II. Evidence Supports Colorado's Prohibition of Conversion Therapy.

There are approximately 18 million LGBT adults (aged 18 and older) and 3.8 million LGBT youth (aged 13 to 17) in the United States.[3] This includes 2.1 million adults and 724,000 youth who identify as transgender.[4] In Colorado specifically, there are an estimated 375,000 LGBT adults and 73,000 LGBT youth, including 43,000 adults and 13,000 youth who identify as transgender.[5]

Many LGBT people in the U.S. experience conversion therapy, a practice of attempting to deny, suppress, or otherwise "convert" a person's sexual orientation or gender identity so that an LGBT person will become heterosexual or cisgender.[6] In 2019, the Williams

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3. Jody L. Herman & Andrew R. Flores, *How Many Adults and Youth Identify as LGBT in the United States?*, Williams Inst. (forthcoming 2025); Jody L. Herman & Andrew R. Flores, *How Many Adults and Youth Identify as Transgender in the United States?*, Williams Inst. (forthcoming 2025). To produce the estimates of the number of LGBT adults and youth, researchers at the Williams Institute utilized data from the Centers for Disease Control and Prevention, including the 2021-2023 Behavior Risk Factor Surveillance System, the 2021 and 2023 Youth Risk Behavior Survey, and the U.S. Census Bureau's 2023 American Community Survey, along with statistical modeling.

4. Herman & Flores, *How Many Adults and Youth Identify as Transgender in the United States?*, *supra* note 3.

5. *Id.*; Herman & Flores, *How Many Adults and Youth Identify as LGBT in the United States?*, *supra* note 3.

6. Jonathan S. Comer et al., *Reckoning with Our Past and Righting Our Future: Report from the Behavior Therapy Task Force on Sexual Orientation and Gender Identity/Expression Change Efforts (SOGIECEs)*, 55 Behav. Therapy 649, 650 (2024), https://doi.org/10.1016/j.beth.2024.05.006.

Institute estimated that approximately 698,000 LGBT adults had been exposed to conversion therapy.[7] Of these 698,000 adults, approximately half of them (350,000) had experienced conversion therapy as adolescents.[8]

Conversion therapy[9] is an umbrella term used to describe sexual orientation and gender identity change efforts. The goal of sexual orientation and gender identity change efforts is to lead the patient to deny, suppress,

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7. Christy Mallory et al., *Conversion Therapy and LGBT Youth Update*, Williams Inst. 1 (June 2019), https://perma.cc/N4G5-TVAX. For the estimates of the number of individuals who have been exposed to conversion therapy, *amici* have relied on data from the Generations study—a study using a nationally representative sample to assess the health of LGB people in the U.S.—and the 2015 U.S. Transgender Survey—a large community-based sample of transgender adults. Sandy E. James et al., *The Report of the 2015 U.S. Transgender Survey*, Nat'l Ctr. for Transgender Equal. (Dec. 2016), https://perma.cc/9AWD-U566; *cf.* Ilan Meyer et al., *An Innovative Approach to the Design of a National Probability Sample of Sexual Minority Adults*, 7 LGBT Health 101 (2020), https://doi.org/10.1089/lgbt.2019.0145.

8. Mallory et al., *supra* note 7, at 1. Conversion therapy often takes place before the age of majority. Ilan H. Meyer et al., *LGBTQ People in the US: Select Findings from the Generations and TransPop Studies*, Williams Inst. (June 2021), https://perma.cc/SBX3-94Z7.

9. Most professionals and researchers do not use the term "conversion therapy" because these change efforts are not considered to have therapeutic value, nor have they proven to have any efficacy in bringing about change in sexual orientation or gender identity. *See, e.g.*, Comer et al., *supra* note 6, at 651; *see also* Just the Facts Coalition, *Just the Facts About Sexual Orientation and Youth: A Primer for Principals, Educators, and School Personnel*, Am. Psych. Ass'n 5-8 (2008), https://perma.cc/VM38-2S93. For the purposes of this brief, we will use the term "conversion therapy" to refer to these efforts.

or otherwise alter one's same-sex sexual attractions and feelings, and/or nonconforming gender expressions, so that one is no longer LGBT.[10] Historically, conversion therapy included the use of psychoanalytic, behavioral, and behavioral-cognitive techniques—including aversive techniques that range from the more extreme, like a series of electric shocks, to milder forms such as exposure to noxious odors—to associate images of homosexuality (*e.g.*, erotic images) with negative feedback.[11] With the advance of cognitive behavioral therapy in the United States, talk therapy has become the most common form of mental health treatment.[12] This is also true of conversion therapy, although other conversion practices—such as spiritual and pastoral practices—persist.[13]

Research establishes that the practice of conversion is unethical, ineffective, and is associated with substantial harms. *See infra* § II.B. Conversely, Colorado's regulation of conversion therapy for minors in the MCTL is supported

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10. Comer et al., *supra* note 6, at 650.

11. *Id.* at 652; *see also* Annesa Flentje et al., *Sexual Reorientation Therapy Interventions: Perspectives of Ex-Ex-Gay Individuals*, 17 J. Gay & Lesbian Mental Health 256 (2013), https://doi.org/10.1080/19359705.2013.773268.

12. *See* Daniel David et al., *Why Cognitive Behavioral Therapy Is the Current Gold Standard of Psychotherapy*, 9 Frontiers Psychiatry 1 (2018), https://doi.org/10.3389/fpsyt.2018.00004.

13. Since these practices are not supported or guided by professional mental health organizations, it is difficult to comprehensively account for the universe of modern conversion therapy practices. *See* Adam Jowett et al., *Conversion Therapy: An Evidence Assessment and Qualitative Study*, U.K. Gov't Equals. Office (2021), https://perma.cc/RJ6H-G8LD.

by substantial evidence and operates to protect a vulnerable group from a unique set of preventable harms.

