

EDITORS' INTRODUCTION: Transgender Health Equity and the Law

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Abstract: The sheer gamut of issues impacting transgender health equity may seem overwhelming. This article seeks to introduce readers to the breadth of topics addressed in this symposium edition, exemplifying that transgender health equity is a global issue that demands an interdisciplinary approach.

This special edition of the *Journal of Law, Medicine & Ethics* comes at a critical time — a time when legislators in multiple states across the country have proposed the highest number of anti-LGBTQ+ bills in recent history.¹ Transgender communities, here defined inclusively to include transgender, nonbinary, genderqueer and all those whose gender identity does not match their sex assigned at birth, have been particularly affected. Lawmakers in 26 states introduced bills to ban transgender youth from accessing health care; health care which the American Medical Association, the American Academy of Pediatrics, the American Psychiatric Association, and the American Academy of Child & Adolescent Psychiatry all recognize as medically appropriate care.² Transgender youths' ability to participate in athletics,

ability to use facilities such as bathrooms and locker rooms according to their gender identity, and ability to be raised in a supportive home with their families are also being debated — and restricted — in the legislative and public sphere.³

These laws and attendant public discourse negatively impact transgender people by increasing stigma and discrimination, as well as in some cases by specifically eliminating access to gender-affirming health care services. Transgender people already experience health inequities at a disparate rate compared to their cisgender peers, including increased rates of mental health disorders, substance use disorders, sexual and physical violence, and sexually transmitted infections. Transgender people, particularly transgender women, experience violent injury and death at an disturbingly disparate rate.⁴ Suicidality rates are also alarming, with the most recent survey of transgender adults in the United States finding a suicide attempt rate nearly nine times that of the general population,⁵ and nearly 35% of transgender youth reporting a suicide attempt in a 2017 Centers for Disease Control study.

By contrast, support and affirmation of transgender people is associated with positive health outcomes.⁶ For example, a 2021 survey of transgender youth by The Trevor Foundation found that youth who had access to social support and gender affirmation — including use of gender-affirming pronouns, clothing, and access to legal name and gender changes — were significantly less likely to attempt suicide.⁷ Other studies have examined the impact of access to affirmative medical treatment. A 2020 study compared the psychological well-being of transgender adolescents before and after receiving puberty suppression with their cisgender peers and transgender youth who had been referred to a gender affirming clinic but had not

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received puberty suppression. The study found that while transgender youth prior to treatment generally reported more emotional and behavioral issues and self-harm or suicidal ideation than their cisgender peers, those transgender youth who received affirming medical care inclusive of puberty suppression reported similar or better psychological well-being than their cisgender peers, and better psychological well-being than their transgender peers who received care through a gender affirming clinic without receiving puberty suppression.⁸ Another study found that when adolescents who desired puberty suppression were provided with this treatment, there was a significant association with lowered suicidal ideation across the person's lifetime.⁹ Short-term studies of transgender adolescents and young adults within the first year of receiving puberty suppression or gender-affirming hormones show similar outcomes.¹⁰

Researchers have also examined the impact of discriminatory experiences on health outcomes for LGBTQ+ populations. Early research by Ilan Meyer described the concept of minority stress theory, which posits that discrimination and stigma bring about unique stressors which ultimately negative impacts both physical and mental health outcomes.¹⁴ Other researchers have subsequently studied the impact of policy and associated stigma and discrimination on LGBTQ+ populations in a variety of situations, including youth suicide rates and local level ecological factors,¹⁵ youth suicide attempts and anti-bullying policy,¹⁶ and psychiatric issues and state-level measures of LGBTQ+ related policy.¹⁷ While earlier research tended to focus primarily on lesbian, gay, and bisexual individuals, researchers are increasingly centering transgender and gender diverse populations as they examine the impact of law and policy on health

As this brief overview of the issues illustrates, law and policy can have a profound impact on health outcomes for transgender people individually and the health of transgender populations broadly. Beyond the health impacts described above, housing discrimination, workplace discrimination, access to public accommodations, and other social determinants of health are all implicated when considering transgender health equity. This symposium edition provides an opportunity for scholars working in this field to shed light on particular areas of inquiry.

