No. 23-477

IN THE
SUPREME COURT OF THE UNITED STATES

UNITED STATES OF AMERICA,

Petitioner,

v.

JONATHAN THOMAS SKRMETTI, ET AL.,

Respondents.

On Writ of Certiorari to the United States Court of Appeals For the Sixth Circuit

---

BRIEF OF *AMICI CURIAE* OF WILLIAMS INSTITUTE SCHOLARS IN SUPPORT OF PETITIONER AND RESPONDENTS IN SUPPORT OF PETITIONER

ELANA REDFIELD
THE WILLIAMS INSTITUTE
UCLA SCHOOL OF LAW
385 CHARLES E YOUNG DR.
LOS ANGELES, CA 90095

DAVID S. FLUGMAN
Counsel of Record
COREY STOUGHTON
JULIE SINGER
ISAAC KIRSCHNER
SELENDY GAY PLLC
1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104
(212) 390-9000
dflugman@selendygay.com

Counsel for Amici

TABLE OF CONTENTS

TABLE OF AUTHORITIES

Cases **Page(s)**

Statutes

Other Authorities

INTEREST OF *AMICI CURIAE*

Amici Christy Mallory and Jody Herman[1] respectfully submit this brief in support of Petitioner and Respondents in Support of Petitioner. *Amici* are scholars of public policy and law affiliated with the Williams Institute at UCLA School of Law.

Jody L. Herman, Ph.D., is the Reid Rasmussen Senior Scholar of Public Policy at the Williams Institute. Dr. Herman studies the characteristics and experiences of the transgender population in the U.S. Dr. Herman has worked to advance our understanding of the population size and demographics of people who identify as transgender, utilizing innovative methods to fill in existing data gaps to produce transgender population estimates for the U.S. She has received recognition for her work from the California State Senate (Certificate of Recognition), the U.S. Department of Justice (Gerald B. Romer Award), and the National Institutes of Health (Sexual and Gender Minority Health Researcher Spotlight). Dr. Herman's work has been cited by federal courts in a number of cases, including *Hecox v. Little*, 104 F. 4th 1061 (9th Cir. 2024), *Doe v. Independence Blue Cross*, 2022 U.S. Dist. LEXIS 130152 (E.D. Pa. July 22, 2022), *Toomey v. Arizona*, 2020 U.S. Dist. LEXIS 84030 (D. Ariz. May 12, 2020), and *Dragovich v. U.S. Department of Treasury*, 872 F. Supp. 2d 944 (N.D. Cal. 2012).

Christy Mallory, J.D., is the Legal Director and the Renberg Scholar of Law and Policy at the Williams Institute. She studies the impact of laws and policies on

---

[1] *Amici* state that no counsel for any party authored this brief in whole or in part and that no entity, aside from *amici* and their counsel, made any monetary contribution toward the preparation or submission of this brief.

LGBTQ people and their lives, with a focus on stigma and discrimination in employment, healthcare, including gender-affirming care, and other settings. Her work has been relied on by courts, legislatures, and executive branch officials; cited in numerous media outlets; and published in law reviews and other academic journals. Ms. Mallory's work has been cited by federal courts in a number of cases, including *Roberts v. United Parcel Service, Inc.*, 115 F. Supp. 3d 344 (E.D.N.Y. 2015), *Strawser v. Strange*, 307 F.R.D. 604 (S.D. Ala. 2015), and *Garcia v. Yonkers Board of Education*, 188 F. Supp. 3d 353 (S.D.N.Y. 2016).

Amici respectfully submit that their expertise and perspective as scholars may help this Court more fully appreciate the impact that laws limiting access to gender-affirming healthcare have on the transgender population in the U.S. *Amici* speak only for themselves personally, and not for any other entity or other person.

INTRODUCTION AND SUMMARY OF THE ARGUMENT

State laws prohibiting gender-affirming healthcare deprive a substantial number of transgender Americans of medical care that is lawful and available in other states. At issue in this case is Tennessee's prohibition on access to puberty-blocking medication and gender-affirming hormone therapy for transgender youth. The purpose of this brief is to provide the Court with demographic data and analysis on the number of youth and adults who identify as transgender and are impacted by state-level prohibitions on puberty-blocking medication and gender-affirming hormone therapy in the U.S., and to show how the cumulative impact of these bans creates disparities in access to such care across the U.S. by region and race.

Transgender people make up a substantial, measurable share of the U.S. population. According to a 2022 Williams Institute study authored by *amicus* Jody Herman and others, approximately 1.6 million individuals, or 0.6% of the U.S. population aged 13 and older, identify as transgender. This number is likely to increase over time, as young people are more likely than older generations to identify as transgender.

Prior to 2020, no state law categorically prohibited transgender Americans from accessing puberty blocking medication or gender-affirming hormone therapy. Where appropriate based on individualized assessments, such treatments may be prescribed to those experiencing gender dysphoria, which is distress caused when one's sex assigned at birth does not match one's

gender identity. Since 2020, however, 24 states have enacted laws limiting access to puberty-blocking medication and gender-affirming hormone therapy in whole or in part. Today more than 100,000 youth aged 13 to 17 identify as transgender and live in states where their access to puberty-blocking medication and gender-affirming hormone therapy is threatened by state prohibitions. Thousands of these youth have received these treatments in the past, are receiving them currently, or may need to receive them in the future. Meanwhile, transgender youth can and will likely continue to access these treatments elsewhere in the U.S.

State laws that restrict or prohibit access to puberty-blocking medication and gender-affirming hormone therapy have regional patterns that result in transgender people having different access to these treatments based on where they live. In particular, transgender youth living in the South and Midwest are more likely to find access to such treatments restricted than are youth in other regions. People who are Black and identify as transgender may also be disproportionately impacted by these bans.

This amicus brief aims to help this Court more fully appreciate the impact that laws limiting access to gender-affirming healthcare have on the transgender population in the U.S. as it weighs the constitutionality of Tennessee's ban on gender-affirming healthcare for youth.

ARGUMENT

I. State Bans on Puberty-Blocking Medication and Gender-Affirming Hormone Therapy Will Directly Affect the Lives and Health of Many Thousands of Americans

A. Many Americans Currently Identify as Transgender

Approximately 1.6 million individuals, or 0.6% of the U.S. population aged 13 and older, identify as transgender.[2] Among Americans aged 13 to 17, 1.4% identify as transgender (about 300,000 individuals).[3]

---

[2] JODY L. HERMAN, ANDREW R. FLORES & KATHRYN K. O'NEILL, WILLIAMS INST., HOW MANY ADULTS AND YOUTH IDENTIFY AS TRANSGENDER IN THE UNITED STATES? (2022), https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Pop-Update-Jun-2022.pdf.

