Background

Bans on best-practice medical care represent one of the most extreme and coordinated political attacks on transgender people in recent years. These bills target transgender youth by blocking their access to best-practice medical care, care that is backed by decades of rigorous research and endorsed by the American Academy of Pediatrics, the American Medical Association, and every leading health authority in the country. These bills not only display a fundamental lack of understanding of transgender children, but they also ban access to medical care often by criminalizing either the doctors or even the parents of transgender youth seeking to provide best-practice medicine for children in their care.

Equality Map & Additional Resources

- See our [Equality Map: Bans on Best Practice Medical Care for Transgender Youth](#), which is updated and maintained in real time alongside this document.

- For more on these attacks, including how these bills are becoming more extreme over time and expanding to include transgender adults’ access to health care, read [MAP's 2023 spotlight report](#).

- For more information about “shield” or “refuge” laws that protect transgender people’s access to healthcare, see our [Equality Map: Transgender Healthcare “Shield” Laws](#) (updated and maintained in real time) and its corresponding [citation sheet](#), which contains additional state-by-state information, links, and analysis.
### Summary Tables

Table 1: Legislation/Regulations and Exceptions

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>List</th>
<th>Source Link</th>
<th>Exceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>States that ban medically necessary surgery and medication for transgender youth</strong></td>
<td>19 states</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alabama</td>
<td>SB184</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arkansas</td>
<td>HB1570 (2021)</td>
<td>SB199 (2023)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Florida</td>
<td>Admin. Code 6488-9.019 SB254</td>
<td></td>
<td>Grandfather; grandfather, with rules TBD</td>
<td></td>
</tr>
<tr>
<td>Georgia</td>
<td>SB140</td>
<td></td>
<td>Grandfather</td>
<td></td>
</tr>
<tr>
<td>Idaho</td>
<td>HB71</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indiana</td>
<td>SB480</td>
<td></td>
<td>Weaning</td>
<td></td>
</tr>
<tr>
<td>Iowa</td>
<td>SF538</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kentucky</td>
<td>SB150</td>
<td></td>
<td>Weaning</td>
<td></td>
</tr>
<tr>
<td>Mississippi</td>
<td>HB1125</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missouri</td>
<td>SB49</td>
<td></td>
<td>Grandfather; ban will expire in 4 years</td>
<td></td>
</tr>
<tr>
<td>Montana</td>
<td>SB99</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nebraska</td>
<td>LB574</td>
<td></td>
<td>Grandfather</td>
<td></td>
</tr>
<tr>
<td>North Dakota</td>
<td>HB1254</td>
<td></td>
<td>Grandfather</td>
<td></td>
</tr>
<tr>
<td>Oklahoma</td>
<td>SB613</td>
<td></td>
<td>Weaning</td>
<td></td>
</tr>
<tr>
<td>South Dakota</td>
<td>HB1080</td>
<td></td>
<td>Weaning</td>
<td></td>
</tr>
<tr>
<td>Tennessee</td>
<td>SB11/HB1</td>
<td></td>
<td>Weaning</td>
<td></td>
</tr>
<tr>
<td>Texas</td>
<td>SB14</td>
<td></td>
<td>Weaning</td>
<td></td>
</tr>
<tr>
<td>Utah</td>
<td>SB16</td>
<td></td>
<td>Grandfather</td>
<td></td>
</tr>
<tr>
<td>West Virginia</td>
<td>HB2007</td>
<td></td>
<td>New Rx allowed under restrictive conditions</td>
<td></td>
</tr>
<tr>
<td><strong>States that ban surgery only</strong></td>
<td>1 state</td>
<td>Arizona</td>
<td>SB1138</td>
<td></td>
</tr>
<tr>
<td><strong>States with no bans or restrictions</strong></td>
<td>30 states, D.C., and 5 territories</td>
<td>All others</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

“Grandfather” exceptions refer to those that allow minors currently receiving prescriptions to continue that care, typically (though not always) so long as that prescription begins before the effective date of the bill.

