



**Developmental
Disabilities
Planning Council**

Plain Language Edition

Barriers to Gender Affirming Health Care

To Start

This is a toolkit about being transgender or nonbinary. This toolkit talks about the barriers to getting gender affirming health care.

This toolkit answers questions like:

- What is being transgender or nonbinary?
- Who can provide gender affirming health care?
- What are the costs of gender affirming health care?
- What do transgender and nonbinary people need to do to get health care?
- Why do certain rules about gender affirming care hurt transgender and nonbinary people?
- Who wants to stop transgender and nonbinary people from getting health care?
- Who can help transgender and nonbinary people get health care?
- How can you be a good ally and friend to transgender and nonbinary people?

A **transgender** person is someone whose gender is not the same as the sex they were assigned at birth. A transgender woman is a woman who was assigned male at birth and a transgender man is a man who was assigned female at birth.

A **nonbinary** person is someone who is not a boy or a girl or a man or a woman. Another word for nonbinary is **genderqueer**. Some nonbinary people think of themselves as transgender, but not all nonbinary people think of themselves as transgender. Nonbinary people can be assigned either sex at birth.

To learn more about being transgender or nonbinary, you can [read our toolkit on being transgender and getting gender affirming care](#).

Gender affirming care is any health care that helps someone feel more like their gender.

Transgender people are not the only people who use gender affirming care. Cisgender people might use gender affirming care to feel more like their birth assigned gender. Cisgender people do not face the same challenges getting gender affirming care that trans people do.

We will not talk about cisgender people using gender affirming care in this toolkit. We will talk about the many barriers transgender people face to get gender affirming care.

This toolkit will not cover information about what gender affirming care is. For information about what gender affirming care is, please [look at our toolkit on gender affirming care](#).

This toolkit will cover:

- The reasons transgender and nonbinary people have a hard time getting health care.
- The groups that want to stop transgender and nonbinary people from getting health care.
- The lies used to stop transgender and nonbinary people from getting health care.

Why are there barriers to gender affirming care?

Barriers are things that get in the way of someone doing what they want. Transgender and nonbinary people can face a lot of barriers to getting gender affirming care from many different places.

These barriers include:

- People not understanding what being transgender or nonbinary is.
- People not liking transgender and nonbinary people and trying to stop them from getting care.
- Paying for gender affirming care.
- Finding doctors that can give gender affirming care.
- Understanding the rules to get gender affirming care. These rules are different in different states.
- Getting your insurance to cover gender affirming care.
- Laws that ban some people from getting gender affirming care.

We will talk more about these barriers in this resource.

How do people pay for gender affirming care?

Some people have health insurance that pays for gender affirming care. **Health insurance** is a program that lets people pay a certain amount of money each month to an insurance company and the insurance company will help them pay for health care. For example, insurance can help you pay for going to the hospital and getting medicine. Having health insurance means you do not pay the full cost of your health care.

There are different kinds of health insurance. **Private health insurance** is health insurance that you pay for yourself, or that your job pays for. Health insurance that you get through the government is called **public health insurance**. One type of public health insurance is **Medicaid**.

Medicaid is public health insurance for:

- People with disabilities.
- People who do not have a lot of money.

Each state has its own Medicaid program, which means rules about Medicaid can change depending on which state you are in. To learn more about Medicaid, you can read our toolkit [“A Self-Advocate’s Guide to Medicaid.”](#)

Not all health insurance pays for gender affirming care. Cisgender people are more likely to have their gender affirming care paid for by insurance without having to “prove” they need it.

Transgender and nonbinary people may not have their gender affirming care paid for by health insurance at all, or may have to “prove” they need it. We will talk more about this in the section “Why is health care hard for transgender people?”

What are the costs of gender affirming care?

Gender affirming care costs money. Some gender affirming care, like surgery, costs a lot of money all at once. The costs of other kinds of gender affirming care, like prescription hormones, add up over time. All gender affirming care requires spending money to go to the doctor and many doctor appointments.

For example:

Halimah is a trans woman who wants to get bottom surgery. Bottom surgeries are surgeries that happen on the lower half of your body. Halimah wants to get bottom surgery to replace her penis and testicles with a vulva and vagina.

Halimah also wants to get electrolysis to remove her facial hair. Electrolysis removes hair from the body by zapping it with heat. Halimah's health insurance will pay for most of her bottom surgery, but she will still need to pay \$5,000 for her surgery.

Halimah's health insurance will not pay for her electrolysis treatments which cost \$75 each visit. Halimah will need \$750 to pay for the 10 electrolysis treatments she needs for her face. Halimah will need \$5,750 in order to pay for bottom surgery and electrolysis.

Insurance only pays for medical costs and may pay for some parts of gender affirming care but not others. For example, insurance will not pay for transportation to doctor's appointments. Health insurance will not pay for someone's hotel if they need to travel out of town to find a doctor for gender affirming care.

People who get gender affirming surgeries may need to travel to another city for surgery. They may need a hotel to stay in before and after surgery, and to take time off from work to heal from surgery. They may need to have someone who can help them recover from surgery.