A. Conversion Therapy Is a Practice Rooted in Stigma Against LGBT People

Historical conversion therapy practices and their modern iterations are rooted in anti-LGBT stigma. Indeed, conversion therapy is characterized by the *a priori* and unexamined assumption that being LGBT is undesirable and unhealthy, and the historically erroneous characterization of homosexuality (and transgender identity) as pathological.[14]

There has now, however, been a decades-long consensus among professional associations that an LGBT identity is not pathological.[15] For example, in 2008, a coalition of thirteen major professional organizations, including the American Academy of Pediatrics and the American Psychological Association, endorsed a statement that "the idea . . . that the emergence of same-sex attraction and orientation among some adolescents is in any way abnormal or mentally unhealthy has no support among any mainstream health and mental health professional organizations."[16] In 2013, the American Psychiatric Association likewise recognized the distinction between gender *identity* on one hand and

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14. *See, e.g.*, Comer et al., *supra* note 6, at 651, 659.

15. In the United States, homosexuality was removed from the Diagnostic and Statistical Manual defining mental disorders in 1973. *See* Jack Drescher, *Out of DSM: Depathologizing Homosexuality*, 4 Behav. Scis. 565 (2015), https://doi.org/10.3390/bs5040565.

16. *See, e.g.*, Just the Facts Coalition, *supra* note 9, at 5.

distress *related* to gender on the other.[17] To make this distinction clear, the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, includes diagnostic criteria for gender dysphoria.[18] In further publications, the American Psychiatric Association has clarified that "gender nonconformity is not in itself a mental disorder."[19]

Despite the fact that stigma-based attitudes portraying homosexuality as disordered have been discredited in medicine since at least the second half of the 20th century,[20] such views still drive efforts to "convert" LGBT individuals.

B. Conversion Therapy Is an Ineffective and Harmful Practice That Falls Below the Standard of Evidence-Based Care.

Colorado's MCTL appropriately targets the substantial harms conversion therapy practices cause to an already vulnerable population. Indeed, evidence shows that conversion therapy is ineffective at changing a person's sexual orientation or gender identity and is associated with substantial harm to LGBT people. For these reasons, professional organizations have broadly rejected the practice of conversion therapy.

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17. Am. Psychiatric Ass'n, Diagnostic and Statistical Manual of Mental Disorders (5th ed. 2013).

18. *Id.*

19. *Gender Dysphoria*, Am. Psychiatric Ass'n 1, https://perma.cc/ZTP9-LERJ (last visited Aug. 22, 2025).

20. *See* Comer et al., *supra* note 6, at 655.

1. Conversion Therapy Is Ineffective.

Conversion "therapy" is a misnomer; it is not an actual therapy because it does not lead to the claimed outcomes—that is, turning an LGBT person into someone who is not LGBT.

The scientific standard for showing the efficacy of therapy is a randomized clinical trial ("RCT"), where research subjects are randomized into an experimental treatment and compared with a standard treatment.[21] There have been no RCTs to test any form of conversion therapy, and no substantive evidence has shown it to be successful at "converting" an LGBT person into a heterosexual or cisgender person.[22] Moreover, psychiatrist Robert Spitzer, the author of a much-cited study that purported to test the efficacy of conversion therapy and reported that it was effective, later retracted his conclusions.[23] In his 2001 paper, Spitzer claimed that "some gay men and lesbians" can change their sexual orientation.[24] Spitzer later issued an apology for misleading

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[21] *See, e.g.*, Stefan James et al., *Registry-based Randomized Clinical Trials—A New Clinical Trial Paradigm*, 12 Nature Revs. Cardiology 312 (2015), https://doi.org/10.1038/nrcardio.2015.33.

[22] Judith M. Glassgold et al., *Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation*, Am. Psych. Ass'n 36 (Aug. 2009), https://perma.cc/623G-VTVS; *see also* Jowett et al., *supra* note 13.

[23] *See* Robert L. Spitzer, *Can Some Gay Men and Lesbians Change Their Sexual Orientation? 200 Participants Reporting a Change from Homosexual to Heterosexual Orientation*, 32 Archives of Sexual Behav. 403, 413-15 (2003), https://doi.org/10.1023/A:1025647527010.

[24] *Id.*

the public with his published results, saying, "I believe I owe the gay community an apology for my study making unproven claims of the efficacy of [conversion] therapy . . . I also apologize to any gay person who wasted time and energy undergoing some form of [conversion] therapy because they believed that I had proven that [conversion] therapy works with some 'highly motivated' individuals."[25]

2. Conversion Therapy Is Harmful.

Researchers and professionals agree that not only is conversion therapy ineffective at changing sexual orientation or gender identity, but it is often associated with adverse outcomes for LGBT individuals.[26] These studies led one reviewer of the effects of conversion therapy to warn that the practice of conversion therapy

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[25.] Mark Moran, *Spitzer Issues Apology for Study Supporting Reparative Therapy*, 47 Psychiatric News 1b (2012), https://doi.org/10.1176/pn.47.12.psychnews_47_12_1-b.

