No. 25–840

In the Supreme Court of the United States

INTERNATIONAL PARTNERS FOR ETHICAL CARE, INC., ET AL.,

Petitioners,

v.

ROBERT FERGUSON, GOVERNOR OF WASHINGTON, ET AL.,

Respondents.

ON PETITION FOR A WRIT OF CERTIORARI FROM THE UNITED STATES COURT OF APPEALS FOR THE NINTH CIRCUIT

BRIEF OF FLORIDA, IDAHO, AND 14 STATES AS *AMICI CURIAE* IN SUPPORT OF PETITIONERS

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INTEREST OF *AMICI CURIAE*

Amici are the States of Florida, Idaho, and 14 States ("*Amici States*"). *Amici States* seek to ensure that parents retain their fundamental right to direct the upbringing of their minor children—a right this Court has described as "essential" and "far more precious . . . than property rights." *Stanley v. Illinois*, 405 U.S. 645, 651 (1972) (first quoting *Meyer v. Nebraska*, 262 U.S. 390, 399 (1923); and then *May v. Anderson*, 345 U.S. 528, 533 (1953)). *Amici States* also fear that their own residents whose runaway children cross state lines may be harmed by Washington's law or future laws that may be patterned after it (notwithstanding the rules of the Interstate Commission for Juveniles).

SUMMARY OF ARGUMENT

This Court should grant certiorari to restore a proper understanding of State authority and its relationship to American families. Parental rights are fundamental and foundational. It is parents who are entrusted with ultimate responsibility for the care, formation, and well-being of their children, not the government.

Parental rights have taken on new focus in Washington, where youth shelters may choose not to notify parents of their child's safety, health, or location so long as their runaway child seeks "gender-affirming treatment."[1] This unfortunate phenomenon harms

[1] "[G]ender-affirming treatment" is "a service or product that a health care provider . . . prescribes to an individual to support

parents by denying their right to consent to or refuse treatment for their child—including "gender-affirming care" or other medical services. Parents also suffer by not receiving any notice of their child's presence at the shelter; per Washington, parents need not be informed if their runaway child is even alive. And even if the shelter chooses to notify parents, the child's location and medical records[2] may be withheld and their return delayed significantly or indefinitely.

Yet the Ninth Circuit held that Petitioners lacked standing because their harms were deemed self-inflicted and not sufficiently immediate or certain. This crabbed (and incorrect) view of standing meant turning a blind eye to Washington's encroachment on constitutional rights, allowing the state to "not merely invad[e] Petitioner's parental rights," but "obliterate them." App.47a (VanDyke, J., dissenting) (cleaned up).

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and affirm the individual's gender identity." Wash.Rev.Code (RCW) §74.09.675(3). This includes physical or mental health services, *id.* §70.02.010(15), including "[f]acial feminization surgeries"; "facial gender-affirming treatment"; "tracheal shaves, hair electrolysis," "mastectomies, breast reductions, breast implants, or any combination of gender-affirming procedures," *id.* §74.09.675(2)(b).

[2] When the child receives gender-affirming treatment, the state then restricts the parents' rights to access the child's mental health "treatment records." RCW §71.24.025(42) (App.K); §71.34.430 (App.L) (limiting disclosure to parents); *id.* §70.02.240 (App.I) (limiting parent's access to a minor's records, except under prescribed circumstances); *id.* §70.02.265 (App.J) (allowing therapist to deny parents access).

As this Court has recognized, "the interest of parents in the care, custody, and control of their children" "is perhaps the oldest of the fundamental liberty interests recognized by this Court." *Troxel v. Granville*, 530 U.S. 57, 65 (2000) (plurality opinion). Yet Washington circumvents these constitutional mandates, despite the Fourteenth Amendment existing "to enforce constitutionally declared rights against the States." *McDonald v. City of Chicago, Ill.*, 561 U.S. 742, 833 (2010) (Thomas, J., concurring). Our Constitution places the burden on States to respect fundamental rights, not on citizens to claw back the right to parent their own children, and the decision below inverted that constitutional reality.