For example:

Cliff wants to get top surgery to remove their breasts and make their chest look more masculine. The nearest top surgeon that uses their insurance is eight hours away. Cliff gets an appointment with this surgeon, who agrees to do their top surgery. They make an appointment for their surgery and travel plans to get there. Cliff asks a friend to come with them to help them and that friend needs a hotel room for the two nights Cliff is at the hospital. Cliff's insurance only pays for their surgery. It does not pay for Cliff and their friend's travel expenses, or their hotel room. Cliff needs to pay for all that themselves.

Why is it hard to pay for gender affirming care?

Gender affirming care costs a lot of money. In order to pay for gender affirming care at all, transgender and nonbinary people need money, but many transgender and nonbinary people have a hard time finding work. The work they do find may not pay enough to cover basic things like rent, or offer health insurance.

Even if a transgender or nonbinary person has health insurance, it may not pay for gender affirming care. Some types of health insurance:

- Might only pay for some parts of gender affirming care.
- Might only pay for some kinds of gender affirming care but not others.
- May not pay for gender affirming care at all.

Some types of health insurance might say gender affirming care is “not medically necessary.” **Medically necessary** means medical treatment to keep someone alive and healthy. Most doctors agree that gender affirming care is medically necessary, but some health insurance companies say it is not. Many transgender and nonbinary people suffer without gender affirming care, that is not fair or right.

Some gender affirming care, like surgery, can cost thousands of dollars. Many transgender and nonbinary people may save money for a long time to pay for gender affirming care.

People may need to take time off for some kinds of gender affirming care, like surgery.

Taking time off can mean not earning money from work. This means saving up money to live off of while healing from surgery. Saving up money for surgery can take years to do.

For example:

Jayce is nonbinary and wants to get top surgery to make their breasts larger. Jayce's insurance will not pay for their top surgery, saying it is not "medically necessary." Jayce will need to pay \$10,000 on their own if they want top surgery. They save up money for two years, make their surgery appointment, and have their surgery. Jayce's top surgery goes well, but then they get an infection while they are healing. Jayce's insurance does not cover their medical bills for the infection. Because Jayce's insurance says the surgery was not "medically necessary," they will not pay for the infection treatment. Jayce has to pay an additional \$1,000 to treat their infection.

Who can give gender affirming care?

Gender affirming care is done by doctors who know about transgender and nonbinary people. These doctors know how to talk about the different options there are for gender affirming care. They can prescribe medications like hormones, and either do gender affirming surgeries or send transgender or nonbinary people to a doctor who can. Not every doctor knows about transgender or nonbinary people or how to provide gender affirming care.

Some places, like smaller cities, may not have many doctors who can give gender affirming care. Rural areas may not have any doctors who can give gender affirming care. Even big cities may have waiting lists for transgender and nonbinary patients to get gender affirming care.

A **waiting list** happens when a lot of people want to get gender affirming care but there are not enough doctors to treat them. People who are put on the waiting list will have to wait until their name comes to the top of the list to get gender affirming care. They may wait years and years for care. This can cause extra problems if a transgender child is on a waiting list so long they become an adult because they may have to start over with a doctor for adults. This can put them on another waiting list and lead to them waiting even longer for care.

More doctors should be trained in what transgender and nonbinary people are

and in gender affirming care.

Some doctors think transgender and nonbinary people only can be a certain way and might tell them that they are faking. These doctors might make them “prove” they need gender affirming care. These doctors may refuse to give people gender affirming care if they do not “believe” someone is transgender or nonbinary. This is not fair or right. Transgender and nonbinary people should not have to “prove” their gender to get health care.

For example:

Mikkie is nonbinary and wants to start taking hormones. They live in a small rural town and looks online to find doctors that provide gender affirming care near them. The nearest doctor that provides gender affirming care is an hour away in the city. Mikkie calls to make an appointment with this doctor, but has to wait three months for their appointment. Mikkie gets a friend to drive them into the city for their appointment.

At the appointment, the doctor tells Mikkie she’s not sure Mikkie is a good fit for hormones and suggests they try changing their hair and clothes instead. Mikkie is upset by this. Mikkie looks online for other gender affirming care doctors and finds another doctor in a different city two hours away. They call this doctor and take the soonest appointment, which is in four months. Mikkie gets a bus ticket to the city and goes to this doctor’s appointment. The doctor prescribes Mikkie the hormones they want. Mikkie has to go into the city to see this doctor every six months for a check up.

Why is healthcare hard for transgender and nonbinary people with disabilities?

Some transgender and nonbinary people have disabilities and face more barriers to gender affirming care because of ableism. Ableism is treating someone badly because they have a disability. Transphobia is treating someone badly because they are transgender or nonbinary. Transgender and nonbinary people with disabilities deal with transphobia and ableism.

Some transgender and nonbinary people have intellectual and developmental disabilities (IDD).

