In the
Supreme Court of Ohio

MADELINE MOE, et al.,
Plaintiffs-Appellees,
v.
DAVE YOST, *et al.,*
Defendants-Appellants.

Case No. 2025-0472

On appeal from the Franklin County
Court of Appeals, Tenth Appellate
District

Court of Appeals
Case No. 24AO-483

BRIEF OF *AMICI CURIAE* FAMILIES WITH TRANSGENDER CHILDREN IN SUPPORT OF APPELLEES

Robert S. Chaloupka (0073509)
Counsel of Record
NICOLA GUDBRANSON & COOPER, LLC
Terminal Tower, Suite 2900
50 Public Square
Cleveland, OH 44113
(216) 621-7227
chaloupka@nicola.com

Counsel for Amici Curiae

Freda J. Levenson (0045916)
Counsel of Record
Amy Gilbert (100887)
ACLU OF OHIO FOUNDATION, INC.
4506 Chester Avenue
Cleveland, OH 44103
(614) 586-1972
fleveneson@acluohio.org
agilbert@acluohio.org

David J. Carey (0088787)
Carlen Zhang-D'Souza (0093079)
ACLU OF OHIO FOUNDATION, INC.
1108 City Park Avenue, Suite 203
Columbus, OH 43206
(614) 586-1072

Dave Yost (0056290)
OHIO ATTORNEY GENERAL
Mathura J. Sridharan (0100811)
SOLICITOR GENERAL
Counsel of Record
Erik Clark (0078732)
DEPUTY ATTORNEY GENERAL
Stephen P. Carney (0063460)
DEPUTY SOLICITOR GENERAL
Amanda Narog (0093954)
ASSISTANT ATTORNEY GENERAL
30 East Broad Street, 17th Floor
Columbus, OH 43215
(614) 466-8980
Mathura.sridharan@ohioago.gov

Counsel for Appellants Dave Yost, et al.

dcarey@acluohio.org
czhangdsouza@acluohio.org

Harper Seldin (PHV 27516-2025)
AMERICAN CIVIL LIBERTIES UNION
FOUNDATION
125 Broad Street, Floor 18
New York, NY 10004
(212) 549-2500
hseldin@aclu.org

Miranda Hooker (PHV 27555-2025)
Jordan Bock (PHV 27554-2025)
GOODWIN PROCTER LLP
100 Northern Avenue
Boston, MA 02210
(617) 570-1000
mbooker@goodwinlaw.com
jbock@goodwinlaw.com

Counsel for Appellees
Madeline Moe, et al.

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INTRODUCTION

The transgender children and young adults featured in this brief have all suffered from gender dysphoria—a serious condition that causes them to feel significant distress as a result of the incongruity between their gender identity and the sex they were assigned at birth. The standard treatment for adolescents suffering from gender dysphoria includes gender-affirming medical care, including the use of puberty blockers or hormone replacement therapy. *See Moe v. Yost,* 2025-Ohio-914, ¶¶ 9-14. These treatments are part of the accepted standard of care for the treatment of gender dysphoria, and in the case of these children and young adults, treatments were prescribed under the guidance of teams of doctors—including endocrinologists, pediatricians, psychologists, and psychiatrists—who have worked closely with their patients for extended periods of time.

When the Ohio General Assembly enacted House Bill 68 ("H.B. 68") in January 2024 (overriding the veto of Governor Mike DeWine), Ohio became one of 26 states that have banned the provision of gender-affirming medical care to transgender minors. Movement Advancement Project, Bans on Best Practice Medical Care for Transgender Youth, available at https://www.mapresearch.org/equality-maps/healthcare/youth_medical_care_bans (accessed Dec. 9, 2025). Throughout the legislative debate, hundreds, if not thousands, of arguments were made for and against the rights of parents, the rights of minors, the role of experts, and the power of the state, among other concepts. When litigation challenging the law commenced in 2024, the legal arguments have focused on the statutory language, the authority of professional standard-setting organizations, the process by which the legislation was drafted and approved, and the application of the Ohio Constitution to this law. It can be tempting to focus solely on these conceptual, philosophical arguments, choosing which is the most logically appealing and which fits in best with one's philosophical predispositions, while losing sight of the real people whose lives are impacted by these decisions.

