DOCTORS FOR AMERICA

UCLA Center on Reproductive Health, Law, and Policy

Gender-Affirming Care California Shield Law Guide

Gender-Affirming Care California Shield Law Guide

Executive Summary

Gender-affirming care faces threats on several fronts, from state-level restrictions on youth access to federal government efforts to restrict its funding.[1] State "shield laws" provide important protections for clinicians who provide this safe, effective, and often life-saving care to patients. This Guide focuses on California's shield laws. It explains how these laws protect clinicians licensed and located in California from criminal, civil, and professional consequences that other states may attempt to impose for providing gender-affirming care that is legal in California.

Relative Risk of Providing Gender-Affirming Care by Patient Location

As indicated below and throughout the Guide, the risk of providing gender-affirming care as a clinician in California varies depending on the location of the patient and other factors.

Clinicians in California Providing Gender-Affirming Care to Patients in California (Lower-Risk Activity)

California's constitution and laws guarantee the right to gender-affirming care and provide strong protections for providing and receiving this care. Therefore, providing gender-affirming care to patients located in California is a relatively low-risk activity.

Clinicians in California Providing Gender-Affirming Care to Patients Outside of California (Higher-Risk Activity)

Providing gender-affirming care to patients outside of California is a higher risk activity, but California's shield laws provide strong protections against out-of-state investigations, prosecutions, and lawsuits that target gender-affirming care provided in California, as well as against professional disciplinary actions. California's shield laws also protect clinicians providing gender-affirming care against negative consequences related to their professional liability insurance and participation in health plans, and provide protections for medical information and other data that could be used to surveil and penalize gender-affirming care.

[1] *See, e.g.*, Lindsey Dawson & Jennifer Kates, Policy Tracker: *Youth Access to Gender Affirming Care and State Policy Restrictions*, KFF (updated Apr. 9, 2026), https://www.kff.org/lgbtq/gender-affirming-care-policy-tracker/; Exec. Order No. 14,187, 90 Fed. Reg. 8771 (Feb. 3, 2025) (restricting federal funding for, and coverage of, gender-affirming care for minors).

Examples of Situations Protected by California's Shield Laws

Below are two common scenarios in which California's shield laws offer protections:

- A California clinician offers gender-affirming care lawful in California in person to a patient who traveled to California from another state;
- A California clinician offers gender-affirming care lawful in California via telehealth to a patient located in another state, including by prescribing and sending gender-affirming medications such as hormone therapy or puberty blockers to a patient located in another state.

Limitations of California's Shield Laws

California's shield laws provide significant, but not absolute, protection. They can only protect clinicians who are licensed in California and provide gender-affirming care from California. Clinicians not licensed and located in California should consult licensure laws and other relevant laws in the state(s) where they practice. Additionally, because shield laws are relatively new and subject to ongoing legal challenges, it is important to seek individualized legal advice before relying on these laws.

Next Steps

Clinicians should work with an attorney to assess their individual risk profile, taking into account factors including licenses, patient location, types of services offered, participation in federal health care programs, travel to other states, immigration status, and other factors. Part VI of this Guide contains legal, informational, policy, and advocacy resources for clinicians providing or considering providing gender-affirming care.

I. Introduction

A. What's In This Guide

Part I ("Introduction") provides an overview of why gender-affirming care is important and how state shield laws like California's protect the provision of this care.

Part II explains how California law, including its shield laws, protect California clinicians who provide gender-affirming care to patients located in California.

Part III explains how California's shield laws protect California clinicians who provide gender-affirming care to patients located in other states.

Part IV explains California's protections for medical information and other data related to gender-affirming care, including clinicians' obligations to protect this information, as well as HIPAA-related considerations.

Part V discusses additional factors clinicians may want to consider when deciding to provide gender-affirming care, including the protections California's shield laws provide to patients and those who assist others in receiving or providing gender-affirming care.

Part VI provides clinicians who want to provide gender-affirming care with additional resources and practical next steps, including how to obtain an individualized risk assessment and find an attorney who can provide individualized legal advice.receiving or providing gender-affirming care.

