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# Bodily Autonomy Rights Under Threat

Data and analysis of bans, protections, and legislative proposals related to abortion and gender-affirming care

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## I. Introduction

Attacks on bodily autonomy rights are escalating across the United States, severely restricting or eliminating access to essential health care like abortion and gender-affirming care. Opponents of abortion have used a variety of tactics to chip away at access to that care, and now, anti-transgender advocates are borrowing the anti-abortion playbook to attack gender-affirming care.<sup>1</sup>

For more than fifty years, opponents of abortion imposed a wide range of barriers to restrict access to legal abortion care.<sup>2</sup> These barriers were designed to challenge the abortion rights legal framework established in *Roe v. Wade*. In 2022, these calculated attacks achieved their purpose: the Supreme Court overturned *Roe* in *Dobbs v. Jackson Women's Health Organization* and eliminated nearly 50 years of precedent protecting the constitutional right to abortion.<sup>3</sup>

Early attacks on abortion access included a wave of parental involvement laws across states that severely hinder a minor's ability to receive an abortion. These attacks later escalated to targeting providers through medically unnecessary abortion restrictions, such as gestational bans, reason bans, mandatory waiting periods, and Targeted Regulation of Abortion Providers ("TRAP Laws") that singled out abortion providers and facilities with unnecessary and burdensome legal requirements in hopes of making abortion more difficult to access and ultimately, pushing it out of reach entirely.<sup>4</sup> Additionally, federal lawmakers also attempted to further limit abortion access at the national level by prohibiting funding for abortion care in federal health insurance programs, delaying and, in some cases, preventing primarily low-income communities and communities of color from accessing this essential care.<sup>5</sup> Step by step, opponents of abortion have built a complex ecosystem of laws and policies that serve as a blueprint for severely limiting access to care. Anti-transgender lawmakers are now using that same playbook to attack gender-affirming care.

Like abortion care, access to gender-affirming care is a human right and essential health care. Yet more than half of states have also banned access to gender-affirming care for transgender youth, forcing thousands of families to travel across the country for this life-saving and life-affirming treatment.<sup>6</sup> Many of these state bans include legal penalties for providers of such care, intentionally targeting health care practitioners in order to reduce access to care.<sup>7</sup> Further copying the anti-abortion playbook, anti-transgender lawmakers are also attacking gender-affirming care through federal funding restrictions and other pieces of federal legislation.<sup>8</sup>

These escalating attacks were facilitated by deteriorating federal constitutional protections for bodily autonomy, rapidly accelerating after the Supreme Court's decision in *Dobbs*. In *Dobbs*, the Court not only incorrectly held<sup>9</sup> that there is no constitutional right to abortion, but also relied on a flawed interpretation of precedent set in *Geduldig v. Aiello* (1974) to claim that restricting health care that only one sex can undergo does not constitute sex discrimination.<sup>10</sup> Just three years later, the Supreme Court's 2025 decision in *United States v. Skrametti* used a similar line of reasoning to allow states to ban gender-affirming care for minors, holding that restricting health care based on sex-assigned at birth did not amount to sex discrimination.<sup>11</sup> The Supreme Court's choice to carve out politically disfavored types of health care from protection under the law threatens everyone's bodily autonomy rights—opening the door to restrictions on access to other health care services including birth control, in vitro fertilization (IVF) and other assisted reproduction methods, and access to mifepristone or misoprostol.

To better understand the current state of bodily autonomy rights in the United States, the Center for Reproductive Rights has gathered data on state-level bans, protections, and legislative proposals regarding abortion and gender affirming care. The first

chart in this issue brief examines current pre-viability abortion bans (previously unconstitutional under *Roe*) and gender-affirming care bans across states, and the populations targeted by each ban. The second chart examines which states have explicitly protected the right to abortion, how that right is protected, as well as which states are explicitly protecting providers of abortion or both abortion and gender-affirming care. The third chart examines proposed pre-viability abortion bans and gender-affirming care bans from the most recently completed state legislative sessions.