ARGUMENT

What the Ninth Circuit deemed a "some day" injury is actually an every-day injury for Washington parents. App.21a. Every day, Petitioners have less authority over the custody and care of their children than they did before Washington's runaway-child law was enacted. And every day, that lack of authority colors the parent-child dynamic between Petitioners and their children. The threat that Petitioners' children will exercise their Washington-given right to run away and seek irreversible life-changing treatment looms over every interaction Petitioners have with their children.

The Ninth Circuit would not correct Washington's trampling of parental rights, but this Court should. *Amici States* offer three points below. First, this Court should intervene to secure parental rights nationwide. Second, parental rights are some of the oldest fundamental rights that this Court has recognized and play a bedrock role in American society. And third, the

Ninth Circuit should have held that Washington's encroachment on parental rights was sufficient for Petitioners to have standing.

I. This Court should intervene to secure parental rights nationwide.

Across the country, government officials are fundamentally altering the upbringing of children while keeping parents in the dark. A growing number of states have passed laws and policies making consequential decisions for children's mental or physical health without any concerns for parental rights. A flood of litigation has followed.[3]

Much of the litigation has concerned laws and policies allowing or encouraging schools to socially transition children to a different gender without parental knowledge or consent. "[M]ore than 1,000 districts have adopted such policies." *Parents Protecting Our Child., UA v. Eau Claire Area Sch. Dist.*, 145 S. Ct. 14, 14 (2024) (Alito, J., dissenting from denial of certiorari). That number has increased to more than 1,200

[3] *See Mirabelli v. Bonta*, No. 25-8056 (Jan. 5, 2026) (granting stay pending appeal); *Foote v. Ludlow*, No. 25-77 (Petition for cert. filed July 18, 2025); *Littlejohn v. Sch. Bd. Of Leon Cty. Fla.,* No. 25-759 (petition for cert. filed Dec. 22, 2025); *see also Lavigne v. Great Salt Bay Sch. Cmty. Bd.*, No. 25-759 (petition for cert. filed Dec. 22, 2025) (action dismissed on *Monell* grounds).

school districts today.[4] 12.3 million students, approximately one quarter of all public K-12 students nationwide, are subject to these policies.[5]

Some of these policies not only encourage transitioning a child without a parent's consent but promote active concealment from parents. In 2023, the New York State Education Department promulgated guidance to public school teachers on how to conceal a "social transition" from a child's parents.[6] "The key takeaway: if your child decides that he or she wants to socially transition to the opposite gender, it is now a 'best practice' for the school to lie to you about it."[7] New York follows New Jersey, which has had near-identical policies on the books since 2018.[8]

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[4] *See List of School District Transgender – Gender Nonconforming Student* Policies, Defending Educ. (Apr. 21, 2025), https://tinyurl.com/7rtmmv7r (last accessed Jan. 14, 2026).

[5] *See id.*; *Public School Enrollment*, Nat'l Ctr. for Educ. Stat., (last accessed Jan. 14, 2026), https://tinyurl.com/5d2vvwcs (estimating public K-12 public school enrollment at 48.2 million students in 2025).

[6] *See* N.Y. State Dep't of Educ., *Creating a Safe, Supportive, and Affirming School Environment for Transgender and Gender Expansive Students: 2023 Legal Update and Best Practices* 16–17 (2023), https://tinyurl.com/3685jcjd.

[7] Max Eden, *New York State's Directive to Schools: Lie to Parents*, City J. (June 16, 2023), https://tinyurl.com/mr44mdnd.

[8] *See* Dana DiFilippo, *State, School District Defend NJ Guidance on Transgender Students from Court Challenge*, N.J. Monitor (Sept. 5, 2025, at 6:35 AM), https://tinyurl.com/bdezkcdt; *see also* N.J. Dep't of Educ., *Transgender Student Guidance for School Districts* 3 (2018), https://tinyurl.com/mr47m2hm.