B. This Guide is for California-Based Clinicians

This Guide is for clinicians licensed and located in California who provide, or are considering providing, gender-affirming care to patients. The Guide is intended to help clinicians understand how California's "shield laws" protect the provision of gender-affirming care to patients, whether those patients are located in California or in another state. The Guide also discusses some of the limitations of these protections, including that California's shield laws can only protect clinicians who are licensed in California and provide gender-affirming care while located in California. Clinicians not licensed and located in California should consult relevant laws in the state(s) where they practice.

This Guide is for educational purposes only. It is not a substitute for legal advice and should not be considered legal advice on any subject matter. A clinician considering providing gender-affirming care should consult an attorney for individualized legal advice.

C. Why Gender-Affirming Care Is Important

Gender-affirming care is safe, effective, evidence-based care that supports the physical and mental health of transgender, intersex, and gender-diverse adults and youth.[2] Not only does gender-affirming care lead to better health outcomes, but it also saves lives.[3]

Yet, despite the strong evidence supporting gender-affirming care, it is under threat at both the state and federal level. Twenty-seven states have restricted youth access to gender-affirming care,[4] and the Supreme Court has allowed these restrictions to stand.[5] The Trump Administration has also taken steps to restrict access to gender-affirming care, including through Executive Orders and proposed regulations that aim to restrict federal funding for gender-affirming care and research.[6]

[2] *See, e.g.*, Min Kyung Lee et al., *The Impact of Gender Affirming Medical Care During Adolescence on Adult Health Outcomes Among Transgender and Gender Diverse Individuals in the United States: The Role of State-Level Policy Stigma*, 11 LGBT Health 111–21 (2023); Diane Chen et al., *Psychosocial Functioning in Transgender Youth after 2 Years of Hormones*, 388 New Eng. J. Med. 240 (2023) (finding hormone therapy effective for improving psychosocial well-being of transgender youth); Diana M. Tordoff et al., *Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care*, 5 JAMA Network Open 220978 (2022).

[3] *See, e.g.*, Diana M. Tordoff et al., *Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care*, 5 JAMA Network Open 220978 (2022) (finding puberty blockers and hormone therapy associated with significantly lower risk of severe depression and suicidality in transgender and nonbinary youth); Amy E. Green et al., *Association of Gender-Affirming Hormone Therapy with Depression, Thoughts of Suicide, and Attempted Suicide Among Transgender and Nonbinary Youth*, 70 J. Adolescent Health 643, 647 (2022) (finding hormone therapy associated with lower risk of depression and suicide in transgender and nonbinary youth).

[4] *See* Lindsey Dawson & Jennifer Kates, *Policy Tracker: Youth Access to Gender Affirming Care and State Policy Restrictions*, KFF (updated Apr. 9, 2026), https://www.kff.org/lgbtq/gender-affirming-care-policy-tracker/; *see also* Joshua Arrayales & Elana Redfield, *The Impact of 2025 Anti-Transgender Legislation on Youth*, The Williams Inst. (Jan. 2026) https://williamsinstitute.law.ucla.edu/publications/anti-trans-legislation-youth/.

[5] *See U.S. v. Skrmetti,* 605 U.S. 495 (2025) (holding that a Tennessee law banning gender-affirming care for minors does not violate the Fourteenth Amendment's Equal Protection Clause).

[6] *See, e.g.,* Exec. Order No. 14,187, 90 Fed. Reg. 8771 (Feb. 3, 2025) (restricting federal funding for medical institutions that provide gender-affirming care to minors); Ctrs. for Medicare & Medicaid Servs., *Medicare and Medicaid Programs: Hospital Condition of Participation: Prohibiting Sex-Rejecting Procedures for Children,* 90 Fed. Reg. 59463 (proposed Dec. 19, 2025) (to be codified at 42 C.F.R. pt. 482).

D. What are Shield Laws?

"Shield laws" arose primarily in response to state efforts to restrict and criminalize reproductive health care after the U.S. Supreme Court decision in Dobbs v. Jackson eliminated the federal constitutional right to abortion.[7] These laws aim to protect patients, clinicians, and others located in a state where reproductive or gender-affirming care is legal from the reach of states where that care is illegal, or even criminal. Shield laws protect individuals from criminal, civil, and professional consequences that are based on violating another state's restrictions on reproductive or gender-affirming care.

