

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 APPEAL FROM THE UNITED STATES COURT OF
APPEALS FOR THE NINTH CIRCUIT**

BRIEF OF FLORIDA, IDAHO, AND 20 STATES
AS *AMICI CURIAE* FOR PETITIONERS

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INTEREST OF *AMICI CURIAE*¹

Amici States of Florida, Idaho, and 20 States (“*Amici States*”) support parents’ 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)). A state’s “interest in the welfare of children embraces not only protecting children from physical abuse, but also protecting children’s interest in the privacy and dignity of their homes and in the lawfully exercised authority of their parents.” *Calabretta v. Floyd*, 189 F.3d 808, 820 (9th Cir. 1999). Washington’s law undermines other States’ ability to safeguard those interests. And no one in Jacksonville or Coeur d’Alene voted to relinquish their God-given parental rights to politicians in Olympia. Yet Washington’s law divests parents in *Amici States* of those rights. That’s the point.

SUMMARY OF ARGUMENT

Parental rights are fundamental and foundational. Parents—not the government—wield ultimate responsibility for the care, formation, and well-being of their children.

These rights are under attack in Washington, where youth shelters may choose not to notify parents

¹ Timely notice pursuant to Rule 37 has been provided to parties’ counsel.

of their child’s safety, health, or location so long as their runaway child seeks “gender-affirming treatment.”² The statute authorizing youth shelters to harbor these minors harms parents by denying their right to consent to or refuse treatment for their child, including “gender-affirming care” or other medical services. And those medical services aren’t limited to mental health, they include “[f]acial feminization surgeries”; “facial gender-affirming treatment”; “tracheal shaves, hair electrolysis,” “mastectomies, breast reductions, breast implants, or any combination of gender-affirming procedures,” Wash.Rev.Code §74.09.675(2)(b).

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 records³ may

² “[G]ender-affirming treatment” is “a service or product that a health care provider . . . prescribes to an individual to support 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). In Washington, “[g]ender-affirming treatment includes, but is not limited to, treatment for gender dysphoria,” and “can be prescribed to two spirit, transgender, nonbinary, and other gender diverse individuals.” *Id.* §74.09.675(3).

³ 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); *id.* §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).

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 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 (Vandye, J., dissenting) (cleaned up).

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). And the Fourteenth Amendment exists “to enforce constitutionally declared rights against the States.” *McDonald v. City of Chicago, Ill.*, 561 U.S. 742, 833 (2010) (Thomas, J., concurring). But Washington has determined that it knows better. Luckily, our Constitution places the burden on governments to respect fundamental rights, not on citizens to claw back the right to parent their own children. The decision below inverted that constitutional reality.

ARGUMENT

What the Ninth Circuit deemed a “some day” injury actually inflicts an every-day injury on 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 statutory right to run away and seek irreversible life-changing treatment looms over every interaction Petitioners have with their children.

This Court must reverse for three reasons. First, parental rights are among the oldest fundamental rights that this Court has recognized. They play a bedrock role in American society—and in every functional society. Second, family liberty interests are deeply entrenched in history and flow from the natural order. Third, Washington's encroachment on parental rights was sufficient to give Petitioners standing.

I. 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); *see also Santosky v. Kramer*, 455 U.S. 745, 753 (1982) (acknowledging “this Court’s historical recognition that freedom of personal choice in matters of family life is a fundamental liberty interest”). Such rights are “perhaps the oldest of the fundamental liberty interests recognized.” *Troxel*, 530 U.S. 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

fourth quotes); *Troxel*, 530 U.S. at 68 (plurality) (second and third quotes).

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 are best suited to the job. They 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”).

Parents are entrusted with these rights because they bear corresponding duties to their children that arise from the nature of the parent-child relationship. When parents beget children, they are “by the law of nature, under an obligation to preserve, nourish, and educate the children.” John Locke, *Second Treatise of Government* § 56 (1690); *Frazier v. Frazier*, 147 So. 464, 466 (Fla. 1933) (These duties “are thrown upon parents by the laws of nature as well as of society and the state.”). Parental duties “principally consist” of the “maintenance, [] protection, [] and education” of children, Blackstone, *Commentaries* at 422 (1765),

and boast a pedigree “older than the common law itself,” *State ex rel. Sparks v. Reeves*, 97 So. 2d 18, 20 (Fla. 1957). “[D]erived from . . . their dut[ies],” parents’ rights to custody and “lawful correction” follow. Blackstone, *Commentaries* at 422 (1765); *see also Frazier*, 147 So. at 466 (parents possess a “natural, inherent, and consequently legal, right . . . to have the custody of their children”); *Watland v. Hurley*, 183 So. 255, 256 (Fla. 1938) (custody over one’s child is “the natural and equitable right of the parent”).

Equally, the common law equipped parents with 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”); *see also Vernonia Sch. Dist. 47J v. Acton*, 515 U.S. 646, 654 (1995) (“Traditionally at common law, and still today, unemancipated minors lack some of the most fundamental rights of self-determination—including even the right of liberty in its narrow sense, *i.e.*, the right to come and go at will.”).