[3] In 2017, we produced estimates of the population of youth aged 13 to 17 who identify as transgender using older data and a different methodology. Our prior estimate found that 0.7% of youth aged 13 to 17 identify as transgender. It is not possible to conclude from these two estimates alone that the population of transgender youth rose between the 2017 estimate and the more recent estimate provided in the text above. The 2017 estimate used data from adults in a statistical model to provide an estimate for the younger age group, aged 13 to 17 (this is the Behavior Risk Factor Surveillance System ("BRFSS") data described in more detail later in this brief). The more recent estimate, published in 2022, utilized data from a survey of high schoolers in the U.S. (this is the Youth Risk Behavior Survey ("YRBS") data also described more fully below). In other words, our data sources improved between the 2017 and 2022 estimates. It is possible that the difference in data sources explains a substantial amount of the difference between the two estimates. Furthermore, the difference between the estimates is not

Among Americans aged 18 and older, 0.5% identify as transgender (about 1.3 million individuals).

To produce these estimates, we utilized data from the CDC's 2017-2020 BRFSS, the CDC's 2017 and 2019 YRBS, and the U.S. Census Bureau's 2019 American Community Survey (3-year estimates). While the BRFSS and YRBS data provide information about those who identify as transgender, data is not available for every state. To create estimates for states without data for respondents who identify as transgender, we combine small area estimation strategies common in demographic research with poststratification techniques common in survey research. This strategy is called multilevel regression and poststratification ("MRP").[4]

Although BRFSS and YRBS data are limited in that they do not provide information on those who identify as transgender from all U.S. states, they are currently the best available data for creating

---

statistically significant, meaning we cannot be reasonably confident that the estimates reflect an actual difference in the size of the transgender youth population. JODY L. HERMAN ET AL., WILLIAMS INST., AGE OF INDIVIDUALS WHO IDENTIFY AS TRANSGENDER IN THE U.S. (2017), https://williamsinstitute.law.ucla.edu/wp-content/uploads/Age-Trans-Individuals-Jan-2017.pdf.

[4] JODY L. HERMAN ET AL., *supra* note 3. A more detailed description of the methodology is available in the full publication.

population estimates for the transgender population nationally and for all states.[5]

B. Thousands of Those Who Identify as Transgender, Including Youth, Access Gender-Affirming Healthcare

Gender-affirming healthcare commonly refers to health services that support a person to live in alignment with their gender identity when it differs from their sex assigned at birth.[6] For transgender youth, this care may include the use of puberty-blocking medication and gender-affirming hormone therapy to promote the development of secondary sex characteristics that are consistent with their gender identity.[7]

---

[5] Other federal surveys and large national surveys that identify transgender respondents through questioning, such as the Bureau of Justice Statistics' National Crime Victimization Survey, the U.S. Census Bureau's Household Pulse Survey, and surveys from Gallup, have limitations that undermine their use in creating national and state-level estimates for the transgender population. JODY L. HERMAN ET AL., *supra* note 3. A more detailed discussion of these limitations is available in the full publication.

[6] *See generally,* E. Coleman et al., *Standards of Care for the Health of Transgender and Gender Diverse People*, VERSION 8, 23 INT. J. TRANSGEND. HEALTH S1 (2022) (also known as the "World Professional Association for Transgender Health Standards of Care").

[7] For example, the Endocrine Society recommends puberty-blocking medication and hormone use for youth with a diagnosis of gender dysphoria who have entered puberty. Gender

Studies that aim to determine the demand for and utilization of puberty-blocking medication and gender-affirming hormone therapy remain rare, and available data sources are incomplete. Therefore, we do not currently have a complete understanding of demand and utilization. However, though existing data are limited in that they are not generalizable to the full U.S. youth and adult transgender population, it is clear that a substantial number of transgender youth and adults do access gender-affirming hormone therapy and, among youth, puberty-blocking medication.

For instance, a study conducted by Reuters and Komodo Health Inc. reviewed health insurance claims for about 330 million U.S. patients from 2017 through 2021, including both private plans and public plans like Medicaid.[8] Of those aged 6 to 17, they found that 121,882 patients had been diagnosed with gender dysphoria during that time, and 4,780 patients with a

---

dysphoria is defined by the American Psychiatric Association in the Diagnostic Statistical Manual DSM-5-TR as "a marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration," and that is "associated with clinically significant distress or impairment in social, school, or other important areas of functioning." Wylie C. Hembree et al., *Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline*, 102 J. OF CLINICAL ENDOCRINOLOGY & METABOLISM 3869-903 (2017); AM. PSYCH. ASSOC., *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR)* (2022).

[8] Robin Respaut and Chad Terhune, *Putting Numbers On the Rise of Children Seeking Gender Care*, REUTERS (Oct. 6, 2022), https://www.reuters.com/investigates/special-report/usa-transyouth-data/.

prior gender dysphoria diagnosis had started puberty-blocking medication. They also found that of those aged 6 to 17 with a prior gender dysphoria diagnosis, 14,726 patients began gender-affirming hormone therapy from 2017 through 2021.

Other researchers have assessed utilization of puberty-blocking medication and gender-affirming hormone therapy using different types of data sources. This includes the U.S. Transgender Survey ("USTS"), which is the largest survey of transgender people in the U.S. The 2015 USTS asked adult respondents about access to puberty-blocking medication and gender-affirming hormone therapy, including unmet needs for these treatments and whether respondents used them in the past or currently.[9] Fifteen percent (15.0%) of respondents reported that they had wanted access to puberty-blocking medication, but less than 1% of respondents to the USTS had used puberty-blocking medication before the age of 18.[10] Of those who had ever received gender-affirming hormone therapy, 4% began before the age of 18, whereas 41% began between the ages of 18 and 24. The remaining 55% began hormones at age 25 or older. Seventy-eight percent (78.0%) of respondents had wanted to access gender-affirming hormone therapy at some point in their lives, yet only 49% had ever received it. Ninety-two (92.0%) of those

---

[9] Those accessing care without going through insurance are not included in their analysis. *See* S. E. JAMES ET AL., NAT'L CTR. FOR TRANSGENDER EQUALITY, THE REPORT OF THE 2015 U.S. TRANSGENDER SURVEY (2016).

[10] All findings in this paragraph come from JAMES ET AL., *supra* note 9.

who had ever received hormone therapy were at the time still receiving it.