Currently, eighteen states and the District of Columbia have shield laws that protect gender-affirming care.[8] The extent and type of protections offered by each state's shield laws vary.[9] California's shield laws offer broad protections for California clinicians providing gender-affirming care to patients, regardless of the patient's location. These include protections against out-of-state investigations, prosecutions, and civil lawsuits that target gender-affirming care provided in California, as well as against professional discipline resulting from providing gender-affirming care. California's shield laws also provide protections for clinicians' professional liability insurance and participation in health plans, and provide privacy protections for medical information and other data that could be used to surveil and penalize gender-affirming care.

For example, California's shield laws offer protections to:

- A California clinician offering gender-affirming care lawful in California in person to a patient who traveled to California from another state;
- A California clinician offering gender-affirming care lawful in California via telehealth to a patient located in another state;
- A California clinician prescribing and sending gender-affirming medications such as hormone therapy or puberty blockers to a patient located in another state.

California's shield laws offer protections for clinicians beyond these scenarios, as well as for patients and for non-clinicians who assist in providing gender-affirming care ("helpers"). Protections for patients and helpers are discussed in more detail in Part V.

E. Limitations of Shield Laws

California's shield laws provide significant, but not absolute, protection. California can only protect people within its borders. Therefore, California's shield laws offer only limited protection to patients who travel to California for care and then return to their home state, to patients located in another state who receive gender-affirming health care from a California clinician through telehealth, and to clinicians traveling in other states after providing care.

In addition, because the protections offered by shield laws are new and involve conflicts between the laws of different states, they raise important legal and constitutional questions that may ultimately be resolved by the courts. Shield laws in multiple states, including California, are currently being put to the test by civil and criminal actions.[10] These limitations and ongoing legal challenges highlight the importance of seeking individualized legal advice before relying on California's shield laws.

[7] *Dobbs v. Jackson Women's Health Organization*, 597 U.S. 215 (2022).

[8] UCLA Ctr. on Reprod. Health L., & Pol'y, *Shield Laws for Reproductive and Gender-Affirming Health Care: A State Law Guide* (last updated Mar. 2026), https://law.ucla.edu/academics/centers/center-reproductive-health-law-and-policy/shield-laws-reproductive-and-gender-affirming-health-care-state-law-guide.

[9] *Id.*

[10] *See* UCLA Ctr. on Reprod. Health, L., & Pol'y, *Shield Law Challenges* (last updated March 2026), https://law.ucla.edu/sites/default/files/PDFs/Center_on_Reproductive_Health/Shield%20Law%20Challenges.pdf.

F. Glossary

"Legally Protected Healthcare Activity" includes receiving, providing, or assisting someone in receiving or providing gender-affirming care protected by the Constitution or laws of California.[11] The term also includes coverage of and reimbursement for this care.[12] Gender-affirming care that is protected in California includes "gender-affirming health care" and "gender-affirming mental health care," which are defined below. **Unless otherwise noted, this Guide uses the term "gender-affirming care" to refer to both of these kinds of care.**

"Gender-Affirming Health Care" means "[m]edically necessary health care that respects the gender identity of the patient, as experienced and defined by the patient."[13] It includes, but is not limited to, gender-affirming medications, surgeries, and other treatments meant to suppress the development of secondary sex characteristics, align the patient's physical appearance with their gender identity, and/or alleviate the symptoms of gender dysphoria.[14]

"Gender-Affirming Mental Health Care" means "mental health care or behavioral health care that respects the gender identity of the patient, as experienced and defined by the patient." It includes, but is not limited to, "exploration and integration of identity, reduction of distress, adaptive coping, and strategies to increase family acceptance."[15]

"Telehealth" is a mode of delivering health care services using information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care.[16]

II. California Clinicians Providing Gender-Affirming Care to California-Based Patients *(Lower-Risk Activity)*

California's Constitution and laws provide strong protections for gender-affirming care. These protections make the provision of gender-affirming care by clinicians in California to patients located in California a relatively low-risk activity.