## II. Methodology

The Center for Reproductive Rights maintains “After Roe Fell: Abortion Laws by State,” a public tracking tool that allowed the authors to identify states with active pre-viability abortion bans,<sup>\*</sup> as well as those states that explicitly protect abortion access.<sup>12</sup> The authors gathered data on states with current gender-affirming care bans,<sup>\*\*</sup> including related age restrictions, from KFF’s (formerly the Kaiser Family Foundation) research regarding state bans and legal challenges.<sup>13</sup> In order to collect information on legislative proposals from the most recently completed state legislative sessions,<sup>\*\*\*</sup> the authors used a public policy software database for research on states with proposed pre-viability abortion bans and the Trans Legislation Tracker to determine which states had proposed gender-affirming care bans.<sup>14</sup> Given the vast number of bills introduced and implemented across each state as well as the changing landscape around these issues (including as a result of ongoing litigation), the data reflected herein represents our best effort to categorize these laws during a set moment in time as of March 2026.

In some states, pre-viability and/or gender-affirming care bans have either been enjoined or blocked. Decisions on how to categorize these states were made based on whether the state had protections for the care in their state constitutions, the current status of ongoing litigation, as well as recent court decisions at the federal appellate level and the Supreme Court.

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\* We define pre-viability abortion bans as laws banning abortion before 24-weeks gestation. Our determination on whether a state had or proposed a pre-viability abortion ban was strictly based on whether abortion care was or would be prohibited before 24-weeks gestation. This does not take into account states modifying their criminal codes or other legislative vehicles for restricting access to care. Similarly, this does not take into account exceptions or modifications to exceptions for abortion bans.

\*\* For the purposes of this issue brief, “gender-affirming care bans” refers to laws prohibiting medical providers from providing, prescribing, administering, or facilitating puberty blockers, hormone therapy, and/or surgery for individuals who identify with a different gender identity than their sex assigned at birth. Notably, laws prohibiting reimbursements have a detrimental impact on the ability to access this care, but for the purposes of this issue brief are not included in the documented bans.

\*\*\* We define legislative session as state legislative sessions in the year 2025.

### III. The Bodily Autonomy Legal Landscape

#### Highlights

- › **Twenty-four** states have both a pre-viability abortion ban *and* a gender-affirming care ban in place, meaning almost half the country is actively enforcing at least two types of bodily autonomy bans.\*\*\*\*
- › In **9** states with existing pre-viability abortion bans, state legislators proposed new bans in the most recently completed state legislative session that would further shorten the time period to access abortion, showcasing their ideological interest in restricting access even further than they have already, even in states with an active total ban on abortion.\*\*\*\*\*
- › In **8** states with existing bans on gender-affirming care, state legislators proposed new bans in the most recently completed state legislative session to either ban other types of gender-affirming care or broaden their bans to include adults.
- › **Seventeen** states protect abortion access through action by the state legislature, making it the most popular method of explicitly protecting abortion access compared to state ballot initiatives and state supreme court decisions.
- › **Fourteen** states have codified interstate shield laws protecting both providers of abortion and gender-affirming care.

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\*\*\*\* This number includes 1 state that has a temporarily enjoined pre-viability abortion ban that is currently being litigated; therefore, the ban is subject to being reinstated.

\*\*\*\*\* This number includes 2 states that had temporarily enjoined pre-viability ban at the time a new proposed ban was introduced. North Dakota's injunction was lifted in Nov. 2025 and their total ban reinstated, but Missouri's is, as of publication, still enjoined.