Worse still, some jurisdictions have coupled their secret-transition laws with purported immunity for the school officials who carry the transitions out. In 2024, California enacted state-law protections for all school officials who refuse to disclose *any* information concerning a child's gender expression to *any other person*. *See* Cal. Educ. Code § 220.3. California also provides robust anti-retaliation protections for school officials that feel the need to shape a child's sexual identity away from parental supervision. *See id.* § 220.1. And it further bars school districts from requiring parental disclosures concerning efforts to socially transition children. *See id.* § 220.5(a).[9]

Cases involving school transitions have come to this Court before, but the Court has so far declined to grant certiorari. *See Parents Protecting*, 145 S. Ct. at 14 (Alito, J., dissenting from denial of certiorari); *Lee v. Poudre Sch. Dist. R-1*, 146 S. Ct. 26 (2025) (Alito, J., statement respecting denial of certiorari). However, this petition presents a cleaner vehicle for the Court to confirm the primacy of parental rights over a state's preference for gender ideology. For one, Washington law authorizes *medical interventions* without parental consent,[10] meaning there is no argument (as has been made in the social-transition context) that the state-authorized intervention does not "constitute[]

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[9] *See also* Diana Lambert & Monica Velez, *Newsom Signs Bill to End Parental Notification Policies at Schools; Opponents Say Fight is Not Over*, EdSource (July 17, 2024), https://tinyurl.com/4fcavsrb.

[10] *See* RCW §13.32A.082(2)(d); *id.* §74.09.675(3) ("a service or product that a health care provider . . . prescribes").

medical treatment." *Foote v. Ludlow Sch. Comm.*, 128 F.4th 336, 349 (1st Cir. 2025). Moreover, "school gender ideology cases" often present "complicating factual issues" that are not present here. App.40a (VanDyke, J., dissenting).

What's more, if this Court does not address this issue of "great and growing national importance," it is unlikely that lower courts will. *Lee*, 146 S. Ct. at 26. The Ninth Circuit is the latest court to succumb to the "tempt[ation] to avoid confronting [this] particularly contentious constitutional question," *id.* (cleaned up)—although the circuit ordinarily applies standing requirements flexibly and capaciously, it invoked an iron-fisted version of standing to avoid the constitutional question presented here. *See* App.63a–64a & n.3 (Tung, J., dissenting) (giving examples of "standing based on future injuries" that were more "attenuated" than the facts this case); *see also City & Cnty. of S.F. v. USCIS*, 981 F.3d 742, 754 (9th Cir. 2020) (forecasting that "public charge" rule would lead immigrants to unenroll in federal assistance programs and enroll in state-run programs instead); *California v. Azar*, 911 F.3d 558, 571–73 (9th Cir. 2018) (predicting that rule exempting employers from having to provide contraception coverage would lead employers to change their policies and lead women to seek contraception through state-run programs).

Until the Court addresses the issue, parents across the country will continue to experience grave interferences with their parental rights. Look no further than the effect Washington's law has had on Petitioners' families—fearful their children will run away to obtain "gender-affirming care," Parents 2A and 2B avoid any discussion of gender with their gender-confused child. App.71a; App.73a. Nor does Parent 2A use her

daughter's given name in public or pronouns when referring to her. *Id.*, ¶¶26–28. Parent 1A avoids disciplining her child altogether, fearing a rift that runaway shelters may exploit to facilitate a "gender transition." App.71a, ¶16.

Rather than leave these parents in the lurch, the Court should act now to ensure the parents receive their day in Court and have their parental rights vindicated.

II. Parental rights are among the oldest and most established rights in our legal tradition.

Courts have long acknowledged the importance of empowering parents "to make decisions concerning the care, custody, and control of their children." *Troxel*, 530 U.S. at 66 (plurality opinion). Such rights are "perhaps the oldest of the fundamental liberty interests recognized." *Id.* at 65. Because children are unable "to make sound judgments concerning many decisions," and because parents are "presum[ed]" to "act in the best interests of their children," the Court has understood our Constitution to incorporate "broad parental authority over minor children." *Parham v. J.R.*, 442 U.S. 584, 602–03 (1979) (first and third quotes); *Troxel*, 530 U.S. at 68 (plurality) (second quote).