They face different barriers to gender affirming care. Many people believe that people with IDD cannot be transgender or nonbinary. This makes it hard for people with IDD to get gender affirming care. People with IDD often need to prove they know what gender is. Transphobia and ableism against transgender and nonbinary people with IDD disabilities can look like:

- Thinking people with IDD cannot understand what gender is.
- Thinking people with IDD cannot know what our own genders are.
- Thinking people with IDD cannot make choices about gender affirming care ourselves.
- Thinking people with IDD are being tricked into thinking we are transgender or nonbinary.
- Thinking people with IDD are just confused about who we are.

The idea that people with IDD cannot understand gender is ableist. The idea that people with IDD cannot be transgender or nonbinary is wrong and makes it harder for transgender and nonbinary people with IDD to:

- Get gender affirming care.
- Find community with other LGBTQ+ people.

- Find community with other people with disabilities.
- Get the kinds of support services we need.
- Go about our daily lives without facing discrimination.
- Transgender and nonbinary people with IDD should not have to convince people they are really transgender or nonbinary.

For example:

Laika is nonbinary and has an intellectual disability. Laika wants to go to the local transgender support group's monthly meeting to ask other transgender and nonbinary people what doctors they trust. Laika asks their friend Kayla to come with them to the meeting as support.

At the meeting, most of the people there do not talk to Laika. They talk to Kayla, even when she says to talk to Laika themselves. They think Laika does not know what being transgender is. They keep explaining what being transgender is when Laika asks them about doctors. They do not answer Laika's questions. Laika does not have fun meeting new people at the meeting, they spend a lot of time answering rude questions instead. People at the meeting are ableist. Laika does not find community at that transgender support group, or which doctors are good for gender affirming care.

Transgender and nonbinary people with IDD can have a hard time finding community.

Community can be very important for getting gender affirming care.

Knowing other transgender and nonbinary people can help you:

- Make choices about doctors.
- Get emotional support when people discriminate against you.

Not having a community can make getting gender affirming care feel harder. Transgender and nonbinary people with IDD face both transphobia and ableism. Cisgender people with IDD can discriminate against transgender and nonbinary people with IDD.

Cisgender people with IDD:

- May not believe transgender and nonbinary people with IDD that they are transgender or nonbinary.
- May believe bad things about transgender and nonbinary people.
- May not care about the barriers transgender and nonbinary people with IDD face.
- May make mean comments and jokes about transgender and nonbinary people.

Transgender and nonbinary people without IDD can be ableist.

Transgender and nonbinary people without IDD may not:

- Understand what it is like to have a disability.
- Believe that people with disabilities can be transgender or nonbinary.
- Respect the choices of people with IDD.
- Believe that people with IDD can make their own choices.

Transgender and nonbinary people with IDD can face ableism and transphobia from cisgender people without IDD.

Transgender and nonbinary people with IDD may have to do a lot of teaching.

Transgender and nonbinary people with IDD may have to teach:

- Their disabled community about transgender and nonbinary people.

- Their transgender and nonbinary community about disabled people.
- Their support workers about transgender and nonbinary people.
- Their doctors about transgender and nonbinary people with intellectual and developmental disabilities.

Teaching so many people about who you are is a lot of advocacy work. Self-advocacy work is hard. Self-advocacy work is tiring. All this self-advocacy work can slow down getting gender affirming care.

What does a transgender person need to have in order to get gender affirming care?

The laws about gender affirming care are different in different states. It is important to look up the rules in your state to know exactly what to do. If you look up the rules and still feel like you don't know what to do, see if you can talk to a lawyer. Different health insurances have different rules about getting gender affirming care. It is important to look up your health insurance's rules about gender affirming care.

Some things a transgender or nonbinary person might be asked for:

- A letter from a therapist saying the person is "ready" to get gender affirming care.
- A diagnosis of gender dysphoria from a therapist.

Gender dysphoria is when someone feels like their body and their gender do not match.

Not every transgender or nonbinary person has gender dysphoria.

Not every transgender or nonbinary person who wants gender affirming health care has gender dysphoria.

- Proof that they do not have a developmental disability.
- Proof that their disabilities are "under control."
- Proof that they are not "imagining" being transgender or nonbinary because of a mental health disability.

These rules are not fair or based on facts. Not all transgender and nonbinary people have gender dysphoria, or the time and money to see a therapist for a letter. People with developmental disabilities and people with mental health disabilities can be transgender or nonbinary. These rules are based on stories people believe about transgender and nonbinary people. These rules are based on discrimination against people with disabilities.

It costs money to see a therapist and not all health insurance will pay for a therapist. Not all therapists who work with transgender and nonbinary people take health insurance and that can cost transgender and nonbinary people a lot of money. This is especially true if someone needs to see a therapist for a long time to get a letter. Therapists ask very personal questions when they write someone a letter for gender affirming care. Therapists may want to see someone many times before writing the letter. This makes transgender or nonbinary people wait even longer to get gender affirming care.

For example:

Teresa is a transgender woman who wants to start hormones. Teresa's health insurance requires a letter from a therapist before approving her hormones. Teresa finds a therapist who will write her a letter. He wants to meet with her five times before he will write the letter.

The therapist asks Teresa a lot of questions about her life, her childhood, and her sexual experiences. The therapist asks Teresa how she knows she is a woman and if she understands that hormones will change her body. Teresa answers the therapist's questions, even when they make her uncomfortable. The therapist gives her a letter for her hormones. Teresa gets to make an appointment for gender affirming care.