The USTS utilized purposive sampling, which is a sample drawn by outreach to a specific population, to reach people who identify as transgender across the U.S. This type of sampling is generally not considered generalizable to the full population of interest. Yet, the USTS's large sample sizes, with nearly 28,000 respondents in its 2015 sample and over 92,000 respondents in the 2022 sample, may reduce biases inherent in its sampling approach. The USTS also utilizes sampling weights to adjust the sample to known population parameters for the U.S. transgender population. Prior research has found that on measures regarding healthcare access, there were no significant differences between 2015 USTS findings and those of a nationally representative sample of transgender adults.[11] In other words, the findings from the 2015 USTS can be understood as representative of the experiences of a substantial number of transgender people in the U.S., and, on at least some measures, representative of transgender people in the U.S. generally.

C. Thousands of Those Who Identify as Transgender, Including Youth, Live in States That Have Already Limited Access to Puberty-Blocking

---

[11] Jamie L. Feldman, *Health and Health Care Access in the US Transgender Population Health (TransPop) Survey*, 9 *Andrology*, no. 6, at 1707–1718 (2021), https://doi.org/10.1111/andr.13052.

Medication and Gender-Affirming Hormone Therapy

The enactment of new state laws over the past four years has directly affected the ability of transgender youth aged 13 to 17 to access puberty-blocking medication and gender-affirming hormone therapy. Scholars at the Williams Institute have conducted analyses of state laws affecting access to various forms of gender-affirming healthcare for both minors and adults, and the impact of such laws on transgender populations.[12] We conclude that 110,300 youth who identify as transgender live in 24 states that ban access to puberty-blocking medication and gender-affirming hormone therapy in whole or in part,

---

[12] *See* ELANA REDFIELD, KERITH J. CONRON & CHRISTY MALLORY, WILLIAMS INST., THE IMPACT OF 2024 ANTI-TRANSGENDER LEGISLATION ON YOUTH (2024), https://williamsinstitute.law.ucla.edu/wp-content/uploads/2024-Anti-Trans-Legislation-Apr-2024.pdf; ELANA REDFIELD ET AL., WILLIAMS INST., PROHIBITING GENDER-AFFIRMING MEDICAL CARE FOR YOUTH (2023), https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Youth-Health-Bans-Mar-2023.pdf; CHRISTY MALLORY & WILL TENTINDO, WILLIAMS INST., MEDICAID COVERAGE FOR GENDER-AFFIRMING CARE (2023), https://williamsinstitute.law.ucla.edu/wp-content/uploads/Medicaid-Gender-Care-Dec-2022.pdf; *see also* MOVEMENT ADVANCEMENT PROJ., HEALTHCARE LAWS AND POLICIES: BANS ON BEST PRACTICE MEDICAL CARE FOR TRANSGENDER YOUTH (2024), https://www.lgbtmap.org/img/maps/citations-youth-medical-care-bans.pdf; MOVEMENT ADVANCEMENT PROJ., HEALTHCARE LAWS AND POLICIES: "SHIELD" OR "REFUGE" LAWS PROTECTING ACCESS TO GENDER-AFFIRMING HEALTH CARE 3 (2024), https://www.lgbtmap.org/img/maps/citations-trans-shield-laws.pdf.

which could severely restrict or prevent access to such treatments.

State laws limiting access to puberty-blocking medication and gender-affirming hormone therapy for transgender people have spread rapidly in recent years. Before 2020, no state had enacted such a law.[13] Since then, 24 states have enacted restrictions or prohibitions on puberty-blocking medication and/or gender-affirming hormone therapy for transgender minors. Twenty-three of these states restrict or ban access to puberty-blocking medication. One of these states, Georgia, bans hormone replacement therapy, but does not ban puberty-blocking medication.[14] Two additional states, Arizona and New Hampshire, ban gender-affirming surgical care but do not ban or restrict any puberty-blocking medication or gender-affirming hormone therapy.[15] In fact, Arizona state law protects access to these treatments under state insurance plans when medically necessary and

---

13 *See* KERITH J. CONRON & KATHRYN O'NEILL, WILLIAMS INST., PROHIBITING GENDER AFFIRMING MEDICAL CARE FOR YOUTH (2020), https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Youth-Health-Bans-Feb-2020.pdf; *see also* MOVEMENT ADVANCEMENT PROJ., LGBTQ POLICY SPOTLIGHT: BANS ON MEDICAL CARE FOR TRANSGENDER PEOPLE (2023), https://www.mapresearch.org/file/MAP-2023-Spotlight-Medical-Bans-report.pdf.

14 GA. CODE. ANN. § 43-34-15(a)(2) (2024).

15 ARIZ. REV. STAT. § 32-3230 (LexisNexis 2024); H.B. 619, 2023 Gen. Ct., Reg Sess. (N.H. 2023) (enacted).

protects healthcare providers who administer these treatments appropriately.[16]

State prohibitions on puberty-blocking medication and gender-affirming hormone therapy have some common features. Most commonly, the laws restrict or prevent access to care by imposing penalties on physicians who prescribe or administer puberty-blocking medication and gender-affirming hormone therapy to youth. The penalties range from disciplinary action by state licensing boards, to revocation of medical licenses, to felony charges, which can carry prison sentences.[17] Some bans, including Tennessee's, may also increase liability for medical practitioners by increasing the time limits and grounds under which lawsuits may be brought against them for providing gender-affirming healthcare.[18] All of the laws contain exclusions to allow providers to offer the exact same treatments to patients for reasons other than gender dysphoria.[19] Some of the bans contain clauses allowing specified

---

[16] *See* Ariz. Exec. Order No. 2023-12, Ensuring Access to Medically Necessary Gender-Affirming Healthcare, June 27, 2023, https://azgovernor.gov/office-arizona-governor/executive-order/2023-12.

[17] For a more detailed description of the penalties imposed by these laws, *see* Christy Mallory, Madeline G. Chin & Justine C. Lee, *Legal Penalties for Physicians Providing Gender-Affirming Care*, 329 JAMA 1921 (2023); REDFIELD ET AL., *supra* note 12.

[18] TENN. CODE ANN. § 68-33-105 (2024); *see also* ARK. CODE. ANN. § 16-114-402 (2024); OKLA. STAT. tit. 63, § 2607.1 (2024).

[19] *See* REDFIELD ET AL., *supra* note 12.

categories of youth currently receiving care to continue treatment under limited circumstances.[20]

A table detailing the 24 states that have enacted laws prohibiting access to puberty-blocking medication and gender-affirming hormone therapy is found in **Appendix A**. At the time of filing, bans in Arkansas[21] and Montana[22] are not currently enforceable due to court injunctions.

