



## Community Advisory: **Transgender Adults in the South Face Intensifying Political Attacks That Increase Barriers to Accessing Gender-Affirming Care**

**Disclaimer:** *This document provides information about the landscape of gender-affirming care for transgender adults in the South; it is not medical or legal advice. Moreover, due to the rapidly changing nature of the law and our reliance on information provided by outside sources, we make no warranty or guarantee.*

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### Introduction

Nationwide, including all across the South – it is legal and possible for transgender adults to access gender-affirming care. However, anti-transgender organizations and political actors have made no secret of their agenda to restrict – and ultimately, attempt to ban – gender-affirming care for transgender adults. In 2026, we’re seeing the clearest indications yet of how this agenda is impacting access to care for transgender adults across the South and gaining momentum on the policy and practical levels.

**This community advisory widens the aperture of our analysis from tracking isolated developments in specific communities to focus on the totality and impact of attacks on**

**access across the South.** It provides updates about adult gender-affirming care access in the South and resources for those seeking care in the following Southern states: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

The South is home to approximately [722,800 transgender adults](#) – more than one-third of all trans adults in the United States. The region has long been used as a testing ground for anti-LGBTQ+ policies, and once again in the region we are seeing a variety of levers being pulled to restrict access to care for transgender adults and thus create new barriers to care. For some, this makes it harder to book an appointment, harder to get to that appointment, and harder to pay for it; for others, it means that care has functionally become inaccessible in their local communities and they must seek it elsewhere. Such measures have a heightened impact on vulnerable populations, including people living with HIV, incarcerated individuals who may be denied care entirely, people enrolled in Medicaid, people who are reliant on public funding for health care, and veterans.

Encroachments on care access for adults are happening on the heels of a years-long attack on gender affirming care access for transgender young people. Since 2023, every Southern state except for Virginia (and a total of 27 states nationwide) has outright banned access to hormone therapy, puberty blockers, and surgery for transgender young people. Before 2022, no state law banned this care and, in fact, robust efforts were underway to expand access to gender affirming care for both youth and adults. This shifting landscape has increasingly been influenced by the federal government: The Trump Administration has taken executive and administrative actions to restrict access for transgender youth, regardless of state, and to invalidate the identities and unique needs of transgender adults.

While this Community Advisory focuses on the South, we are also seeing restrictions for healthcare access for trans adults in non-Southern states. We note them throughout and underscore that these alarming trends are happening across the nation. Please note that this advisory is not designed as a comprehensive log of every instance of care access being restricted.

### **[Reporting Your Experience](#)**

If you are a transgender adult who has experienced an interruption to your healthcare in recent months – regardless of where you live – [please click here to fill out our confidential survey and tell us about your experience.](#)

## [How is Adult Care Access Being Impacted?](#)

Based on community reports, news reports, and communication with providers, the Campaign for Southern Equality is aware of the following ways in which adult access to gender-affirming care is being impacted in the South:

### [Preemptive Closures or Changes to Care Provision](#)

While no laws or policies ban care or require providers to end care, in recent months, community members have begun reporting established providers ceasing care pre-emptively in several Southern states.

#### ***Examples include:***

- We have received numerous reports from local news sources and individuals in Tennessee, North Carolina, and Texas – as well as in [Iowa](#) – that some Federally Qualified Health Centers (FQHCs) have stopped providing gender-affirming hormone therapy for adults despite no law requiring them to do so. FQHCs are federally-funded, community-based clinics that serve primarily low-income patients, and are a provider of hormone therapy for transgender adults. In the wake of aggressive federal measures to restrict access to care for youth, some FQHCs have cited fear of losing federal funding as the reason they are also stopping care for adults. One Nashville clinic, Neighborhood Health, cited the anti-trans political environment at the state and federal levels, a perceived need for increased liability insurance, and a lack of willing providers among their reasons for ending care. It is currently unclear how widespread these closures are and how many people have been impacted.
- In the past two years at least two Southern hospitals that once provided gender-affirming surgeries to adults have ended this care. [Memorial Health in Savannah, GA, canceled gender-affirming surgeries for people of all ages in February 2025](#), and in early 2026, Vanderbilt University Medical Center in Nashville, TN [announced it will be ending gender-affirming surgical care as well](#).
- At least two university health centers, [University of Florida Health](#) and [University Health Services at the University of Texas](#), have stopped providing all gender-affirming healthcare to students, including those who are over the age of 18 and unimpacted by state bans on youth gender-affirming care.