Transgender and nonbinary people do not always need these things to get gender affirming care. These rules do not help transgender and nonbinary people or their doctors.

There are doctors that do not ask for a letter. There are types of health insurance that do not ask for a gender dysphoria diagnosis.

Some doctors that give gender affirming care use an **informed consent model**. An informed consent model means that the doctor does not require a letter or diagnosis from a therapist. Instead, the doctor asks the transgender or nonbinary person what kinds of gender affirming care they need. The doctor makes sure the person knows the risks of the care they need. Risks are things that could go wrong with the care. The doctor makes sure the person knows how their body will change

if they get the care. Then, the doctor asks if the person still wants to go ahead and get the care. If the person says yes, they can get the gender affirming care they need, without a letter or diagnosis from a therapist.

The informed consent model can work really well and help transgender and nonbinary people get gender affirming care a lot quicker. But lots of doctors who use informed consent models for gender affirming care have long waiting lists. And, someone's health insurance may still want a letter or diagnosis from a therapist before they pay for gender affirming care. Even when a gender affirming care clinic uses an informed consent model, it can be hard for transgender and nonbinary people to get care.

What about transgender and nonbinary children?

In the United States, most people under age 18 cannot legally make their own health care choices. They need parents or guardians to make medical choices for them.

For example:

Leo is 15 and has the flu, he needs medicine to make him feel less sick. Leo cannot go to the doctor alone to get the medication, he needs one of his parents to go with him. The doctor cannot give Leo the medicine unless one of his parents says it is okay.

Transgender and nonbinary children need help from their parents or guardians to get gender affirming care. Parents need to say yes to their child getting any kind of gender affirming care. If they say no to gender affirming care, that child will not be able to get care.

For example:

Juno is a 13 year old transgender girl. Juno notices her body changing in ways that make her feel dysphoric. Juno does not want to go through puberty yet, she wants to stop puberty from changing her body. Getting hormone blockers from the doctor would stop Juno's puberty until she is ready.

Juno's parents are not happy about Juno being a transgender girl. They want her to be a boy. Juno's parents will not take her to the doctor to talk about gender affirming care. Juno's parents do not let her talk with her doctor by herself. Juno cannot ask her doctor questions about puberty or tell her doctor that she is actually a girl. Juno feels unhappy and does not know how to get help.

It can be very hard for transgender and nonbinary children to get gender affirming care.

If a child's parents or guardians do not want them to get gender affirming care, it is usually impossible for them to get this care. The child has to wait until they turn 18, which forces them to go through puberty. Puberty changes their body in ways that are permanent. This can hurt transgender and nonbinary children and give them gender dysphoria.

What about transgender and nonbinary people with disabilities under guardianship?

Some people with disabilities are under **guardianship**. Guardianship is when a court takes away a person with a disability's right to make choices for themselves. The court says another person can make choices for the person with a disability, or sometimes, the court says that a nonprofit or company can make choices for them. The person the court says can make choices for the person with a disability is called a **guardian**. In most cases, a guardian does not need to ask what the person they are in charge of wants, they have the power to choose things the person they are in charge of does not want. In most cases, guardians can make choices about medical care for a person under guardianship.

Some people with intellectual disabilities are under guardianship. Some people with guardians are under **limited guardianship**, where a guardian can only make some decisions for them. But most people who have guardians are under full guardianship, where a guardian can make almost all decisions for them. Most people who have guardians are not allowed to make their own decisions about health and medical care. The guardian does that.

A transgender or nonbinary person with disabilities under guardianship would usually need their guardian's approval to get gender affirming care. Unless their guardianship is limited and lets them make their own decisions about health care, their guardian can decide whether they get gender affirming care. If the guardian does not like that the person is transgender or nonbinary, they usually can stop them from getting care.

For Example:

Jessie is a 32 year old transgender woman with an intellectual disability. Jessie was put under guardianship when she turned 18. Even though Jessie is an adult, her guardian still makes choices for her. Jessie cannot choose her own health care. Jessie wants to start hormone therapy, but Jessie's guardian thinks transgender people are fake. Jessie's guardian will not let her talk to her doctor by herself, or let her start hormones. Jessie cannot get gender affirming care.

Some states have laws that make it hard for people under guardianship to get medical care that could sterilize them. "Sterilize" means "take away their ability to get pregnant or get someone pregnant. These laws happened because there was a time when a lot of people who did not want to be sterilized, were sterilized. People were sterilized without their consent for many reasons including:

- Because they had disabilities.
- Were people of color.
- Were poor.
- Had a baby without being married.

No one should be forced to be sterilized. It is good that state laws make it harder to force someone to be sterilized. However, these laws sometimes cause problems for people who have guardians and want gender affirming care. Some gender affirming care can keep people from having children. This means the laws against sterilizing people under guardianship do not allow it. No one was thinking about trans people when they made these laws. Because of these laws, some trans and

nonbinary people with guardians may have to go to court to get gender affirming care, even if their guardian says they can have it.