The intent of this amicus brief is to draw the Court's attention back to those real stories. The narratives below offer a glimpse into how H.B. 68 has harmed families with transgender children by prohibiting access in their home state to the kind of medical care that has been critical, beneficial, and even life-saving. These families, and many, many others, are left wondering how it makes sense that the very same pediatricians and other medical professionals to whose judgment most parents trust their children's lives literally every day, are suddenly viewed as "extremists" and proponents of "gender ideology." Many families have chosen to move out of Ohio, leaving their extended families, jobs, schools, and communities to ensure that their children have access to necessary medical care. Other families without the resources to leave the state have seen severe repercussions on the mental health of their transgender children. These families urge the Court to uphold the judgement of the Tenth District and strike down the so-called "SAFE Act."

INTEREST OF *AMICI CURIAE*

Amici are families with transgender children who have been directly and adversely affected by H.B. 68. Among its numerous purposes, this law was in part designed to prevent transgender adolescents from obtaining gender-affirming medical care that they, their parents, and their doctors all agree is necessary as treatment for gender dysphoria. It is the hope of these families that they can shed light on the hardship and difficult decisions that have to be made when laws like H.B. 68 deprive adolescents of the chance to receive gender-affirming medical care in their home state. The narratives contained in this brief are the result of telephone interviews and first-person written statements conducted in August and September 2025.

Amici are as follows:[1]

- Robin Reed and 16-year-old daughter, Josie
- 16-year old Sarah Kerr
- Jennifer Smith and 21-year-old daughter, Aisha
- Heather Jones and 14-year-old daughter, River

Amici offer this brief in support of the Plaintiffs-Appellees. *Amici* urge the Court to uphold the judgment of the Tenth District.

ARGUMENT

Because of the passage of laws like H.B. 68 that bar the provision of gender-affirming medical care to transgender youth, some families have been forced to abandon their loved ones, communities and homes to move to other states where their children can safely continue to access the medical care they need. The alternative—not getting care for their children, who need treatment to live healthy, normal childhoods—is simply not an option. For some families with multiple children, this means splitting up the family so that one parent can live in a "safe" state such as Michigan or Pennsylvania, with one child while the other parent and child remain behind. Some families are not able to move out of state to avoid the impact of this law. Instead, they endure significant financial hardship to travel across state lines, or even out of the country to obtain the treatment that everyone with personal knowledge of their situation—the child, the parents, the medical team—agrees is the best for their condition. And for some, paying out-of-pocket to travel is simply not an option. Some charitable organizations or generous friends and family may be

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[1] *Amici* are proceeding pseudonymously to protect against the potential harm of disclosing their identities as families with transgender children.

willing to help here and there, but that is not a viable or sustainable path for many affected families. Aside from the cost, frequent travel for care interferes with school, work, and childcare obligations, not to mention the simple aspects of enjoying life as a family in the state of Ohio. While there are other diagnosed medical conditions where families may have to travel far distances to get adequate treatment, that typically is the result of financial hardship or the need for scarce specialists, not because the patient's home state has banned generally-accepted and recommended treatments that are otherwise available to other groups of people.

Amici's stories offer a first-hand account of some of the harms caused by Ohio's ban on gender-affirming medical care for transgender youth, which leaves parents with no way to provide their children with the medically necessary treatment they need in their home state. While this brief does not focus on the specific legal arguments at issue in this case, the families affected by H.B. 68 agree with Appellees and the other *amici* supporting their position that this law violates Ohioans' right to make their own individual health care decisions under the Health Care Freedom Amendment and constitutes an impermissible infringement of parents' "fundamental liberty interest … in the custody, care, and control of their children," which includes, "within reason, whether and what type of medical care the child will receive." Ohio Const., art. I, § 21(B).

The Tenth District's opinion should be upheld, and its order to the trial court "to impose a permanent injunction as to enforcement of H.B. 68's provisions banning the use of puberty blockers and hormones 'for the purpose of assisting the minor individual with gender transition' should be reinstated.

