



## APPENDIX: METHODOLOGY

This document is a methodological appendix to MAP’s April 2023 report *LGBTQ Policy Spotlight: Bans on Medical Care for Transgender People*, available at [www.mapresearch.org/2023-medical-care-bans-report](http://www.mapresearch.org/2023-medical-care-bans-report).

This report analyzes the recent legislative trend of state bills attacking best practice medical care for transgender people, and in particular, for transgender youth.

### Time Period Covered

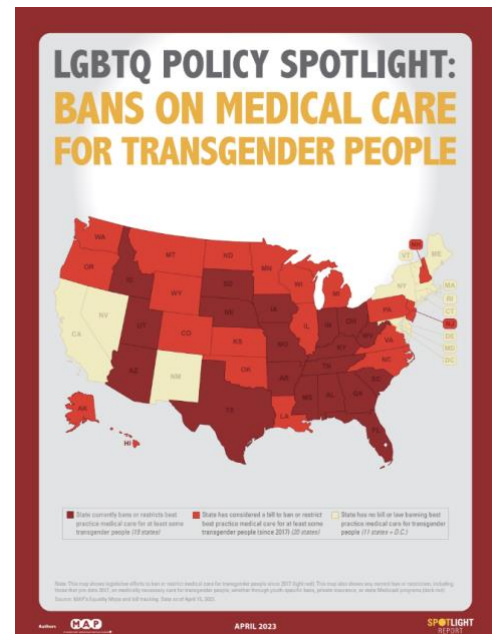
The first state bill seeking to ban best practice medical care for transgender youth was introduced in 2018. This report’s analysis extends back one year further (2017) to capture the legislative environment prior to that first bill.

### Identification of Bills

MAP identified over 250 bills attacking transgender people’s access to health care that were introduced in U.S. state legislatures between January 1, 2017, and April 1, 2023. This is a minimum estimate of the number of bills that would limit transgender people’s access to medically necessary care, as access to health care can be affected in many different ways, and this report excluded many types of bills to maintain a clear and narrow focus on the recent trend of bills that explicitly seek to ban or restrict gender-affirming care.

MAP used [BillTrack50](#) (BT50) to identify bills introduced between 2017 and 2023. MAP’s BT50 bill search queries included commonly used bill titles (“Help Not Harm Act,” “Vulnerable Child Protection Act,” etc) and words or phrases frequently used in these bills, such as hyper-specific medical terminology describing some aspects of gender-affirming care (“orchiectomy,” “supraphysiologic doses,” etc) or euphemisms for gender-affirming care (“sex reassignment,” “sex alteration,” etc). MAP further supplemented and cross-checked that research with bill tracking publicly provided by other LGBTQ movement and allied organizations, such as the [Equality Federation](#), Freedom For All Americans, the [ACLU](#), and, for 2023, the [Trans Formations Project](#).

MAP identified and excluded several types of bills to maintain the report’s focus on state-level bills that would ban or restrict transgender people’s access to gender-affirming care. Types of excluded bills are discussed in the report, and these include: federal bills; state resolutions; state religious exemption bills that allow individual medical providers to refuse to serve LGBTQ patients; state bills that protect parents who refuse to provide their children with gender-affirming care or support; and other similar types that attempt to disincentivize or discourage the provision of gender-affirming care but do not outright ban such care. These illustrate some of the many additional ways that opponents are attempting to undermine access to medically necessary care.





After excluding these types of bills, the report's final bill analysis data covers a total of 232 state bills introduced between January 1, 2017, and April 1, 2023. The total number of 2023 state bills attacking transgender health care continues to grow, but this report reflects the bills introduced by April 1, 2023.

## Coding and Analysis of Bills

MAP identified key bill provisions of interest, including age applicability or definition of minor, exceptions for intersex children, bans or restrictions on state funding, and the types of penalties or punishments/enforcement mechanisms.

Bills were initially coded in late January 2023, with regular conversations among MAP's policy staff and with other LGBTQ movement researchers when questions about coding or coding definitions arose. Revisions or clarifications to coding procedure were made as needed, including the addition of new provisions of interest, such as discriminatory definitions of sex and provisions that would force school staff to out transgender children to their parent(s). In mid-late March 2023, all bills were re-read for confirmation of coding, as well as to inspect for any amendments or substitutions to 2023 bills.