Once someone is under guardianship, it is very hard to get out of guardianship. Guardianship takes away the rights of people with disabilities and hurts transgender and nonbinary people.

ASAN believes no one should be under guardianship. You can read more about guardianship on [our issue tracker page about ending guardianship](#).

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 that make it harder to be transgender or nonbinary. Some of these laws stop transgender and nonbinary people from doing things like playing sports or using public bathrooms. These laws are not fair or 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 that helps people get health insurance if they have a disability or 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 or 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.
- Less likely to have jobs that offer health insurance.
- 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 and to

have disabilities 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), saying 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 and 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 and so 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, saying they can do this because people in their state went to those clinics.

What other legal barriers make life hard for transgender people?

Even in states where transgender and nonbinary people can get gender affirming care, there are laws that make other parts of transition harder. Some states have laws that make it hard for transgender and nonbinary people to change their names. Some states have laws that make it hard for transgender and nonbinary people to change their ID cards. These laws have rules about what a transgender or nonbinary person must do to “prove” they are their gender. These laws say different things on how someone “proves” they are transgender or nonbinary.

Things a transgender or nonbinary person might have to do include:

- Getting a letter from a psychologist.
- Getting a diagnosis of gender dysphoria from a therapist
- Living as “their chosen gender” for a while before they can get gender affirming care.

This can include things like:

- Dressing in clothes that men or women “should” wear.
- Using bathrooms of that gender.
- Changing their name to a “man” or “woman” name.
- Going to court to legally change their name.
- Putting an ad in a newspaper saying you are changing your name.

These laws make it harder and more dangerous for transgender and nonbinary people to be themselves.

There are different kinds of laws that focus on transgender and nonbinary children.

These laws do different things like:

- Stop transgender and nonbinary children from playing sports as their real gender.

For example, these laws often stop transgender girls from playing on girls' sports teams.

- Stop transgender and nonbinary children from using public bathrooms at school.

Sometimes these laws say that transgender and nonbinary children can only use bathrooms matching their assigned sex at birth.

Sometimes these laws say transgender and nonbinary children cannot use public bathrooms.

- Stop teachers and schools from using the right pronouns and names for transgender and nonbinary students.
- Force schools to tell parents if their child is transgender or nonbinary.

The schools have to do this even if the child does not want them to.

- Say students must have their naked bodies looked at by doctors before playing sports.
- Say that parents who support their transgender or nonbinary children hurt their children.

The state makes laws saying that so that they can take children away from their parents.

These laws make life harder and more dangerous for transgender and nonbinary children.

Where are these laws coming from?

These laws come from people trying to make discrimination legal. Discrimination means treating a group of people badly for who they are. There are different kinds of discrimination.

Some types of discrimination are:

- Racism.
- Racism is treating people of color badly because they are not white.
- Sexism.
- Sexism is treating women badly because they are not men.
- Transphobia.

Transphobia is treating transgender and nonbinary people badly because they are not cisgender.

You can learn more about discrimination in our toolkit "[Fighting for Fairness.](#)"

Laws that ban transgender and nonbinary people from getting care are a kind of transphobia.

Other kinds of laws can also be transphobic. For example, laws that stop transgender and nonbinary people from changing their names are also transphobic.

People come up with different lies to hide their transphobia. Some people say science says transgender and nonbinary people are not real, or that gender affirming care is more dangerous than other kinds of health care. None of this is true.

Many different states are passing laws against transgender people and gender affirming care.

Many of these states are getting these bills from the same groups. Bills are documents that a state or federal legislature can vote on to make them laws. These groups write bills they want made into laws and send the bills they write to many state governments at a time. These groups often will write bills that take away transgender and nonbinary people's rights. These groups often work together to get as many states to pass their bills as possible.

For example:

Let's say there is a group called Think of The Children that writes bills for state governments. Think of The Children pretends their bills are about children's safety, but really writes bills that target transgender and nonbinary people. These bills make it harder for transgender and nonbinary people to get gender affirming care and be safe in public spaces.

When Think of The Children writes a bill, they send it to different state governments and asks them to pass their bills into law. Not all the states will pass Think of The Children's bills into law. But some states will.

These groups often want to do more than stop nonbinary and transgender people from getting health care, they often want to stop LGBTQ+ people from having rights at all. LGBTQ+ stands for lesbian, gay, bisexual, transgender, queer and other sexual orientations and gender identities that are discriminated against. You can learn more about different sexual orientations and gender identities in our toolkit, [Definitions and Beyond](#).

Trying to take away other people's rights is not fair. These groups also try to take away the rights of other people. These groups often write other bills that make life harder for:

- People of color.
- People who do not have a lot of money.
- People who came to the United States from other countries.
- People with disabilities.

- People who can get pregnant.