Public health law scholars study law as an important additional tool to impact public health issues.¹¹ Transgender health equity, like other public health issues, can be positively or negatively impacted by state and federal laws. A growing evidence base supports the intuitive proposition that laws which support inclusion and fight discrimination have a positive impact on health outcomes for transgender people. For example, a study by Baumle et al.¹² examined the impact of federal employment laws providing protections for sexual orientation and gender identity in states which fail to provide these protections, and found that complaints filed before the federal Equal Employment Opportunity Commission in such states were of a more serious nature and featured higher incidents of harassment than complaints filed in states with state-based protections. The researchers concluded that their findings “provide evidence that legal and sociopolitical context are likely shaping the discriminatory experiences and disputing behaviors of LGBT individuals.”¹³

outcomes.¹⁸ Wesp and colleagues created a new conceptual framework, the Intersectionality Research for Transgender Health Justice (IRTHJ) Framework, for examining structural forms of injustice, including policies, and their impact on transgender populations' health.¹⁹ Reisner and colleagues specifically examined how legal protections, and lack thereof, for transgender and gender minority populations impacted their ability to access health care.²⁰ Legal scholars are actively working to understand how recent legal cases, some protective like *Obergefell v. Hodges* (marriage equality) and *Bostock v. Clayton County* (employment discrimination),²¹ and some regressive like *Dobbs v. Jackson Women's Health Organization* (abortion access) are impacting the lived experiences of transgender people and their experiences of stigma and discrimination.²² Other topics are currently in litigation and, though scholars will most certainly be analyzing the impact of the cases, are so new that there is little legal scholarship available. Skilled litigators are developing our understanding not just by developing new

precedent, but also by educating the public about the issues implicated in recent litigation.²³

Along with litigation and state level laws, federal regulatory regimes play an important role in access to care and health equity. Since the passage of the Patient Protection and Affordable Care Act (ACA)²⁴, the law's antidiscrimination provision, known as Section 1557, has been caught in a regulatory tug-of-war between successive presidential administrations, which have vigorously disagreed on whether that provision's bar on sex discrimination should be interpreted to include discrimination on the basis of sexual orientation or gender identity — including requiring public and private insurance providers to cover gender-affirming care.²⁵ At the time of publication, the Biden administration has published a new proposed rule regarding its interpretation of Section 1557, which would reinstate provisions forbidding discrimination on the basis of gender identity and requiring covered entities to provide gender-affirming care. This interpretation of the provision's scope is consistent with the Supreme Court's ruling in *Bostock v. Clayton County*, 140 S. Ct. 1731 (2020), that the federal employment law Title VII's analogous bar on sex discrimination also encompassed homosexuality and transgender status. If the final rule includes this provision, it does not preclude court cases challenging it, but would be a positive movement towards more inclusive medical care for transgender communities.

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We begin with an article by Aoife O'Connor and colleagues which puts the topic of transgender health equity in the context of global health.²⁶ The article provides an overview and analysis of international law and human rights as it relates to transgender communities. The authors conclude that “unencumbered legal recognition of gender identity and expression under international human rights law should be central to advancing global health.”

Florence Ashley examines rights and equality through the legal and social landscape of conversion practices, “attempts to alter, discourage, or suppress

a person's gender identity and/or desired gender presentation, including by delaying or preventing gender transition.”²⁷ They walk the reader through a description of transgender conversion practices and research regarding its impact, examining the legal landscape with a particular emphasis on the analysis of expressive equality. They examine concepts of professional responsibility for both medical and legal practitioners and ultimately make the case that those who wish to practice conversion therapy, not those who oppose it, bear the burden of justifying the practice.

The next two articles explore issues of health care access and coverage for transgender communities. Poteat and Simmons write about their innovative research project, TRANSforming the Carolinas, where they study the impact of multiple identities and structural disparities on transgender communities in North and South Carolina.²⁸ Their research, designed to eliminate health disparities for transgender people of color living with HIV, provides insight into how policy impacts this population, both through policy analysis and through input from the community itself. Importantly, this study emphasizes the inclusion of transgender people and their self-identified needs in structuring recommendations for policy and practice interventions.

Baker and Restar also examine access to care in their article studying private insurance utilization and costs for gender-affirming care.²⁹ Their study seeks to fill gaps in the literature regarding gender-affirming care as insurers see increased requests for these important services. Their data can help inform policymakers as states continue to determine when and if gender-affirming care will be provided. It can also serve to inform federal policymakers as they promulgate a final rule under section 1557 of the Affordable Care Act, discussed above, and other policies increasing access to services for transgender people.