“Weaning” exceptions refer to those that allow minors currently receiving prescriptions to continue that care, but only for a limited amount of time with the expectation they will “wean off” the prescribed medication.
Table 2: Enactment vs. Effective Dates, Age Applicability, and Lawsuits

<table>
<thead>
<tr>
<th>State</th>
<th>Enactment date (date of governor signature, veto override, or administrative filing)</th>
<th>Planned effective date (ban may not go into effect on this date due to lawsuits)</th>
<th>Age applicability (does not reflect state funding (e.g., Medicaid) or other provisions)</th>
<th>Lawsuit</th>
<th>Notes on lawsuit status (see state-by-state section below for more detail)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>April 8, 2022</td>
<td>30 days later</td>
<td>&lt;19</td>
<td>Walker et al v. Marshall et al (2022), joined by federal Department of Justice</td>
<td>Temporarily blocked by court order. Block applies to ban on medication, but not ban on surgical care or other provisions (e.g., forced outing).</td>
</tr>
<tr>
<td>Arizona</td>
<td>March 30, 2022</td>
<td>March 31, 2023</td>
<td>&lt;18</td>
<td>ACLU of Arizona and NCLR have stated they will sue</td>
<td></td>
</tr>
<tr>
<td>Arkansas</td>
<td>April 6, 2021 (overriding governor’s veto)</td>
<td>90 days after legislature adjourned</td>
<td>&lt;18</td>
<td>Brandt et al v. Rutledge et al (2021)</td>
<td>Permanently blocked as of June 2023, though the state is appealing the ruling.</td>
</tr>
<tr>
<td>Florida (Board of Medicine regulation)</td>
<td>February 24, 2023</td>
<td>March 16, 2023</td>
<td>&lt;18</td>
<td>Doe v. Ladapo (2023)</td>
<td>Temporarily blocked by court order</td>
</tr>
<tr>
<td>Florida (legislation)</td>
<td>May 17, 2023</td>
<td>May 17, 2023</td>
<td>&lt;18*</td>
<td>Doe v. Ladapo (2023)</td>
<td>Temporarily blocked by court order</td>
</tr>
<tr>
<td>Georgia</td>
<td>March 23, 2023</td>
<td>July 1, 2023</td>
<td>&lt;18</td>
<td>Koe v. Noggle (2023)</td>
<td>Filed</td>
</tr>
<tr>
<td>Idaho</td>
<td>April 4, 2023</td>
<td>January 1, 2024</td>
<td>&lt;18</td>
<td>Poe v. Labrador (2023)</td>
<td>Filed</td>
</tr>
<tr>
<td>Indiana</td>
<td>April 5, 2023</td>
<td>July 1, 2023</td>
<td>&lt;18</td>
<td>K.C. et al. v. Individual Members of the Medical Licensing Board et al (2023)</td>
<td>Temporarily blocked by court order. Block applies to ban on medication and “aiding and abetting,” but not ban on surgical care.</td>
</tr>
<tr>
<td>Iowa</td>
<td>March 22, 2023</td>
<td>March 22, 2023</td>
<td>&lt;18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kentucky</td>
<td>March 29, 2023 (overriding governor’s veto)</td>
<td>June 29, 2023</td>
<td>&lt;18</td>
<td>Doe v. Thornbury (2023)</td>
<td>Temporarily blocked by court order</td>
</tr>
<tr>
<td>Mississippi</td>
<td>February 28, 2023</td>
<td>February 28, 2023</td>
<td>&lt;18</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Table continued on next page)
<table>
<thead>
<tr>
<th>State</th>
<th>Enactment date (date of governor signature, veto override, or administrative filing)</th>
<th>Planned effective date (ban may not go into effect on this date due to lawsuits)</th>
<th>Age applicability (does not reflect state funding (e.g., Medicaid) or other provisions)</th>
<th>Lawsuit</th>
<th>Notes on lawsuit status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missouri</td>
<td>June 7, 2023</td>
<td>August 28, 2023</td>
<td>&lt;18</td>
<td></td>
<td>A related lawsuit, <em>Southampton Community Healthcare et al. v. Bailey</em> (2023), earned a temporary block on the attorney general’s earlier attempted ban, which he then terminated.</td>
</tr>
<tr>
<td>Montana</td>
<td>April 28, 2023</td>
<td>October 1, 2023</td>
<td>&lt;18</td>
<td><em>van Garderen v. State of Montana</em> (2023)</td>
<td>Filed</td>
</tr>
<tr>
<td>Nebraska</td>
<td>May 22, 2023</td>
<td>October 1, 2023</td>
<td>&lt;19</td>
<td><em>Planned Parenthood of the Heartland v. Hilgers et al</em> (2023)</td>
<td>Filed</td>
</tr>
<tr>
<td>North Dakota</td>
<td>April 19, 2023</td>
<td>April 19, 2023</td>
<td>&lt;18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oklahoma</td>
<td>May 1, 2023</td>
<td>May 1, 2023</td>
<td>&lt;18</td>
<td><em>Poe et al. v. Drummond et al</em> (2023)</td>
<td>State’s attorney general has signed a binding agreement to not enforce the law during the ongoing lawsuit.</td>
</tr>
<tr>
<td>South Dakota</td>
<td>February 14, 2023</td>
<td>July 1, 2023</td>
<td>&lt;18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tennessee</td>
<td>March 2, 2023</td>
<td>July 1, 2023</td>
<td>&lt;18</td>
<td><em>L.W. et al. v. Skrmetti et al</em> (2023), joined by federal Department of Justice</td>
<td>Temporarily blocked by court order. Block applies to ban on medication, but not ban on surgical care.</td>
</tr>
<tr>
<td>Texas</td>
<td>June 2, 2023</td>
<td>September 1, 2023</td>
<td>&lt;18</td>
<td>ACLU of Texas and Lambda Legal have stated they will sue</td>
<td>A related lawsuit, <em>Doe v. Abbott</em> (2022), earned a temporary block on the governor’s attempted investigations of transgender children’s families.</td>
</tr>
<tr>
<td>Utah</td>
<td>January 28, 2023</td>
<td>January 28, 2023</td>
<td>&lt;18</td>
<td>ACLU of Utah and NCLR have stated they will sue</td>
<td></td>
</tr>
<tr>
<td>West Virginia</td>
<td>March 30, 2023</td>
<td>January 1, 2024</td>
<td>&lt;18</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Chronology