State population figures can be used to estimate the number of youth aged 13 to 17 who identify as transgender and are or could be, depending on the ultimate outcome of the litigation mentioned above, subject to state laws regarding puberty-blocking medication and gender-affirming hormone therapy.[23] For the purposes of establishing a total number, we

---

[20] *See e.g.*, UTAH CODE ANN. § 58-1-603.1 (LexisNexis 2024); W. VA. CODE ANN. § 30-3-20 (LexisNexis 2024); W. VA. CODE ANN. § 30-14-17 (LexisNexis 2024); *see generally,* MOVEMENT ADVANCEMENT PROJ., HEALTHCARE LAWS AND POLICIES: BANS ON BEST PRACTICE MEDICAL CARE FOR TRANSGENDER YOUTH, *supra* note 12.

[21] *Brandt v. Rutledge*, 677 F. Supp. 3d 877 (E.D. Ark. June 20, 2023) (granting permanent injunction, appeal pending).

[22] *Van Garderen v. State of Montana*, No. DV-23-541 (Mont. Fourth Jud. Dist. Ct. Sept. 27, 2023) (granting preliminary injunction, appeal pending).

[23] While we can estimate the number of youth aged 13 to 17 who identify as transgender and would be subject to a particular law, our data sources do not allow us to estimate the number of transgender youth currently receiving a particular form of treatment, or who would be cut off from such treatment, or who have already been cut off from such treatment as the result of a prohibition.

include the states where bans are currently enjoined. We also provide an estimate of the number of adults aged 18 and older who identify as transgender in those states for reference.

State	Estimated Number of Youth Who Identify as Transgender (Aged 13 to 17)	Estimated Number of Adults Who Identify as Transgender (18 and older)
Alabama	3,400	18,400
Arkansas	1,800	16,200
Florida	16,200	94,900
Georgia	8,500	48,700
Idaho	1,000	7,000
Indiana	4,100	25,800
Iowa	2,100	7,100
Kentucky	2,000	17,700
Louisiana	4,000	15,700
Mississippi	2,400	9,600
Missouri	2,900	9,500
Montana	500	3,400

Nebraska	1,200	6,600
North Carolina	8,500	71,300
North Dakota	500	2,500
Ohio	8,500	46,500
Oklahoma	2,600	18,900
South Carolina	3,700	19,000
South Dakota	500	2,900
Tennessee	3,100	27,700
Texas	29,800	92,900
Utah	2,100	13,700
West Virginia	700	5,700
Wyoming	200	2,100
Total	**110,300**	**583,800**

Compared to just four years ago, when no American lived in a state that categorically barred gender-affirming healthcare, today approximately 110,300 youth between the ages of 13 and 17 who identify as transgender live in 24 states where access to puberty-blocking medication and gender-affirming hormone therapy is already restricted or prohibited

for minors. In addition, approximately 583,800 adults aged 18 and older who identify as transgender live in these states, including approximately 1,000 adults aged 18 who are subject to gender-affirming hormone bans in Alabama and Nebraska.[24]

II. State Bans on Puberty-Blocking Medication and Gender-Affirming Hormone Therapy Create Inconsistencies by Region and by Race/Ethnicity

A. Nearly Two-Thirds of Youth Aged 13 to 17 Who Identify as Transgender Live in States Where They Can Lawfully Access Gender-Affirming Hormone Therapy

Nearly two-thirds of youth ages 13 to 17 who identify as transgender (189,500) live in states where access to puberty-blocking medication and gender-affirming hormone therapy is protected by law, or where it is neither protected nor prohibited.

Sixteen states and the District of Columbia ("D.C.") have enacted laws that protect access to puberty-blocking medication and gender-affirming hormone therapy for transgender minors, by offering protections to providers, minors, and/or their families. While the scope of these laws varies, a few themes are common. For example, many of the laws prevent the state from participating in investigations related to or cooperating in the enforcement of another state's ban

---

[24] *See* ALA. CODE §§ 26-26-1 *et seq*. (LexisNexis 2024); NEB. REV. STAT. ANN. §§ 71-7301 *et seq*. (LexisNexis 2024); *see also* REDFIELD ET AL., *supra* note 12.

on puberty-blocking medication and gender-affirming hormone therapy,[25] or create a cause of action within the state to recover damages arising from enforcement of out-of-state ban provisions.[26] Some of the laws also protect out-of-state transgender youth and parents who travel to seek puberty-blocking medication or gender-affirming hormone therapy within the state.[27] Several states have laws that simply prevent insurance providers or other entities from denying access to medically necessary gender-affirming healthcare, including puberty-blocking medication and hormone therapy.[28] A table detailing these state laws is found in **Appendix B**.

Using our population estimates for youth aged 13 to 17 who identify as transgender, we can estimate

---

[25] *See, e.g.*, WASH. REV. CODE ANN. §§ 7.115.010 *et seq.* (LexisNexis 2024).

[26] *See, e.g.*, MASS. ANN. LAWS, Ch. 12, § 11I1/2 (LexisNexis 2024); VT. STAT. ANN. tit. 12 §§ 7301 *et seq.* (2024); *Shield Laws for Reproductive and Gender-Affirming Health Care: A State Law Guide*, UCLA LAW CTR. ON REPROD. HEALTH, LAW, AND POL'Y, https://law.ucla.edu/academics/centers/center-reproductive-health-law-and-policy/shield-laws-reproductive-and-gender-affirming-health-care-state-law-guide (last visited Aug. 29, 2024).

[27] *See, e.g.*, COLO. REV. STAT. §§ 12-21-133, 16-19-107 (2024); Exec. Order 01.01.2023.08, Protecting the Right to Seek Gender-Affirming Treatment in Maryland, June 5, 2023, https://governor.maryland.gov/Lists/ExecutiveOrders/Attachments/11/EO_01.01.2023.08_accessible.pdf.

[28] *See e.g.* CAL. CIV. CODE § 1798.301 (Deering 2024); ME. STAT. tit. 22, § 3174-MMM (2024); OR. REV. STAT. § 743A.325 (2024); VT. STAT. ANN. tit. 8 § 4088m (2024) (codifying access to care).

the number who live in states where access to puberty-blocking medication and gender-affirming hormone therapy is protected by one of these laws.

