



# THE NEW POLICY PATHWAYS ANTI-TRANS POLICYMAKERS ARE USING TO INTENSIFY AND NATIONALIZE ATTACKS ON GENDER-AFFIRMING CARE

2025 REPORT



# THE NEW POLICY PATHWAYS ANTI-TRANS POLICYMAKERS ARE USING TO INTENSIFY AND NATIONALIZE ATTACKS ON GENDER-AFFIRMING CARE

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## ABOUT THE CAMPAIGN FOR SOUTHERN EQUALITY

The Campaign For Southern Equality (CSE) is based in Asheville, North Carolina, and works across the South to promote full LGBTQ equality - both legal and lived. Our work is rooted in commitments to empathy and to equity in race, class, and gender. Learn more at [www.southernequality.org](http://www.southernequality.org)

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# INTRODUCTION

Just four years ago, transgender young people were able to legally access gender-affirming care in all 50 states. Decisions around this healthcare were left exclusively between doctors, families, and the young person, and gender-affirming care was supported by every major medical association, with generally little controversy. Today, this life-saving medical care is outright banned in twenty-seven states, forcing families of transgender youth to travel or move out-of-state to get the care they need. The Supreme Court decision in *U.S. v. Skrmetti*, which upheld Tennessee's ban on gender-affirming care, has blocked most legal pathways for challenging state gender-affirming care bans, making the bans the new normal for many transgender youth and their families. The Trump Administration has additionally mounted a cross-agency attack on access to gender-affirming care using both executive and administrative powers.

The political attacks on gender-affirming care do not end at age-based bans. Many states are using unique policy pathways to further restrict youth's access to care, increase legal risk to providers, and even restrict adult transgender people's access to care. In 2024, we released the first version of this report, [“Canaries in the Coal Mine: The New Ways States Are Restricting Gender-Affirming Care”](#), which detailed the ways in which states were beginning to move beyond age-based gender-affirming care bans to further restrict care access. This report continues the discussion, providing updates on the current landscape of policy attacks. Whereas the “canaries in the coal mine” of recent years had signaled previews of ways that anti-transgender healthcare attacks would intensify, the state of gender-affirming care access is now much more tenuous: in short, as need for care is ongoing, access to care is decreasing and efforts to eliminate care are intensifying. There is a creeping normalization of anti-transgender healthcare policies, which have become increasingly more restrictive and widespread each year.

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As an LGBTQ+ organization rooted in the South, the Campaign for Southern Equality has long been aware that when one state adopts an anti-LGBTQ+ policy, others tend to follow. Outright bans on gender-affirming care for trans youth started in the South, and have now spread nationwide, making a policy that only a few years ago was unheard of become the norm in most states. Following the spread of youth gender-affirming care bans, more states are finding ways to restrict adult care. States like **South Carolina** have blocked all public funds for gender-affirming care for people of all ages, and others have banned gender-affirming care in their state prisons. With a largely unchecked and firmly anti-transgender president at the helm of our country, we are now seeing these policies aggressively advanced at the federal level. An Executive Order issued by President Trump in the early days of his presidency has pressured [over twenty hospitals to stop providing gender-affirming care to youth](#). The early House version of the so-called “[One Big, Beautiful Bill](#)” proposed banning federal funding for gender-affirming care for people of all ages. While this provision was ultimately removed from the bill, the federal government is now attempting to restrict healthcare coverage for

# INTRODUCTION

gender-affirming care for people of all ages using administrative pathways. Further, as of the publication of this report, [another bill has been introduced](#) which would achieve the same effect, barring federal funding for gender-affirming care.

This report will provide updates about the types of policies that began to emerge in the states last year, and information about new policy types emerging at the state and national levels. The following types of policies are discussed:

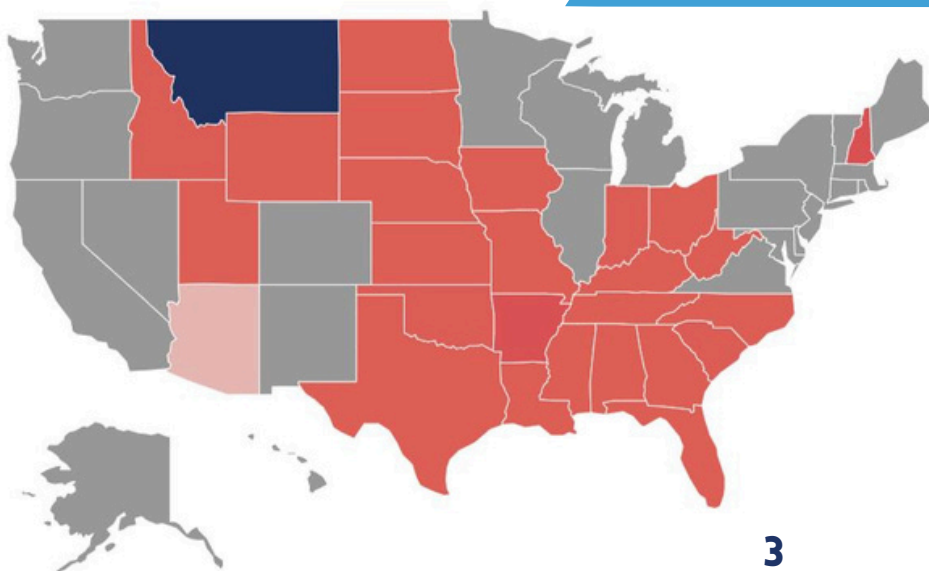
- Expansions on previous youth gender-affirming care bans
- Policies targeting parents & caregivers of transgender youth
- Policies that increase legal risk for providers and surveillance of gender-affirming care
- Policies restricting use of public funds for gender-affirming care
- Administrative rules and Executive Orders limiting access to gender-affirming care
- Bans on state and federal employee insurance coverage of gender-affirming care
- Policies restricting gender-affirming care access for incarcerated people
- Religious exemption laws targeting gender-affirming care

The policies outlined in this report make all too clear that conservative lawmakers are finding new pathways to restrict access to gender-affirming care for youth, and that adult access to gender-affirming care is increasingly a target.

As even this introduction has made clear, the legal and policy landscape around gender-affirming care access is rapidly shifting; the information in this report is accurate as of September 2025.

## CURRENT NATIONAL LANDSCAPE

## Laws banning or restricting gender-affirming care for transgender youth as of September 2025



**KEY: BROAD RESTRICTION OR BAN IN EFFECT • BAN ON SURGERY IN EFFECT • BAN SET TO TAKE EFFECT • BAN UNDER CONSIDERATION • RESTRICTION ON HOLD BY COURT ORDER • NO BAN**



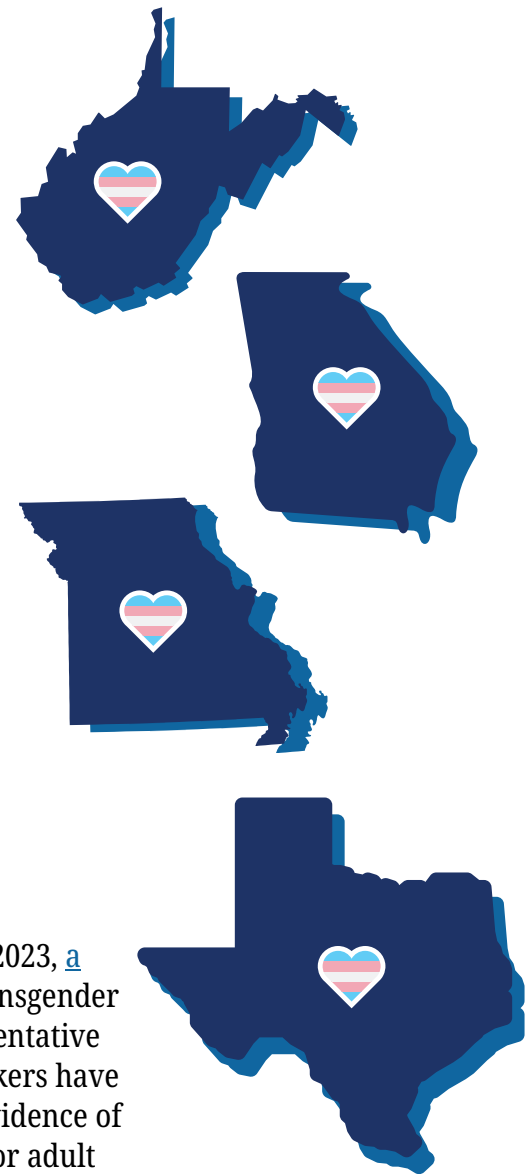
# EXPANSIONS ON PREVIOUS YOUTH GENDER-AFFIRMING CARE BANS

As bans on gender-affirming care passed rapidly in states across the country, some advocates were able to mitigate the harms of the bans by limiting the type of care restricted and for whom care was restricted. Two such states were **West Virginia** and **Georgia**. West Virginia's policy restricted all gender-affirming care for youth, but included a provision allowing for youth who were diagnosed with "severe gender dysphoria" to continue receiving care. Georgia's 2023 gender-affirming care ban did not restrict puberty-delaying medications for youth, unlike most other gender-affirming care bans.