[26.] Comer et al., *supra* note 6, at 652-53; Jessica N. Fish & Stephen T. Russell, *Sexual Orientation and Gender Identity Change Efforts are Unethical and Harmful*, 110 Am. J. Pub. Health 1113 (2020), https://doi.org/10.2105/AJPH.2020.305765; Amy Przeworski et al., *A Systematic Review of the Efficacy, Harmful Effects, and Ethical Issues Related to Sexual Orientation Change Efforts*, 28 Clinical Psych.: Sci. and Prac. 81 (2021), https://doi.org/10.1111/cpsp.12377; *see* Trevor Goodyear et al., *Sexual Orientation and Gender Identity and Expression Change Efforts and Suicidality: Evidence, Challenges, and Future Research Directions*, 10 LGBT Health 339, 342 (2023), https://doi.org/10.1089/lgbt.2022.0359 ("ample evidence exists to suggest that" conversion therapy is "harmful and contribute[s] to suicidality").

is "among the most pressing health and social issues affecting [LGBT] people."[27]

Over more than two decades, research—including quantitative analyses and qualitative interviews—has consistently demonstrated that conversion therapy can inflict profound harm on LGBT individuals, including increased risks of suicidality, mental health problems (*e.g.*, depression and anxiety), physical health complications, economic burdens, and social isolation.[28] In contrast, there is no credible evidence suggesting that conversion therapy has any therapeutic benefit.[29]

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[27] Goodyear et al., *Sexual Orientation and Gender Identity and Expression Change Efforts and Suicidality: Evidence, Challenges, and Future Research Directions*, *supra* note 26, at 342.

[28] *See, e.g.*, Trevor Goodyear et al., "*They Want You to Kill Your Inner Queer but Somehow Leave the Human Alive": Delineating the Impacts of Sexual Orientation and Gender Identity and Expression Change Efforts*, 59 J. of Sex Rsch. 599 (2021), https://doi.org/10.1080/00224499.2021.1910616; *see* Goodyear et al., *Sexual Orientation and Gender Identity and Expression Change Efforts and Suicidality: Evidence, Challenges, and Future Research Directions, supra* note 26, at 341-42; Anna Forsythe et al., *Humanistic and Economic Burden of Conversion Therapy Among LGBTQ Youths in the United States*, 176 JAMA Pediatrics 493 (2022), https://doi.org/10.1001/jamapediatrics.2022.0042; Przeworski et al., *supra* note 26, at 90; Fish & Russell, *supra* note 26; Amy E. Green et al., *Self-Reported Conversion Efforts and Suicidality Among US LGBTQ Youths and Young Adults, 2018*, 110 Am. J. Pub. Health 1221 (2020), https://doi.org/10.2105/AJPH.2020.305701; James K. Gibb et al., *Conversion Therapy Exposure and Elevated Cardiovascular Disease Risk*, 8 JAMA Network Open e258745 (2025), https://doi.org/10.1001/jamanetworkopen.2025.8745.

[29] Glassgold et al., *supra* note 22, at 79; Jowett et al., *supra* note 13.

Williams Institute scholars conducted a review of thirteen studies on the effects of conversion therapy published in peer-reviewed scientific journals since 2020.[30]

[30.] All except one of the studies focused on mental health outcomes; one study focused on cardiovascular health. *See* John R. Blosnich et al., *Sexual Orientation Change Efforts, Adverse Childhood Experiences, and Suicide Ideation and Attempt Among Sexual Minority Adults, United States, 2016–2018*, 110 Am. J. Pub. Health 1024 (2020), https://doi.org/10.2105/AJPH.2020.305637; Travis Campbell & Yana van der Meulen Rodgers, *Conversion Therapy, Suicidality, and Running Away: An Analysis of Transgender Youth in the U.S.*, 89 J. Health Econ. 102750 (2023), https://doi.org/10.1016/j.jhealeco.2023.102750; Gibb et al., *supra* note 28; Green et al., *supra* note 28; Katie Heiden-Rootes et al., *The Effects of Gender Identity Change Efforts on Black, Latinx, and White Transgender and Gender Nonbinary Adults: Implications for Ethical Clinical Practice*, 48 J. Marital & Fam. Therapy 927 (2022), https://doi.org/10.1111/jmft.12575; Madison Higbee et al., *Conversion Therapy in the Southern United States: Prevalence and Experiences of the Survivors*, 69 J. Homosexuality 612 (2020), https://doi.org/10.1080/00918369.2020.1840213; Tural Mammadli et al., *Gender Identity Conversion Efforts as a Source of Minority Stress Among Transgender and Nonbinary Persons Living in the U.S.: Correlation with Wellbeing and Proximal Stressors*, 22 Sexuality Rsch. & Soc. Pol'y 393 (2025), https://doi.org/10.1007/s13178-024-00955-y; Tural Mammadli et al., *Adaptive Transition Decisions and Identity Exploration Among Transgender and Nonbinary Persons Exposed to Gender Identity Conversion Efforts*, 26 Int'l J. Transgender Health 198 (2024), https://doi.org/10.1080/26895269.2024.2415681; Tural Mammadli et al., *Understanding Harms Associated with Gender Identity Conversion Efforts Among Transgender and Nonbinary Individuals: The Role of Preexisting Mental Well-Being*, 26 Int'l J. Transgender Health 157 (2024), https://doi.org/10.1080/26895269.2024.2333531; Steven Meanley et al., *Lifetime Exposure to Conversion Therapy and Psychosocial Health Among Midlife and Older Adult Men Who Have Sex with Men*, 60 Gerontologist 1291 (2020), https://doi.org/10.1093/geront/gnaa069; Nguyen K. Tran et al., *Conversion Practice Recall and*

Twelve of the thirteen studies the Williams Institute scholars reviewed determined that conversion therapy had a negative impact on the health of people exposed to it.[31] Only one study reported a positive impact from conversion therapy, and it is the only study regarding the impact of conversion therapy directly cited by Petitioner.[32] That study was conducted by Reverend D. Paul Sullins, a retired Catholic University professor and researcher at the Ruth Institute, an organization advocating for Christian sexual ethics, with a goal of upholding the "ancient Christian teachings about marriage, family, and

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Mental Health Symptoms in Sexual and Gender Minority Adults in the USA: A Cross-Sectional Study, 11 Lancet Psychiatry 879 (2024), https://doi.org/10.1016/S2215-0366(24)00251-7; D. Paul Sullins, *Sexual Orientation Change Efforts Do Not Increase Suicide: Correcting a False Research Narrative*, 51 Archives Sexual Behav. 3377 (2022), https://doi.org/10.1007/s10508-022-02408-2; Jack L. Turban et al., *Association Between Recalled Exposure to Gender Identity Conversion Efforts and Psychological Distress and Suicide Attempts Among Transgender Adults*, 77 JAMA Psychiatry 68 (2020), https://doi.org/10.1001/jamapsychiatry.2019.2285.