## Current Bans

State	Gender-Affirming Care Ban	Age Restriction	Pre-Viability Abortion Ban	Age Restrictions
Alabama <sup>15</sup>	✓	applies to individuals under 19	✓	applies to everyone
Arizona <sup>16</sup>	✓	applies to individuals under 18		
Arkansas <sup>17</sup>	✓	applies to individuals under 18	✓	applies to everyone
Florida <sup>18</sup>	✓	applies to individuals under 18	✓	applies to everyone
Georgia <sup>19</sup>	✓	applies to individuals under 18	✓	applies to everyone
Idaho <sup>20</sup>	✓	applies to individuals under 18	✓	applies to everyone
Indiana <sup>21</sup>	✓	applies to individuals under 18	✓	applies to everyone
Iowa <sup>22</sup>	✓	applies to individuals under 18	✓	applies to everyone
Kansas <sup>23</sup>	✓	applies to individuals under 18	✓	applies to everyone
Kentucky <sup>24</sup>	✓	applies to individuals under 18	✓	applies to everyone
Louisiana <sup>25</sup>	✓	applies to individuals under 18	✓	applies to everyone
Mississippi <sup>26</sup>	✓	applies to individuals under 18	✓	applies to everyone
Missouri <sup>27</sup>	✓	applies to individuals under 18	✓ *	applies to everyone
Nebraska <sup>28</sup>	✓	applies to individuals under 19	✓	applies to everyone
New Hampshire <sup>29</sup>	✓	applies to individuals under 18		
North Carolina <sup>30</sup>	✓	applies to individuals under 18	✓	applies to everyone
North Dakota <sup>31</sup>	✓	applies to individuals under 18	✓	applies to everyone
Ohio <sup>32</sup>	✓	applies to individuals under 18	✓	applies to everyone
Oklahoma <sup>33</sup>	✓	applies to individuals under 18	✓	applies to everyone
South Carolina <sup>34</sup>	✓	applies to individuals under 18	✓	applies to everyone
South Dakota <sup>35</sup>	✓	applies to individuals under 18	✓	applies to everyone
Tennessee <sup>36</sup>	✓	applies to individuals under 18	✓	applies to everyone
Texas <sup>37</sup>	✓	applies to individuals under 18	✓	applies to everyone
Utah <sup>38</sup>	✓	applies to individuals under 18	✓	applies to everyone
West Virginia <sup>39</sup>	✓	applies to individuals under 18	✓	applies to everyone
Wisconsin <sup>40</sup>			✓	applies to everyone
Wyoming <sup>41</sup>	✓	applies to individuals under 18	✓	applies to everyone

\* = Indicates states with temporarily enjoined pre-viability abortion bans currently being litigated; therefore, the bans are subject to being reinstated.

## Current Protections

State	Is the right to abortion expressly protected?	Method of protection	Are providers expressly protected through codified interstate shield laws?	Type of health care provider
Alaska <sup>42</sup>	✓	state supreme court decision		
Arizona <sup>43</sup>	✓	state ballot initiative		
California <sup>44</sup>	✓	state ballot initiative; state supreme court decision; action by the state legislature	✓	Abortion and gender-affirming care providers
Colorado <sup>45</sup>	✓	state ballot initiative; action by the state legislature	✓	Abortion and gender-affirming care providers
Connecticut <sup>46</sup>	✓	action by the state legislature	✓	Abortion and gender-affirming care providers
Delaware <sup>47</sup>	✓	action by the state legislature	✓	Abortion providers
Hawaii <sup>48</sup>	✓	action by the state legislature	✓	Abortion providers
Illinois <sup>49</sup>	✓	state supreme court decision; action by the state legislature	✓	Abortion and gender-affirming care providers
Kansas <sup>50</sup>	✓	state supreme court decision		
Maine <sup>51</sup>	✓	action by the state legislature	✓	Abortion and gender-affirming care providers
Maryland <sup>52</sup>	✓	state ballot initiative; action by the state legislature	✓	Abortion and gender-affirming care providers
Massachusetts <sup>53</sup>	✓	state supreme court decision; action by the state legislature	✓	Abortion and gender-affirming care providers
Michigan <sup>54</sup>	✓	state ballot initiative		
Minnesota <sup>55</sup>	✓	state supreme court decision; action by the state legislature		Abortion providers
Missouri <sup>56</sup>	✓	state ballot initiative		
Montana <sup>57</sup>	✓	state supreme court decision; state ballot initiative		
Nevada <sup>58</sup>	✓	state ballot initiative	✓	Abortion and gender-affirming care providers
New Jersey <sup>59</sup>	✓	state supreme court decision; action by the state legislature	✓	Abortion providers
New Mexico <sup>60</sup>	✓	action by the state legislature	✓	Abortion and gender-affirming care providers
New York <sup>61</sup>	✓	state ballot initiative; action by the state legislature	✓	Abortion and gender-affirming care providers
Ohio <sup>62</sup>	✓	state ballot initiative		
Oregon <sup>63</sup>	✓	action by the state legislature	✓	Abortion and gender-affirming care providers
Rhode Island <sup>64</sup>	✓	action by the state legislature	✓	Abortion and gender-affirming care providers
Vermont <sup>65</sup>	✓	state ballot initiative; action by the state legislature	✓	Abortion and gender-affirming care providers
Washington <sup>66</sup>	✓	action by the state legislature	✓	Abortion and gender-affirming care providers