Examples of bills these kind of groups try to get make into laws include:

- Voting laws that are more likely to stop people of color from voting.
- Voting laws that are more likely to stop immigrants from voting.
- Laws that say companies can pay people with disabilities less than everyone else.
- Laws that stop people from being able to get an abortion. An abortion is when a pregnant person ends their pregnancy without giving birth. After an abortion, the person is not pregnant anymore. (To learn more about laws around abortion, you can read [ASAN's toolkits about abortion law.](#))

These groups try to make everyone else live by what they think is right or wrong. These groups also think transgender and nonbinary people should not exist. These groups practice discrimination. There is no good reason for these laws. These laws are not based on facts, they are based on discrimination.

Why are people so mad about gender affirming care?

People who do not want transgender and nonbinary people to get gender affirming care make up all kinds of reasons for their transphobia. They might say that science says being transgender or nonbinary is wrong. They might say that gender affirming care is more dangerous than other kinds of health care, or that transgender and nonbinary people want to hurt children. None of these things are true, but people use them as excuses for transphobia.

People get upset about transgender and nonbinary people getting gender affirming care for many reasons. Some people just want to hurt or control transgender and nonbinary people. These people think that transgender and nonbinary people should not have the same rights they do. They think it is okay to hurt transgender and nonbinary people.

Some people think it is funny to spread bad information, or make up lies. Often,

they make money off the bad information they make up. These people make up lies and spread bad information about different groups of people, including transgender and nonbinary people.

For example:

Lucy makes videos about different topics online. When people watch Lucy's videos, she makes money. Lucy makes more money if more people watch her videos. Lucy sees other videos that spread bad information about transgender and nonbinary people get a lot of attention. Lucy wants to make more money off her videos. She makes up lies about transgender and nonbinary people and makes videos about these lies. Lucy does not care if her videos hurt transgender and nonbinary people, she just cares about making money from her videos.

Some people know that they can get attention by saying things other people agree with. These people see that other people do not like transgender and nonbinary people, so they say lies about transgender and nonbinary people. These people lie about transgender and nonbinary people to get attention. This can happen with people who want to be part of the government.

For example:

Mr. Bigshot wants to be President of the United States. He knows that people will agree with him if he says that transgender and nonbinary people hurt children. Those people will vote for him for President. It does not matter whether Mr. Bigshot actually thinks transgender and nonbinary people hurt children. Mr. Bigshot just wants votes for President, so he will say anything that gets people to vote for him.

Some people have gotten bad information about transgender and nonbinary people. These people usually do not know any transgender or nonbinary people. These people might believe information because it "sounds true." These people might stop believing bad information if they meet transgender and nonbinary people.

For example:

James spends a lot of time on social media. He reads that transgender and nonbinary people want to hurt children and believes this. He repeats this bad information. Then James gets a job at a coffee shop where many of his coworkers are transgender or nonbinary. James sees that they are just people like he is, and do not want to hurt children. James stops believing the bad information he got about transgender and nonbinary people.

How does this hurt transgender and nonbinary people?

The barriers to gender affirming health care hurt transgender and nonbinary people in many ways.

Transgender and nonbinary people's gender dysphoria can get worse without access to gender affirming care. Gender dysphoria is when someone feels like their body and their gender do not match. Gender dysphoria can also happen when someone feels like other people see their body as a different gender than what they are. Gender affirming care helps people match their bodies to how they see themselves, it can help stop gender dysphoria for some people.

Transgender and nonbinary people who do not look how a man or woman "should" can face more transphobia. We are taught that men and women each look and act different from each other. We are taught that there are rules for how to be a man or a woman. The rules about what makes someone look like a man or a woman are made up. They can cause real problems for real people who do not match those rules. Gender affirming care can help someone look "more like" a man or a woman. That can protect transgender and nonbinary people from transphobia.

Transphobia is often based on how transgender and nonbinary people look. People will decide someone is transgender or nonbinary based on how they look and then discriminate against them because they think they're transgender or nonbinary. This discrimination can happen to cisgender people who do not look "enough" like their gender, too. Gender affirming care can help someone better match the rules about being a man or a woman. People are less likely to discriminate against transgender and nonbinary people that match what they think a man or woman should look like.

For Example:

Jason is a transgender man and still has breasts. He works as a clerk in a store and wears button up shirts and pants to work every day. Jason wears a binder

to make his chest smaller, but one day he hurts his ribs. His doctor tells him he cannot wear his binder while his ribs heal, so Jason goes to work without his binder. Jason's coworkers can tell he still has breasts.

Coworkers that did not know Jason was transgender now know and some of them start to treat Jason badly. Jason's coworkers start calling him names, some of them stop using "he/him" pronouns for him. One coworker crosses out Jason's name on the staff schedule and writes "Jane" instead.

Jason is upset by this. He tells his coworkers to stop but they do not listen. Jason tells his manager about these problems, but she says this is not her problem and Jason needs to "deal with it." Jason feels unsafe at work.

But not all transgender and nonbinary people want to "look like" a man or woman. Many transgender and nonbinary people want to look more like themselves. Many transgender and nonbinary people are gender nonconforming. Gender nonconforming means looking and acting in ways that do not match just one gender.

Here are some examples of being gender nonconforming:

- Men who wear makeup or paint their nails.
- Women who shave their heads.
- Women who do not remove their facial hair.
- Women who do not shave their body hair.
- Men who wear dresses.
- Men who wear high heels.