California law expressly provides that "gender-affirming health care services, and gender-affirming mental health care services are rights secured by the Constitution and laws of California."[17] The Legislature has made clear that "[i]nterference with these rights . . . is against the public policy of California."[18] In addition, all people in California have the right to receive the medically acceptable standard of care–including gender-affirming care–from their clinicians.[19]

[11]Cal. Penal Code §1549.15.
[12]*Id.*
[13]Cal. Penal Code §1549.15(a); Cal. Welf. & Inst. Code § 16010.2(b)(3).
[14]*Id.*
[15]*Id.*
[16]Cal. Bus. & Prof. Code § 2290.5(a).
[17]Cal. Civ. Code § 1798.301.
[18]Cal. Civ. Code § 1798.301; *see also* Cal. Dep't. Justice, *Gender Affirming Care Know Your Rights Guidance*, https://oag.ca.gov/system/files/attachments/press-docs/Know%20Your%20Rights%20GAC_10.2.25.pdf.
[19]*See* Cal. Dep't. Justice, *Gender Affirming Care Know Your Rights Guidance 1*, https://oag.ca.gov/system/files/attachments/press-docs/Know%20Your%20Rights%20GAC_10.2.25.pdf.

California law defines gender-affirming care broadly. "Gender-affirming health care" is defined as "medically necessary healthcare that respects the gender identity of the patient, as experienced and defined by the patient," while "gender-affirming mental health care" is defined as "mental health care or behavioral health care that respects the gender identity of the patient, as experienced and defined by the patient."[20] California law also prohibits clinicians and insurers from discriminating against a patient because they are transgender, diagnosed with gender dysphoria, gender nonconforming, or intersex.[21]

Health insurance plans covered by California law must cover medically necessary gender-affirming care for gender dysphoria. This obligation is based on laws prohibiting denial of coverage based on a patient's sex,[22] and on requirements to cover behavioral health services, including all services identified in the most recent edition of the World Professional Association for Transgender Health (WPATH) Standards of Care.[23]

In addition, insurance companies cannot refuse to issue or renew professional liability insurance policies, or increase the premium or deductible on these policies, simply because a California clinician provides gender-affirming care.[24]

While California has strong legal protections for clinicians providing gender-affirming care in California, which makes this activity relatively low-risk, no type of care is free from legal risk. This is especially true of gender-affirming care, which is under attack in many states and at the federal level. For example, the Centers for Medicare & Medicaid Services (CMS) has proposed a rule that would bar hospitals participating in Medicare and Medicaid from providing gender-affirming services, such as puberty blockers and gender-affirming surgery, to minors.[25]

Developments like these underscore why it is important for clinicians to receive legal advice that takes into account their individual risk factors including their location, licenses, types of patients served, types of services offered, participation in federal health care programs, and other factors. More information regarding how clinicians can receive an individualized risk assessment is available in Part VI.

[20]Cal. Civ. Code § 1798.300(c) ("Gender-affirming care services" and "gender-affirming mental health services" have the same meaning as defined in paragraph (3) of subdivision (b) of Section 16010.2 of the Welfare and Institutions Code."); Welf. and Inst. Code § 16010.2(b)(3).
[21]Unruh Civil Rights Act, Cal. Civ. Code, § 51; Cal. Gov. Code, §§ 11135, 12926; Cal. Code Regs. tit. 2, § 14000 et seq.; Cal. Code Regs. tit. 10, § 2561.2. Courts have interpreted the Act to protect a broader range of characteristics than those specifically listed in the Act. *See Koebke v. Bernardo Heights Country Club*, 36 Cal. 4th 824, 839 (2005); *Minton v. Dignity Health*, 39 Cal. App. 5th 1155, 1164 (2019).
[22]Cal. Ins. Code § 10140 ("Sex" is defined as "includ[ing] a person's gender identity and . . . gender related appearance and behavior whether or not stereotypically associated with a person's assigned sex at birth."); *see also* Cal. Dep't. Health Care Servs., *All Plan Letter* 24-017 (Dec. 5, 2024), https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202024/APL24-017.pdf.
[23]Cal. Health & Safety Code § 1374.72; Cal. Ins. Code §§ 10144.5, 10144.52; Cal. Code Regs. tit. 28 § 1300.74.72.01; Cal. Code Regs. tit. 10, § 2562.02(c).
[24]Cal. Ins. Code § 11589.1.
[25]*See Medicare and Medicaid Programs; Hospital Condition of Participation: Prohibiting Sex-Rejecting Procedures for Children*, 90 Fed. Reg. 59,463 (proposed Dec. 19, 2025) (to be codified at 42 C.F.R. pt. 482), https://www.federalregister.gov/documents/2025/12/19/2025-23465/medicare-and-medicaid-programs-hospital-condition-of-participation-prohibiting-sex-rejecting; Ctrs. for Medicare & Medicaid Servs., *HHS Acts to Bar Hospitals from Performing Sex-Rejecting Procedures on Children* (Dec.18, 2025), https://www.cms.gov/newsroom/press-releases/hhs-acts-bar-hospitals-performing-sex-rejecting-procedures-children.