## Proposals in the 2025 Legislative Session

State	Proposed Pre-Viability Abortion Ban	Proposed Gender-Affirming Care Ban
Arizona <sup>67</sup>		✓ *
Arkansas <sup>68</sup>		✓ *
Colorado <sup>69</sup>		✓
Connecticut <sup>70</sup>		✓
Delaware <sup>71</sup>		✓
Georgia <sup>72</sup>	✓ *	✓ *
Hawaii <sup>73</sup>	✓	
Illinois <sup>74</sup>	✓	✓
Iowa <sup>75</sup>	✓ *	
Kansas <sup>76</sup>	✓ *	
Maine <sup>77</sup>	✓	
Maryland <sup>78</sup>		✓
Michigan <sup>79</sup>		✓
Minnesota <sup>80</sup>		✓
Mississippi <sup>81</sup>	✓ *	
Missouri <sup>82</sup>	✓ **	✓ *
New Hampshire <sup>83</sup>	✓	✓ *
New Jersey <sup>84</sup>	✓	✓
New Mexico <sup>85</sup>		✓
North Carolina <sup>86</sup>	✓ *	
North Dakota <sup>87</sup>	✓ *	
Oklahoma <sup>88</sup>		✓ *
Oregon <sup>89</sup>	✓	✓
Pennsylvania <sup>90</sup>		✓
Rhode Island <sup>91</sup>	✓	✓
South Carolina <sup>92</sup>	✓ *	
Texas <sup>93</sup>		✓ *
Virginia <sup>94</sup>		✓
Washington <sup>95</sup>		✓
West Virginia <sup>96</sup>	✓ *	✓ *
Wisconsin <sup>97</sup>		✓

\* = the state already has a ban in place, or a ban that was temporarily enjoined, but state lawmakers want to restrict access even further. For example, in the abortion context, this could mean changing a pre-viability abortion ban of 6 weeks to a total ban. In the gender-affirming care context, it could mean a state with a surgical ban is now proposing to also ban hormone therapies or puberty blockers for transgender minors.

\*\* = the state already has a pre-viability abortion ban that is temporarily enjoined while it is challenged in court; therefore, the original ban could still go into effect in the future, in addition to the proposed legislation.

## IV. The New Landscape for Bodily Autonomy Rights

The state-level data depicted in this issue brief reflects a shrinking landscape for bodily autonomy rights where essential forms of health care are increasingly restricted. Rather than allowing people to make the best decisions for themselves, extremist policymakers have sought to impose their radical, anti-bodily autonomy ideologies through state legislation. Not only do nearly half of states now have more than one type of bodily autonomy ban, but lawmakers in some of these states are also seeking to impose additional restrictions—even in states that already ban such care entirely.

While anti-abortion extremists have pushed restrictions in the states for decades, and gender-affirming care opponents have more recently applied the same playbook, there has also been a rise in federal restrictions on bodily autonomy. Just this past year, the U.S. Department of Veterans Affairs (VA) banned nearly all abortion care and counseling for veterans and their families at every VA facility across the country in addition to stopping gender-affirming care for transgender veterans not already receiving such care.<sup>98</sup> Further, Congress passed a bill to “defund” certain abortion providers, like Planned Parenthood and Maine Family Planning, which has further constrained the ability of patients to seek out both abortion and gender-affirming care from these providers.<sup>99</sup> Also in this past year, lawmakers attempted to use federal health care legislation to further restrict abortion access for low-income Americans receiving health care subsidies that help offset the cost of insurance plans on the Affordable Care Act Marketplace. Moreover, the U.S. House of Representatives recently passed two bills that would restrict access to gender-affirming care for youth and target health care providers who provide essential health care like gender-affirming care and abortion.<sup>100</sup> The cumulative effect of all of these efforts at the state and federal level is to push access to care further out of reach for millions of people.