State	**Estimated Number of Youth Who Identify as Transgender (Aged 13 to 17)**	**Estimated Number of Adults Who Identify as Transgender (18 and older)**
Arizona*	7,300	41,200
California	49,100	150,100
Colorado	4,200	27,000
Connecticut	3,700	15,300
D.C.	600	5,300
Illinois	13,700	43,400
Maine	1,200	5,900
Maryland	8,000	24,000
Massachu-setts	5,900	37,100
Minnesota	3,500	26,000
New Jersey	3,800	43,100
New Mexico	3,700	10,900

New York	34,800	81,800
Oregon	2,900	19,900
Rhode Island	1,200	5,700
Vermont	500	2,700
Washington	5,000	33,300
Total	**149,100**	**572,700**

* State protects access to puberty-blocking medication and gender-affirming hormone therapy but does ban access to surgical treatments for minors.

In total, 149,100 youth aged 13 to 17 who identify as transgender live in states that have enacted one or more laws protecting access to puberty-blocking medication and gender-affirming hormone therapy for minors. An additional 572,700 adults aged 18 and older who identify as transgender live in these states.

In ten additional states,[29] access to puberty-blocking medication or gender-affirming hormone therapy is neither prohibited nor protected. In two of those

[29] These states are Alaska, Delaware, Hawaii, Kansas, Michigan, Nevada, New Hampshire, Pennsylvania, Virginia, and Wisconsin. However, New Hampshire has enacted a ban on surgical care for minors. *See* H.B. 619, 2023 Gen. Ct., Reg Sess. (N.H. 2023) (enacted).

states (Kansas[30] and Wisconsin[31]), prohibitions on puberty-blocking medication and gender-affirming hormone therapy were passed by state legislatures but were vetoed by the states' governors.

State	Estimated Number of Youth Who Identify as Transgender (Aged 13 to 17)	Estimated Number of Adults Who Identify as Transgender (18 and older)
Alaska	500	3,900
Delaware	600	6,300
Hawaii	1,700	7,800
Kansas*	2,100	12,400
Michigan	8,900	33,000

[30] *See* S.B. 233, 2023-2024 Leg., Reg. Sess. (Kan. 2023); *see also* John Hanna, *Kansas Bill to Limit Gender-Affirming Care for Transgender Minors Dies After Failed Veto Override*, ASSOCIATED PRESS (Apr. 30, 2024), https://apnews.com/article/gender-affirming-care-minors-ban-kansas-veto-b63daeec39cf26e0741569b03aa9ebe9.

[31] *See* A.B. 465, 2023-2024 Leg., Reg. Sess. (Wisc. 2023); *See also* Harm Vanhuizen, *Democratic Wisconsin Governor Vetoes Bill to Ban Gender-affirming Care for Kids*, ASSOCIATED PRESS (Dec. 6, 2023), https://apnews.com/article/wisconsin-governor-veto-transgender-care-ban-68b0968cd63e20f5ce727b0c932ba4dd.

Nevada	3,300	8,100
New Hampshire	700	6,300
Pennsylvania	10,000	56,000
Virginia	6,200	31,400
Wisconsin*	6,400	15,500
Total	**40,400**	**180,700**

* Legislature passed a ban on puberty-blocking medication and gender-affirming hormone therapy, but it was vetoed by the state governor.

We estimate that 40,400 youth aged 13 to 17 who identify as transgender live in states where access to puberty-blocking medication and gender-affirming hormone therapy is neither protected nor prohibited, and therefore is presumptively available. Additionally, 180,700 adults aged 18 and older who identify as transgender live in these states.

In total, 189,500 youth aged 13 to 17 and 753,400 adults aged 18 and older who identify as transgender live in states where puberty-blocking medication and gender-affirming hormone therapy remain legally accessible.

B. The Distribution of State Laws Has Created Regional Disparities in Access to Healthcare

The uneven distribution of state laws limiting or prohibiting access to puberty-blocking medication and

gender-affirming hormone therapy around the country has resulted in regional disparities in access to healthcare.

Transgender youth live everywhere in the U.S.—including in each of the 50 states and D.C. Using available data from the YRBS, we can provide estimates for youth aged 13 to 17 who identify as transgender by Census region.[32] In the South, 1.25% of youth aged 13 to 17 identify as transgender, or 102,200 youth. In the Northeast, 1.82% of youth identify as transgender, or 61,700 youth. In the Midwest, 1.24% of youth identify as transgender, or 54,500 youth. In the West, 1.62% of youth identify as transgender, or 81,700 youth.[33]

Transgender adults similarly live throughout the U.S. We are also able to use the BRFSS to assess regional living patterns of adults who identify as transgender in the U.S. In the South, 0.54% of adults identify as transgender, or 523,600 adults. In the Northeast, 0.57% of adults identify as transgender, or 253,800 adults. In the Midwest, 0.44% of adults identify as transgender, or 231,200 adults. In the West, 0.54% of adults identify as transgender, or 328,500 adults.[34]

---

[32] States are categorized as being part of the South, Northeast, Midwest, or West. *See* JODY L. HERMAN ET AL. *supra* note 3, at 9 (list of all states and how they are categorized by Census region).

[33] *Id.* at 9-10.

[34] *Id.*

State-level prohibitions on puberty-blocking medication and gender-affirming hormone therapy are not evenly distributed throughout the country. All but one state in the South (Virginia) has enacted a ban on puberty-blocking medication and gender-affirming hormone therapy.[35] Seven states in the Midwest, or approximately half of the states in that region, have enacted such a ban.[36] Conversely, of the thirteen states in the West, only four states have enacted bans on puberty-blocking medication and gender-affirming hormone therapy,[37] and not a single state in the Northeast has enacted such a ban.[38] A map showing the distribution of states with laws restricting access to puberty-blocking medication and gender-affirming healthcare is found in **Appendix C**.

Consequently, our legislative analysis has found that transgender youth living in the South and Midwest are more likely to be subject to state laws that restrict access to puberty-blocking medication and gender-affirming hormone therapy than youth in

---

[35] *See* ELANA REDFIELD, KERITH J. CONRON & CHRISTY MALLORY, *supra* note 12, at 7; S.C. CODE ANN. § 44-42-310 (2024).

[36] These states are Indiana, Iowa, Missouri, Nebraska, North Dakota, Ohio, and South Dakota. *See* ELANA REDFIELD, KERITH J. CONRON & CHRISTY MALLORY, *supra* note 12, at 7.

[37] These states are Idaho, Montana, Utah, and Wyoming. Arizona has enacted a ban on surgical treatments for transgender youth but protects access to puberty-blocking medication and gender-affirming hormone therapy. *Id.*

[38] *See* ELANA REDFIELD, KERITH J. CONRON & CHRISTY MALLORY, *supra* note 12, at 7, 30; *C.f.* H.B. 619, 2023 Gen. Ct., Reg Sess. (N.H. 2023) (enacted).

other regions. Other researchers have found that bans in these regions have increased the distances that many transgender youth must travel in order to access in-person treatment at clinics that provide puberty-blocking medication and gender-affirming hormone therapy.[39]

These disparities in access to puberty-blocking medication and gender-affirming hormone therapy around the country not only create circumstances where people with a specific diagnosed medical condition – gender dysphoria – are treated differently based solely on where in the U.S. they reside; they may also create particular hardships for transgender Americans who live in areas furthest away from a state or district that permits access to puberty-blocking medication and gender-affirming hormone therapy.