Kukura examines a specific topic of concern under current policy circumstances: transgender pregnancy.³⁰ Kukura discusses barriers to transgender people assigned female at birth and access to culturally appropriate pregnancy and postpartum care. As she aptly writes, this article is important “as scholars move beyond questions asked in some early literature about *whether* trans people should get pregnant to focus instead on how to best meet the needs of [transgender] people during pregnancy and childbirth.”

A final article from Kinney and colleagues surveys the current legislative anti-transgender backlash and offers a gender equity impact tool for use in creating more equitable and transgender inclusive policies going forward.³¹ The proposed tool, designed for policymakers, advocates, and community members, and

Figure 1

Glossary of Terms

These terms and definitions are taken from the National LGBTQIA+ Health Education Center, a Program of the Fenway Institute. For a full list of terms regarding sexuality and gender identity, please see <https://www.lgbtqihealtheducation.org/publication/lgbtqi-glossary-of-terms-for-health-care-teams/>

Agender (adjective)	Describes a person who identifies as having no gender, or who does not experience gender as a primary identity component.
Assigned female at birth/Assigned male at birth (noun)	Refers to the sex that is assigned to an infant, most often based on the infant's anatomical and other biological characteristics. Commonly abbreviated as AFAB (assigned female at birth) or AMAB (assigned male at birth).
Bigender (adjective)	Describes a person whose gender identity combines two genders.
Cisgender (adjective)	Person whose gender identity is consistent in a traditional sense with their sex assigned at birth; for example, a person assigned female sex at birth whose gender identity is woman/female. The term cisgender comes from the Latin prefix <i>cis</i> , meaning "on the same side of."
Gender-affirming hormone therapy (noun)	Feminizing and masculinizing hormone treatment to align secondary sex characteristics with gender identity.
Gender (noun)	The characteristics and roles of women and men according to social norms. While sex is described as female, male, and intersex, gender can be described as feminine, masculine, androgynous, and much more.
Gender affirmation (noun)	The process of making social, legal, and/or medical changes to recognize, accept, and express one's gender identity. Social changes can include changing one's pronouns, name, clothing, and hairstyle. Legal changes can include changing one's name, sex designation, and gender markers on legal documents. Medical changes can include receiving gender-affirming hormones and/or surgeries. Although this process is sometimes referred to as transition, the term gender affirmation is recommended.
Gender-affirming surgery (GAS) (noun)	Surgeries to modify a person's body to be more aligned with that person's gender identity. Types of GAS include chest and genital surgeries, facial feminization, body sculpting, and hair removal.
Gender binary structure (noun)	The idea that there are only two genders (girl/woman and boy/man), and that a person must strictly fit into one category or the other.
Gender-diverse (adjective)	Describes the community of people who fall outside of the gender binary structure (e.g., non-binary, genderqueer, gender fluid people).
Gender dysphoria (noun)	Distress experienced by some people whose gender identity does not correspond with their sex assigned at birth. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) includes gender dysphoria as a diagnosis for people whose distress is clinically significant and impairs social, occupational, or other important areas of functioning. The degree and severity of gender dysphoria is highly variable among transgender and gender-diverse people.
Gender expression (noun)	The way a person communicates their gender to the world through mannerisms, clothing, speech, behavior, etc. Gender expression varies depending on culture, context, and historical period.
Gender fluid (adjective)	Describes a person whose gender identity is not fixed. A person who is gender fluid may always feel like a mix of more than one gender, but may feel more aligned with a certain gender some of the time, another gender at other times, both genders sometimes, and sometimes no gender at all.
Gender identity (noun)	A person's inner sense of being a girl/woman/female, boy/man/male, something else, or having no gender.
Gender role (noun)	A set of societal norms dictating what types of behaviors are considered acceptable, appropriate, or desirable for a person based on their actual or perceived gender. These roles change with time, culture, context, and interpersonal relationships.
Genderqueer or gender queer (adjective)	An umbrella term that describes a person whose gender identity falls outside the traditional gender binary of male and female. Some people use the term gender expansive.