Developments in medical and social science have unsurprisingly confirmed the wisdom of our tradition of parental rights. Longstanding research shows that children lack the ability to “deliberate maturely” toward 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 their prefrontal cortex, the portion of the brain that deals with reasoning and long-term consequences, is underdeveloped.⁴

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*, 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.”). Parents hold these rights regardless of the government’s view of “[t]he best interests of the child . . . so long as certain minimum requirements of child care are met.” *Reno v. Flores*, 507 U.S. 292, 304 (1993) (cleaned up).

In particular, this case implicates two areas of well-settled parental rights: the right to physical custody of a child and the right to make decisions regarding a

⁴ 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://perma.cc/94YJ-MP38>.

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 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, historical sources don't thoroughly elaborate precisely 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. Parents may only exercise that authority to protect the child, not expose the child to harm. *See State v. Loe*, 692 S.W.3d 215, 249 (Tex. 2024) (Blacklock, J., concurring) (“A parental right to use drugs or surgery to disrupt or destroy a child’s normal biological functions is not objectively, deeply rooted in this Nation’s history and tradition.” (internal quotation marks omitted)).

The need for parental involvement and oversight grows in importance when a State’s preferred ideology 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. Skrametti*, 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.”⁵ Worse still, “de-transition and/or regret could be more frequent than previously reported” for individuals suffering from “adolescent-onset gender dysphoria,” and these types of treatment may lead to “irreversible effects.”⁶ Indeed, even “social transitions” are serious psychosocial interventions that have shown long-term negative consequences on mental health.⁷

⁵ Sarah C. J. Jorgensen, *Transition Regret and Detransition: Meanings and Uncertainties*, 52 Arch. Sex Behav. 2173, 2173–84 (2023), <https://perma.cc/32EU-BG9P>.

⁶ *Id.* 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.” *Skrmetti*, 605 U.S. at 543 (Thomas, J., concurring).

⁷ See Hilary Cass, *Independent review of gender identity services for children and young people* 158–64 (2024), <https://perma.cc/EY2T-W8NM>. “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); Kristine Parks, *We Cannot Endorse: Why the Nation’s Plastic Surgeons are Pulling Back on Youth Gender*

As it turns out, “gender-affirming care” is not so much “treatment” within the conception of “medicine” as it is ideological “inculcation.” Medicine is “the science and art dealing with the maintenance of health and the prevention, alleviation, or cure of disease.”⁸ And “disease” is “a condition . . . that impairs normal functioning.”⁹ Thus “gender-affirming care” cannot fit within the definition of medicine when it includes puberty-blocking drugs, hormonal replacement, mastectomies, and more—“treatments” that strive to impair one’s normal, biological functioning instead of maintain one’s natural health.

The risks of “gender-affirming care” are profound, the complications permanent, and the results often tragic. Suicide, constant pain, tissue necrosis, and the inability to breastfeed only scratch the surface.¹⁰

Surgery, Fox News (Feb. 9, 2026), <https://perma.cc/WZZ8-66Y7> (President of the American Society of Plastic Surgeons “cannot endorse gender-related surgical interventions in minors” because “some interventions are irreversible,” carrying “risks, uncertainties, and potential long-term” effects).

⁸ *Medicine*, Merriam-Webster.com Dictionary (2026), <https://perma.cc/Q6ZA-Z6ED> (accessed Sept. 12, 2026).

⁹ *Disease*, Merriam-Webster.com Dictionary (2026), <https://perma.cc/Q6ZA-Z6ED> (accessed Sept. 12, 2026).

¹⁰ See Christina Buttons, *The Tragedy of Yarden Silveira*, City Journal (Mar. 12, 2025), <https://perma.cc/4AK7-LAE9> (describing a detransitioner’s medical complications, including tissue necrosis, constant pain, and suspected suicide); Ashley J. DiMella, *Detransitioner Chloe Cole Shares Complications After Gender Procedures: “I Am Grieving”*, Fox News (Dec. 18, 2025), <https://perma.cc/4MMS-JBT9> (describing complications from “gender-affirming care” including the inability to breastfeed).

Of course parents should be able to prevent their children from receiving such interventions. *See Parham*, 442 U.S. at 603. Yet Washington's law intentionally boxes them out.

II. Family liberty interests are entrenched in Anglo-American society and flow from natural order.

Not only are family liberty interests recognized in law, but the “history and culture of Western civilization reflect a strong tradition of parental concern for the nurture and upbringing of their children.” *Yoder*, 406 U.S. at 232. This tradition in Anglo-American society is so entrenched that the “primary role of the parents in the upbringing of their children is [] established beyond debate as an enduring American tradition.” *Id.* Indeed, “[t]he integrity of the family and the parents’ inherent right and authority to rear their own children have been recognized as fundamental axioms of Anglo-American culture, presupposed by all our social, political, and legal institutions.” *In re J.P.*, 648 P.2d 1364, 1373 (Utah 1982) (Oaks, J.); *In re Luscier’s Welfare*, 524 P.2d 906, 907 (Wash. 1974) (overruled on other grounds) (“The family entity is the core element upon which modern civilization is founded.”).