[31] *See* Blosnich et al., *supra* note 30; Campbell & van der Meulen Rodgers, *supra* note 30; Gibb et al., *supra* note 28; Green et al., *supra* note 28; Heiden-Rootes et al., *supra* note 30; Higbee et al., *supra* note 30; Mammadli et al., *Adaptive Transition Decisions and Identity Exploration Among Transgender and Nonbinary Persons Exposed to Gender Identity Conversion Efforts*, *supra* note 30; Mammadli et al., *Adaptive Transition Decisions and Identity Exploration Among Transgender and Nonbinary Persons Exposed to Gender Identity Conversion Efforts*, *supra* note 30; Mammadli et al., *Understanding Harms Associated with Gender Identity Conversion Efforts Among Transgender and Nonbinary Individuals: The Role of Preexisting Mental Well-Being*, *supra* note 30; Meanley et al., *supra* note 30; Turban et al., *supra* note 30; Tran et al., *supra* note 30.

[32] Sullins, *supra* note 30; *see* Br. of Pet'r 15, 46.

human sexuality."[33] For his analysis, Sullins used publicly available Williams Institute data.[34] Upon examination of his study, researchers, including one of the undersigned *amici*, found that Sullins' conclusions were not supported by the data, which suggests that his conclusions reflected his *a priori* ideological bias.[35]

The remaining 12 recent scientific studies all found an association between conversion therapy exposure and adverse outcomes. For example, a Williams Institute study, the only study using a nationally representative sample of LGBT individuals, found that LGBT people who underwent conversion therapy had nearly twice the odds of lifetime suicidal ideation, 75% increased odds of planning to attempt suicide, and 88% increased odds of a

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[33] *About the Ruth Institute*, The Ruth Inst., https://perma.cc/3KKT-GUCY (last visited Aug. 22, 2025).

[34] *See* Sullins, *supra* note 30, at 3379.

[35] John R. Blosnich et al., *Correcting a False Research Narrative: A Commentary on Sullins*, 52 Archives Sexual Behav. 885 (2023), https://doi.org/10.1007/s10508-022-02521-2. Sullins published another earlier paper. *See* D. Paul Sullins, *Absence of Behavioral Harm Following Non-Efficacious Sexual Orientation Change Efforts: A Retrospective Study of United States Sexual Minority Adults, 2016-2018*, 13 Frontiers Psych. 1 (2022), https://doi.org/10.3389/fpsyg.2022.823647. In this article, Sullins used the same data but arrived at a different conclusion—this time showing no effect for the same people for whom he showed a positive effect in the later article. *Id.* at 3, 9. One of the undersigned *amici* responded to this article, highlighting flaws in its analysis—similar to the flaws in the later article. Ilan H. Meyer & John R. Blosnich, *Commentary: Absence of Behavioral Harm Following Non-Efficacious Sexual Orientation Change Efforts: A Retrospective Study of United States Sexual Minority Adults, 2016-2018*, 13 Frontiers Psych. 1 (2022), https://doi.org/10.3389/fpsyg.2022.997513.

suicide attempt when compared to LGBT people who did not undergo conversion therapy.[36] Another study of LGBT youth ages 13 to 24 in the U.S. similarly found that those who underwent conversion therapy were more than twice as likely to report having attempted suicide and having multiple suicide attempts compared to non-LGBT youth.[37]

Research on the experiences of transgender people subject to conversion therapy also demonstrates substantial evidence of harm. The United States Transgender Survey ("2015 USTS"), a large community-based survey of transgender people in the United States, asked respondents if a professional, such as a psychologist, counselor, or religious advisor, had ever tried to stop them from being transgender.[38] Thirteen percent (13%) of respondents reported this experience, with 4% reporting they had this experience with a religious counselor and 9% reporting they had this experience with a non-religious counselor, such as a therapist.[39] Respondents with exposure to any sort of conversion therapy from a professional had outcomes significantly worse than those who did not: they were more likely to experience serious psychological distress (47% v. 34%), to have ever attempted suicide (58% v. 39%), to have run away from home

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[36.] Blosnich et al., *Sexual Orientation Change Efforts, Adverse Childhood Experiences, and Suicide Ideation and Attempt Among Sexual Minority Adults, United States, 2016–2018*, *supra* note 30, at 1024.

[37.] Green et al., *supra* note 28, at 1221, 1223-24.

[38.] James et al., *The Report of the 2015 U.S. Transgender Survey*, *supra* note 7.

[39.] *Id.* at 109.

(22% v. 8%), and to have experienced homelessness (46% v. 29%).[40]

Ten percent (10%) of respondents to the 2015 USTS reported that a professional had tried to change their sexual orientation.[41] Similar to experiences with gender identity change efforts, conversion therapy related to sexual orientation among transgender people also resulted in significantly higher reports of suicidal thoughts and attempts: transgender individuals exposed to sexual orientation change efforts were more likely to have attempted suicide at some point (63.1% v. 39.9%) and to have attempted suicide in the past year (12.2% v. 6.5%).[42]

A study using TransPop data, a nationally representative sample of transgender individuals, found that exposure to conversion therapy was associated with an increase in depression and anxiety symptoms and eight additional days of poorer mental health over the past month, compared to participants who had not experienced conversion therapy.[43]

Consistent with these findings, evidence suggests that

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40. *Id.* at 110.