Intersex (adjective)	Describes a group of congenital conditions in which the reproductive organs, genitals, and/or other sexual anatomy do not develop according to traditional expectations for females or males. Intersex can also be used as an identity term for someone with one of these conditions. The medical community sometimes uses the term differences of sex development (DSD) to describe intersex conditions; however, the term intersex is recommended by several intersex community members and groups.
Misgender (verb)	To refer to a person by a pronoun or other gendered term (e.g., Ms./Mr.) that incorrectly indicates that person's gender identity.
Chosen Name/Name Used (noun)	The name a person goes by and wants others to use in personal communication, even if it is different from the name on that person's insurance or identification documents (e.g., birth certificate, driver's license, and passport). Chosen name is recommended over preferred name.
Outing (verb)	Involuntary or unwanted disclosure of another person's sexual orientation or gender identity.
Non-binary (adjective)	Describes a person whose gender identity falls outside of the traditional gender binary structure of girl/woman and boy/man. Sometimes abbreviated as NB or enby.
Pronouns (noun)	Pronouns are the words people should use when they are referring to you, but not using your name. Examples of pronouns are she/her/hers, he/him/his, and they/them/theirs. The appropriate phrasing is "What are your pronouns?" when seeking this information.
Queer (adjective)	An umbrella term describing people who think of their sexual orientation or gender identity as outside of societal norms. Some people view the term queer as more fluid and inclusive than traditional categories for sexual orientation and gender identity. Although queer was historically used as a slur, it has been reclaimed by many as a term of empowerment. Nonetheless, some still find the term offensive.
Questioning (adjective)	Describes a person who is unsure about, or is exploring their sexual orientation and/or gender identity.
Sex assigned at birth (noun)	The sex (male or female) assigned to an infant, most often based on the infant's anatomical and other biological characteristics. Sometimes referred to as birth sex, natal sex, biological sex, or sex; however, sex assigned at birth is the recommended term.
Transgender (adjective)	Describes a person whose gender identity and sex assigned at birth do not correspond based on traditional expectations; for example, a person assigned female sex at birth who identifies as a man; or a person assigned male sex at birth who identifies as a woman. Transgender can also include people with gender identities outside the girl/woman and boy/man gender binary structure; for example, people who are gender fluid or non-binary. Sometimes abbreviated as trans.
Trans man/transgender man (noun)	A transgender person whose gender identity is boy/man/male may use these terms to describe themselves. Some will use the term man.
Trans woman/transgender woman (noun)	A transgender person whose gender identity is girl/woman/female may use these terms to describe themselves. Some will use the term woman.
Trans feminine (adjective)	Describes a person who was assigned male sex at birth and identifies with femininity to a greater extent than with masculinity.
Trans masculine (adjective)	Describes a person who was assigned female sex at birth and identifies with masculinity to a greater extent than with femininity.
Transphobia (noun)	Discrimination towards, fear, marginalization, and hatred of transgender people or those perceived as transgender. Individuals, communities, policies, and institutions can be transphobic.
Transsexual (adjective)	A term used sometimes in the medical literature or by some transgender people to describe people who have gone through the process of medical gender affirmation treatments (i.e., gender-affirming hormones and surgeries).
Two-Spirit (adjective)	Describes a person who embodies both a masculine and a feminine spirit. This is a culture-specific term used among some Native American, American Indian, and First Nations people.

building on the work of those in the field of diversity, equity, and inclusion, centers insights from transgender community members through use of a community advisory board (CAB). The CAB, as the authors write, is at the heart of the tool and represents “an ongoing commitment *with* and *by* community for [transgender] inclusion and equity.” We hope that this tool provides interested readers a tangible roadmap to working toward creating more equitable policies and societal structures to move the needle on transgender health equity.

This edition concludes with an essay by pioneering transgender advocate Jamison Green, a former President of the World Professional Association for Transgender Health.³² Dr. Green provides a revelatory personal historical perspective on the decades-long struggle of transgender people to be treated with human dignity and professional competence by providers and the health care system. As Dr. Green’s poignant essay showcases, transgender communities themselves are the true experts on the issues impacting them. Researchers have long recognized the importance of community participation in attaining better health policy outcomes.³³ To that end, we sought to ensure that all articles involved members of the community as authors, co-authors, and/or reviewers. We encourage those who read this symposium edition and want to work to create more inclusive policy to ensure that part of your process is inviting transgender community members to the table and meaningfully engaging with them.