History and tradition undergird this Court's precedents recognizing parental rights. As early commentators recognized, children do not understand "how to govern themselves." 2 Samuel Pufendorf, *The Whole Duty of Man According to the Law of Nature* 202 (1735). Their "wants and weaknesses" thus "render it necessary that some person maintains them" until adulthood. 2 James Kent, *Commentaries on American*

Law 190 (1873); 1 William Blackstone, *Commentaries on the Laws of England* 447 (1753); Pufendorf, *The Whole Duty of Man* at 202; *see also Brown v. Ent. Merchants Ass'n*, 564 U.S. 786, 828–29 (2011) (Thomas, J., dissenting). Parents have traditionally been entrusted as "the most fit and proper person[s]" for that task. Kent, *American Law* at 190; *accord* 1 Joseph Story, *Commentaries on Equity Jurisprudence* § 1341 (1839) ("parents are entrusted with the custody" of their children "upon the natural presumption that the children will be properly taken care of"). And so, the common law equipped parents with equally robust parental rights. "[H]ousehold heads" were empowered to "speak for their dependents in dealings with the larger world," Toby L. Ditz, *Ownership and Obligation: Inheritance and Patriarchal Households in Connecticut*, 1750-1820, 47 Wm. & Mary Q. 235, 236 (1990), and parents enjoyed the "right . . . to govern their children's growth," *Brown*, 564 U.S. at 828 (Thomas, J., dissenting); *cf.* Blackstone, *Commentaries* at 440 (parental consent "to the marriage of his child under age . . . is absolutely necessary.")

Indeed, developments in medical and social science have only confirmed the wisdom of our tradition of parental rights. Longstanding research shows that children are unable to "deliberate maturely" towards their own best interests. Ferdinand Schoeman, *Parental Discretion and Children's Rights: Background and Implications for Medical-Decision-Making*, 10 J. Med. & Phil. 45, 46 (1985). As any parent knows, children often make poor decisions because they lack life experience. Medical science also tells us that children make these poor decisions because a child's prefrontal

cortex, the portion of the brain that deals with reasoning and long-term consequences, is underdeveloped.[11]

Taking care to give a "careful description" of the scope of parental rights, *Washington v. Glucksberg*, 521 U.S. 702, 721 (1997), the Court has recognized a parent's right to direct their child's education, *see Meyer v. Nebraska*, 262 U.S. at 400; *Pierce v. Soc'y of the Sisters of the Holy Names of Jesus & Mary*, 268 U.S. 510, 534–35 (1925), direct religious upbringing, *see Wisconsin v. Yoder*, 406 U.S. 205, 214 (1972), and maintain a relationship with the child born out of wedlock, *see Stanley*, 405 U.S. at 651. *See also Mahmoud v. Taylor*, 606 U.S. 522, 559 (2025) ("We reject this chilling vision of the power of the state to strip away the critical right of parents to guide the religious development of their children.").

In particular, there are two facets of a parent's rights that are relevant here: the right to physical custody of a child and the right to make decisions regarding a child's "medical care or treatment." *Parham*, 442 U.S. at 603.

As for custody, "[i]t is cardinal . . . that the *custody* . . . of the child reside first in the parents." *Prince v. Massachusetts*, 321 U.S. 158, 166 (1944) (emphasis added). Historically, a father could "obtain the custody of his children by the writ of *habeas corpus*, when

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[11] *See* Adele Diamond, *Normal Development of Prefrontal Cortex from Birth to Young Adulthood: Cognitive Functions, Anatomy, and Biochemistry, in Principles of Frontal Lobe Function* 466 (D. Stuss & R. Knight eds., 2002) (noting that the pre-frontal cortex takes "over two decades to reach full maturity"), https://tinyurl.com/4fb7ss7s.

they are improperly detained from him." Kent, *American Law* at 202; Story, *Equity Jurisprudence* § 1341 (agreeing and noting that custody may also be sought by petition).

As for the right to guide a child's medical care, the right is not thoroughly discussed by historical sources because "[i]n an earlier day, the problems inherent in coping with children afflicted with mental or emotional abnormalities were dealt with largely within the family." *Parham*, 442 U.S. at 598. The parental right to make medical decisions has become more salient as "states have expanded their efforts to assist the mentally ill" and physically ill in ways that conflict with the parental right. *Id.* at 599.

Still, the Court has given guidance as to the scope and supporting rationale of the parental right to make medical decisions for a child. As the court has explained, "children, even in adolescence, simply are not able to make sound judgments concerning many decisions, including their need for medical care or treatment." *Parham*, 442 U.S. at 603. "Parents can and must make those judgments." *Id.* "Simply because the decision is not agreeable to the child or because it involves risks does not automatically transfer the power to make that decision from the parents to some agency or officer of the state." *Id.* Thus, whereas a "child may balk at hospitalization or complain about a parental refusal to provide cosmetic surgery," a parent typically will know better and should have the "authority to decide what is best for the child." *Id.* at 604.