Although these lawmakers primarily focused on abortion and gender-affirming care, the push to control our bodies and restrict our bodily autonomy rights could expand to reach other forms of essential health care, including birth control and assisted reproductive technology like IVF. We have already seen efforts to undermine access to these forms of health care, including state legislative proposals that would limit IVF access, and senior Trump Administration officials claiming that certain forms of contraception are “abortifacients” and pushing “blame-and-shame fertility” as an alternative to science and evidence-based IVF treatment.<sup>101</sup>

In the face of all of these attacks, states that want to protect our bodily autonomy rights have the power to defend and expand access to care. Several states have enacted shield laws that protect providers of abortion and gender-affirming care from penalties levied by hostile states, ensuring that people can still receive needed care. States that want to go further may also consider enacting their own, potentially more expansive, versions of protections that exist at the federal level, which also would allow them to vigorously enforce these protections themselves instead of relying on federal enforcement. For example, states can consider enacting state-level Freedom of Access to Clinic Entrances Act (“FACE Act”) protections for providers of abortion and gender-affirming care, or state-level Emergency Medical Treatment and Labor Act (“EMTALA”) protections for patients in need of emergency abortion services.

Recent Supreme Court decisions and a growing pattern of oppressive legislation reveal an aligned strategy to limit bodily autonomy rights and access to care. In the wake of this changing landscape, it is imperative that constituents urge their state lawmakers to codify shield law protections, enact state-level legislation that mirrors protective federal policies, and vocalize the harms that come from restricting bodily autonomy rights to ensure that as many people as possible have access to the care they need and deserve.