41. *Id.* at 111.

42. Jody L. Herman et al., *Suicide Thoughts and Attempts Among Transgender Adults: Findings from the 2015 U.S. Transgender Survey*, Williams Inst. 19 (Sept. 2019), https://perma.cc/RP65-SVPV.

43. Mammadli et al., *Gender Identity Conversion Efforts as a Source of Minority Stress Among Transgender and Nonbinary Persons Living in the U.S.: Correlation with Wellbeing and Proximal Stressors*, *supra* note 30, at 393, 397-98.

bans on the use of conversion therapy have a *positive* impact on mental health outcomes for LGBT youth. One study used data from the national Youth Risk Behavior Survey ("YRBS") to assess the impact of conversion therapy bans on the health of gay, lesbian, and bisexual youth.[44] The study compared four states that had conversion therapy bans at the time of the study period with 11 states that had no such bans.[45] Researchers looked at gay, lesbian, and bisexual youth who seriously considered suicide over a one-year period and found that states that had passed conversion therapy bans had 12% fewer gay, lesbian, and bisexual youth who had considered suicide.[46] Notably, therapy that affirms and supports LGBT youth has been shown to decrease stressors and improve mental health outcomes.[47]

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[44] Lindsay N. Overhage et al., *State Bans on Sexual Orientation and Gender Identity Change Efforts and Youth Suicidality*, Health Servs. Rsch. 1, 7 (2025), https://doi.org/10.1111/1475-6773.14635 (reporting a 4.6% reduction in gay, lesbian, and bisexual youth considering suicide, from 39.3% in states with no conversion therapy ban to 34.7% in states with a ban).

[45] *See id.*

[46] *Id.* at App. F.

[47] *See. e.g.*, John E. Pachankis, et al., *Guided LGBTQ-Affirmative Internet Cognitive-Behavioral Therapy for Sexual Minority Youth's Mental Health: A Randomized Controlled Trial of a Minority Stress Treatment Approach*, 169 Behav. Rsch. Therapy 104403 (2023), https://doi.org/10.1016/j.brat.2023.104403.

3. Conversion Therapy Is Particularly Harmful to LGBT People Due to Social Discrimination and Stigma.

While social acceptance of LGBT people has generally increased over the last forty years,[48] this population has historically experienced—and continues to experience—both *de facto* and *de jure* discrimination across several aspects of public and private life.[49] As this Court noted in *Obergefell v. Hodges*, LGBT individuals have been "prohibited from most government employment, barred

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[48] Andrew R. Flores, *Social Acceptance of LGBT People in 174 Countries: 1981 to 2017*, Williams Inst. 18 (Oct. 2019), https://perma.cc/9KAF-KG4B.

[49] *See, e.g.*, Brad Sears et al., *LGBTQ People's Experiences of Workplace Discrimination and Harassment: 2023*, Williams Inst. 2 (Aug. 2024), https://perma.cc/7ZWZ-P3S7; M.V. Lee Badgett, *Letter to Members of the Senate Committee on the Judiciary*, Williams Inst. (Mar. 17, 2021), https://perma.cc/Z4PH-FWV5 (discussing employment discrimination experienced by LGBT people); Adam P. Romero et al., *LGBT People and Housing Affordability, Discrimination, and Homelessness*, Williams Inst. 4 (Apr. 2020), https://perma.cc/ECB7-9WW5 (discussing disparities LGBT people face with respect to housing, homeownership, and homelessness); Diane K. Levy et al., *A Paired-Testing Pilot Study of Housing Discrimination Against Same-Sex Couples and Transgender Individuals*, Urb. Inst. (June 2017), https://perma.cc/7YML-GNDP (discussing housing discrimination experienced by LGBT people); Joseph G. Kosciw et al., *The 2021 National School Climate Survey: The Experiences of LGBTQ Youth in Our Nation's Schools*, GLSEN (2022), https://perma.cc/A9KH-2HJE (discussing challenges LGBT youth face at school); Alex Montero et al., *LGBT Adults' Experiences with Discrimination and Health Care Disparities: Findings from the KFF Survey of Racism, Discrimination, and Health*, KFF (Apr. 2, 2024), https://perma.cc/D78C-M9X7 (discussing discrimination LGBT individuals face in several areas).

from military service, excluded under immigration laws, targeted by police, and burdened in their rights to associate." 576 U.S. 644, 661 (2015). This ongoing discrimination in both public and private spaces perpetuates stigma that strips a person of their dignity, liberty, and, in extreme cases, life.[50]

LGBT people's experiences in a stigmatizing society have been described as leading to "minority stress."[51] Stress in general can lead to adverse mental and physical health outcomes.[52] Minority stress is excess stress that

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50. Ilan H. Meyer, *Does an Improved Social Environment for Sexual and Gender Minorities Have Implications for a New Minority Stress Research Agenda?*, 7 Psych. Sexualities Rev. 81, 82 (2016), https://doi.org/10.53841/bpssex.2016.7.1.81.