For example:

Connie is a cisgender woman who does not like wearing dresses. Connie only wears men's suits at work. Connie notices that other women at her work make more money than her. The other women all wear dresses, high heels, and

makeup, but Connie does not wear any of those things. Connie starts to wonder if she makes less money because of how she dresses. She wonders if her work is punishing her for not looking “enough like a woman.”

These examples of being gender nonconforming are based on how people in the United States expect men and women to look. Different parts of the world may have different rules about how men and women should look.

The truth is, there is no one way to look like a man or a woman.

Different cultures have different rules about:

- What colors are “boy” or “girl” colors.
- Who can wear clothes like dresses, skirts, or crop tops.
- Who can wear makeup.
- Which chores are “boy chores” or “girl chores.”
- What kind of jobs are “for men” or “for women.”
- How men and women “should” act in public.
- How men and women “should” act in relationships.

Even within certain cultures, the rules for how men and women “should” act change over time. For example, for a long time, people in the United States thought pink was a color “for boys.” It is only within the last 100 years that people started thinking of pink as a color “for girls.”

There is no right or wrong way to have a gender. But a lot of discrimination is built on the false idea that there is a right way to have a gender. Sexism is built on the idea that men are better than women. Transphobia is built on the idea that you can do gender wrong. Racism often says that white people are the only ones who get to make rules about gender.

When someone does not match how their gender is “supposed” to look or act, they can:

- Have a harder time finding and keeping a job.
- Have a harder time finding a place to live.
- Have people make comments on their looks telling them how to “fix” the way they look.
- Have people yell at them, chase them, or physically hurt them.

No one should have to look a certain way to be respected, safe, or to be a “real” man or woman. Transgender and nonbinary people should only get gender affirming care if they want to. They should not have to get gender affirming care just to look “more like” their gender or to be safe from bad treatment.

For example:

Priya is a transgender woman who has not gotten gender affirming care. Priya does not want to get gender affirming care, she just wants people to treat her as a woman. But other people do not treat Priya as a woman. Priya’s neighbors call her “that creepy weird man.” People at Priya’s work say that she is “making fun of women” by dressing the way she does. When Priya walks down the street, other people make mean comments about her body.

Priya feels really terrible about herself. She feels like she will not be safe unless she gets gender affirming care. Priya does not want to get gender affirming care, but she does anyway so people will leave her alone.

Who is hurt the most by these laws?

These laws hurt all transgender and nonbinary people. But there are transgender and nonbinary people who face other kinds of discrimination. These other kinds of discrimination can combine with transphobia to make life even harder.

Some transgender and nonbinary people who are hurt even more by these laws include transgender and nonbinary:

- People of color.
- People who came to the United States from other countries .
- People who do not have a lot of money.
- People with disabilities.
- Children.
- Older adults.

Transgender and nonbinary people who are also a part of these groups face more discrimination. These different kinds of discrimination add more barriers to accessing gender affirming care.

Racism changes how doctors treat people of color. Doctors may not listen to people of color and may not believe transgender people of color when they ask for gender affirming care.

Transgender and nonbinary people who do not have a lot of money have a hard time getting gender affirming care. They may not have health insurance at all and will have to pay for gender affirming care on their own. But they may not have enough money to pay for gender affirming care at all.

Transgender and nonbinary people from other countries may not be able to get gender affirming care. The rules that allow them to live in the United States may make it harder to see a doctor. These rules may make it harder for them to change their identification paperwork. These rules may make them afraid of being forced to leave the United States if they get gender affirming care.

Older adults often have trouble getting people to listen to them. People may not believe transgender and nonbinary older adults exist. Many older adults need help going to the doctor and taking their medications. If their support workers will not help them with gender affirming care, then they may not get gender affirming

care. Doctors may not listen to older transgender and nonbinary adults. Support workers may not listen to older transgender and nonbinary adults.

Because there are many kinds of discrimination, people can experience more than one kind of discrimination at once. The different kinds of discrimination a person experiences make each other worse. Different kinds of discrimination cannot be separated from each other.

How can I get gender affirming care in this system?

People still need gender affirming care even with all these barriers. Some people have found ways to make it easier to get care. Some people may not tell their gender affirming care doctor they have a disability. For some people, this is the easiest way to get care.

Some people may choose to dress “more like” their gender for doctor’s appointments. A transgender woman may put on a dress even if she usually wears pants. A transgender man may wear pants and plain colors even if he usually wears bright colors. A nonbinary person may pretend they are a man or woman to get care more easily. Some doctors do not believe nonbinary people are “real.” Nonbinary people may pretend to be a binary gender like “man” or “woman” in order to get care.

For example:

Reggie is nonbinary and wants to start the hormone estrogen. Reggie researches gender affirming doctors in their area. Reggie asks other transgender and nonbinary people about the doctors in their area. The other transgender and nonbinary people give Reggie advice. The nonbinary people warn Reggie that none of the doctors believe nonbinary people. They tell Reggie the doctors will help them more if they say they are a woman.