Order of Laws and Vetoes

Order of Laws
(by date of governor signature, veto override, or administrative filing; not by effective date)

2021 (1 this year)
1. Arkansas – HB1570 – April 6, 2021 (overriding governor veto)

2022 (2 new states this year)
2. Arizona – SB1138 – March 30, 2022
3. Alabama – SB184 – April 8, 2022

2023 (17 new states and counting this year)
5. South Dakota – HB1080 – February 14, 2023
6. Florida – Administrative Code 64B8-9.019 – February 24, 2023
7. Mississippi – HB1125 – February 28, 2023
8. Tennessee – SB1/HB1 – March 2, 2023
   Arkansas – SB199 – March 13, 2023
9. Iowa – SF538 – March 22, 2023
10. Georgia – SB140 – March 23, 2023
11. Kentucky – SB150 – March 29, 2023 (overriding governor veto)
13. Idaho – HB71 – April 4, 2023
14. Indiana – SB480 – April 5, 2023
16. North Dakota – HB1254 – April 19, 2023
17. Montana – SB99 – April 28, 2023
18. Oklahoma – SB613 – May 1, 2023
   Florida – S254 – May 17, 2023 (building on earlier administrative ban)
19. Nebraska – LB574 – May 22, 2023
20. Texas – SB14 – June 2, 2023
   Missouri – SB49 – June 7, 2023 (replacing earlier “emergency rule”)

Order of Governor Vetoes

1. Arkansas – HB1570 – April 5, 2021 (later overridden)
2. Kentucky – SB150 – March 24, 2023 (later overridden) (read veto statement here)
3. Kansas – SB26 – April 20, 2023

Note: the Montana governor initially issued an “amendatory veto,” meaning he would sign the bill if the legislature approved his suggested amendments. The legislature did so and the bill was later signed into law.
State-by-State Sources & More Detail

Alabama
- State bans best practice medical care for transgender youth (ages <19). See SB184/HB266/Public Act 2022-289 (April 2022; effective 30 days later).
  - This law defines minor as “The same meaning as in Section 43-8-1, Code of Alabama 1975.” That section of Alabama code defines minor as individuals under the age of 19.
  - Law makes providing such care a felony crime, and requires school officials to out children to parents. This is the first state with both such provisions.
- In May 2022, a federal judge temporarily blocked the part of the state's law that bans medication for transgender youth, though the rest of the law remains in effect for now, including the ban on surgical care, felony punishment and provisions that require school staff to tell parents if a child expresses thoughts that they might be transgender. See Walker et al v. Marshall et al (2022), joined by the federal Justice Department.

