



**Developmental
Disabilities
Planning Council**

Easy Read Edition

Barriers to Gender Affirming Health Care

Part 8: Legal barriers to gender affirming health care

Legal barriers to gender affirming health care



In this section we will talk about legal barriers to gender affirming care.



There are many different laws that are used to stop transgender and nonbinary people from getting gender affirming care.



Some of these laws make it hard to get gender affirming care at all.



There are also other laws about transgender and nonbinary people.



These laws make it harder to be transgender or nonbinary.



Some of these laws stop transgender and nonbinary people from doing things like playing sports.



Some of these laws stop transgender and nonbinary people from using public bathrooms.



These laws are not fair.



These laws are not right.

What kind of laws are being passed?

Laws about Medicaid



Many laws about gender affirming care focus on Medicaid.



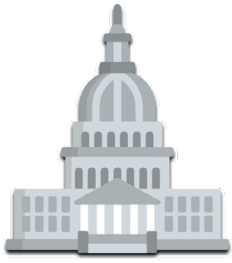
Medicaid is a type of health insurance run by state governments.



Medicaid helps people get health insurance if they have a disability.



Medicaid helps people get health insurance if they do not have a lot of money.



Medicaid is run by state governments.



State governments can pass laws about how Medicaid works in their state.



These laws can affect what kinds of health care Medicaid can cover.



Some states have laws saying Medicaid will not cover gender affirming care.



This means transgender and nonbinary people on Medicaid cannot get gender affirming care.



Transgender and nonbinary people on Medicaid have to pay by themselves for gender affirming care.



This hurts transgender and nonbinary people on Medicaid.



Laws that say Medicaid cannot cover gender affirming care hurt some groups of transgender and nonbinary people more than others.

These laws especially hurt:



- Transgender and nonbinary people who do not have a lot of money.



- Transgender and nonbinary people with disabilities.



- Transgender and nonbinary people of color.



We will talk about each of these groups next.

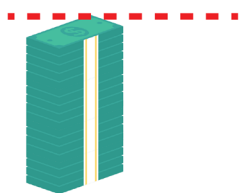
Transgender and nonbinary people who do not have a lot of money.



These laws especially hurt transgender and nonbinary people who do not have a lot of money.



People who do not have a lot of money are more likely to be on Medicaid.



People can usually only be on Medicaid if they make under a certain amount of money.



People on Medicaid usually do not have a lot of money.



People on Medicaid usually do not have other health insurance.



People on Medicaid usually cannot pay for gender affirming care on their own.

Transgender and nonbinary people with disabilities.



These laws especially hurt transgender and nonbinary people with disabilities.



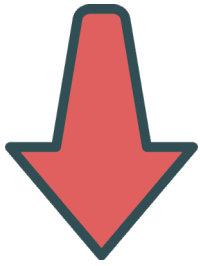
Many people on Medicaid have disabilities.



In some states, people with disabilities can get Medicaid even if they make more money than Medicaid usually allows.



People with disabilities are more likely not to have a lot of money.



We are less likely to have jobs that offer health insurance.



We are more likely to rely on Medicaid to get health insurance.

Transgender and nonbinary people of color.



These laws especially hurt transgender and nonbinary people of color.



Black people, Indigenous people, and most other people of color are more likely than white people to use Medicaid.



People of color are more likely than white people to not have a lot of money.



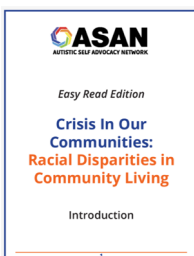
People of color are more likely than white people to have disabilities.



This is because of racism in society.



Racism is bad treatment of people of color because they are not white.

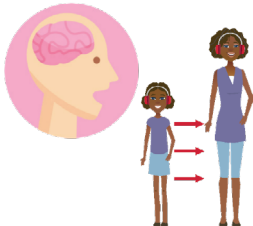


To learn more about how racism affects health and health care, read the section “Getting Good Health Care” in our [toolkit about racial disparities in community living](#).

Laws about people with IDD



Some laws focus on stopping people with disabilities from getting gender affirming care.



These laws focus on people with intellectual and developmental disabilities (IDD).



These laws say that people with IDD cannot be transgender.



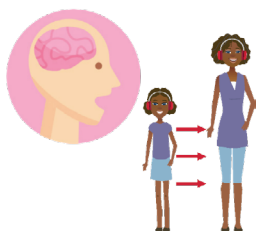
These laws say that people with IDD cannot choose our own health care.



The people making these laws think that trans and nonbinary people with IDD are being “tricked” into being transgender or nonbinary.



This is not true.



Transgender and nonbinary people with IDD exist.

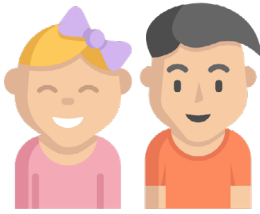


They are not being “tricked” into being transgender or nonbinary.



Transgender and nonbinary people with IDD deserve gender affirming care.

Laws about children



Some laws stopping gender affirming care focus on children.



These laws do different things.

Some laws:



- Say doctors who give gender affirming care to children are hurting children.



Saying this gives the state an excuse to say the doctors cannot give people gender affirming care anymore.



It gives the state an excuse to try to put doctors who give people gender affirming care in jail.



- Say that parents who help their children get gender affirming care are hurting children.



Saying this gives the state an excuse to take the children away from their parents.



It gives the state an excuse to put transgender and nonbinary children in families that will not let them get gender affirming care.



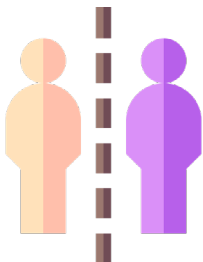
It gives the state an excuse to try to put parents of transgender and nonbinary children in jail.



- Say that children cannot get gender affirming care at all.



These laws make it harder for transgender children to get gender affirming care.



These laws can separate transgender children from their families who support them.



Some state governments are trying to stop people from getting gender affirming care without passing new laws.



Instead, these states say existing laws give them the power to stop children from getting gender affirming care.



These states say that giving children gender affirming care hurts children.



These states say they have the right to stop children from getting gender affirming care.



These states have tried to get health clinics to give them the private records of children who try to get gender affirming care.



These states ask for the medical records from clinics that are in another state.



These states say they can do this because people in their state went to those clinics.

This project was supported, in part by grant number C00018GG, from the U.S. Administration for Community Living, the Department of Health and Human Services, Washington, D.C. 20201 through the New York State Developmental Disabilities Planning Council (NYS DDPC). Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy or the opinions, interpretation or policy of the NYS DDPC.