The sheer gamut of issues impacting transgender health equity may seem overwhelming. As the breadth of topics addressed in this symposium exemplifies, transgender health equity is a global issue that demands an interdisciplinary approach. Even the variation in the terms that are used to describe the community within these pages testifies to the range of life experiences — and corresponding health equity challenges — borne by transgender people. However, the papers in this symposium also demonstrate the profound and cumulative benefits of incremental policy changes and advancements in learning that have steadily improved health outcomes over time. Whether the reader seeks to garner a beginning understanding of transgender health equity, or is a scholar, practitioner, or policymaker already involved in this work, we hope this symposium provides an enhanced understanding of the public health imperative of working to improve health equity for transgender communities, and how law and policy can be used as a tool to do so.

Note

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References

1. M. Laviertes and E. Ramos, “Nearly 240 Anti-LGBTQ Bills Filed in 2022 so Far, Most of Them Targeting Trans People,” *NBC News*, March 20, 2022, available at <<https://www.nbcnews.com/nbc-out/out-politics-and-policy/nearly-240-anti-lgbtq-bills-filed-2022-far-targeting-trans-people-rcna20418>> (last visited August 15, 2022); M. Block, “Hundreds of Anti-LGBTQ Bills Have Already Been Introduced This Year. Here May Be Why,” *NPR*, April 14, 2022, sec. Law, available at <<https://www.npr.org/2022/04/14/1092904560/hundreds-of-anti-lgbtq-bills-have-already-been-introduced-this-year-here-may-be-why>> (last visited August 15, 2022); K. Butler, “Anti-LGBTQ Proposals Are Flooding U.S. State Legislatures at a Record Pace,” *Bloomberg.Com*, April 8, 2022, available at <<https://www.bloomberg.com/news/articles/2022-04-08/mapping-the-anti-lgbtq-proposals-flooding-u-s-state-legislatures>> (last visited August 15, 2022).
2. K. L. Kraschel, A. Chen, J. L. Turban, and I. G. Cohen. “Legislation Restricting Gender-Affirming Care for Transgender Youth: Politics Eclipse Healthcare,” *Cell Reports Medicine* 3, no. 8 (2022), available at <<https://doi.org/10.1016/j.xcrm.2022.100719>> (last visited October 6, 2022).
3. Associate Press, “Lawmakers Advance Transgender Bathroom Bill,” *US News & World Report*, April 5, 2022, available at <www.usnews.com/news/best-states/alabama/articles/2022-04-05/lawmakers-advance-transgender-bathroom-bill> (last visited August 15, 2022); D. W. Chen, “Transgender Athletes Face Bans From Girls’ Sports in 10 U.S. States,” *The New York Times*, May 24, 2022, sec. Sports, available at <<https://www.nytimes.com/article/transgender-athlete-ban.html>> (last visited August 15, 2022); E. Klibanoff, “Texas Resumes Investigations into Parents of Trans Children, Families’ Lawyers Confirm,” *The Texas Tribune*, May 20, 2022, available at <<https://www.texastribune.org/2022/05/20/trans-texas-child-abuse-investigations/>> (last visited August 15, 2022).
4. See e.g. Human Rights Campaign, “A National Epidemic: Fatal Anti-Transgender Violence in America,” 2018, available at <<https://www.hrc.org/resources/a-national-epidemic-fatal-anti-transgender-violence-in-america-in-2018>> (last visited August 15, 2022); Human Rights Campaign, “Fatal Violence Against the Transgender and Gender Non-Conforming Community in 2021,” 2021, available at <<https://www.hrc.org/resources/fatal-violence-against-the-transgender-and-gender-non-conforming-community-in-2021>> (last visited August 15, 2022); Human Rights Campaign, “Violence Against the Transgender Community in 2019,” 2019, available at <<https://www.hrc.org/resources/violence-against-the-transgender-community-in-2019>> (last visited August 15, 2022).
5. S.E. James et al., “The Report of the 2015 U.S. Transgender Survey,” 2016.
6. See e.g. L. Dawson, J. Kates, and M. Musumeci, “Youth Access to Gender Affirming Care: The Federal and State Policy Landscape,” *KFF* (blog), June 1, 2022, available at <<https://www.kff.org/other/issue-brief/youth-access-to-gender-affirming-care-the-federal-and-state-policy-landscape/>> (last visited August 15, 2022); D. M. Tordoff et al., “Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care,” *JAMA Network Open* 5, no. 2 (2022): e220978, <https://doi.org/10.1001/jamanetworkopen.2022.0978>; A. E. Green et al., “Association of Gender-Affirming Hormone Therapy With Depression, Thoughts of Suicide, and Attempted Suicide Among Transgender and Nonbinary Youth,” *Journal of Adolescent Health* 70, no. 4 (2022): 643–49, <https://doi.org/10.1016/j.jadohealth.2021.10.036>; J. M. W. Hughto et al., “Social and Medical Gender Affirmation Experiences Are Inversely Associated with Mental Health Problems in a U.S. Non-Probability Sample of Transgender Adults,” *Archives of Sexual Behavior* 49, no. 7 (2020): 2635–2647, available at