Alaska
- State does not ban best practice medical care for transgender youth

Arizona
  - Law bans gender-affirming surgical care for minors, though it does not ban non-surgical forms of care (e.g., hormone-related medication).

Arkansas
  - *In June 2023, a federal judge permanently blocked the ban, ruling the law unconstitutional. However, the state is appealing this ruling. The permanent block builds on an earlier temporary block (July 2021) that prevented the law from going into effect. See Brandt et al v. Rutledge et al (filed May 2021).
  - See also SB199/Act 271 (March 2023). This law is not a ban on medical care, but it does create obstacles and deterrents to care, including by allowing lawsuits against medical providers of gender-affirming care and encouraging burdensome obstacles to care that do not reflect best practice medical standards.

California
- State does not ban best practice medical care for transgender youth

Colorado
- State does not ban best practice medical care for transgender youth

Connecticut
- State does not ban best practice medical care for transgender youth
Delaware
- State does not ban best practice medical care for transgender youth

District of Columbia
- State does not ban best practice medical care for transgender youth

Florida
- State bans best practice medical care for transgender youth
    - Rule allows exception for minors who were “being treated with puberty blocking, hormone, or hormone antagonist therapies prior to the effective date of this rule” (March 16, 2023) to continue that medical care.
    - In March 2023, a lawsuit was filed challenging this ban. See [Doe v. Ladapo](https://example.com).
  - See also [S254](https://example.com) (May 2023)
    - Law also makes providing such care a felony crime.
    - Law also bans state funds from covering best practice medical care for any transgender people, regardless of age.
    - Law also places obstacles to accessing healthcare for transgender adults, including the requirement that best-practice medical care only be provided by physicians—including other medical professionals such as nurse practitioners or physician assistants—thereby reducing the number of available providers of medically necessary care to transgender adults.
    - On June 6, 2023, a federal judge temporarily blocked the state's ban from being enforced against the plaintiffs in the lawsuit. Both legal precedent and legal advocates say this ruling effectively blocks the state from enforcing the law against anyone. This map and information will be updated as the case continues to unfold.

Georgia
  - Law allows exception for minors who are, prior to July 1, 2023, receiving “hormone replacement therapies” (undefined) to continue receiving that medical care.
  - In June 2023, a lawsuit was filed challenging this ban. See [Koe et al. v. Noggler](https://example.com).

Hawai‘i
- State does not ban best practice medical care for transgender youth

Idaho
  - Law also makes providing such care a felony crime.
  - In May 2023, a lawsuit was filed challenging this ban. See [Poe v. Labrador](https://example.com).
Illinois
- State does not ban best practice medical care for transgender youth

Indiana
  - Law also bans any health care professional from “conduct that aids or abets” the provision of best practice medical care for transgender youth.
  - Law includes a “weaning off” clause that allows minors receiving prescription/medication prior to effective date to continue that care, but only through 12/31/23. See Section 13(d), page 5.
- In June 2023, a federal judge temporarily blocked the parts of the state’s law that ban medication for transgender youth and “aiding and abetting” the provision of this medically necessary health care. The rest of the law is scheduled to go into effect July 1, 2023. See K.C. et al. v. Individual Members of the Medical Licensing Board et al (filed April 2023).

Iowa
- State bans best practice medical care for transgender youth (ages <18). See SF538 (March 2023, effective immediately).
  - Law also bans any health care professional from “conduct that aids or abets” the provision of best practice medical care for transgender youth.

Kansas
- State does not ban best practice medical care for transgender youth

Kentucky
- State bans best practice medical care for transgender youth (ages <18). See SB150 (March 2023; effective June 29, 2023, 90 days after legislature adjourns).
  - Law includes a “weaning off” clause that allows minors receiving prescription/medication prior to effective date to continue that care, but only for an unspecified period of time with the explicit goal of “systematically reduc[ing]” the medication. See Section 4(6), page 9.
- In June 2023, a federal judge temporarily blocked the state’s ban. See Doe v. Thornbury (filed May 2023).