C. The Distribution of State Laws Creates Racial Disparities in Access to Healthcare

Disparities in access to puberty-blocking medication and gender-affirming hormone therapy have also emerged on the basis of race.

1. Transgender People are More Likely to be Racial and Ethnic Minorities

---

[39] *See, e.g.*, Luca Borah et al., *State Restrictions and Geographic Access to Gender-Affirming Care for Transgender Youth*, 330 *JAMA*, no. 4, at 375-378 (2023), https://doi.org/10.1001/jama.2023.11299.

First, research supports that transgender people in the U.S. are more likely to be racial and ethnic minorities than the general population of the U.S. This is due to higher percentages of certain racial and ethnic groups identifying as transgender. Prior research suggests that adults who identify as Latino/a/x/e, American Indian, or Alaska Native (AIAN), or who identify as biracial or multiracial, are more likely to identify as transgender than those who are White.[40] We see a similar trend among our population estimates of adults who identify as transgender.[41] In the U.S., we estimate that 0.9% of AIAN adults, 0.7% of Latino/a/x/e adults, and 1.0% of biracial or multiracial adults identify as transgender, whereas Black adults (0.6%), White adults (0.5%), and Asian adults (0.5%) identify as transgender at a rate more consistent with the national average (0.5%). Though these differences are not statistically significant, the trend we observe of elevated percentages of AIAN, Latino/a/x/e, and biracial or multiracial adults identifying as transgender is consistent with the prior research.[42] A table detailing the percentage of each race/ethnicity group that identifies as transgender, aged 18 and older, is found in **Appendix D**.

---

[40] Feldman, *supra* note 11; Ilan H. Meyer et al., *Demographic Characteristics and Health Status of Transgender Adults in Select US Regions: Behavioral Risk Factor Surveillance System*, 2014, 107. *Am. J. of Pub. Health*, no. 4, at 582–589 (2017), https://doi.org/10.2105/AJPH.2016.303648.

[41] *See* JODY L. HERMAN ET AL. *supra* note 3.

[42] *See supra*, note 40.

This trend persists when looking at the racial and ethnic composition of adults who identify as transgender. Of those adults, 21.7% report their race/ethnicity as Latino/a/x/e, compared to 16.4% of the U.S. adult population. Of adults who identify as transgender, 54.7% report their race/ethnicity as White, compared to the 62.8% of the U.S. adult population. Additionally, 1.1% of adults who identify as transgender report their race/ethnicity as AIAN, compared to 0.6% of the U.S. adult population. Those who identify as transgender and identify their race/ethnicity as Black or Asian appear similar in proportion to those who report their race/ethnicity as Black or Asian in the U.S. population overall. Thirteen percent (13.0%) of adults who identify as transgender report their race/ethnicity as Black, as do 12.1% of U.S. adult population, and 5.8% of adults who identify as transgender report their race/ethnicity as Asian, as do 6.0% of the U.S. population. A table detailing the racial/ethnic distribution of adults aged 18 and older who identify as transgender and of the U.S. population is found in **Appendix E**.

Though not statistically significant, a similar trend is found when looking at the percentage of each race and ethnicity group that identifies as transgender among those aged 13 to 17. Black (1.4%) and White (1.3%) youth identify as transgender at a rate similar to the national average (1.4%). However, more Latino/a/x/e youth (1.8%) and AIAN youth (1.8%) identify as transgender. One percent (1.0%) of Asian youth identify as transgender, lower than the national average. A table detailing the percentage of each race/ethnicity group that identifies as transgender, aged 13 to 17, is found in **Appendix F**.

The racial and ethnic composition of youth who identify as transgender is similar to that of the U.S. population, though they appear more likely to identify as Latino/a/x/e and less likely to identify as White than those aged 13 to 17 in the U.S. generally. Of youth who identify as transgender, 46.3% report their race/ethnicity as White, compared to 51.3% of the U.S. population aged 13 to 17. We also see that 31.0% of youth who identify as transgender report their race/ethnicity as Latino/a/x/e, compared to 24.8% of the U.S. population aged 13 to 17. Youth aged 13 to 17 who identify as transgender are similar to the U.S. population in the percentage of those who report their race/ethnicity as Black, but may be less likely to identify as Asian. Among youth who identify as transgender, 13.2% report their race/ethnicity to be Black, as do 13.4% of the U.S. population as a whole (13.4%), and 3.6% of transgender youth aged 13 to 17 in the U.S. report their race/ethnicity as Asian, as do 5.0% of the U.S. population. Though these differences may not be statistically significant, this trend is similar to what has been found in prior research on adults.[43] A table detailing the racial/ethnic distribution of youth aged 13 to 17 who identify as transgender and of the U.S. population is found in **Appendix G.**

2. State Bans on Puberty-Blocking Medication and Gender-Affirming Hormone Therapy Are Likely to

---

43 *See supra*, note 40.

Disproportionately Impact Black Transgender People

Black youth who identify as transgender may be more likely to live in a state with a ban on puberty-blocking medication and/or gender-affirming hormone therapy than to live in a state that does not ban access to these treatments. Our research shows that 57% of Black adults who identify as transgender live in states that have enacted bans.[44] To understand whether similar patterns might be seen among youth aged 13 to 17 in states with enacted bans, we conducted an analysis of data from the Census Bureau's American Community Survey, one of the most accurate sources of demographic information by state in the U.S. [45] We found that 58% of Black youth overall live in the 24 states listed in **Appendix A** with bans on puberty-blocking medication and/or gender-affirming hormone therapy, as do 55% of all Black adults. Assuming that the geographic patterns of youth who identify as Black and transgender follow the patterns of Black youth overall and adults who identify as Black and transgender, Black youth who identify as transgender would be more likely to live in states with bans. This is likely because the bans are concentrated in the

---

[44] *Id.* Percent of Black adults aged 18 and older who identify as transgender and live in banned states was calculated by taking the total number of adults who identify as Black and transgender who live in 24 states with bans (98,250) and dividing by the total number of Black adults who identify as transgender (173,500).

[45] Original analysis by the authors. *See also American Community Survey 5-Year Data (2018-2022)*, U.S. CENSUS BUR. (Dec. 7, 2023), https://www.census.gov/data/developers/data-sets/acs-5year.html.