III. California Clinicians Providing Gender-Affirming Care to Patients in Another State *(Higher Risk Activity)*

This section focuses on gender-affirming care provided by clinicians in California to patients who are located in another state when they receive this care. Providing gender-affirming care to patients outside of California is a higher risk activity, but California's shield laws provide strong protections against out-of-state investigations, prosecutions, and lawsuits that target gender-affirming care provided in California, as well as against professional disciplinary actions. California's shield laws also protect clinicians providing gender-affirming care against negative consequences related to their professional liability insurance and participation in health plans.

A. Protection Against Criminal Liability/Out-of-State Investigations and Prosecutions

1. Protections Against Out-of-State Prosecutions/Investigations

California state employees and contractors may not assist with an investigation of an individual for "legally protected health care activity," including providing gender-affirming care legal in California, regardless of the patient's location.[26] This means that California state employees and contractors cannot cooperate, provide information, or use any resources to help with these out-of-state investigations.

2. Protections against Arrests and Extradition

California's shield laws protect clinicians in the state against arrest for providing gender-affirming care.[27] California's law enforcement agencies are also prohibited from extraditing clinicians (i.e., delivering them to another state for prosecution) for violating another state's laws against gender-affirming care, as long as that care is legal in California.[28]

Extradiction refers to the process of delivering a person to another jurisdiction (state) for prosecution.

Caveat: *It is important that clinicians know their rights in the event that police are unaware of the protections afforded by California's shield laws and attempt to make an arrest. Also note that these protections* ***only guard against arrest while clinicians remain within California's borders****. California's shield laws cannot protect California clinicians who travel to other states after providing care against arrest in those states. For example, if a California clinician provides telehealth gender-affirming care to patients located in Texas, the clinician could be arrested if they later travel to that or other states. Similarly, California's shield laws cannot protect patients or helpers from apprehension in their home state if they travel to California for care and return to their home state or receive telehealth care while remaining in their home state.*

[26]Cal. Penal Code § 13778.3 (referencing definition of "legally protected health care activity" set forth in Cal. Penal Code section 1549.15, which is materially the same as the definition set forth in Cal. Civil Code section 1798.300); see also Cal. Penal Code § 13778.2(b).
[27]Cal. Penal Code §§ 847.5(b)-(c), 13778.2(a).
[28]Cal. Penal Code, § 819(b) (prohibition on extradition).

3. Protections against Issuance of Search Warrants, Subpoenas, and Witness Summons

Search warrants and subpoenas may not be issued in California if related to an investigation into or interfering with a right to engage in gender-affirming care.[29]

Search Warrant refers to an order from a court authorizing law enforcement to search a person or property for evidence of a crime.

Subpoena refers to an order from a court to provide evidence or testimony.

California judges may not order a witness to appear in an out-of-state criminal prosecution for providing, receiving, or supporting gender-affirming care.[30]

Caveat: *California's shield laws only protect against search warrants, subpoenas, and witness summons related to another state's laws penalizing legally protected health activities. These protections do not extend to requests for information or testimony related to valid legal actions such as a malpractice lawsuit against a clinician.*

B. Protections Against Civil Liability

1. Protection against Application or Enforcement of Another State's Laws or Judgments in California State Court

California courts will not enforce a judgment that seeks to limit the exercise of a right, including the right to gender-affirming care, guaranteed under the California Constitution.[31] Additionally, another state's laws authorizing removal of a child from their guardians because the guardians allowed the child to receive gender-affirming care are against state public policy, meaning California courts may not apply or enforce such laws.[32]

Rather, California law governs in any legal action heard in California against a person who provides or receives—including by telehealth—gender-affirming care if the provider was located in California or any other state where the care was legal at the time of the challenged conduct.[33]

For California clinicians, this means the protections in California law apply when their provision of gender-affirming care is challenged in California courts, whether they provided that care in California or in another state supportive of gender-affirming care. For example, if a legal action is filed in a California court against a California-based clinician for providing lawful telehealth gender-affirming care to a patient located in Louisiana, the court is required to apply California law, including its protections for gender-affirming care, rather than Louisiana law.