Louisiana
- State does not ban best practice medical care for transgender youth

Maine
- State does not ban best practice medical care for transgender youth

Maryland
- State does not ban best practice medical care for transgender youth
Massachusetts
• State does not ban best practice medical care for transgender youth

Michigan
• State does not ban best practice medical care for transgender youth

Minnesota
• State does not ban best practice medical care for transgender youth

Mississippi
• State bans best practice medical care for transgender youth (ages <18). See HB1125 (Feb 2023, effective immediately).
  o Law also bans the use of public funds for any provision of best practice medical care for transgender youth, and bans any person from “conduct that aids or abets” the provision of best practice medical care. This extends the scope of the ban from doctors and medical providers to parents and any other individual who might help or participate in getting a transgender minor access to best practice medicine. This is the first state ban on transgender youth medical care that includes the “aids or abets” language.

Missouri
• State bans best practice medical care for transgender youth (ages <18). See SB49 (June 2023, effective August 28, 2023, but expires in four years on August 28, 2027).
  o Law also bans state funds from covering best practice medical care for any transgender people, regardless of age, specifically in the Medicaid program, and bans gender-affirming surgical care for anyone incarcerated by the state of Missouri.
• Previously, state effectively banned best practice medical care for all transgender people, regardless of age. See “Emergency Rule” 15 CSR 60-17.010 (issued April 13, 2023; intended to go into effect April 27, 2023 with expiration of February 6, 2024; rule terminated by attorney general May 16, 2023).
  o The rule was initially set to go into effect April 27, 2023. A court case delayed the effective date to at least July 24, 2023, with a further injunction possible at that time.
  o On May 16, 2023, the state’s attorney general filed to withdraw/terminate the emergency rule as a result of the legislative ban passed by the legislature.
  o While the regulation was presented as allowing medical care if patients/providers meet certain requirements, these requirements were extraordinarily burdensome if not effectively impossible to meet. While there was language about exceptions for those who already have prescriptions, it was unclear whether individuals who already had prescriptions would still need to meet these requirements in order to renew or continue those prescriptions.
Montana
  - Law also says “state property, facilities, or buildings may not be knowingly used to promote or advocate the use of social transitioning or the medical treatments prohibited” by this law. See Section 4(7). This is the first state to issue any sort of restrictions targeting social transition.
- In May 2023, a lawsuit was filed challenging this ban. See van Garderen v. State of Montana.

Nebraska
  - Law allows those with hormone prescriptions prior to the effective date of the bill (October 1, 2023) to continue those prescriptions.
  - If/when the law goes into effect, it explicitly bans surgical care for those <19, and bans new prescription medications for those <19 unless the individual can meet requirements to be determined by the state’s chief medical officer. The bill specifies these requirements must address numerous elements, including but not limited to a minimum number of hours in therapy, a required waiting period, and other items likely to create significant obstacles to this medically necessary care.
- In May 2023, a lawsuit was filed challenging this ban. See Planned Parenthood of the Heartland v. Hilgers.

Nevada
- State does not ban best practice medical care for transgender youth

New Hampshire
- State does not ban best practice medical care for transgender youth

New Jersey
- State does not ban best practice medical care for transgender youth

New Mexico
- State does not ban best practice medical care for transgender youth

New York
- State does not ban best practice medical care for transgender youth

North Carolina
- State does not ban best practice medical care for transgender youth
North Dakota
- State bans best practice medical care for transgender youth (ages <18, including emancipated minors). See HB1254 (April 2023, effective immediately).
  - Law also makes providing surgical care a felony crime, and providing medication a misdemeanor crime.
  - Law allows exception for minors who are, prior to April 19, 2023, receiving medication to continue receiving that medical care.