- <<https://doi.org/10.1007/s10508-020-01655-5>> (last visited Oct. 4, 2022).
7. The Trevor Project, "The Trevor Project National Survey on LGBTQ Youth Mental Health 2021," 2021, available at <<https://www.TheTrevorProject.org/survey-2021/>> (last visited August 15, 2022). See also K. Olson, et al., "Mental Health of Transgender Children Who Are Supported in Their Identities," *Pediatrics* 137, no. 3 (2016): e20153223, doi:10.1542/peds.2015-3223.
 8. A. I. R. van der Miesen et al., "Psychological Functioning in Transgender Adolescents Before and After Gender-Affirmative Care Compared With Cisgender General Population Peers," *Journal of Adolescent Health* 66, no. 6 (2020): 699–704, available at <<https://doi.org/10.1016/j.jadohealth.2019.12.018>> (last visited Oct. 4, 2022).
 9. J. L. Turban et al., "Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation," *Pediatrics* 145, no. 2 (2020): e20191725, available at <<https://doi.org/10.1542/peds.2019-1725>> (last visited Oct. 4, 2022).
 10. Tordoff et al., *supra* note 6. Less is known about its association with mental health immediately after initiation of care. To investigate changes in mental health over the first year of receiving gender-affirming care and whether initiation of puberty blockers (PBs)
 11. S. Burris, "From Health Care Law to the Social Determinants of Health: A Public Health Law Research Perspective," SSRN Scholarly Paper (Rochester, NY: Social Science Research Network, February 14, 2011), available at <<http://papers.ssrn.com/abstract=1761425>> (last visited August 15, 2022); S. Burris et al., "Better Health Faster: The 5 Essential Public Health Law Services," *Public Health Reports* 131, no. 6 (2016): 747–753, available at <<https://doi.org/10.1177/0033354916667496>> (last visited October 4, 2022); S. Burris et al., "A Transdisciplinary Approach to Public Health Law: The Emerging Practice of Legal Epidemiology," *Annual Review of Public Health* 37, no. 1 (2016): 135–48, <https://doi.org/10.1146/annurev-publhealth-032315-021841>; S. Burris et al., "Making the Case for Laws That Improve Health: A Framework for Public Health Law Research," *The Milbank Quarterly* 88, no. 2 (2010): 169–210, available at <<https://doi.org/10.1111/j.1468-0009.2010.00595.x>> (last visited Oct. 4, 2022); L. O. Gostin and L. F. Wiley, *Public Health Law: Power, Duty, Restraint*, 3rd ed. (Los Angeles: University of California Press, 2016); W. E. Parmet and A. Robbins, "A Rightful Place for Public Health in American Law," *The Journal of Law, Medicine & Ethics* 30, no. 2 (2002): 302–304, available at <<https://doi.org/10.1111/j.1748-720X.2002.tb00397.x>> (last visited Oct. 4, 2022).
 12. A. K. Baumle, M. V. L. Badgett, and S. Boutcher, "New Research on Sexual Orientation and Gender Identity Discrimination: Effect of State Policy on Charges Filed at the EEOC," *Journal of Homosexuality* (2019): 1–10, available at <<https://doi.org/10.1080/00918369.2019.1603494>> (last visited Oct. 4, 2022).
 13. *Id.*, at 8.
 14. I. H. Meyer, "Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence," *Psychological Bulletin* 129, no. 5 (2003): 674–697, available at <<https://doi.org/10.1037/0033-2909.129.5.674>> (last visited Oct. 4, 2022).
 15. D. T. Duncan and M. L. Hatzenbuehler, "Lesbian, Gay, Bisexual, and Transgender Hate Crimes and Suicidality Among a Population-Based Sample of Sexual-Minority Adolescents in Boston," *American Journal of Public Health* 104, no. 2 (2014): 272–278, available at <<https://doi.org/10.2105/AJPH.2013.301424>> (last visited Oct. 4, 2022).
 16. M. L. Hatzenbuehler and K. M. Keyes, "Inclusive Anti-Bullying Policies and Reduced Risk of Suicide Attempts in Lesbian and Gay Youth," *The Journal of Adolescent Health: Official Publication of The Society for Adolescent Medicine* 53, no. 10 (2013): S21–26, available at <<https://doi.org/10.1016/j.jadohealth.2012.08.010>>.