South, where Black youth and adults overall—and Black adults who identify as transgender—are more likely to live.[46] No other racial or ethnic group had a majority living in states with bans. A table detailing the distribution of youth and adults in states with bans by race and ethnicity can be found in **Appendix H**.

* * *

[46] *See* JODY L. HERMAN ET AL., *supra* note 3; Mohamed Moslimani et al., *Facts About the U.S. Black Population*, PEW RESEARCH CTR. (Jan. 18, 2024), https://www.pewresearch.org/social-trends/fact-sheet/facts-about-the-us-black-population/#:~:text=Regionally%2C%20the%20highest%20concentration%20of,population%2C%20at%20about%204.2%20million.

CONCLUSION

Many transgender Americans have been impacted by state laws restricting or banning access to gender-affirming healthcare. These impacts create regional disparities in access to healthcare and may have disproportionate impacts on Black Americans.

Dated: New York, NY
September 3, 2024

Respectfully submitted,

ELANA REDFIELD
THE WILLIAMS INSTITUTE
UCLA SCHOOL OF LAW
385 CHARLES E YOUNG DR.
LOS ANGELES, CA 90095

DAVID S. FLUGMAN
Counsel of Record
COREY STOUGHTON
JULIE SINGER
ISAAC KIRSCHNER
SELENDY GAY PLLC
1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104
(212) 390-9000
dflugman@selendygay.com

Counsel for Amici

Appendices

TABLE OF APPENDICES

APPENDIX A:
STATE LAWS PROHIBITING ACCESS TO PUBERTY-BLOCKING MEDICATION AND/OR GENDER-AFFIRMING HORMONE THERAPY

State	Provision of Law
Alabama	ALA. CODE §§ 26-26-1 *et seq*. (LexisNexis 2024).
Arkansas	ARK. CODE ANN. §§ 20-9-1501 *et seq*. (2024).
Florida	FLA. STAT. §§ 456.001, 456.52 (LexisNexis 2024).
Georgia	GA. CODE ANN. § 43-34-15 (2024).
Idaho	IDAHO CODE § 18-1506C (2024).
Indiana	IND. CODE §§ 25-1-22-1 *et seq*. (LexisNexis 2024).
Iowa	IOWA CODE § 147.164 (2024).
Kentucky	KY. REV. STAT. ANN. § 311.372 (LexisNexis 2024).
Louisiana	LA. STAT. ANN., §§ 40:1098.1 *et seq*. (LexisNexis 2024).

Mississippi	MISS. CODE ANN. §§ 41-141-1 *et seq*. (2024).
Missouri	MO. REV. STAT. § 191.1720 (2024).
Montana	MONT. CODE ANN. §§ 50-4-1001 *et seq*. (2024).
Nebraska	NEB. REV. STAT. ANN. §§ 71-7301 *et seq*. (LexisNexis 2024).
North Carolina	N.C. GEN. STAT. §§ 90-21.150 *et seq*. (2024).
North Dakota	N.D. CENT. CODE §§ 12.1-36.1-01 *et seq*. (2024).
Ohio	OHIO REV. CODE ANN. §§ 3129.01 *et seq*. (LexisNexis 2024).
Oklahoma	OKLA. STAT. tit. 63, § 2607.1 (2024).
South Carolina	S.C. CODE ANN. §§ 44-42-310 *et seq*. (2024).
South Dakota	S.D. CODIFIED LAWS §§ 34-24-34, 35 (2024).
Tennessee	TENN. CODE ANN. §§ 68-33-103 *et seq*. (2024).

Texas	TEX. HEALTH & SAFETY CODE § 161.702 (2024).
Utah	UTAH CODE ANN. § 58-1-603 (LexisNexis 2024); UTAH CODE ANN. § 58-1-603.1 (LexisNexis 2024); UTAH CODE ANN. § 58-67-102 (LexisNexis 2024).
West Virginia	W. VA. CODE ANN. § 30-3-20 (LexisNexis 2024); W. VA. CODE ANN. § 30-14-17 (LexisNexis 2024).
Wyoming	WYO. STAT. ANN. § 35-4-1001 (2024).

Note: Several states that have enacted legislative bans on gender-affirming care have also enacted regulations regarding access to such care. *See, e.g.*, Ohio Proposed Rule 3701-3-17, Ohio Department of Health, 2024; 181 NEB. ADMIN. CODE § 8 (2024); FLA. ADMIN. CODE r. 64B8-9.019 (2023); FLA. ADMIN. CODE r. 64B15-15.014 (2023).

APPENDIX B: STATE LAWS PROTECTING ACCESS TO PUBERTY-BLOCKING MEDICATION AND GENDER-AFFIRMING HORMONE THERAPY

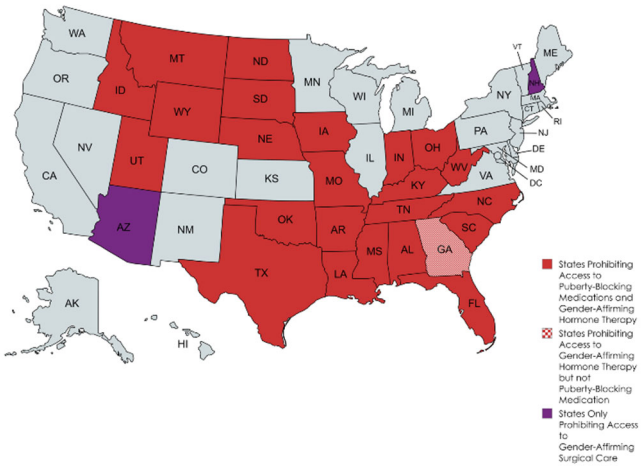
State	**State Law**
Arizona*	Ariz. Exec. Order No. 2023-12, Ensuring Access to Medically Necessary Gender-Affirming Healthcare, June 27, 2023, https://azgovernor.gov/office-arizona-governor/executive-order/2023-12.
California	2022 Cal. Stats. 810 (S.B. 107); 2023 Cal. Stats. 260 (S.B. 345); *see also* CAL. CIV. CODE 1798.301 (Deering 2024) (codifying access to care).
Colorado	2023 Colo. Sess. Laws 68 (S.B. 188).
Connecticut	22 Conn. Pub. Acts 19 (HB 5414); 22 Conn. Pub. Acts 118 (H.B. 5506); 23 Conn. Pub. Acts 128 (H.B. 6820).
D.C.	69 D.C. REG. 14641 (Dec. 2, 2022); D.C. CODE § 2-1461.01 (2024); D.C. CODE § 3-1205.14 (2024).
Illinois	2021 Bill Text IL H.B. 4664, *codified at* 775 ILL. COMP. STAT. ANN. §§ 55/1-1 *et seq.* (LexisNexis 2024).
Maine	2023 Me. Laws 648 (L.D. 227); *see also* ME. STAT. tit. 14, §§ 9001 *et seq.* (2024); ME. STAT. tit. 22, § 3174-MMM (2024) (codifying access to care).