Reggie listens to their advice. Reggie makes an appointment with a doctor. Reggie dresses up for their appointment. Reggie puts on a dress and makeup to go to the doctor. Reggie uses the pronouns “she/her” at the doctor appointment.

Transgender and nonbinary people should not have to do these things, or look or act a certain way, to get gender affirming care. This is not fair.

Who can help me get gender affirming care?

There are different groups fighting for gender affirming care for transgender and nonbinary people. Some of these groups focus on stopping laws that ban gender affirming care, some help transgender people get gender affirming care, and some give support to transgender and nonbinary people. You can find these groups by searching online for “LGBTQ+ groups [Your town].” Not every city has an LGBTQ+ organization. The nearest LGBTQ+ group may be in the next city or in another state. You can find LGBTQ+ community centers by going to [CenterLink’s map of LGBTQ+ community centers](#).

LGBTQ+ groups may not know a lot about helping people with disabilities. You may need to teach them about disability rights. You may need help teaching LGBTQ+ groups about disability rights.

The developmental disability council in your state may also be able to help you. They may not know a lot about transgender people. You may need help from the LGBTQ+ groups to teach members of the developmental disability council about transgender health care and transgender rights. You can find your state’s developmental disability council on [this list of state developmental disability councils](#).

Support workers need to know about and be taught about transgender health care. Support workers should want to support the transgender people they work with. You can visit the [Proud and Supported website](#) to find more resources about LGBTQ+ issues for support workers.

You can also work with a Rainbow Support Group. Rainbow Support groups are support groups for LGBTQ+ people with intellectual and developmental disabilities. You can do a search for “rainbow support group disability [your city or area].” If your city or area does not have a Rainbow Support Group, you could start one.

If there are all these barriers, why do transgender and nonbinary people still want gender affirming care?

Many people who want to stop gender affirming care say that nobody “needs” gender affirming care. But transgender and nonbinary people work hard to get care because they really need it. No one wants to be asked very personal questions about their body to prove their gender. No one wants to pay lots of money for medical care. No one wants to tell doctors private information, or take time to recover from surgery that they do not need.

People do not get medical care for fun. Transgender and nonbinary people get gender affirming care because they need it.

What can allies do to support transgender and nonbinary people?

Allies are people who support a group they are not part of. Cisgender people who support transgender and nonbinary people are allies. If you are cisgender, there are many ways you can be a good ally to transgender and nonbinary people. You can help transgender and nonbinary people get gender affirming care. You can share this resource with other people so they learn about barriers to gender affirming care. You can learn about the laws around gender affirming care in your state and support laws that protect the rights of transgender and nonbinary people. Some people want to talk to people in government about these laws. To learn more about talking to people in government, you can read [ASAN's toolkits on civic engagement](#).

There are more ways to support transgender and nonbinary people.

You can think about your own ideas of gender. We are taught about gender from a very young age. Thinking about the ideas we learn about gender can help us question those ideas.

Questions to ask yourself about gender can be:

- Who taught me what a “girl” and a “boy” are?
- What things are “girl things” and what things are “boy things”?
- Why do some things have to be for only girls or boys?
- When have I noticed gender rules that did not feel fair to everyone?
- What are things I want to do that I was taught were not for my gender?
- What would happen if I do things that make me happy even if they are not “for my gender”?

Thinking about your own gender can help you notice the ways sexism and transphobia are everywhere.

You can speak out against transphobia in your community.

Speaking out against transphobia can look like:

- Supporting transgender and nonbinary people's access to public bathrooms.
- Supporting transgender and nonbinary people in playing sports.
- Supporting people wearing clothes and styling their hair how they like..
- Correcting people when they use the wrong name or pronouns for someone else.
- Asking the transgender and nonbinary people in your life how you can support them.
- Not being afraid to like things that other people say are not "for your gender."
- Talking about how there's no such thing as "boy things" or "girl things" and people can like what they want.
- Talking about how gender does not make someone good or bad at any skill.

Transphobia and sexism are connected. Fighting transphobia means fighting the idea that "men" and "women" have to be a certain way. Fighting transphobia makes it easier for everyone to be themselves.

You can ask for policies that protect the rights of transgender and nonbinary people to be made:

- At your job.
- At your self-advocacy group.
- At your school.
- At your religious center.

You can ask your local developmental disabilities council to learn about LGBTQ+ identities. You can ask LGBTQ+ groups to learn about disability rights.

Conclusion

Getting gender affirming care should not be this hard. Transgender and nonbinary people should not have to fight for gender affirming care. Transgender and nonbinary people should not have to do this much work to get care. It is not fair or right that transgender and nonbinary people face many barriers to getting gender affirming care. These barriers do not need to exist.

Together, we can push for changes that make gender affirming care easier to get. Together, we can fight for the rights of transgender and nonbinary people.

To Learn More

If you want to learn more about LGBTQ+ issues, please look at these resources:

- [Proud and Supported Series - Autistic Self Advocacy Network](#)
- [Before You Go: Tips and advice for autistic trans people about finding and going to doctors - Autistic Women and Nonbinary Network](#)

To learn more about gender affirming care, please look at our other resource:

- [Link to Trans Care 101 Here](#)