For the past two years, conservative lawmakers in both states have attempted to pass laws that expand on the previously passed gender-affirming care bans, making them more restrictive. In **West Virginia**, a bill attempting to remove a provision that allows for youth who are diagnosed with "severe gender dysphoria" to receive gender-affirming care failed in 2024, but passed in 2025. This law went into effect in August of 2025, and effectively eliminates gender-affirming care access for all youth under 18 in West Virginia. In **Georgia**, advocates have twice defeated a bill that would ban puberty-delaying medication for minors and remove the exemption that allows youth who initiated care prior to the 2023 bill's passage to remain in care.

A similar strategy of expanding a past ban on gender-affirming care for youth was considered in Missouri, where the 2023 ban is set to expire in 2027. Both last year and this year, [multiple bills](#) sought without success to eliminate this expiration date. However, the Missouri State Legislature has approved [a bill creating a ballot initiative](#) for 2026 that will allow Missourians to vote whether or not to enshrine the ban on youth care in Missouri's constitution. The ballot initiative also will include language banning abortion access. Missourians already voted in 2024 to reject a similar attack on abortion access, but this be the first time a ban on gender-affirming care is put to referendum vote.

Finally, in **Texas**, where gender-affirming care for youth was banned in 2023, [a bill was filed](#) to expand the ban on gender-affirming care for youth to transgender people of all ages. While this bill was introduced by a more junior representative and did not pass, it is worth noting this bill as evidence that some lawmakers have a desire to restrict access to gender-affirming care for all ages. Further evidence of this sentiment can be found in laws that restrict the use of public funds for adult gender-affirming care at the local and national levels, discussed later in this report. The next two sections will outline other strategies conservative state lawmakers are using to further restrict youth access to gender-affirming care, including attempts to target supportive parents, providers, and other adults.



# POLICIES TARGETING PARENTS & CAREGIVERS OF TRANSGENDER YOUTH

Current gender-affirming care bans target healthcare providers who administer gender-affirming care to youth, with penalties ranging from the loss of their medical license to felony charges. However, a growing body of proposed state bills now also address the role of parents. In 2025, bills have been proposed in multiple states protecting the right of parents to **refuse to affirm** their child's gender identity and/or sexual orientation. Many of these policies intend to protect the right of unsupportive individuals to be foster or adoptive parents, including: [Oklahoma's SB 658](#), [Utah's HB0283](#), and [Kansas's HB2311](#), all of which passed this year. Other bills specifically define a parent or guardian's refusal to affirm their child's gender identity or sexual orientation (including through gender-affirming care) as **not** being child abuse. Bills like this passed in [Indiana](#) and [Montana](#) this year. These bills seek to further isolate already vulnerable transgender youth who do not have supportive parents or who are in the foster care system.

In addition to bills attempting to protect parents and guardians who do not affirm their child's identity from being convicted of child abuse, bills have been introduced that would criminalize parents and other adults who assist youth in accessing gender-affirming care, specifically with charges of child abuse. While a policy of this kind has not yet passed, they have been proposed in [Texas](#), [Oklahoma](#), [Arkansas](#), and [Montana](#). Most of these bills specifically target parents and guardians who are supportive of their transgender children, allowing them to be charged with child abuse if they assist their child in accessing gender-affirming healthcare out-of-state. Each state that has proposed such legislation has already banned gender-affirming healthcare for youth in their state.

A [bill](#) proposed, but not passed, in [Texas](#) this year takes this a step further by not only allowing parents and guardians to be charged with child abuse if they assist their child in accessing gender-affirming care, but also allowing any "adult authority figure" to be charged with child abuse for assisting youth in accessing gender-affirming care or providing a transgender youth with a "psychological or social intervention" that is gender-affirming. This could presumably include things like using a transgender young person's correct pronouns.