51. Ilan H. Meyer, *Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence*, 129 Psych. Bull. 674 (2003), https://doi.org/10.1037/0033-2909.129.5.674; David M. Frost and Ilan H. Meyer, *Minority Stress Theory: Application, Critique, and Continued Relevance*, 51 Current Op. Psych. 101579 (2023), https://doi.org/10.1016/j.copsyc.2023.101579; Mark L Hatzenbuehler & John E Pachankis, *Stigma and Minority Stress as Social Determinants of Health Among Lesbian, Gay, Bisexual, and Transgender Youth: Research Evidence and Clinical Implication*s, 63 Pediatric Clinics 985 (2016), https://doi.org/10.1016/j.pcl.2016.07.003; Michael L. Hendricks & Rylan J. Testa, *A Conceptual Framework for Clinical Work with Transgender and Gender Nonconforming Clients: An Adaptation of the Minority Stress Model,* 43 Pro. Psych.: Rsch. and Prac. 460 (2012), https://doi.org/10.1037/a0029597; Jacelyn M. White Hughto et al., *Transgender Stigma and Health: A Critical Review of Stigma Determinants, Mechanisms, and Interventions*, 147 Soc. Scis. & Med. 222 (2016), https://doi.org/10.1016/j.socscimed.2015.11.010.

52. Peggy A. Thoits, *Stress and Health: Major Findings and Policy Implications*, 51 J. Health and Soc. Behav. S41 (2010), https://doi.org/10.1177/0022146510383499.

affects LGBT people specifically. For example, job loss is a severe stressor for everyone; people may lose a job for any number of reasons, but LGBT people may also lose jobs due to anti-LGBT prejudice.[53]

Another type of minority stress is the excess exposure to violence experienced by LGBT people in the U.S.[54] According to the National Crime Victimization Survey data from 2022 and 2023, gay, lesbian, and bisexual people experienced 106.4 violent victimizations per 1,000 persons, and transgender people experienced victimization at a rate of 93.7 per 1,000, compared with 21.1 per 1,000 among non-LGBT persons.[55] LGBT people also experienced a higher rate of serious violence, defined as rape or sexual assault, robbery, or aggravated assault, than non-LGBT people (53.7 per 1,000 vs. 8.5 per 1,000).[56]

Another form of minority stress is rejection by family and communities. In their homes, anti-LGBT stigma leads to interpersonal expressions of prejudice against

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53. Brad Sears et al., *LGBTQ People's Experiences of Workplace Discrimination and Harassment: 2023*, Williams Inst. 2, 10 (2023), https://perma.cc/7ZWZ-P3S7; Frost & Meyer, *supra* note 51.

54. *See, e.g.*, Ilan H. Meyer and Andrew R. Flores, *Anti-LGBT Victimization in the United States: Results from the National Crime Victimization Survey (2022-2023)*, Williams Inst. 4 (2025), https://perma.cc/32H8-ZRMA (LGBT people are five times more likely than non-LGBT people to be victims of violent crime); *Hate Crime in the United States Incident Analysis*, Fed. Bureau of Investigation, https://www.justice.gov/hatecrimes/hate-crime-statistics (last visited Aug. 25, 2025) (estimated that approximately 1 in 5 hate crimes target LGBT people).

55. Meyer and Flores, *supra* note 54, at 3.

56. *Id.* at 4.

LGBT people, including societal and familial rejection.[57] Unlike racial and ethnic minorities who most often grow up in families that match their race and ethnicity, LGBT people are most often raised by heterosexual parents who have internalized societal anti-LGBT stigmatizing attitudes, leading to family rejection and even violence.[58] Many LGBT people who internalize this social stigma struggle with self-acceptance and are afraid or hesitant to acknowledge their sexual orientation or gender identity, expecting to be rejected.[59] This rejection can lead to adverse outcomes, such as a higher likelihood of homelessness, system involvement, and truancy.[60]

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57. *See, e.g.*, What We Know Project, *What Does the Scholarly Research Say About the Link Between Family Acceptance and LGBT Youth Well-Being?*, Cornell Univ. (Dec. 2017), https://perma.cc/T9TV-3XSA (online literature review); Sabra L. Katz-Wise et al., *Lesbian, Gay, Bisexual, and Transgender Youth and Family Acceptance*, 63 Pediatric Clinics N. Am. 1011 (2016), https://doi.org/10.1016/j.pcl.2016.07.005.

58. Allegra R. Gordon & Ilan H. Meyer, *Gender Nonconformity as a Target of Prejudice, Discrimination, and Violence Against LGB Individuals*, 3 J. of LGBT Health Rsch. 55-71, 67 (2007), https://doi.org/10.1080/15574090802093562; Katz-Wise et al., *supra* note 57.

59. For example, one systematic literature review of thirteen studies found lower self-acceptance among LGBT people compared to non-LGBT individuals, with an association between rejection by one's family and friends and poor self-acceptance among LGBT youth. Jake Camp et al., *LGBQ+ Self-Acceptance and Its Relationship with Minority Stressors and Mental Health: A Systematic Literature Review*, 49 Archives Sexual Behav. 2353, 2355 (2020), https://doi.org/10.1007/s10508-020-01755-2.

60. What We Know Project, *supra* note 57; Romero et al., *supra* note 49, at 4; *see also* Brandon Andrew Robinson, *Conditional Families and Lesbian, Gay, Bisexual, Transgender, and Queer*

Because minority stress represents added stress as compared to similarly situated non-LGBT people, it contributes to any adverse health and mental health outcomes that are caused by stress exposure generally. Research has shown that LGBT youth and adults, when compared to their non-LGBT peers, are more susceptible to depression,[61] anxiety,[62] self-harm,[63] post-traumatic

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Youth Homelessness: Gender, Sexuality, Family Instability, and Rejection, 80 J. Marriage & Fam. 383, 390 (2018), https://doi.org/10.1111/jomf.12466; Laura Baams et al., *LGBTQ Youth in Unstable Housing and Foster Care*, 143 Pediatrics 1 (2019), https://doi.org/10.1542/peds.2017-4211; Soon Kyu Choi et al., *Serving Our Youth 2015: The Needs and Experiences of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth Experiencing Homelessness*, Williams Inst. with True Colors Fund (June 2015), https://perma.cc/5X5L-4SRK; Kosciw et al., *supra* note 49 (survey conducted of high school students found that one-third of LGBT students missed one or more days of school per month because of feeling unsafe or uncomfortable due to their sexual orientation or gender identity); Richard Lowry et al., *Associations Between School Absence and School Violence by Sexual Identity*, 63 Am. J. Preventative Med. 384 (2022), https://doi.org/10.1016/j.amepre.2022.03.026 (analysis of YRBS data from 2015, 2017, and 2019 showed that truancy was more prevalent among LGBT youth compared to non-LGBT youth because of exposure to school violence and safety concerns).