I. Robin Reed and 16-year-old daughter, Josie

Josie is a transgender girl who moved with her parents to Ohio from another state to escape a ban on gender-affirming health care. She and her family now face the decision of whether they will need to move again.

When Josie was first born, her parents called her their son. They did this because they had limited information to work from. But over the course of her life, Josie found ways to tell them that this was not her truth. Josie loved to grow her hair long and have her fingernails painted. She loved to wear her mother's jewelry. She would be misgendered in public, but it never bothered her. She loved the color pink so much that she insisted on having her room painted pink. She loved unicorns. About three weeks before she came out to her parents, they went shopping for Christmas decorations for their front lawn. Josie's choice was an inflatable unicorn with a rainbow that said "Merry Christmas."

About a week before Christmas in 2020, Josie gave her parents a letter that she wanted them to read together. In it, she came out to them as transgender, and she signed the letter "your daughter." Josie had given them all of the signs and clues to guide them along the way, and then she ultimately had the courage to confirm this reality.

Over the next year, a lot happened and yet not much at all happened. Josie had her name changed legally, and updated her name and pronouns through her school, which supported the family on Josie's journey. She regularly met with a supportive counselor. She came out to friends and family who supported her. The family met with a doctor at a local pediatric hospital who told them that there was nothing to be done medically until Josie started puberty.

After Josie came out, her parents met other parents of transgender kids, who, as Robin says, "educated us on the fight that becomes a part of your DNA to ensure that your child can be their true self." When the legislature of the state where they lived started to debate legislation that could take away Josie's right to receive the medical care that she needs, Robin traveled to their state capital multiple times to testify against bills. Despite Robin's best efforts—and those of hundreds of others who came forward to tell their stories—their worst fears came true when the state enacted a law that effectively eliminated access to gender-affirming care for those under 18.

Both major medical providers in the state that had previously provided gender-affirming care abruptly stopped on the day the new law went into effect, citing "an unacceptable level of liability" for these providers. Uprooting their lives, Josie's family left that state, choosing to move back home to Ohio where Josie was born. They believed that Ohio would be a more inclusive and welcoming place than where had just they left, but they were wrong. Approximately a year and a half after the family moved back to Ohio, the General Assembly enacted H.B. 68. This bill even had the same name (and, suspiciously, a lot of the same language) as the one from their previous state: the "Save Adolescents From Experimentation" of "SAFE" Act.

Robin finds "the irony and hypocrisy that lies within the name of these bills nauseating" because they do exactly the opposite of what they promise to do. Under the banner of "saving" children, they make Josie and her friends ***unsafe***. Josie's essential, evidence-based, medically necessary healthcare has nearly been eliminated, and Robin is angry that the legislators had the audacity to entitle these bills "SAFE."

As they have before, Josie's parents will persist. They are committed to giving her the best possible chance to thrive and live a happy life. They will do whatever is necessary to continue to provide her with the essential health care that she needs to live her truth as a girl. They are finding ways to obtain care through legal and safe means in this country. If that would ever be unavailable, they would find it elsewhere. Robin is no different than other parents who "will do anything to provide their children with what they need to survive." They will travel anywhere, and if they are forced to move again they will. Even if it means leaving the country where they have lived their entire lives, they will never, ever stop doing what they must for Josie. They recognized that they are fortunate to have these options available, but no matter what, they will keep her truly safe, even when those in power do all that they can to make her "un-SAFE."

II. Sixteen-year-old Sarah Kerr

Sarah is a 16-year-old transgender girl who is having trouble accessing gender-affirming medical care in Ohio even though she is legally allowed to under H.B. 68's grandfather clause. *See* R.C. 3129.02(B) (providing that "a physician may continue to prescribe a cross-sex hormone or puberty-blocking drug to a minor … if the minor … has been a continuous Ohio resident since the effective date of [H.B. 68]" and the physician has determined that terminating their prescription would cause harm). *See also* Rep. Gary Click, *Rep. Click's Floor Speech on Veto Override of H.B. 68* (Jan. 10, 2024), available at https://ohiohouse.gov/members/gary-click/news/rep-clicks-floor-speech-on-veto-override-of-H.B.-68-118160 (accessed Dec. 9, 2025) (wherein the lead sponsor of H.B. 68 admits that "[w]e included a grandfather clause at [the governor's] request. However, the catch is that many are now rushing to get these dangerous drug cocktails prior to the effective date of the SAFE Act so that they can be grandfathered in.")