According to a [2023 report](#) from the Movement Advancement Project, policies expanding the target of gender-affirming care bans to parents, teachers, and more have been increasingly proposed over the course of the last few years. Notably, in 2022, Texas's attorney general and governor announced, without the backing of any state law, that youth gender-affirming care amounted to criminal child abuse, and directed the state's Department of Family Protective Services to enforce this opinion. This directive led to [investigations into parents of transgender youth](#). Courts later ruled these actions beyond the power of the governor and [blocked the investigations](#). Relatedly, a Florida law passed in 2023 [allows the state to take custody of youth who are present in the state and receiving gender-affirming care](#), although there have been no reports of this occurring.

The tactic of targeting supportive parents, guardians, and other adults has traction among a cohort of extreme conservative lawmakers, although it is important to note that policies targeting parents have rarely passed or been enforced. The majority of gender-affirming care bans that have passed target healthcare providers who administer gender-affirming care to youth; this strategy has continued to be used and expanded upon by lawmakers, as discussed in the next section.

# POLICIES THAT INCREASE LEGAL RISK FOR PROVIDERS AND SURVEILLANCE OF GENDER-AFFIRMING CARE

Of the twenty-seven states that currently ban gender-affirming care for youth, [six states](#) make it a felony crime to provide certain types of care to youth. The majority of states with bans on youth gender-affirming care impose civil penalties on providers, such as allowing recipients of gender-affirming care or the state attorney general to take legal action against providers. Laws that create strict, and even criminal, penalties for providers of gender-affirming care create a high risk environment for providers. Providers have complied with these laws, effectively closing the doors to gender-affirming care for young people in states with bans.

These harsh penalties have caused a chilling effect, leading some institutions that provide gender-affirming care for youth to stop care even when they are not legally required to do so. For example, in North Dakota, where the law allows treatment to continue for youth who were receiving care before the law took effect, [providers halted care for youth completely](#). At the national level, a bill proposed this year aims to target gender-affirming care providers similarly to state laws. The “Protect Children’s Innocence Act,” [which would criminalize healthcare professionals who provide gender-affirming care to youth nationwide](#), was introduced by Representative Majorie Taylor Greene in May 2025 and has thus far failed to advance.

At the state level, policymakers are aiming to increase legal risk for providers and surveillance of gender-affirming care. Policies seeking to increase penalties for providers and expand the statute of limitations on these penalties have increasingly been proposed in 2025. In **Montana**, [SB 218](#), which passed this year, allows youth who have received gender-affirming care to sue providers. However, as Montana’s ban on gender-affirming care for youth has been blocked by a court, this law is also not currently being enforced. Other states, like [Virginia](#), [Texas](#), and [Oklahoma](#) proposed bills that would have raised the statute of limitations on the penalties for healthcare providers who violate gender-affirming care bans, and such a bill passed in [North Carolina](#).

Beyond imposing harsh legal penalties, state policymakers and other anti-trans advocates have used [surveillance of gender-affirming care patient data](#), creating fear and uncertainty among providers and patients alike. For example, in 2023, the **Tennessee** state government pressured Vanderbilt University Medical Center to release patient records to the state as part of an investigation into medical billing fraud. [The hospital did release the records to the state](#), violating patients’ privacy and leading to criticism and distrust of the hospital. A state policy proposed in **Tennessee** this year shows further desire to surveil medical data related to gender-affirming care. Tennessee’s [SB 0676](#) would have required clinics to report data about gender-affirming care they provide to the state, including details like the date care was provided, the age of the patient and where they live, the type of medication or surgery provided, and the contact information of the healthcare provider. Attempts to surveil gender-affirming care are taking place at the federal level as well. In July 2025, the Department of Justice announced that it had issued subpoenas to providers of gender-affirming care across the country, at least some of which requested confidential patient data. An early challenge from Boston Children’s Hospital resulted in a September 2025 ruling barring the release of HIPPA-protected confidential data from the hospital.

While the past three sections have discussed the policy pathways state policymakers are using to further restrict youth’s access to care, the policy pathways discussed next are used to restrict both youth and adult access to care by limiting the use of public funds for care, threatening care providers with funding restrictions and penalties, and enabling unsupportive providers to refuse to provide gender-affirming care.