61. Martin Plöderl & Pierre Tremblay, *Mental Health of Sexual Minorities. A Systematic Review*, 27 Int. Rev. of Psychiatry 367, 368-70, 378 (2015), https://doi.org/10.3109/09540261.2015.1083949.

62. *See, e.g.*, Abbeygail Jones et al., *Anxiety Disorders, Gender Nonconformity, Bullying and Self-Esteem in Sexual Minority Adolescents: Prospective Birth Cohort Study*, 58 J. Child Psych. & Psychiatry 1201, 1204 (2017), https://doi.org/10.1111/jcpp.12757.

63. *See, e.g.*, L.A. Taliaferro and J.J. Muehlenkamp, *Nonsuicidal Self-Injury and Suicidality Among Sexual Minority Youth: Risk Factors and Protective Connectedness Factors*, 17 Acad. Pediatrics

stress disorder,[64] substance use,[65] and suicide attempts and completions[66] because of the minority stressors they face.

The experiences and stress LGBT people endure make them uniquely susceptible to harmful mental health practices that promise to "fix" what society, their families, and even their own inner thoughts tell them is "wrong" with them. LGBT youth are particularly susceptible to conversion therapy and its attendant harms.[67]

715, 717 (2017), https://doi.org/10.1016/j.acap.2016.11.002; K.B. Jackman et al., *Prevalence and Correlates of Nonsuicidal Self-injury Among Transgender People: Results from a U.S. Probability Sample*, Psych. of Sexual Orientation and Gender Diversity (2025), https://doi.org/10.1037/sgd0000794.

64. *See, e.g.*, Mattia Marchi et al., *Post-traumatic Stress Disorder Among LGBTQ People: A Systematic Review and Meta-analysis*, 32 Epidemiology & Psychiatric Scis. e44 (2023), https://doi.org/10.1017/S2045796023000586.

65. *See, e.g.,* Ryan J. Watson et al., *Substance Use Among Sexual Minorities: Has It Actually Gotten Better?*, 53 Substance Use Misuse 1221 (2018), https://doi.org/10.1080/10826084.2017.1400563.

66. *See, e.g.*, Ilan H. Meyer et al., *Suicidal Behavior and Coming Out Milestones in Three Cohorts of Sexual Minority Adults*, 8 LGBT Health 340, 345 (2021), https://doi.org/10.1089/lgbt.2020.0466; Jennifer de Lange et al., *Minority Stress and Suicidal Ideation and Suicide Attempts Among LGBT Adolescents and Young Adults: A Meta-Analysis*, 9 LGBT Health 222, 233 (2022), https://doi.org/10.1089/lgbt.2021.0106.

67. *See, e.g.*, Jessica N. Fish & Stephen T. Russell, *Sexual Orientation and Gender Identity Change Efforts Are Unethical and Harmful*, 110 Am. J. Pub. Health 1113 (2020), https://doi.org/10.2105/AJPH.2020.305765.

4. Conversion Therapy Has Been Rejected by Professional Associations Because It Is Ineffective and Harmful.

With an evolved scientific understanding of sexual orientation and gender identity, and research showing the harms of conversion therapy, professional associations of medical and mental health practitioners have resoundingly renounced the practice of conversion therapy. For example, the Association of Behavioral Cognitive Therapists ("ABCT")—a professional membership and scientific organization that supports behavioral and cognitive therapies through research, education, and advocacy—issued a formal apology in 2022 for its "historic role in the development and use of so-called 'conversion therapies' practices that have caused untold harm to members of the sexual and gender minority (SGM) community for over 50 years."[68] ABCT has "unequivocally denounce[d] the ongoing use of so-called 'conversion therapies' given (a) the lack of empirical support regarding for [sic] such interventions, (b) existing evidence regarding the significant risks associated with these practices, and (c) the fact that SGM identities are normal expressions of human diversity and not a type of psychopathology that needs to be 'treated[.]'"[69] In an article subsequent to the association's statement, researchers affiliated with the ABCT stated that conversion therapy is "incompatible with modern standards for

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68. *ABCT Apology for Behavior Therapy's Contribution to the Development and Practice of Sexual Orientation and Gender Identity and Expression Change Efforts: History and Next Steps*, Ass'n for Behav. and Cognitive Therapies 1 (2022), https://perma.cc/TUX2-EUKQ.

69. *Id.*

clinical practice with sexual and gender minority" (*i.e.*, LGBT) people.[70]

Many other mainstream professional organizations have condemned conversion therapy for similar reasons, including the American Psychological Association,[71] the American Psychiatric Association,[72] the American Medical Association,[73] the American Academy of Child & Adolescent Psychiatry,[74] the American Association of Sexuality Educators, Counselors, and Therapists,[75] and the American Mental Health Counselors Association.[76]

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70. Comer et al., *supra* note 6, at 657.

71. *APA Resolution on Sexual Orientation Change Efforts*, Am. Psych. Ass'n (Feb. 2021), https://perma.cc/FZC5-2ER9.

72. *Position Statement on Conversion Therapy and LGBTQ+ Patients*, Am. Psychiatric Ass'n, https://perma.cc/AHY5-E8SS.