[29]Cal. Penal Code §§ 1524(h), 13778.2, 13778.2(c); Cal. Civ. Proc. Code §§ 2029.300(e), 2029.350(b).
[30]Cal. Penal Code § 1334.2(f).
[31]Cal. Civ. Proc. Code § 1710.50(a)(4)
[32]Cal. Fam. Code § 3453.5(a).
[33]Cal. Health & Safety Code § 123468.5.

2. *Availability of a "Clawback Lawsuit" to Recover Damages from Litigation related to Protected Care*

If a clinician faces "abusive litigation," meaning a lawsuit intended to prevent them from or punish them for engaging in a legally protected health care activity like gender-affirming care, California law allows them to bring a civil action (sometimes called a "clawback lawsuit") against the person who brought that abusive litigation. A clawback lawsuit can allow the clinician to recover damages or obtain other kinds of relief to compensate them for the harm caused by the abusive litigation.[34]

Clawback Lawsuit refers to a lawsuit brought by a person who was the target of abusive litigation, to allow the targeted person to recover damages or obtain other kinds of relief.

C. Protections Against Professional Discipline and Restriction of Facility Privileges

1. *Protection against Adverse License Actions/Board Discipline*

Boards that certify health professionals may not deny an application for licensure or suspend, revoke, or otherwise impose discipline upon a clinician based on legally protected health care activity like providing or recommending gender-affirming care. Boards are also not allowed to take disciplinary action based on a civil judgment, criminal conviction, or disciplinary action in another state applying law that interferes with a person's right to receive gender-affirming care legal in California.[35]

Caveat: *It is important to note that while California's shield laws provide protections against professional liability and discipline taken against clinicians by California professional boards, clinicians holding licenses in other states may still be subject to professional disciplinary actions in those states. This is one of the reasons it is important for clinicians to consult with an attorney to conduct an individualized risk assessment. See Part VI for more information on risk assessments and additional resources.*

2. *Protections against Denial or Restriction of Facility Privileges*

Health facilities may not deny or restrict a provider's staff privileges based on a civil judgment, criminal conviction, or disciplinary action in another state applying law that interferes with a person's right to receive gender-affirming care legal in California.[36]

D. Protection of Professional Liability Insurance and Protection Related to Health Plans

1. *Protection against an Insurer's Refusal to Issue Insurance, Increase in Premiums, or Denial of Coverage Based Solely on Providing Protected Care*

[34]Cal. Civ. Code §§ 1798.300, 1798.303. A person or entity aggrieved by "abusive litigation" may also move to modify or quash a subpoena issued as part of the abusive litigation. Cal. Civ. Code § 1798.304.
[35]Cal. Bus. & Prof. Code §§ 850.1, 852.
[36]Cal. Bus. & Prof. Code § 805.9. Additionally, an outpatient health facility's license cannot be denied, revoked, or suspended based on a civil judgment, criminal conviction, or disciplinary action imposed by another state applying law that interferes with a person's right to receive gender-affirming care services that would be lawful if provided in California. Cal. Health & Safety Code § 1220.1.

Insurers that provide professional liability insurance are prohibited from taking negative actions against California clinicians simply because those clinicians provide gender-affirming care. In particular, an insurer may not terminate or refuse to issue or renew professional liability insurance or increase the premium or deductible for clinicians simply because they provided gender-affirming care legal in California but illegal in another state.[37] This means, for example, that insurers cannot cancel a clinician's policy or increase their premium simply because the clinician faces legal action in another state for providing gender-affirming care.[38]

An insurer also may not deny coverage for liability arising from providing gender-affirming care that is otherwise covered by the policy, as long as those services are within the scope of the insured clinician's license and are legal in the state where they are provided.[39]

2. *Protection of Contracts with Health Plans and Insurers*

California law also provides protections for clinicians in their contracts with health care service plans and health insurers. Contracts cannot contain terms that allow termination or nonrenewal based on a criminal conviction, civil judgment, or professional disciplinary action under another state's laws that interfere with gender-affirming care legal in California.[40]

IV. Privacy of Medical Information and Other Data Related to Gender-Affirming Care

This section explains California's extensive protections for medical information and other data related to gender-affirming care, including clinicians' obligations to protect this information.