# LAWS RESTRICTING USE OF PUBLIC FUNDS FOR GENDER-AFFIRMING CARE

While the majority of bans on gender-affirming care passed are focused specifically on prohibiting care for transgender minors, laws that ban the use of Medicaid and other public funds to cover gender-affirming care are increasingly being used to target adult care access. Currently, eleven [states](#) explicitly exclude Medicaid from covering gender-affirming care for all ages, with an additional three states banning Medicaid coverage for youth care. In 2023 when **Florida** banned Medicaid coverage for adult care, the state made headlines because it also required that any provider of gender-affirming care be a doctor (D.O. or M.D.) This provision greatly impacts transgender adults, [an estimated 80% of whom were receiving gender-affirming care from a nurse practitioner or other provider](#). This year, **Kentucky** became the most recent state to [ban Medicaid coverage for adult gender-affirming care](#); the state legislature overrode the governor's veto to do so. [At least eighteen additional states](#) are considering laws that limit the use of public funds for gender-affirming care this year.

Attempts to restrict public funds for gender-affirming care coverage have reached the federal level. Congressional legislation has been introduced that would restrict or ban types of insurance coverage for transgender youth and adults, including a failed early House version of the so-called “One Big, Beautiful Bill” and [a recently released House Health and Human Services Appropriations Bill](#). As of this publication, the Appropriations Bill has not passed out of Committee.

Some states are going beyond strictly excluding adult gender-affirming care coverage from Medicaid and are passing prohibitions of all public funding use for gender-affirming care. These policies are often drafted so vaguely that they have been interpreted by medical institutions to mean that receiving public funding prohibits them from providing gender-affirming care. For example, [a policy passed in Idaho in 2024](#) not only bans Medicaid from covering care, it prevents all state-sponsored insurance programs from covering gender-affirming care, and prevents government-owned facilities from providing care to both youth and adults. This policy could severely limit gender-affirming care options for all transgender people of all ages in Idaho, and has already resulted in the [halting of gender-affirming care at Health West Clinic](#) in July of last year. A similar policy in **South Carolina**, which banned public funding from being used “directly or indirectly” for gender-affirming care, resulted in The Medical University of South Carolina (MUSC), the state's largest provider of gender-affirming care, [stopping care for patients of all ages last year](#). While laws passed by state legislatures have had a clear impact on care access, administrative rules and Executive Orders are a newer policy pathway being used at the state and national levels to further restrict access to care for both youth and adults.





# ADMINISTRATIVE RULES AND EXECUTIVE ORDERS LIMITING ACCESS TO GENDER-AFFIRMING CARE

In many states, government organizations have wide jurisdiction over healthcare regulations – and in recent years, these organizations have used the administrative rulemaking process to restrict access to gender-affirming care. Since Donald Trump began his second presidential term in January 2025, he has also used administrative rules and Executive Orders to target gender-affirming care. While these rules do not outright ban gender-affirming care, they have had a swift and chilling effect on access to care across the country, including in states where care remains legal.

The administration is using the rulemaking process to restrict gender-affirming care for both youth and adults, with two proposed rules currently being considered. The first, a [proposed rule](#) from the Centers for Medicare & Medicaid Services (CMS), would make DACA (Deferred Action for Childhood Arrivals) recipients ineligible for healthcare offered through the Affordable Care Act (ACA), and would allow ACA healthcare plans, also known as “marketplace” healthcare plans, to deny coverage of gender-affirming healthcare. The second, [a proposed rule](#) from CMS and the Department of Health & Human Services (HHS), would remove Medicare and Medicaid funding from any provider that offers gender-affirming care for youth. If finalized, each rule would significantly and quickly reduce access to gender-affirming care - with particular impact on families who are Medicaid eligible and face financial and other structural barriers to care.

President Trump has taken liberally to using another tool of his office, the Executive Order, to attack transgender rights. An [Executive Order](#) issued only eight days after Trump’s inauguration threatened to remove federal funds from providers offering gender-affirming care to youth under 19, and has resulted in [over twenty providers stopping care for youth in this age category](#). While the Executive Order does not outright ban providers that receive federal funding from offering care to youth, large hospitals in access states like California, Illinois, and Pennsylvania have immediately stopped care, consistent with patterns of overcompliance seen nationwide. Other hospitals, [like Boston Children’s Hospital](#), have made the decision to continue offering care. The use of administrative rules and Executive Orders have greatly limited gender-affirming care access, and have potential to do even more damage, without the Trump administration ever passing a formal law.