 17. M. L. Hatzenbuehler, K. M. Keyes, and D. S. Hasin, "State-Level Policies and Psychiatric Morbidity in Lesbian, Gay, and Bisexual Populations," *American Journal of Public Health* 99, no. 12 (2009): 2275–81, <https://doi.org/10.2105/AJPH.2008.153510>.
 18. J. R. Blosnich et al., "Mental Health of Transgender Veterans in US States With and Without Discrimination and Hate Crime Legal Protection," *American Journal of Public Health* 106, no. 3 (2016): 534–40, <https://doi.org/10.2105/AJPH.2015.302981>; T. Goldenberg et al., "State-Level Transgender-Specific Policies, Race/Ethnicity, and Use of Medical Gender Affirmation Services among Transgender and Other Gender-Diverse People in the United States," *The Milbank Quarterly* 98, no. 3 (2020): 802–46, <https://doi.org/10.1111/1468-0009.12467>; S. L. Budge et al., "The Intersection of Race, Sexual Orientation, Socioeconomic Status, Trans Identity, and Mental Health Outcomes," *The Counseling Psychologist* 44, no. 7 (2016): 1025–49, <https://doi.org/10.1177/0011000015609046>.
 19. L. M. Wesp et al., "Intersectionality Research for Transgender Health Justice: A Theory-Driven Conceptual Framework for Structural Analysis of Transgender Health Inequities," *Transgender Health* 4, no. 1 (2019): 287–96, <https://doi.org/10.1089/trgh.2019.0039>. Intersectionality Research for Transgender Health Justice (IRTHJ)
 20. S. L. Reinsner et al., "Legal Protections in Public Accommodations Settings: A Critical Public Health Issue for Transgender and Gender-Nonconforming People: Protecting Transgender People in Public Accommodations," *Milbank Quarterly* 93, no. 3 (2015): 484–515, <https://doi.org/10.1111/1468-0009.12127>. housing, credit, public education, and hate crimes. The law does not, however, protect against discrimination in public accommodations (eg, hospitals, health centers, transportation, nursing homes, supermarkets, retail establishments)
 21. P. S. Katz, "Now Something for the Glass Half-Empty Crowd: *Bostock v. Clayton County, Georgia* Explained," *Tulane Journal of Law and Sexuality: A Review of Sexual Orientation and Gender Identity in the Law* 30 (2021): 53–90; J. Reilly, "Bostock's Effect on the Future of the ADA's Gender Identity Disorder Exclusion: Transgender Civil Rights and Beyond," *San Diego Law Review* 59, no. 1 (March 15, 2022): 181, <https://doi.org/2022>.
 22. J. Esseks, "The Roe Draft Signals a Potential New Front in the Already-Raging War Against the LGBTQ Community," *American Civil Liberties Union* (blog), May 9, 2022, available at <<https://www.aclu.org/news/lgbtq-rights/the-roe-draft-signals-a-potential-new-front-in-the-already-raging-war-against-the-lgbtq-community>> (last visited August 15, 2022); Transgender Legal Defense & Education Fund, "TLDEF's Response to SCOTUS Decision in *Dobbs v. Jackson Women's Health Organization* - Transgender Legal Defense And Education Fund, Inc.," 2022, available at <<https://transgender-legal.org/stay-informed/tldefs-response-to-scotus-decision-in-dobbs-v-jackson-womens-health-organization/>> (last visited August 15, 2022).
 23. L. Legal, "Order Granting Plaintiffs Voes' and Roes' Applications for Temporary Injunction Against Jamie Masters," Lambda Legal, July 8, 2022, available at <https://www.lambdalegal.org/in-court/legal-docs/pflag-v-abbott_tx_20220708_order-granting-voes-and-roes-applications-for-temporary-injunction-0> (last visited August 15, 2022); Equality Texas, "Resources for Parents of Texas Trans Youth," *Equality Texas* (blog), 2022, available at <<https://www.equalitytexas.org/resources-for-parents-of-texas-trans-youth/>> (last visited August 15, 2022).
 24. C. B. Rangel, "H.R.3590 - 111th Congress (2009-2010): Patient Protection and Affordable Care Act," webpage, March 23, 2010, 2009/2010, available at <<https://www.congress.gov/bill/111th-congress/house-bill/3590>> (last visited August 15, 2022).
 25. See Office for Civil Rights (OCR), Office of the Secretary, HHS, "Nondiscrimination in Health Programs and Activities. Final Rule," *Federal Register* 81, no. 96 (May 18, 2016): 31375–