Sarah is a typical teenager who loves to draw and spend time with her friends and younger siblings. She knew she was transgender several years before coming out but didn't say anything because she didn't want to cause her family extra stress, even though she was confident most of them would be supportive. Shortly after she came out, her family made the decision to sell their home and move to a new school district so Sarah could attend a safer school. Although the move was difficult, it ended up being the best choice for Sarah and her siblings. At her new school, Sarah feels like she is accepted by her peers and is able to get through each school day without any trouble. She also now has "wonderful friends that stick up for me no matter what."

Sarah started taking gender-affirming medications at age 15, just before H.B. 68 went into effect. Receiving gender-affirming treatment has made Sarah a much happier person, a sentiment reiterated by her family and friends. Taking estrogen helps Sarah feel like she is "finally getting somewhere."

When she first learned about H.B. 68, Sarah became incredibly depressed. The gender-affirming treatment brought significant joy to her life and allowed her to take more steps towards living as her authentic self. Learning that her care might be taken away left Sarah upset and scared. "I have medication, a good therapist, a good school, loving and supportive family and friends, and a cozy home. I haven't truly felt unhappy until these people in power decided to stick their noses in other people's business."

Sarah is legally allowed to receive gender-affirming care under H.B. 68's grandfather clause, but the legislation has made obtaining care difficult and caused enormous stress. If her doctor retires or moves away Sarah will no longer be able to receive care in Ohio. She and her parents live in constant fear of her medications being taken away. *See, e.g.,* Allie Vugrincic, *Nationwide Children's Hospital ending all gender-affirming care for trans patients by Sept. 26* (Sept. 5, 2025), available at https://www.wosu.org/politics-government/2025-09-05/nationwide-childrens-hospital-ending-all-gender-affirming-care-for-trans-patients-by-sept-26 (accessed Dec. 9, 2025) (noting that one of Ohio's leading pediatric hospitals "is ending gender-affirming care for all of its transgender patients including those who are over 18 or were 'grandfathered in' under a state law that prohibits gender-affirming care for minors"). Her mother has spent hours contacting doctors in other states, many of whom were flooded with new patients from Ohio, in case the family is forced to find care in another state. As much as they would like to leave Ohio, this is not an option due to their family situation.

Sarah wants nothing more than to be a "normal girl" living in a world where she struggles with "normal kid issues." She sees the Ohio General Assembly as her first bully. She feels unwell and "sick in the stomach" because adults who are not doctors, and who, perhaps more importantly, have never even met her, are making decisions for her simply because they don't like how she lives.

III. Jennifer Smith and 21-year-old daughter, Aisha.

Ohio's ban on gender-affirming medical care forced Jennifer Smith's daughter, Aisha, to leave Ohio for college and has the rest of the family working to follow her.

Aisha told her family she was transgender when she was in the 7th grade. Aisha had known that she was a girl for quite a while, but when the first person she told, a friend, reacted negatively, she kept her gender identity a secret for several more years.

Once she had come out to her family, Aisha's parents encouraged her to take time to explore her gender identity before labeling herself as transgender. They found an experienced mental health professional who would both ask challenging questions and support the family through Aisha's exploration. After months of therapy, Aisha wanted to try changing her presentation to be more feminine. She began growing her hair a little longer and borrowed some feminine-looking clothing from a friend. Her parents were particularly worried about how adults and students at her small school might respond, so together they made a plan for her to slowly transition socially.

Six months after Aisha came out, the family took a vacation to another state where no one knew them. Aisha took this opportunity to present herself as a girl for the entire week. Jennifer, Aisha's mother, remembers the pure joy Aisha expressed when strangers referred to her using feminine pronouns. This experience helped the family fully understand that Aisha was their daughter, not their son.