Maryland	2024 Md. Laws 863 (S.B. 119); Exec. Order 01.01.2023.08, Protecting the Right to Seek Gender-Affirming Treatment in Maryland, June 5, 2023, https://governor.maryland.gov/Lists/ExecutiveOrders/Attachments/11/EO_01.01.2023.08_accessible.pdf; *see also* MD. CODE ANN., HEALTH-GEN. § 15-151 (codifying access to care).
Massachusetts	2022 Mass. Acts 127 (H. 5090); *see also* MASS. ANN. LAWS, Ch. 12, § 11I1/2 (LexisNexis 2024) (codifying access to care).
Minnesota	2023 Minn. Laws 29 (H.F. 146); 2024 Minn. Laws 114 (S.F. 4097); Exec. Order 23-03, Protecting and Supporting the Right of Minnesota's LGBTQIA+ Community Members to Seek and Receive Gender-Affirming Care Services, March 8, 2023, https://mn.gov/governor/assets/EO%2023-03%20Signed%20and%20filed_tcm1055-568332.pdf; *see also* MINN. STAT § 62Q.585 [effective Jan. 1, 2025] (codifying access to care).
New Jersey*	Exec. Order 326, April 4, 2023, https://www.nj.gov/infobank/eo/056murphy/pdf/EO-326.pdf.

New Mexico	2023 N.M. Laws 11 (H.B. 7); 2023 N.M. Laws 167 (S.B. 13); N.M. STAT. ANN. §§ 24-34-1 *et seq.* (LexisNexis 2024); N.M. STAT. ANN. §§ 24-35-1 *et seq.* (LexisNexis 2024).
New York	2023 N.Y. Laws 138 (S.B. 1066); 2023 N.Y. Laws 143 (S.B. 2475); 2024 N.Y. Laws 101 (S.B. 8058).
Oregon	2023 Or. Laws 228 (H.B. 2002);; *see also* OR. REV. STAT. § 743A.325 (2024) (codifying access to care).
Rhode Island	2024 R.I. Pub. Laws 260 (H.B. 7577), *to be codified at* 23 R.I. GEN. LAWS §§ 23-100-1 *et seq.* (2024); 2023 Bill Text R.I. S.B. 2262 (enacted).
Vermont	2023 Vt. Laws 14 (H. 89); *see also* VT. STAT. ANN. tit. 8 § 4088m (2024) (codifying access to care).
Washington	2023 Wa. Sess. Laws 192 (H.B. 1340); 2023 Wa. Sess. Laws 193 (H.B. 1469); 2024 Wa. Sess. Laws 14 (H.B. 1954); *see also* 2021 Wa. Sess. Laws 280 (S.B. 5313); WASH. REV. CODE ANN. § 74.09.675 (LexisNexis 2024) (codifying access to care).

* "Shield" provision is Executive Order. Note: Arizona's shield bill does not apply to gender-affirming surgical care for minors, which is prohibited under the law.

APPENDIX C:
MAP OF STATES THAT HAVE PROHIBITED ACCESS TO PUBERTY-BLOCKING MEDICATION AND GENDER-AFFIRMING HORMONE THERAPY



APPENDIX D: PERCENTAGE OF EACH RACE/ETHNIC GROUP THAT IDENTIFIES AS TRANSGENDER, AGED 18 AND OLDER

Race/ethnicity	**Percent**	**Number**
White	0.5%	731,200
Black	0.6%	173,500
Asian	0.5%	77,300
American Indian/Alaska Native	0.9%	14,500
Latino/a/x/e	0.7%	289,700
Biracial, multiracial, other race/ethnicity	1.0%	50,900

APPENDIX E: RACIAL/ETHNIC DISTRIBUTION OF ADULTS AGED 18 AND OLDER WHO IDENTIFY AS TRANSGENDER AND OF THE U.S. POPULATION

Race/ethnicity	Percent of adults who identify as transgender	Percent of the adult U.S. population
White	54.7%	62.8%
Black	13.0%	12.1%
Asian	5.8%	6.0%
American Indian/Alaska Native	1.1%	0.6%
Latino/a/x/e	21.7%	16.4%
Biracial, multiracial, other race/ethnicity	3.8%	2.1%

APPENDIX F: PERCENTAGE OF EACH RACE/ETHNICITY GROUP THAT IDENTIFIES AS TRANSGENDER, AGED 13 TO 17

Race/ethnicity	**Percent**	**Number**
White	1.3%	138,800
Black	1.4%	39,600
Asian	1.0%	10,800
American Indian/Alaska Native	1.8%	3,000
Latino/a/x/e	1.8%	92,900
Biracial, multiracial, other race/ethnicity	1.5%	15,000

APPENDIX G: RACIAL/ETHNIC DISTRIBUTION OF YOUTH AGED 13 TO 17 WHO IDENTIFY AS TRANSGENDER AND OF THE U.S. POPULATION

Race/ethnicity	**Percent of those who identify as transgender aged 13 to 17**	**Percent of the U.S. population aged 13 to 17**
White	46.3%	51.3%
Black	13.2%	13.4%
Asian	3.6%	5.0%
American Indian/Alaska Native	1.0%	0.8%
Latino/a/x/e	31.0%	24.8%
Biracial, multiracial, other race/ethnicity	5.0%	4.7%

APPENDIX H: PERCENTAGE OF EACH RACIAL/ETHNIC GROUP LIVING IN STATES WITH BANS ON PUBERTY BLOCKING MEDICATIONS AND/OR GENDER-AFFIRMING HORMONE THERAPY, BY AGE GROUP

Race/ethnicity	**Under 18**	**18 and Older**
U.S. Population		
White	48.6%	46.0%
Black	57.7%	55.4%
Asian	25.0%	22.9%
American Indian/Alaska Native	41.7%	38.8%
Latino/a/x/e	40.1%	39.2%
Native Hawaiian/Pacific Islander	26.5%	23.0%
U.S. Adults who Identify as Transgender		
White	-	45.9%
Black	-	56.6%
Asian	-	22.2%
Latino/a/x/e	-	37.1%
All other race/ethnic groups	-	39.0%