A. Ban on Disclosing Medical Information for Investigations of Gender-Affirming Care

California's shield laws create obligations in addition to those imposed by HIPAA (HIPAA-related considerations are discussed below). Under California's shield laws, clinicians, health care service plans, contractors such as medical groups and medical service organizations, and employers may not release medical information related to gender-affirming health care in response to a subpoena or request related to an investigation seeking to impose liability under another state's law for seeking or obtaining gender-affirming care, or for allowing a child to receive gender-affirming care.[41]

Clinicians, health care service plans, contractors, and employers also may not provide medical information to anyone from another state or to a federal law enforcement agency that would identify an individual and is related to seeking or obtaining gender-affirming health care lawful in California.[42]

Businesses that operate electronic health record systems must develop procedures to segregate medical information related to gender-affirming care from the rest of the patient's record, to limit access privileges only to authorized users, and to prevent the disclosure, access, transfer, transmission or processing of such medical information outside of California.[43]

[37]Cal. Ins. Code § 11589.1.[43]Cal. Gov. Code § 6215.2.
[38]*Id.*
[39]*Id.*
[40]Health care service plans and insurers also may not discriminate against providers on this same basis. Cal. Health & Safety Code § 1375.61; Cal. Ins. Code § 10133.641.
[41]Cal. Civ. Code § 56.109. Additionally, health insurers may not disclose information related to gender-affirming care to the policyholder or any insured other than the protected individual receiving care without express written authorization from the protected individual. Cal. Ins. Code § 791.29.
[42]Cal. Civ. Code § 56.109.
[43]Cal. Civ. Code § 56.101(c)(1).

B. Protection of Providers' and Patients' Personal Information

Prescribing and dispensing testosterone are excluded from required reporting of patient, prescriber, and pharmacy information under California's Controlled Substances Utilization Review and Evaluation System (CURES) monitoring program.[44] In addition, a state agent or person acting on behalf of a public agency may not knowingly provide any CURES data or use resources to support an investigation or proceeding seeking to impose liability for gender-affirming care.[45]

Caveat: *The prescription must contain another means of identification, and the pharmacist must keep a log, but law enforcement may not inspect the log without a subpoena, and the log may not be shared with an individual or entity from another state.*

California offers an address confidentiality program, which prevents the disclosure of certain addresses in public records.[46] The California Legislature recently expanded the program to make gender-affirming care clinicians, employees, volunteers, and patients eligible if they face violence or threats from the public.[47] Applicants to the program must submit sworn statements that they fear for their own safety, the safety of their family, or the safety of the person on whose behalf they are applying, as well as other documentation and evidence.[48]

C. Protections against Disclosure of Data That Could Be Used to Surveil, Investigate, and Penalize Legally Protected Health Care Activity

California law restricts the use of "geofencing"—technology that enables the detection of an individual's presence within a specific location—around health care facilities.[49] A geofence may not be used on California facilities providing in-person health care services to identify, track, or collect personal information on a person seeking, receiving, or providing health care services, or to send notifications or advertisements to a person related to their personal information or health care services.[50]

Geofencing refers to a virtual boundary created using GPS data that triggers automatic actions when a device enters or leaves that area, like sending alerts or notifications. This technology can be used for various purposes, such as for marketing strategies or by law enforcement to identify unknown suspects in a criminal case.

California businesses that provide electronic communication services (such as email or phone services) may not provide information in response to an out-of-state subpoena, warrant, or other request related to an investigation of gender-affirming care. These data privacy protections are intended to thwart efforts to investigate a person for receiving gender-affirming care, shielding not only that individual but also their clinician and the rest of their health care provider team.