### [State Laws Banning All Public Funding for Gender Affirming Care](#)

Some states are going beyond strictly excluding adult gender-affirming care coverage from Medicaid and other publicly-funded insurance programs and are passing prohibitions on the use of all public funding 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. A 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 in 2024.](#)

Outside of the South, in **Idaho**, a 2024 policy not only bans Medicaid from covering care; it also 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 [resulted in the halting of gender-affirming care at Health West Clinic in July of 2024.](#)

Broad bans prohibiting all public funding have been proposed in nine states so far in 2026, including five Southern states. One such bill in **Georgia**, [SB 39](#), would have prohibited state insurance and benefits plans, or any public funds, from being used to cover gender-affirming care for people of all ages. The bill passed the Senate but ultimately did not pass the House.

### **State Policies Regulating Provision of Care**

In Florida, [a 2023 state policy went into effect specifying that only physicians could prescribe gender-affirming hormone therapy.](#) interrupting care access for the many transgender adults in the state who had been receiving care from physician assistants, certified nurse midwives, and nurse practitioners.

### **Federal and State Bans on Gender-Affirming Care for Incarcerated People**

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. Policies that restrict gender-affirming care access for incarcerated people target a vulnerable population already at high risk of poor health outcomes.

- Currently multiple states, including Georgia, Idaho, Kentucky, North Carolina, Tennessee, and Utah all ban gender-affirming care for incarcerated people. Lawsuits have been filed against these bans in states across the country, with mixed success. In December of last year, [a federal judge enjoined a portion of a Georgia law banning gender-affirming care for incarcerated people](#), and incarcerated people in Georgia can now access gender-affirming hormone therapy.
- President Trump issued [an Executive Order](#) in January 2025 banning gender-affirming care in federal prisons and immigration detention centers. While the executive order was initially blocked by a federal judge, [a new policy released by the Bureau of Prisons](#) in April 2026 requires the federal prison system to stop providing gender-affirming medical or social transition care to almost any transgender people.

### **Health Insurance Restrictions**

Health insurance restrictions have long been a barrier to access for gender-affirming care, with many transgender people being denied health insurance coverage because of their gender

identity. These barriers are worsening as policies at the state and federal level seek to restrict public funding for gender-affirming care, which largely impacts insurance coverage of care for low-income transgender people, transgender veterans, and transgender people living with HIV, and state and federal employees:

- Currently, [eleven states, nearly half of which are in the South](#), explicitly exclude Medicaid from covering gender-affirming care for all ages. In 2026, five states considered passing laws banning Medicaid from covering gender-affirming care, and Tennessee passed such a law, codifying an already existing policy.
- A major provider of adult gender-affirming care, Planned Parenthood, has lost substantial Medicaid funding due to new federal policies, [and Planned Parenthood clinics in 22 states can no longer accept Medicaid insurance](#), including eight states in the South.
- Currently, [fourteen states, including ten in the South](#), explicitly exclude gender-affirming care from being covered by their state employee health insurance programs. 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.
- In April of 2025 the Ryan White HIV/AIDS Program [rescinded a policy that allowed transgender people enrolled in the program to use funds for some gender-affirming care](#). Ryan White is the largest federal program in the U.S. designed specifically for people with HIV, providing care, medication, and support services to over half a million low-income, uninsured, or underinsured individuals.
- The Department of Veterans Affairs announced in 2025 that [it will no longer provide gender-affirming care to transgender veterans](#). This comes on the heels of the Trump Administration's executive order prohibiting open service for transgender service members. This impacted [thousands](#) of trans Americans who were actively serving at the time or were veterans. served in the military prior to Trump's order.