These uses of administrative rule-making to attack gender-affirming care has been foreshadowed by activity at the state level in recent years. Of the eleven states that have barred Medicaid from covering gender-affirming care, [six states](#) (Arizona, Florida, Missouri, Nebraska, Tennessee, Texas) do so using administrative codes rather than state law. These codes are written by state agencies that administer Medicaid, not elected state lawmakers. Other examples of administrative restrictions on gender-affirming care at the state level can be found in **Texas** and **Alaska**. In 2024, Texas Health and Human Services implemented a [rule](#) designed to increase enforcement of the state’s gender-affirming care Medicaid exclusion. This rule specifically targets transgender people by listing a diagnosis of gender dysphoria as a reason for having coverage for specific medications and surgeries denied. In Alaska, the State Medical Board has moved to restrict gender-affirming care for youth not through law, but by using the authority of the board. The [board approved a draft policy to discipline providers of youth gender-affirming care](#) in the state in August of 2025.



# BANS ON STATE AND FEDERAL EMPLOYEE INSURANCE COVERAGE OF GENDER-AFFIRMING CARE

Bans on gender-affirming care coverage by state employee health plans have been in effect in some states for over ten years, and are now being duplicated at the national level. Despite numerous successful lawsuits striking down such bans, the policy approach persists. Currently, [fourteen states explicitly exclude gender-affirming care from being covered by their state employee health insurance programs](#). This means that individuals employed by those states are not covered under employee health plans for their gender-affirming care, or their dependent child's gender-affirming care. This strategy for restricting gender-affirming care coverage is being replicated at the national level by the Trump administration.

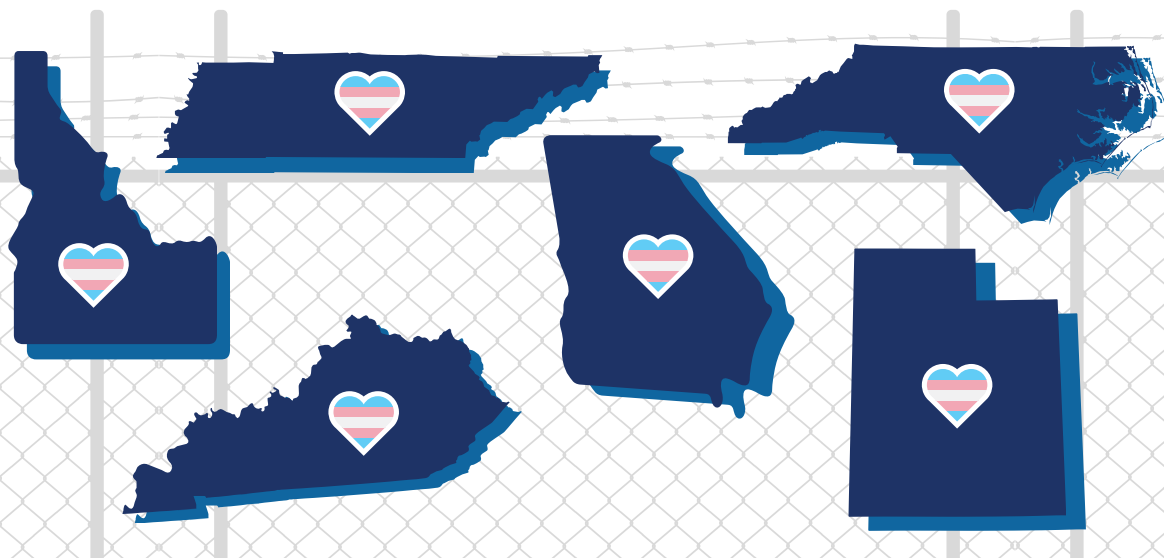


The same Executive Order that threatens federal funding for providers offering gender-affirming care also bans [insurance plans for federal employees from covering gender-affirming care for dependent youth under 19 years old](#). This new policy is set to go into effect in 2026. Further, [a notice](#) from the Office of Personnel Management announced in August 2025 that federal employee insurance coverage will not cover gender-affirming care for adults in 2026 as well. These restrictions expand upon a measure enacted at the end of President Biden's term which [banned gender-affirming care coverage for the dependents of military personnel](#) in December of 2024. These federal insurance policies, tested at the state level, are now being advanced at the federal level.