73. *Sexual Orientation and Gender Identity Change Efforts (So-Called "Conversion Therapy")*, Am. Med. Ass'n & GLMA (2022), https://perma.cc/PAF8-L2HK.

74. *Conversion Therapy*, Am. Acad. of Child & Adolescent Psychiatry (Feb. 2018), https://perma.cc/QMS2-BMER.

75. *Position on Sexual Orientation and Reparative Therapy*, Am. Ass'n of Sexuality Educators, Couns., and Therapists (Feb. 9, 2017), https://perma.cc/K2TF-6D5Z.

76. *AMHCA Statement on Reparative or Conversion Therapy*, Am. Mental Health Couns. Ass'n (July 10, 2014), https://perma.cc/99DX-BTSL.

5. Colorado's Ban on Conversion Therapy by Licensed Professionals Is Supported by the Evidence

Exploration of sexual orientation and gender identity is standard care provided by therapists and counselors.[77] To facilitate exploration, however, ethical standards for counselors prohibit providers from "imposing [] their own values, attitudes, beliefs, and behaviors" on patients.[78] Accordingly, the MCTL does not prohibit providers from *exploring* clients' concerns related to sexual orientation and gender identity.[79] Nor does the MCTL prohibit individuals from seeking religious counseling in religious settings.[80] Instead, Colorado law prohibits "any practice or treatment by a licensee, registrant, or certificate holder that attempts or purports to change an individual's sexual orientation or gender identity, including efforts to *change* behaviors or gender expressions or to eliminate or reduce sexual or romantic attraction or feelings toward individuals of the same sex." Colo. Rev. Stat. § 12-245-

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77. *See* Nadine Nakamura et al., *The APA Guidelines for Psychological Practice with Sexual Minority Persons: An Executive Summary of the 2021 Revision*, 77 Am. Psych. 953, 955 (2022), https://doi.org/10.1037/amp0000939.

78. *2014 ACA Code of Ethics*, Am. Counseling Ass'n 5 (2014), https://perma.cc/J7KQ-YXTW.

79. *See* Colo. Rev. Stat. § 12-245-202(3.5)(b)(I) (stating that "'Conversion therapy' does not include practices or treatments that provide: [] Acceptance, support, and understanding for the facilitation of an individual's coping, social support, and identity exploration and development").

80. *See* Colo. Rev. Stat. § 12-245-202 (3.5)(a) (emphasis added); *see also Chiles v. Salazar*, 116 F.4th 1178, 1192 (10th Cir. 2024) (describing MCTL and what it prohibits and permits).

202(3.5)(a) (emphasis added). "Change" is the operative word here, as it is efforts to *change* or *convert* LGBT minors that is the conduct most directly associated with harm in the conversion therapy literature. *See supra* § II.B.

In other words, Colorado's law only prohibits conversion efforts on minors by state-regulated professionals, a form of conduct that causes substantial harm to LGBT youth. *See supra* § II.B. Indeed, the MCTL is specifically designed to meet Colorado's interest in regulating therapeutic treatments to adhere to widely accepted professional standards. Accordingly, a ruling in favor of Petitioner would unduly and wrongly interfere with Colorado's compelling interest in protecting an extremely vulnerable and already at-risk population from a practice that is ineffective and harmful.

III. If States Cannot Regulate Harmful Professional Conduct, It Would Have Far-Reaching Consequences.

A ruling in favor of Petitioner would upend the regulation of medicine and other professions, risking extensive harm. Many states regulate medical professionals' conduct in a manner that incidentally burdens speech in the same way as the MCTL. The outcome Petitioner seeks could undermine these state protections even though state legislatures have deemed them necessary to uphold the ethical conduct of the medical profession and the adequate treatment of patients. Kentucky law, for example, prohibits a physician's "dishonorable, unethical, or unprofessional conduct" in making "[a]ny representation in which the licensee claims

that he can cure or treat diseases, ailments, or infirmities by any method, procedure, treatment, or medicine which the licensee knows or has reason to know has little or no therapeutic value"—an incidental infringement on the licensee's speech. Ky. Rev. Stat. Ann. § 311.597. In Rhode Island, "unprofessional conduct" by a medical provider includes "[o]ffering . . . or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine." R.I. Gen. Laws Ann. § 5-37-5.1; *see also* Minn. Stat. Ann. § 147.091 (prohibiting physicians from providing "false or misleading information . . . directly related to the care of [a] patient"); Idaho Code Ann. § 54-1814 (listing among grounds for medical discipline "intentionally representing that a manifestly incurable disease or injury . . . can be permanently cured); Or. Rev. Stat. Ann. § 677.190 (same).

These professional misconduct regulations are crucial to ensuring that children and adults receive high-quality care based on evidence-based medical information and methods accepted by the scientific community that follows consensus guidelines developed by relevant professional bodies. As here, these laws protect individuals from receiving harmful and ineffective treatments. Enabling physicians to claim they can "cure or treat" an illness when the physician knows the treatment "has little or no therapeutic value," *see* Ky. Rev. Stat. Ann. § 311.597, is likely to result in substantially worse health outcomes, just as allowing therapists in Colorado to use conversion therapy on LGBT youth—which is shown to be harmful and ineffective—would harm those youth.

CONCLUSION

The undersigned *amici* have spent decades studying the experiences of LGBT individuals and researching the impact of prejudice and discrimination on health outcomes in sexual and gender minorities. *Amici* respectfully request that this Court uphold the MCTL as a proper use of Colorado's police power to regulate licensed professionals to prevent harm to some of Colorado's most vulnerable youth. Failure to do so is likely to cause harm to LGBT youth in Colorado and could upend statutes that similarly protect children and adults across many areas of treatment and professional services throughout the country.

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