Several years later, after living as a girl both in public and at home, Aisha expressed interest in possibly taking estrogen to prevent her voice from deepening. The family began meeting with different medical professionals before selecting a care team they were comfortable with. The team—including a pediatrician, endocrinologist, psychologist, and psychiatrist—took a slow and cautious approach, included Aisha and her parents as partners, and carefully explained the pros and cons of all possible options. After months of research, multiple doctor appointments, and endless discussions, Aisha began taking estrogen just before her 16th birthday. The initial dose was extremely small and every six months, after testing Aisha's blood, the doctor increased the dose by 1mg. It took three years for her to reach the highest dose she would ever need.

Just a few months after Aisha started estrogen, the Ohio General Assembly introduced the first piece of legislation that would ban all gender-affirming care for transgender minors. The family immediately began making emergency plans they could enact if the legislation passed. Jennifer began researching clinics in other states, including exploring apartments and school systems. She spoke to grandparents living in states without care bans about Aisha possibly moving in with them. Her parents were desperate not to split up the family but more desperate to ensure Aisha would continue to receive the medical care she needed. They considered having Jennifer move with Aisha and her brother to a small apartment in another state while her father looked for a new job. While it would be safe for their cisgender son to stay in Ohio, because not only could Jennifer and her husband still make medical decisions for him but he would even be allowed to take the same medications that were being banned for Aisha, they did not want to split up the siblings who were quite close.

When it came time for Aisha to consider her life after high school, she knew she wanted to pursue a college degree in a career where she could help people. Aisha's parents had long touted the many colleges and universities Ohio had to offer, and Aisha had hoped to go to an in-state school so she could save money for graduate school. Winning a sizable scholarship to any Ohio institution of higher education made that plan even more appealing. Unfortunately, the passage of H.B.68, as well as other legislation making life harder for transgender kids in Ohio, meant that Aisha had no choice but to attend school in another state.

In spite of everything the family has gone through, Jennifer believes that Aisha is extremely fortunate. She was able to escape Ohio just before she would have lost access to care. Today, Aisha is a thriving college student who regularly makes the Dean's List, is planning to attend graduate school, and credits part of her current success to the gender-affirming care she received in high school. Receiving gender-affirming care as a minor allowed Aisha to prevent many secondary sex characteristics that would have been extremely detrimental to her mental health and would have required extensive medical procedures now that she is an adult.

Aisha and her parents firmly believe there is a good chance she would not be here today had she not had access to top-quality gender-affirming care in Ohio before she turned 18. At the very least, she likely would not have the confidence to live independently away from family and succeed in college. In addition to allowing Aisha to live as the person she was meant to be, her experience navigating her gender-affirming care taught her to think critically and carefully about all her medical choices, empowering her to take control of her care. The family is devastated to know that Ohio parents and children are now denied the basic dignity of making medical decisions.

Jennifer and her husband are looking to leave Ohio once their youngest child finishes high school, as their son has no interest in staying in Ohio, and Aisha will not be back. They have asked their parents to move to a state where they both feel safe visiting.

IV. Heather Jones and 14-year-old daughter, River

River Jones is a transgender girl who moved from Ohio with her mom, Heather, and twin brother to Mexico to receive gender-affirming medical care.

As early as the age of one, River would frequently point to female characters in books, movies and shows, had a higher voice than her twin brother, and favored the color pink and other traditionally girl-oriented things. The month before River turned 2, she and Heather went to a garage sale. River walked through the yard, up the steps of the home, turned right on their porch, walked to an old trunk, opened it, rooted around inside and pulled out a tutu, then held it up in the air and yelled, "I want this!" That was the last day River willingly wore "boy" clothes.

Everyone at River's daycare told the family that it was only a phase, and that it would pass. River began wearing girl clothes to school, including bracelets. She loved Elsa from Frozen, and sang "Let It Go" with great pride. In the spring, when she and her brother asked about summer and how the seasons go, Heather said, "Summer is when it's hot, and we go swimming, and we wear shorts." River replied, "No shorts! There will be dresses, and the dresses will be pink, and the pink will have sparkles!"