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# POLICIES RESTRICTING GENDER-AFFIRMING CARE ACCESS FOR INCARCERATED PEOPLE

Policies restricting access to gender-affirming healthcare for incarcerated transgender people have gained traction in recent years. Although there is [a long, painful history of transgender inmates being denied adequate gender-affirming healthcare and accommodations](#) as a systemized practice, the passage of formal policies in this area is a relatively recent development. In 2024, **Idaho** [banned incarcerated people from accessing gender-affirming care](#) as a part of its larger ban on the use of public funds for gender-affirming care. The policy was [blocked by a federal judge](#) several months later, and incarcerated people in Idaho state prisons can now legally access care. **Tennessee** [passed a similar bill in 2024](#), which has so far not been challenged in court. This year, **Georgia, Kentucky, North Carolina, and Utah** passed bans on gender-affirming care for incarcerated people, and multiple [other states proposed such bills](#).



At the federal level, the Trump administration is once again following the lead of conservative states. President Trump issued [an Executive Order](#) to ban gender-affirming care in federal prisons and immigration detention centers. The Order also directs the Bureau of Prisons to move transgender women to male detention facilities. Following the Order, the Bureau of Prisons also issued a policy prohibiting gender-affirming clothing and commissary items for transgender people, and requiring that incorrect pronouns be used. There are over 2,000 self-identified trans people currently incarcerated in federal prisons who could be impacted by these policies.

[A class-action lawsuit from the American Civil Liberties Union](#) has been filed against the Executive Order, and has so far blocked prisons from transferring transgender women to male facilities. The gender-affirming care portion of the Executive Order is still being considered in court. According to The Marshall Project, [enforcement of the gender-affirming care ban has been mixed](#), resulting in some people losing access to care, and others uncertain about future access. Further, prisons have reportedly stopped offering appropriate accommodations to transgender women, such as women's undergarments. Policies that restrict gender-affirming care access for incarcerated people target a vulnerable population already at high risk of poor health outcomes. Once again, anti-trans lawmakers are using their power not just to enact cruelty but also to insert themselves into the medical decision making of who does, and does not, get access to gender-affirming healthcare.

# RELIGIOUS EXEMPTION LAWS TARGETING GENDER-AFFIRMING CARE

There is a long history of [anti-LGBTQ+ laws](#) that allow people, businesses, and institutions to refuse to serve people due to their personal religious beliefs or conscience. These types of laws, referred to as religious exemption bills or “license to discriminate” laws, can and have resulted in LGBTQ+ people being discriminated against or refused service in the areas of medical care, employment, education, adoption, foster care, and more. This year, **Georgia** and **Wyoming** joined the [list of 29 states](#) with these broad religious exemption laws on the books. Currently, [ten states](#) have policies that explicitly allow medical providers to refuse service to LGBTQ+ people.



A new type of religious exemption law allows providers to refuse to provide certain types of medical care on the basis of their religious beliefs. These policies have potential to impact both youth and adult access to gender-affirming care. **Mississippi** was one of the first states to pass such a law in 2016, [HB 1523](#), which specifically allows medical providers, and other individuals and entities, to refuse service based on their religious beliefs. In 2023, **Arkansas** passed a [law](#) that explicitly says state law shall not require medical providers to provide gender-affirming care. This year, Arkansas passed [another law](#) reinforcing this, and expanding the exemption to medical researchers.

Multiple other states have recently proposed policies that allow medical providers to refuse to provide specific services and procedures that violate their religious beliefs or conscience. In 2024, a **Kentucky bill** with this effect was proposed, although it did not pass. This year, **West Virginia** proposed such a [bill](#), that specifically names gender-affirming care as a type of healthcare which healthcare professionals can refuse to provide.

Other religious exemption bills have specifically focused on pharmacists. In **South Carolina**, [a bill proposed in 2024](#) would have allowed pharmacists to refuse to fill prescriptions (such as hormones, puberty-delaying medications, HIV prevention medication like PrEP, birth control, and more) due to religious, moral, or ethical reasons, building on a [2022 law that grants medical providers](#) a broad “license to discriminate.”

**Mississippi**, which already has a religious exemption bill that applies to medical providers, proposed two religious exemption bills that would apply to pharmacists in 2024, [H.B. 1069](#) and [S.B. 2237](#). Both bills failed to pass the state legislature.