## Endnotes

- 1 See *Bodily Autonomy Fact Sheet Series: Abortion, Gender-Affirming Care, and the Fourteenth Amendment*, CTR. FOR REPROD. RTS. (July 22, 2025), <https://reproductiverights.org/resources/bodily-autonomy-fourteenth-amendment-fact-sheet/>.
- 2 See *Planned Parenthood v. Casey*, 505 U.S. 833 (1992); See *Gonzales v. Carhart*, 550 U.S. 124 (2007).
- 3 *Dobbs v. Jackson Women's Health Org.*, 142 S.Ct. 2228, 2284 (2022); See *Legal Analysis: What Dobbs Got Wrong*, CTR. FOR REPROD. RTS. (Mar. 2023), <https://reproductiverights.org/wp-content/uploads/2023/03/Legal-Analysis-What-Dobbs-Got-Wrong-3.15.23.pdf>.
- 4 See *Targeted Regulation of Abortion Providers*, Guttmacher Inst. (Oct. 2, 2025), <https://www.guttmacher.org/state-policy/explore/targeted-regulation-abortion-providers>.
- 5 See *On Hyde Amendment's 44<sup>th</sup> Anniversary, Center and Allies Call for its End*, CTR. FOR REPROD. RTS. (Sep. 25, 2020), [On Hyde Amendment's 44th Anniversary, Center and Allies Call for its End](https://www.reproductiverights.org/blog/on-hyde-amendment-s-44th-anniversary-center-and-allies-call-for-its-end) | Center for Reproductive Rights.
- 6 See Kareen M. Matouk & Melina Wald, *Gender-Affirming Care Saves Lives*, COLUM. UNIV. (Mar. 30, 2022), <https://www.columbiapsychiatry.org/news/gender-affirming-care-saves-lives>.
- 7 See Lindsey Dawson & Jennifer Kates, *Policy Tracker: Youth Access to Gender Affirming Care and State Policy Restrictions*, KFF. (Aug. 12, 2025), <https://www.kff.org/lgbtq/gender-affirming-care-policy-tracker/>.
- 8 See Brooke Migdon, *Trump Agenda Bill Would Block Medicaid From Covering Gender-Affirming Care*, THE HILL (May 23, 2025), <https://thehill.com/homenews/lgbtq/5316334-trump-big-beautiful-gop-budget-bill-medicare-gender-affirming-care-transgender-americans/>.
- 9 See *Legal Analysis: What Dobbs Got Wrong*, CTR. FOR REPROD. RTS. (Mar. 2023), <https://reproductiverights.org/wp-content/uploads/2023/03/Legal-Analysis-What-Dobbs-Got-Wrong-3.15.23.pdf>.
- 10 See *Dobbs v. Jackson Women's Health Org.*, 142 S.Ct. 2228, 2245-46 (2022).
- 11 See *United States v. Skrametti*, 605 U.S. \_\_\_ (2025).
- 12 *After Roe Fell: Abortion Laws by State*, CTR. FOR REPROD. RTS., <https://reproductiverights.org/maps/abortion-laws-by-state/> (last visited Oct. 23, 2025).
- 13 Lindsey Dawson & Jennifer Kates, *Policy Tracker: Youth Access to Gender Affirming Care and State Policy Restrictions*, KFF. (Aug. 12, 2025), <https://www.kff.org/lgbtq/gender-affirming-care-policy-tracker/>.
- 14 2025 Anti-Trans Bills Tracker, TRANS LEGIS. TRACKER, <https://translegislation.com/> (last visited Oct. 23, 2025).
- 15 Ala. Code § 26-26-4 (2022); Ala. Code § 26-23H-4 (2022).
- 16 Ariz. Rev. Stat. Ann. § 32-3230 (2023).
- 17 Ark. Code Ann. § 20-9-1502 (2021); Ark. Code Ann. § 5-61-304 (2022).
- 18 Fla. Stat. § 456.52 (2023); Fla. Stat. § 390.0111 (2024).
- 19 Ga. Code Ann. § 31-7-3.5 (2023); Ga. Code Ann. § 16-12-141 (2024).
- 20 Idaho Code § 18-1506C (2024); Idaho Code § 18-622 (2025).
- 21 Ind. Code § 25-1-22-13 (2024); Ind. Code § 16-34-2-1 (2022).
- 22 Iowa Code § 147.164 (2023); Iowa Code § 146E.2 (2023).
- 23 S.B. 63, 2025 Legis., Reg. Sess. (Kan. 2025) (to be enacted as Kan. Stat. Ann. § 65-2837); Kan. Stat. Ann. § 65-6723 (2023).
- 24 Ky. Rev. Stat. Ann. § KRS 311.372 (2023); Ky. Rev. Stat. Ann. § 311.7705 (2019).
- 25 La. Rev. Stat. Ann. § 40:1098.2 (2024); La. Stat. Ann. §§ 40:1061 (2022).
- 26 Miss. Code Ann. § 41-141-5 (2023); Miss. Code Ann. §§ 41-41-45 (2022).
- 27 Mo. Rev. Stat. § 191.1720 (2023); Mo. Rev. Stat. §§ 188.017 (2019), enjoined by *Comprehensive Health of Planned Parenthood Great Plains v. State*, No. 2416-CV31931, 2025 WL 1898975 (Mo. Cir. Ct. July 3, 2025).
- 28 Legis. B. 574, 108th Legis., 1st Sess. (Neb. 2023); Legis. B. 574, 108th Legis., 1st Sess. (Neb. 2023).
- 29 H.B. 619, 2024 Gen. Court, Reg. Sess. (N.H. 2024).
- 30 N.C. Sess. Laws 2023-111; N.C. Gen. Stat. § 90-21.81B (2023).
- 31 N.D. Cent. Code § 12.1-36.1-01; S.B. 2150, 68th Legis., Reg. Sess. (N.D. 2023).
- 32 H.B. 68, 135th Gen. Assemb., Reg. Sess. (Ohio 2023) (enacted); Ohio. Rev. Code Ann. 2919.201.