After a year of this, River told her family that she wanted to be addressed as a girl and treated like a girl. Her school suggested that Heather take River to the local pediatric hospital. So, at 3 years old, River succumbed to a 90 minute interview. She was asked about toys, games, books, clothes, body parts, parenting—everything. Several times she asked, "Can we leave?" Heather told her, "We sure can, but if we do they're going to call you a boy in school." So River stayed for the entire 90 minutes.

At 3, almost 4, River received a provisional diagnosis of gender dysphoria, and was happily grouped with the girls at school. The hospital said that Heather could explain River's situation by saying, "Being a boy or a girl can depend on what's in someone's heart and mind, not just what's in their pants. There can be boys with vaginas and girls with penises."

Eight days after River turned 4, she told Heather and her brother that she wanted to be Elsa for Halloween. Heather said the exact line, “You know River, being a boy or a girl can depend on what’s in someone’s heart and mind, not just what’s in their pants. There can be boys with vaginas and girls with penises.” From her little car seat, River looked out the window for a moment, and then yelled, “I’m a girl, I’m a girl, I’m a girl!” with great joy. Her brother yelled, “I knew it!”

Since then, River has always been referred to only as a girl. It was not much of a transition as she had been dressing and acting like a girl since she was old enough to walk. She didn’t have any trouble in school or her community, because everyone had seen her as a girl since she was old enough to be remembered as an individual. River has had regular meetings with doctors at the local children’s hospital since age three, and eventually met a doctor who would help her to understand mental and physical aspects of being transgender. The doctors said to watch for “insistence, persistence, and consistence,” and River had all three. She has never wavered from her femininity, proclaiming herself to be “a big bow kinda girl.”

River’s family was not always on board. Her parents were co-parents. Her mother, while definitely surprised, just let her child bloom in whatever way she was naturally. Her father would say that there was no such thing as gender, or that River was a girl inside and a boy outside, or born in the wrong body. River would tell him, “I’m just a girl, Dad.” He would ask her if she would like to dress as a boy or girl for school, and she said, “A girl, because I’m a girl,” every time. Her father’s extended family blamed Heather, saying that she had secretly wanted a girl and was forcing her child to act feminine. Heather told them, “The only thing I can make that kid do is brush teeth, eat veggies and get to bed on time.” Eventually, at about age 4, most of River’s paternal family became supportive.

About this time River's interest in drawing began to bloom. One day she came home from an outing with her father and Heather asked where they had gone. River said, "We went here," and drew an exact replica of the café's logo. She began to draw many images of girls in different anime styles, and at age six made her first full-page comics, based on her cat, Pinecone. In school River was very active in art classes, and enjoyed doing set design and being a stage hand in school plays. She was part of a joyous, rambunctious, outspoken group of girls, including one transgender and one non-binary person. She became very interested in video games, playing them with friends and her brother, and drew all the time, sometimes to the dismay of her teachers.

In 2021, the Ohio General Assembly first introduced legislation banning gender-affirming care for minors. *See* H.B. No. 454, As introduced version, 134th General Assembly (October 19, 2021). Heather spoke out at the statehouse, protested, and joined support groups for parents of transgender children. River, who had never been outspoken about her trans status, began wearing trans pins and t-shirts. She joined the Rainbow Alliance at her school and made stickers of each different kind of flag, with comical representations. River received her first puberty blocker, a Histrelin implant in her arm, at age 12. River's parents repeatedly checked in with her, reminding her that the implant could be removed at any time and reassuring her that, "if you ever decide you're a boy, or anything in between, it's ok." River always rolled her eyes and said, "I know, Mom." Heather grew worried about the implant and River's possible need of HRT in the future. H.B. 454 never made it out of the lame-duck session, but it was common knowledge that the bill would return.

As the pandemic came to a close and support for the latest version of the SAFE Act (H.B. 68) began to gain steam, Heather began researching safe and somewhat affordable states the family might move to. As a precaution, she made doctors' appointments for River in other neighboring states. In 2023, she started visiting Mexico to research multiple medical offices.