# CONCLUSION & RECOMENDATIONS

Over half of U.S. states have completely banned gender-affirming healthcare for transgender young people, which was once legal nationwide. The Supreme Court decision in *U.S. v. Skrmetti* affirming Tennessee's ban on gender-affirming care blocks most paths for challenging youth gender-affirming care bans in court, making these bans new normal in most of the country. States that have bans are taking steps to make their bans as restrictive as possible, imposing harsh legal penalties for doctors who provide gender-affirming care for youth and even attempting to penalize parents and adults who help youth access gender-affirming care out-of-state, while allowing parents and guardians to deny gender-affirming healthcare to youth under their care, and allowing providers to deny gender-affirming care to patients of all ages, under the guise of religious freedom.

Conservative states are using both law and administrative rulemaking to restrict the use of public funds for gender-affirming care. Eleven states explicitly exclude Medicaid from covering gender-affirming care for people all ages, and in states like Idaho and South Carolina, new laws restrict the use of all public funds for gender-affirming care, resulting in major federally-funded gender-affirming care providers in those states choosing to stop providing gender-affirming care altogether, for patients of all ages. Building on this strategy, conservative lawmakers in fourteen states have banned state employee health insurance from covering gender-affirming care. More recently, states have begun to ban gender-affirming care for those incarcerated in state prisons, with six states having passed such laws.

Under the Trump administration, these policy strategies are being replicated at the federal level. The administration is currently attempting to use administrative rulemaking to ban gender-affirming care coverage under Medicaid, CHIP, and ACA healthcare plans, and has banned gender-affirming care for those incarcerated in federal prisons. Further, an Executive Order from the Trump Administration threatening to remove federal funding from healthcare providers that offer gender-affirming care to youth under age 19 has resulted in over twenty clinics in states without youth care bans ceasing gender-affirming care for youth.

This report outlines stark trendlines playing out in real time; rapidly decreased access to gender-affirming care, intensifying efforts to eliminate access, and the ongoing need for care among transgender youth and adults. Given this policy landscape, the Campaign for Southern Equality offers the following recommendations to stakeholders.

## **1) Protect and Support Gender-Affirming Care Clinics That Do Not Rely on Federal Funding**

While there are federally-funded providers continuing to offer care to youth despite federal funding threats, as efforts to eliminate federal funding for care intensify, it is imperative that clinics operating independently of federal funding are protected and supported. **We recommend that gender-affirming care providers who are not dependent on federal funding, are operating in access states, and are committed to continuing to provide gender-affirming care, be protected by state lawmakers and supported by private funders and individual donors.**

# CONCLUSION & RECOMENDATIONS

## 2) Advocate for the Passage of Shield Laws

Currently there are twenty-three states where gender-affirming care for youth remains legal; of these, fourteen states already have shield laws in place which protect providers of gender-affirming care, and those accessing care. **It is critical that lawmakers in the other nine access states join them and pass shield laws.** Advocates can work with pro-LGBTQ+ law makers to introduce such legislation and advocate for its passage.

## 3) Support LGBTQ+ Youth Centers and School-Based Clubs

Youth need access to medical care. They also need to know they are loved and part of a community that is with them every step of the way. **Finding ways to support trans and LGBTQ+ youth in your hometown is one of the most impactful steps you can take.** Many communities or regions have a LGBTQ+ youth centers and school-based clubs, like Gender & Sexuality Alliances (GSAs), also offer a space for transgender youth and their families to find community and learn about resources. Support can take the form of donations, volunteering, speaking up at local School Board meetings to express support for GSAs.

## 4) Support Direct Aid for Transgender People Seeking Gender-Affirming Care

Mutual aid is a longstanding practice in the LGBTQ+ community that is essential in a climate when access to care and general rights are under attack. This includes providing direct financial assistance to existing funds or fundraising campaigns that have been set up to support individuals and families. It can also take the form of making targeted donations to providers of gender affirming care to help fund care for those most in need.

## CONNECT WITH THE TRANS YOUTH EMERGENCY PROJECT



Thousands of transgender youth and their families are being forced to identify new healthcare providers, travel extreme distances, and take on significant expenses just to get the care they need. The Campaign for Southern Equality's Trans Youth Emergency Project (TYEP) is here to help families navigate this complex and exhausting maze, offering logistical and financial support. Our team provides 1-on-1 custom patient navigation services to unimpacted providers and supports families of transgender youth with travel grants.

At this time TYEP services are available to:

- A parent or legal guardian of a transgender person under the age of 18 whose access to healthcare has been impacted by a restriction on gender-affirming care.
- Transgender people who are 18 years old if they live in Alabama or have lost care due to the Executive Order

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