- 33 Okla. Stat. tit. 63, § 2607.1; S.B. 1555, 2022 Legis., Reg. Sess. (Okla. 2022).
- 34 H.B.R. 4624, 125th Gen. Assemb., Reg. Sess. (S.C. 2024) (enacted); S.C. Code Ann. §§ 44-41-630 (2023).
- 35 H.B. 1080, 98th Legis. Assemb., Reg. Sess. (S.D. 2023); S.D. Codified Laws § 22-17-5.1 (2022).
- 36 S.B. 1, 113th Gen. Assemb., Reg. Sess. (Tenn. 2023) (enacted); Tenn. Code Ann. §§ 39-15-213 (2023).
- 37 S.B. 14, 88th Legis., Reg. Sess. (Tex. 2023); Tex. Health & Safety Code Ann. §§ 170A.002 (2022).
- 38 S.B. 16, 65th 2023 Legis., Gen. Sess. (Utah 2023) (enacted); Utah Code Ann. § 76-7a-302 (2023).
- 39 H.B. 2007, 2023 Legis., Reg. Sess. (W. Va. 2023); W. Va. Code § 16-2R-3 (2022).
- 40 Wis. Stat. § 253.107 (2016).
- 41 S.F. 99, 67th Legis., Budget Sess. (Wyo. 2024); Wyo. Stat. Ann. § 35-6-123 (2023); H.B. 126, 68<sup>th</sup> Reg. Leg. Sess. (Wyo. 2026).
- 42 *See Valley Hosp. Ass'n, Inc. v. Mat-Su Coal. for Choice*, 948 P.2d 963 966-69 (Alaska 1997).
- 43 Ariz. Const. Art. II, § 8.1.
- 44 *People v. Belous*, 458 P.3d 194 (Cal. 1969); Cal. Health & Safety Code § 123462; Cal. Const. Art. I, § 1.1; S.B. 345, 2023 Legis., Reg. Sess. (Cal. 2023).
- 45 Colo. Const. Art. II, § 32; Colo. Rev. Stat. § 25-6-403 (2022); Colo. Rev. Stat. § 24-116-102 (2023).
- 46 Conn. Gen. Stat. Ann. § 19a-602 (2022); Conn. Gen. State. § 54-82i(b).
- 47 Del. Code Ann. tit. 24 § 1790 (2022); 10 Del. Code § 3928 (2022).
- 48 Haw. Rev. Stat. § 453-16 (2023); *See* Haw. Const. Art. I, § 6; S.B. 1, 32<sup>nd</sup> Legis., Reg. Sess. (Haw. 2023).
- 49 775 Ill. Comp. Stat. 55/1-15 (2019); *Hope Clinic for Women, Ltd. v. Flores*, 991 N.E.2d 745, 760 (Ill. 2013); 735 Ill. Comp. Stat. § 40/28-11 (2024).
- 50 *Hodes & Nauser, MDs, P.A. v. Schmidt*, 440 P.3d 461 (Kan. 2019).
- 51 Me. Stat. tit. 22, § 1598 (2023); Me. Rev. Stat. Ann. tit. 15 § 203 (2024).
- 52 Md. Code Ann., Health-Gen. § 20-209 (LexisNexis 2022); Md. Const. art. 48; *See* S.B. 859 2023 Gen. Assemb., Reg. Sess. (Md. 2023).
- 53 Mass. Gen. Laws ch. 112, § 12L (2020); *Moe v. Sec'y of Admin. & Fin.*, 417 N.E.2d 387 (Mass. 1981); *See* H.B. 5090 192<sup>nd</sup> Gen. Ct. (Mass. 2022).
- 54 Mich. Const. art. I, § 28.
- 55 Minn. Stat. § 145.409 (2023); *Women of State of Minn. v. Gomez*, 542 N.W.2d 17 (Minn. 1995); H.B. 366 93<sup>rd</sup> Legis., Reg. Sess. (Minn. 2023).
- 56 Mo. Const. art. I, § 36.
- 57 Mont. Const. art. II, § 36; *Armstrong v. Mont.*, 989 P.2d 364 (Mont. 1999).
- 58 Nev. Rev. Stat. § 442.250 (1990); *See* Nev. Rev. Stat. § 179.540 (2023).