Ohio
- State does not ban best practice medical care for transgender youth

Oklahoma
- State bans best practice medical care for transgender youth (ages <18). See SB613 (May 2023, effective immediately).
  - Law also makes providing such care a felony crime.
  - Law allows minors who have a hormone prescription prior to the effective date of the bill (May 1, 2023) to continue that prescription but only for six months, “solely for the purpose of assisting the minor with gradually decreasing and discontinuing the use of the drugs or hormones.”
- On May 18, 2023, the state’s attorney general signed a binding agreement to not enforce the state’s ban pending further legal challenge. This was a development of the lawsuit filed challenging the state’s ban, Poe et al. v. Drummond et al (May 2023).
- Previously, SB3 (Oct 2022) provided over $108 million in federal COVID-relief funding to the University of Oklahoma medical system, with the requirement that the system stop providing best practice medical care for transgender youth. The medical system agreed to this requirement. This did not ban best practice medical care statewide, but did reflect a clear effort to limit access to this medically necessary care.

Oregon
- State does not ban best practice medical care for transgender youth

Pennsylvania
- State does not ban best practice medical care for transgender youth

Rhode Island
- State does not ban best practice medical care for transgender youth

South Carolina
- State does not ban best practice medical care for transgender youth
South Dakota

  - Law allows minors who have a hormone prescription prior to July 1, 2023, to continue that prescription but only through Dec 31, 2023. Medical providers are expected to “systematically reduce” the prescription over that time period.

Tennessee

  - Law also bans “a person” (i.e., not only medical providers) from providing hormones or puberty blocking medication to minors, and further specifically bans medical providers out of state from providing care via telehealth to minors in the state.
  - Law allows minors who have a hormone prescription prior to the effective date of the bill (July 1, 2023) to continue that prescription but only until March 31, 2024.
- In June 2023, a federal judge temporarily blocked the state’s ban. See L.W. et al. v. Skrmetti et al (filed April 2023)
- Previously, SB126 (2021) prohibited medical providers from providing hormone-related medication to "prepubertal minors" (emphasis added). Best practice medical care for transgender youth can (though does not always) include hormone-related medication, but only once a youth has entered puberty, not prior to it. In other words, this law banned something that did not happen, but it set a dangerous precedent for further restrictions of medical care for transgender youth.

Texas

  - Law allows minors who have a hormone prescription prior to June 1, 2023, to continue that prescription but only over a limited amount of time (unspecified) with the expectation they will “wean off” the prescription.
- Previously, as reported by Equality Texas, "On February 18th [2022], in the middle of early voting for the Texas primary elections, Attorney General Ken Paxton released a non-binding opinion grossly mischaracterizing medically necessary, best-practice healthcare for transgender children as child abuse. Shortly after, Governor Abbott sent a letter to the Department of Family Protective Services (DFPS) directing them to enforce Paxton’s opinion." These actions did not change the law in Texas and are not legally binding (in fact, their very legality is being directly challenged in court), but they have nonetheless caused harm and even initiated investigations into families of transgender children in the state. These investigations were temporarily halted by a statewide injunction, until a Texas Supreme Court ruling in May 2022 ended that injunction. However, the Texas Supreme Court also ruled that the governor had no authority to order such investigations. For more information and resources, see the Transgender Education Network of Texas (TENT) and Equality Texas.
Utah
- State bans best practice medical care for transgender youth (ages <18). See SB16 (Jan 2023, effective immediately).
  - This law provides a limited exception for hormone treatment for youth who were “diagnosed with gender dysphoria” prior to the bill’s passage, but the law also allows individuals to later retroactively revoke their consent.

Vermont
- State does not ban best practice medical care for transgender youth

Virginia
- State does not ban best practice medical care for transgender youth

Washington
- State does not ban best practice medical care for transgender youth

West Virginia
  - Law allows limited exception for minors to receive hormone medication under a burdensome set of conditions, but this exception does exist. Requirements include an official diagnosis of “severe gender dysphoria” from at least two medical providers, one of whom must be a mental health provider or adolescent medicine specialist, and both with “relevant training.” The conditions also require that the medication is “limited to the lowest titratable dosage necessary to treat the psychiatric condition and not for purposes of gender transition,” among other requirements/conditions on such care.

Wisconsin
- State does not ban best practice medical care for transgender youth

Wyoming
- State does not ban best practice medical care for transgender youth

U.S. Territories

American Samoa
- Territory does not ban best practice medical care for transgender youth

Guam
- Territory does not ban best practice medical care for transgender youth
Northern Mariana Islands
  • Territory does not ban best practice medical care for transgender youth

Puerto Rico
  • Territory does not ban best practice medical care for transgender youth

U.S. Virgin Islands
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