A bill was coded as having a particular provision no matter when in the bill's development that provision existed. For example, if a bill was introduced as a ban for transgender youth with no other provisions, but a later amendment added a ban for state funding, that bill is coded as having a ban on state funding.

Definitions of the different key provisions discussed in the report:

- **Year:** Year(s) that a bill was active in a state legislative session. If a bill showed activity in multiple years, MAP used National Conference of State Legislatures (NCSL) [resources](#) to check against that state's legislative session calendar to accurately code which year(s) the bill was active. For example, South Carolina's [H4716](#) was filed in November 2019 and heard in committee in January 2020. NCSL's resources showed that South Carolina's 2019 session adjourned in May 2019, so the November 2019 filing was simply a pre-filing for the 2020 session, and this bill was marked as active only in 2020. Four bills, however, were active in more than one year or session, and these are included in each relevant year.
- **Age applicability:** For bills targeting transgender youth, this captured the definition of "youth" or "minor" within each bill. In most cases, the term was either undefined or applied to those under age 18, but as shown in the report, some bills define youth or minor to include adults up to ages 19, 21, or 26. Additionally, some bills had no age limit at all, seeking to ban or restrict gender-affirming care regardless of age.
- **Definition of sex:** Whether the bill explicitly defined terms such as "sex," "biological sex," "biological female," "biological male," "gender," or otherwise specified how sex ought to be determined (e.g., "sex, as determined by sex organs, chromosomes, and endogenous hormone profiles"). In all cases, these definitions were discriminatory and exclusionary toward transgender people, seeking to ensure that transgender people can only be legally recognized as their sex assigned at birth.
- **Forced outing:** These provisions were often identically worded, illustrating again the coordinated and extremist effort pushing these bills and disseminating them nationwide: "No nurse, counselor, teacher, principal, or other administrative official at a public or private school attended by a minor shall ...Withhold from a minor's parent or legal guardian information



related to a minor's perception that his or her gender or sex is inconsistent with his or her sex.” In some of these bills, the forced outing provision applied to any government employee, not only school employees.

- **Intersex exceptions:** Whether the bill created exceptions to allow for surgeries or other medical interventions to be performed on intersex children or people. Typically, these were explicit exceptions using hyper-medicalized language, such as “disorder of sexual development” or specific chromosomal or “ambiguous genitalia” references. In some cases, these exceptions were also present via a definition of sex that specifically refers to “nonambiguous genitalia.”
- **Penalties or punishments:** Bills could, and often did, specify multiple potential penalties, punishments, or enforcement mechanisms. Bills were coded for as many such penalties as they specified, including an “Other punishment” category to capture less-common penalties.
  - **Attorney general can take action** – if a bill specifically named the attorney general as being able to take action to enforce the proposed ban.
  - **Child abuse or child welfare services** – if a bill specifically defined providing gender-affirming care as child abuse or child neglect, or if the bill specified that instances of providing care were required to be reported to child welfare services.
  - **Criminal charges** – if a bill specifically named that violations of the proposed ban were criminal offenses, including misdemeanors and felonies.
  - **Lawsuits** – if a bill specified that private or civil rights of action were available in response to violations of the proposed law. This is separate from whether the attorney general was specifically named or empowered to take action.
  - **Loss of medical license or other professional discipline** – if a bill specified that violations of the proposed ban would result in the medical provider’s loss or suspension of license or other disciplinary action by the state’s licensing board.
  - **Other** – used as a catch-all for less common penalties, such as Tennessee’s [HB1215](#) (2023) which would, if an insurer was found to have covered gender-affirming care *for anyone*, cost the insurer its contracts to provide health insurance with/for the state (e.g., to be a contracted Medicaid provider in the state).
- **Restrictions on private insurers:** Whether the bill placed any explicit restrictions on private insurers (such as prohibiting the coverage or reimbursement of gender-affirming care), or explicitly allowed private insurers to categorically refuse to cover gender-affirming care. This cuts off yet another avenue through which transgender people or their families might be able to access or afford medical care.
- **Restrictions on state funding:** Whether the bill placed any explicit restrictions on state or public funds from going toward gender-affirming care. In some instances, these were total bans on any state funding, and in other instances these applied only to specific settings like a state’s Medicaid program, people in prison or state custody, and so on.
- **Targets:** While most bills targeted medical providers (such as through loss of license or professional discipline), many were written in ways that either explicitly or implicitly applied to other people, such as parents of transgender children.
- **Other provisions:** provisions that do not fall into one of the above categories.