- 59 N.J. Stat. Ann. §§ 10:7-1 to -2 (West 2022); *Right to Choose v. Byrne*, 450 A.2d 925 (N.J. 1982); N.J. Rev. Stat. § 2A:160-14.1 (2022).
- 60 H.B. 7, 2023 Sess., Reg. Sess. (N.M. 2023); *See* S.B. 13 56<sup>th</sup> Legis., Reg. Sess. (N.M. 2023).
- 61 N.Y. Pub. Health Law §§ 2599-aa-bb (McKinney 2019); N.Y. Const. art. I, § 11; S 9077A Reg. Sess. (N.Y. 2022); S.B. 2475 2023 Gen. Assemb., Reg. Sess. (N.Y. 2023).
- 62 Ohio Const. art. I, § 22.
- 63 H.B. 2002, 82nd Legis., Reg. Sess. (Or. 2023); Or. Rev. Stat. § 24.500 (3) (2023).
- 64 23 R.I. Gen. Laws § 23-4.13-2(a) (repealed R.I. Gen. Laws 11-3 et seq.); 23 R.I. Gen. Laws § 23-101-7 (2024).
- 65 Vt. Stat. Ann. tit. 18, § 9493 (2019); Vt. Const. ch. I, art. 22; Vt. Stat. Ann. tit. 13, § 4970 (2023).
- 66 Wash. Rev. Code. § 9.02.100 (2022). *See* Wash. Rev. Code § 7.115.020(2)(a) (2023).
- 67 S.B. 1687, 2025 Legis. Reg Sess. (Ariz. 2025).
- 68 H.B. 1668, 95th Gen. Assemb., Reg. Sess. (Ark. 2025).
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- 76 H.B. 2009, 2025 Legis., Reg. Sess. (Kan. 2025).
- 77 H.B. 635, 132<sup>nd</sup> Legis., Reg. Sess. (Me. 2025).
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- 79 H.B. 4190, 103rd Legis. Sess. (Mich. 2025).
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- 81 H.B. 902, 2025 Reg. Sess. (Miss. 2025).
- 82 H.J.R. 31, 103rd Gen. Assemb., Reg.Sess. (Mo. 2025); H.B. 1016, 103rd Gen. Assemb. Reg. Sess. (Mo. 2025).
- 83 H.B. 476, 2025-2026 Reg. Sess. (N.H. 2025); H.B. 377, Reg. Sess. (N.H. 2025).
- 84 S 382, 2024-2025 Reg. Sess. (N.J. 2024); A.B. 5419, 221st Legis. Sess. (N.J. 2025).
- 85 H.B. 466, 57th Legis. Sess. (N.M. 2025).
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- 87 H.B. 1511, 69<sup>th</sup> Legis. Assemb., Reg. Sess. (N.D. 2025).
- 88 S.B. 1049, 60th Legis. Sess. (Okla. 2025).
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- 90 H.B. 1033, Gen. Assemb. Reg. Sess. (Pa. 2025).
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- 92 H. 3457, 126th Gen. Assemb., Reg. Sess. (S.C. 2025).
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- 95 H.B. 1038, 69th Legis. Reg. Sess. (Wash. 2025).
- 96 S.B. 17, 2025 Reg. Sess. (W. Va. 2025); S.B. 279, Reg. Sess. (W. Va. 2025).
- 97 S.B. 157, Reg. Sess. (Wis. 2025).
- 98 90 Fed. Reg. 61310, 61328 (Dec. 31, 2025); Huo Jingnan, *The VA will deny gender dysphoria treatment to new patients*, NAT'L PUB. RADIO (Mar. 17, 2025), <https://www.npr.org/2025/03/17/nx-s1-5331258/department-of-veterans-affairs-gender-dysphoria-treatments>.
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