In January of 2024, the Ohio General Assembly succeeded in passing H.B. 68, and Heather immediately knew she had to get River out of Ohio. She quit her job as a social worker caring for people experiencing homelessness, and began to work towards a private practice, which is one of the only jobs social workers can do remotely. In April of 2024, Heather took her two children to Mexico to visit. They returned home just in time to watch their medical options be extinguished, as H.B. 68 was initially set to become effective on April 24, 2024. From her previous research, Heather found that most U.S. states where care was still legal were not affordable for the family. The writing was on the wall. In November 2024, Heather flew to Mexico and met with a doctor.

In June 2025, River received another Histrelin implant and Heather prepared to take her children to Mexico. This was when things became difficult for River, who heard for the first time how dangerous it could be for her to stay in Ohio. Heather consulted with attorneys and sold everything she could. In July 2025, River, her mother, brother, and two cats moved to Mexico.

The family is now living in a rented house in a small town. River is healthy but misses her home, friends, and her father and grandmother. Money is very tight, and Heather is struggling to parent two adolescents with no support. However, River is receiving wonderful medical care from highly qualified doctors. Everyone is holding strong.

CONCLUSION

As the narratives above have shown, families with children diagnosed with gender dysphoria face obstacles and challenges that are unimaginable to many people who have not gone through the experience. After struggling with their own internal sense of who they truly are, even a child with the most supportive, welcoming, and loving parents may be frightened to come out.

Once they do, the parents are thrown a curveball of their own that they have to determine how to process. And then, there's the question of, "what now?" Parents and their children should be able to weigh the advice given by their child's doctor, even if it conflicts with their own personal belief system, and decide how to move forward. These can be some of the hardest decisions a family will ever face. They can choose to ignore the diagnosis, the can allow their child to socially transition without taking any medical steps, or they can pursue gender-affirming healthcare. No matter what the outcome, this is a deeply personal and emotional decision.

These are parents who have considered all the options, done their own research, reviewed the pros and cons provided by trained medical professionals under widely accepted standards of care, and taken the time to truly examine their relationship with their children. *Amici* are only a tiny sample of the Ohio families who face these conversations and decisions every day. Regardless of where they end up, the last thing they expect is for the Ohio General Assembly to inserting itself into the process and take away options from families who have done their due diligence.

Perhaps the best perspective on this intrusive action came from Governor DeWine, who wrote in his official veto message:

> Ultimately, I believe this is about protecting human life. … What so many of these young people and their families have also told me is that nothing they have faced in life could ever prepare them for this extremely tough journey. Parents are making decisions about the most precious thing in their life, their child, and none of us should underestimate the gravity and the difficulty of those decisions. Were … [H.B. 68] to become law, Ohio would be saying that the State, that the government, knows what is best medically for a child rather than the two people who love that child the most, the parents. While there are rare

> times in the law, in other circumstances, where the State overrules the medical decisions made by the parents, I can think of no example where this is done not only against the decision of the parents, but also against the medical judgement of the treating physician and the treating team of medical experts.

Gov. Mike DeWine, Statement of the Reasons for the Veto of Substitute House Bill 68 (Dec. 29, 2023).

Rather than keeping "safe" Ohio children and families, H.B. 68 has caused significant harm to parents who only want what is best for their children. The decision about what medical care is safe and appropriate for children should be returned to their parents and doctors.

For the above reasons, the Court should affirm the judgment of the Tenth District Court of Appeals.

Dated: December 9, 2025

Respectfully submitted,

/s/ Robert S. Chaloupka
Robert S. Chaloupka (0073509)
NICOLA GUDBRANSON & COOPER, LLC
Terminal Tower, Suite 2900
50 Public Square
Cleveland, OH 44113
(216) 621-7227
chaloupka@nicola.com

Counsel for Amici Curiae

CERTIFICATE OF SERVICE

I hereby certify that on December 9, 2025, the foregoing was electronically filed via the Court's e-filing system. I further certify that a copy of the foregoing was served via e-mail on all counsel of record.

/s/ Robert S. Chaloupka
Robert S. Chaloupka (0073509)
Counsel for Amici Curiae