The need for parental involvement and oversight is only more pressing when the ideology pushed by the state ignores basic reality about the two sexes and further confuses innocent and impressionable children

experiencing "gender dysphoria"—a condition characterized as "distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender." *Keohane v. Fla. Dep't of Corr. Sec'y*, 952 F.3d 1257, 1262 (11th Cir. 2020). Some seek to treat gender dysphoria with so-called "gender-affirming care," which employs social, mental-health, and physical interventions to treat a person in line with his or her preferred gender. *See id.* at 1263.

But there are "fierce scientific and policy debates about the safety, efficacy, and propriety of" these treatments. *United States v. Skrmetti*, 605 U.S. 495, 525 (2025). Recent reports reveal that this treatment "can concretize gender dysphoria" and may not "improve[] mental health status in the short term."[12] Worse still, "de-transition and/or regret could be more frequent than previously reported" for individuals suffering from "adolescent-onset gender dysphoria," and

[12] Sarah C. J. Jorgensen, *Transition Regret and Detransition: Meanings and Uncertainties*, 52 Arch Sex Behav., 2173, 2173–84 (2023), https://doi.org/10.1007/s10508-023-02626-2.

these types of treatment may lead to "irreversible effects." *Id.*[13] Indeed, even "social transitions" are serious psychosocial interventions that have shown long-term negative consequences on mental health.[14]

III. The Ninth Circuit erred in its standing analysis by misapplying parental rights jurisprudence.

With a proper understanding of parental rights, it is easy to see how they are undermined by Washington law. By authorizing children to opt to receive risky treatments without parental consent, Washington

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[13] Officials encouraging children to transition—whether socially or medically—heavily relied on position statements published by medical associations like the World Professional Association for Transgender Health ("WPATH"). *See* Chloe K. Jones, *The Façade of Medical Consensus: How Medical Associations Prioritize Politics Over Science*, 2025 Harv. J.L. & Pub. Pol'y Per Curiam 4–6 (2025). There is, however, compelling evidence to suggest these medical associations "often [choose] their positions . . . to advance policy objectives rather than scientific principles." *Id.* at 6. Indeed, "[r]ecent revelations suggest that WPATH, long considered a standard bearer in treating pediatric gender dysphoria . . . bases its guidance on insufficient evidence and allows politics to influence its medical conclusions." *United States v. Skrmetti*, 145 S. Ct. at 1847 (Thomas, J., concurring).

[14] *See* Hilary Cass, *Independent review of gender identity services for children and young people* 158–64 (2024), https://tinyurl.com/cytx5spn. "Clinical involvement in the decision-making process should include advising on the risks and benefits of social transition as a planned intervention, referencing best available evidence. This is *not* a role that can be taken by staff without appropriate clinical training." *Id.* at 164 (emphasis added).

law "obliterate[s]" the parental right to make medical decisions for a child by "automatically transfer[ring] the power to make [medical] decisions from the parents to . . . the state." *Deanda v. Becerra*, 96 F.4th 750, 757 (5th Cir. 2024) (first quote); *Parham*, 442 U.S. at 603 (second quote). And Washington law deprives parents of the right to "custody" of a runaway child by not informing the parents of the child's location or returning the child. *Prince*, 321 U.S. at 166.

Yet Petitioners were never able to raise their parental-rights claims because the Ninth Circuit held that they lacked standing. The panel held that Petitioners' present injury—"hesitance to discipline" their children for fear that they might run away—was "self-inflicted." App.14a–15a. It also held that its risk of future injury—Petitioners' children running away and secretly receiving life-altering medical treatment from the State—was too speculative. App.22a. In doing so, the court misunderstood parental rights and basic standing law.

"Courts sometimes make standing law more complicated than it needs to be." *Thole v. U.S. Bank N.A.*, 590 U.S. 538, 547 (2020). Standing law asks "a basic question: 'What's it you?'" *Bost v. Illinois*, 607 U.S. ___, 2026 WL 96707 *3 (2026) (quoting A. Scalia, *The Doctrine of Standing as an Essential Element of the Separation of Powers*, 17 Suffolk U. L. Rev. 881, 882 (1983)). To parents, their right to parent their child as they see fit is *everything*, and the Washington law they are challenging abridges that right *today*. The loss of that constitutional right is sufficient to confer standing. *Spokeo, Inc. v. Robins*, 578 U.S. 330, 339, 340 (2016) ("intangible injuries" to constitutional rights are "concrete").