### **On the Radar Screen: Emerging Policies Restricting Care Access for Adults**

Additional legislation was proposed in 2026 that seeks to further restrict access to care for adults:

- **Outright Bans On Adult Gender-Affirming Care:** Lawmakers in [Texas](#) and [Oklahoma](#) have filed bills to outright ban all gender-affirming healthcare for people of all ages. These bills were filed in 2025 and 2026, respectively, and as of this publication have not become law. In [Puerto Rico](#), gender-affirming care was banned for people under 21 in 2025, restricting care for individuals who are widely considered to be adults in the United States. In South Carolina, Texas, Oklahoma, and Missouri, [bills have been filed](#) proposing bans on gender-affirming care access for people under 26; as of publication none of these have become law.
- **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. 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, with some laws specifically naming gender-affirming care. Religious exemption laws that specifically apply to gender-affirming care have been passed in [Mississippi](#) and [Arkansas](#), and have been proposed in four additional states so far in 2026.

- **Bills Creating “Informed Consent” Requirements for Gender-Affirming Care:** [Drawing from policies used to restrict access to abortion](#), conservative lawmakers in multiple states have proposed laws that require gender-affirming care patients to be provided with information which includes information that mischaracterizes the safety of gender-affirming care before receiving treatment. So far in 2026, these policies have been proposed in [Alaska](#), [Arizona](#), and [Indiana](#).
- **Bills Increasing Liability for Gender-Affirming Care Providers:** In 2026 multiple bills have been proposed that aim to increase liability for gender-affirming care providers by raising the statute of limitations surrounding care. These bills increase the amount of time after care was received during which people who received gender-affirming care as minors can bring legal action against providers. They also define damages and legal penalties that can be brought against providers, ranging from responsibility for “detransition” costs to felony penalties. While the vast majority of these bills only apply to individuals who received care as minors, some bills, including in [Nebraska](#) and [West Virginia](#), applied to adults who received gender-affirming care as well. Further, a law passed in [Tennessee in 2026](#) allows any individual who received gender-affirming care as a minor or adult to bring civil action against a healthcare provider if they believe they were coerced into receiving the care.

### [Summarizing the Impacts:](#)

- When trans adults experience an interruption in care – such as an FQHC ceasing provision of care, or Florida’s 2023 policy disallowing non-physician providers, like physician assistants, certified nurse midwives, and nurse practitioners, from providing gender-affirming care – trans people often must relocate their care entirely, resulting in barriers to care and delays.
- Many recent policies, especially those impacting insurance coverage, effectively increase the cost of gender-affirming care, which creates additional barriers.
- When any provider of gender-affirming care is subjected to restrictions or closes entirely, it puts pressure on the entire ecosystem of care, forcing trans adults to rely on a shrinking number of providers.
- Vulnerable populations are especially impacted because they often already have fewer options – including those on Medicare/Medicaid, incarcerated adults, veterans, people living with HIV, and people in rural communities.
- For some people – such as incarcerated trans adults in certain state prisons or in federal prisons – anti-trans restrictions effectively ban care entirely.

## [Resources for Impacted Transgender Adults:](#)

Transgender adults impacted by gender-affirming care restrictions can take the following steps to protect their healthcare access:

1. Talk to your provider about how they are responding to attacks on adult gender-affirming care access. Ask your provider if they are impacted by recent laws or policy changes from the federal government. Underline the importance of this care for you and your family.
2. If your healthcare access has been impacted, report it to the Campaign for Southern Equality. [Click here to fill out our confidential survey and tell us about your experience.](#)
3. If you live in the South and have lost access to gender-affirming care at your local provider, you can check out CSE's [Trans in the South guide](#) to find another gender-affirming care provider in your area.
4. If you have lost access to gender-affirming care at your local provider, telehealth can be an alternative. In the *Trans in the South* guide you'll find a [new section devoted to telehealth options available here.](#)
5. If you are experiencing health insurance coverage barriers or otherwise struggling to afford gender-affirming care, local mutual aid or practical support organizations may be able to help. Check out our [Funding Your Transition](#) resource for a list of organizations that offer financial assistance for gender-affirming care, or search for a local trans mutual aid group in your area.

Woven throughout this report there is also a powerful story of people doubling down on efforts to ensure access to care – from individuals reporting their experiences, to providers who are pulling extra shifts, to community advocates helping people find care, to attorneys and plaintiffs fighting restrictions in court, to advocates working to document an ever-changing landscape of laws and policies. We are grateful to be part of a movement committed to ensuring that every person can access the care they need and deserve.