- 473color, national origin, sex, age, or disability in certain health programs and activities. The final rule clarifies and codifies existing nondiscrimination requirements and sets forth new standards to implement Section 1557, particularly with respect to the prohibition of discrimination on the basis of sex in health programs other than those provided by educational institutions and the prohibition of various forms of discrimination in health programs administered by the Department of Health and Human Services (HHS or the Department; *Franciscan Alliance, Inc. v. Burwell*, 227 F. Supp. 3d 660 (Dist. Court 2016); Office for Civil Rights (OCR), Office of the Secretary, HHS, "Nondiscrimination in Health and Health Education Programs or Activities" *Federal Register* 85, no.119 (June 19, 2020): 37160-248; *Bostock v. Clayton Cnty., Georgia*, 140 S. Ct. 1731 (2020); *Whitman-Walker Clinic, Inc. v. U.S. Dept of Health & Hum. Servs.*, 485 F. Supp. 3d 1, 10 (D.D.C. 2020).
26. A. O'Connor, M. Seunik, and B. Radi, et al., "Transcending the Gender Binary under International Law: Advancing Health-Related Human Rights for Trans* Populations," *The Journal of Law, Medicine & Ethics* 50, no. 3 (2022): 409-424.
 27. F. Ashley, "Transporting the Burden of Justification: The Unethicality of Transgender Conversion Practices," *The Journal of Law, Medicine & Ethics* 50, no. 3 (2022): 425-442.
 28. T. Poteat and A. Simmons, "Equity Intersectional Structural Stigma, Community Priorities, and Opportunities for Transgender Health Equity: Findings from TRANSforming the Carolinas," *The Journal of Law, Medicine & Ethics* 50, no. 3 (2022): 443-455.
 29. K. Baker and A. Restar, "Utilization and Costs of Gender-Affirming Care in a Privately Insured Transgender Population," *The Journal of Law, Medicine & Ethics* 50, no. 3 (2022): 456-470.
 30. E. Kukura, "Reconceiving Reproductive Health Systems: Caring for Trans, Nonbinary, and Gender-Expansive People During Pregnancy and Childbirth," *The Journal of Law, Medicine & Ethics* 50, no. 3 (2022): 471-488.
 31. M. K. Kinney, T. E. Pearson, and J. R. Aoki, "Improving 'Life Chances': Surveying the Anti-Transgender Backlash, and Offering a Transgender Equity Impact Assessment Tool for Policy Analysis," *The Journal of Law, Medicine & Ethics* 50, no. 3 (2022): 489-508.
 32. J. Green, "Essay: Unbending the Light: Changing Laws and Policies to Make Transgender Health Visible; Reflections of an Advocate," *The Journal of Law, Medicine & Ethics* 50, no. 3 (2022): 509-518.
 33. V. Haldane et al., "Community Participation in Health Services Development, Implementation, and Evaluation: A Systematic Review of Empowerment, Health, Community, and Process Outcomes," *PLOS ONE* 14, no. 5 (2019): e0216112, available at <<https://doi.org/10.1371/journal.pone.0216112>> (last visited Oct. 4, 2022); B. M. Meier, C. Pardue, and L. London, "Implementing Community Participation through Legislative Reform: A Study of the Policy Framework for Community Participation in the Western Cape Province of South Africa," *BMC International Health and Human Rights* 12, no. 1 (2012): 15, available at <<https://doi.org/10.1186/1472-698X-12-15>> (last visited Oct. 4, 2022); C. Marston et al., "Community Participation for Transformative Action on Women's, Children's and Adolescents' Health," *Bulletin of the World Health Organization* 94, no. 5 (2016): 376-382, available at <<https://doi.org/10.2471/BLT.15.168492>> (last visited Oct. 5, 2022).