Accordingly, the legal “liberty interest in family privacy has its source . . . in intrinsic human rights.” *Smith v. Org. of Foster Fams. For Equal. & Reform*, 431 U.S. 816, 845 (1977); *see also*, *In re J.P.*, 648 P.2d at 1373 (“This parental right . . . is rooted not in state or federal statutory or constitutional law, to which it is logically and chronologically prior, but in nature and human instinct.”). Our tradition has long recognized that “[t]he parent-child relationship is a sacred, pre-political bond that preexists” the United States,

as well as any local law. *Raskin on behalf of JD v. Dallas Indep. Sch. Dist.*, 69 F.4th 280, 298 (5th Cir. 2023) (Oldham, J., concurring); *see also In re J.P.*, 648 P.2d at 1373 (“The rights inherent in family relationships . . . are ‘natural,’ ‘intrinsic,’ or ‘prior’ in the sense that our Constitutions presuppose them, as they presuppose the right to own and dispose of property.”); *Lacher v. Venus*, 188 N.W. 613, 617 (Wis. 1922) (“A natural affection between the parents and offspring . . . has always been recognized as an inherent, natural right, for the protection of which . . . our government is formed.”). Our government recognizes “parental rights”; it does not create them. Lawson B. Hamilton, *Parent, Child, and State: Regulation in A New Era of Homeschooling*, 51 J.L. & Educ. 45, 69 (2022).

Our Anglo-American legal tradition has always understood this pre-political parental authority as flowing from the natural order of things—especially the inherent vulnerabilities of children. *See* Locke, *Second Treatise of Government* at §§ 55–58, 71 (stating that parental “jurisdiction” arises from a duty to care for children during the “imperfect state of childhood,” and distinguishing parental from political power); H. Maine, *Ancient Law*, 163–64 (1st American ed. 1870) (stating that children “before years of discretion . . . are subject to extrinsic control on the single ground that they do not possess the faculty of forming a judgment on their own interests”); Kent, 2 *Commentaries on American Law* Lect. 29 (analyzing the rights “of [p]arent and [c]hild” by describing the “duties of parents to their children” assigned by “the wisdom and goodness of the great Author of our being, and Father of Mercies” as the “true foundation of parental power”). Early American treatises on the rights of

parents and children were built from this understanding. See, e.g., *The Etna*, 8 F. Cas. 803, 806 (D. Me. 1836); see *Circular on the Legal Rights of Children*, U.S. Dep’t of the Interior, Bureau of Educ. No. 3-1880 at 24 (1880).

A child’s primary, base unit community is the family. Melissa Moschella, *Natural Law, Parental Rights, and the Defense of “Liberal” Limits on Government*, 98 Notre Dame L. Rev. 1559, 1572 (2023). This community is sovereign in its own sphere and mission—the common good of the family and individuals in it. Melissa Moschella, *Natural Law, Parental Rights and Education Policy*, 59 Am. J. Juris. 197, 212–13 (2014); Frances Williamson, *The Meaning of “Public Meaning”: An Originalist Dilemma Embodied by Mahanoy Area School District*, 46 Harv. J.L. & Pub. Pol’y 257, 283 (2023) (distinguishing between “two spheres of control”). This higher status is why parents hold the “primary rights” to direct every aspect of their child’s life. *Gruenke v. Seip*, 225 F.3d 290, 307 (3d Cir. 2000).

III. Petitioners have standing.

With a proper understanding of parental rights, it is easy to see how Washington’s law violates them. By authorizing children to opt to receive risky treatments without parental consent, Washington 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 to you?’” *Bost v. Illinois*, 607 U.S. 71, 77 (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 moms and dads, the right to parent their child as they see fit is *everything*, and the Washington law they challenge abridges that right *today*. And the loss of that constitutional right is sufficient to confer standing. *Spokeo, Inc. v. Robins*, 578 U.S. 330, 339, 340 (2016) (even “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).

While refusing to recognize the actions Petitioners were taking to *prevent* their children from running away to receive “gender-affirming care,” the Ninth

Circuit paradoxically further denied standing because it concluded that Petitioners’ children weren’t *close enough* to running away, rendering Petitioners’ future injury insufficiently 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 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.”).

It bears observation, too, that the Ninth Circuit—which usually applies standing requirements flexibly and capaciously—chose this case to embrace an iron-fisted version of standing. 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). The court’s volte-face suggests either a newfound fastidiousness or a clumsy attempt to avoid the constitutional question presented here.

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 injuries to go unredressed. Nor should it require Petitioners to await severer harms before they can have their day in court. Petitioners’ parental rights have already been violated, and this Court should reverse to restore them.

CONCLUSION

This Court should reverse the judgment below.

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