Indeed, the standing determination is the same whether Petitioners' deprivation of rights is viewed in the abstract or viewed through the lens of the tangible effects it's had on Petitioners' behavior. The fact that Washington law has "grant[ed] minor children a veto over their parents' decisions on gender and gender identity" has sensibly affected how Petitioners talk to, interact with, and discipline their gender-dysphoric children. App.40a (VanDyke, J., dissenting); App.71a ¶ 16; App.73a ¶¶ 28–29. This "chilling effect" on Petitioners' behavior is no less real in the parenting context than it is in the free speech context, for example. *Virginia v. Am. Booksellers Ass'n*, 484 U.S. 383, 393 (1988). If the State imposes adverse consequences for exercising a right, the "predictable" result is for right holders to forebear. *Dep't of Com. v. New York*, 588 U.S. 752, 768 (2019).

Put differently, Petitioners' present-day injury is not "self-inflicted"—it was inflicted by Washington law. The *whole point* of Washington's law was to change parents' behavior and undermine their ability to make decisions for their children. *See* App.95a–96a (legislator proclaiming that "[w]e must step in" because "there are some unhealthy family dynamics out there" and "parent[s] need[] another way to speak to [their] child"). Washington understood that "[p]arents cannot be free . . . to inculcate their children with traditional views of gender so long as [it] creates a system facilitating the transition of those children without their parents' involvement and against their parent's wishes." App.40a (VanDyke, J., dissenting). In that sense, parents are the object of the Washington law, and "there is ordinarily little question that" the object of a law has standing to challenge it. *Lujan v. Def's of*

Wildlife, 504 U.S. 555, 561–62 (1992); *Diamond Alternative Energy v. Env't Prot. Agency*, 606 U.S. 100, 114–15 (2025) (explaining that laws often have multiple objects).

Paradoxically, at the same time the Ninth Circuit refused to recognize the actions Petitioners were taking to *prevent* their children from running away to receive "gender affirming care," the court also denied standing on the ground that Petitioners' children were not *close enough* to running away to make Petitioners' future injury sufficiently concrete. But standing law does not require Petitioners to live indefinitely between a rock and a hard place—stuck between keeping their children safe and pushing their children ever-closer to the brink of running away so a federal court will remedy a breach of their parental rights. *Pennsylvania v. West Virginia*, 262 U.S. 553, 593 (1923) ("One does not have to await the consummation of threatened injury to obtain preventive relief.").

Instead, plaintiffs have standing when there is a "substantial risk that [] harm will occur." *New York*, 588 U.S. at 767 (quoting *Susan B. Anthony List v. Driehaus*, 573 U.S. 149, 158 (2014)). And it is hard to imagine how Petitioners could have made a stronger showing that there was a "substantial risk" that their children would avail themselves of Washington law to receive "gender affirming care" against Petitioners' wishes. Their minor children have gender dysphoria or gender confusion, and the majority have socially transitioned at school. App.10a–11a. One set of parents have an adult child who has called them "transphobic" and threatened to take the gender-dysphoric minor child to a "safe place" where the child's pronouns would be respected. App.11a. Another set of parents have a child who has been encouraged by a

friend's family to run away. App.11a. Another set of parents has a child who has *already run away* before. App.11a–12a. And all that was before the State offered these children a right to override their parents' medical decisions.

"The requirements of standing are strict, but they are not cruel." App.56a. (Tung, J., dissenting). Short of securing an affidavit from their minor children announcing their plans to run away to seek "gender affirming care," it's unclear what more Petitioners could possibly do to show a substantial risk of (irreversible) future harm.

This Court should not require Petitioners' current harm to go unredressed, nor should it require Petitioners to await a much more severe harm before they can have their claim heard. Petitioners' parental rights have already been interfered with, and this Court should grant the petition and reverse so their parental rights can be restored to their full force.

CONCLUSION

The Court should vacate the stay order below and grant certiorari on the merits.

Respectfully submitted,

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