[44]Cal. Health & Safety Code § 11165(k)(1). Accessing the CURES database without authorization or knowingly providing information from the CURES database to someone not authorized to receive that information is a misdemeanor. Cal. Health & Safety Code § 11165(l).
[45]Cal. Health & Safety Code § 11165(c)(2)(C).
[46]*See* Cal. Gov. Code § 6215.2.
[47]*See* A.B. 82, 2025–2026 Leg., Reg. Sess. (Cal. 2025), https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB82.
[48]Cal. Gov. Code § 6215.2; see also Cal. Sec'y of State, *Safe at Home Program*, https://www.sos.ca.gov/registries/safe-home (Note that as of April 2026, the California Secretary of State is still implementing the expanded address confidentiality program, so information on the program website and application forms may not reflect the fact that gender-affirming care clinicians, employees, volunteers and patients are eligible).
[49]Cal. Civ. Code § 1798.99.90.
[50]Cal. Civ. Code § 1798.99.92.

D. HIPAA Considerations

In addition to California's privacy protections for medical information, the HIPAA Privacy Rule guards patients' protected health information (PHI) related to gender-affirming care, including any information that identifies a patient and that was created, used, or disclosed for the patient's diagnosis or treatment.[52]

Clinicians providing gender-affirming care to patients in states hostile to gender-affirming care could be contacted by police from that state and asked to provide PHI on certain patients. It is important to note that HIPAA's Privacy Rule generally permits but does not require covered entities, such as clinicians and their practices, to disclose PHI about an individual without the individual's consent when requested by law enforcement.[53] This means that clinicians would not violate HIPAA by refusing to provide patients' PHI in response to court orders, subpoenas, summons, or other legal requests.

HIPAA Whistleblower Exception

The HIPAA whistleblower exception allows employees and service providers of covered entities to disclose PHI to an attorney or the federal or state government if they have a good-faith belief that the covered entity is engaged in illegal activity or has violated professional and/or clinical standards.[54] In light of April 2025 HHS guidance claiming that HIPAA's whistleblower protections apply to complaints about prescribing puberty blockers to minors where such prescriptions are illegal,[55] clinicians should be aware that sensitive patient data may be at risk of being shared—even by their own employees or colleagues—under the whistleblower exception. This makes it especially important for clinicians providing gender-affirming care to implement strong data privacy and security programs. Additional resources for data privacy and security best practices can be found in the following section.

E. Data Privacy and Security Best Practices

Clinicians can reduce risks to themselves and their patients by managing data carefully and limiting data sharing. While a complete description of data privacy and data security laws and best practices is beyond the scope of this Guide, below is a list of additional resources clinicians may consult to learn more about their obligations and practical ways to protect patient data.

Data Privacy/Security Resources

- **Connecting for Better Health AB 352 Toolkit [Link]**
  - This toolkit provides clinicians with practical guidance, technical frameworks, and real-world use cases to help them comply with California's AB 352, which regulates how information related to gender-affirming care and reproductive health care is managed and restricts sharing this information with out-of-state individuals and entities.

[52]*See* 45 C.F.R. pts. 160, 164.
[53]45 C.F.R. § 164.512(f).
[54]45 C.F.R. § 164.502(j).
[55]U.S. Dep't of Health & Hum. Servs., *Guidance for Whistleblowers on the Chemical and Surgical Mutilation of Children* (2025), https://www.hhs.gov/protect-kids/whistleblower-guidance/index.html; *see also* U.S. Dep't of Health & Hum. Servs., *Whistleblower Tips and Complaints Regarding the Chemical and Surgical Mutilation of Children* (2025), https://www.hhs.gov/protect-kids/index.html.

- **California Center for Data Insights and Innovation Overview of Federal and State Health Laws [Link]**
    - This resource provides an overview of the key federal and California laws related to patient health information, focusing on patients' rights and protections under these laws.
- **Electronic Frontier Foundation Overview of Federal and California Law Related to Medical Privacy [Link]**
    - This resource provides an overview of federal and California laws related to medical privacy, and includes a section on law enforcement access to health information.
- **Access Now Digital Security Helpline [Link]**
    - For clinicians involved in advocacy, Access Now, a New York-based nonprofit focused on digital civil rights, provides a free, 24/7 Digital Security Helpline to help individuals and activist groups strategize their digital security.
- **Information regarding System Design and Technology**
    - System design features and technology, such as Epic's "Break the Glass" feature, are additional security tools that restrict access to patient records, allowing access by colleagues only when provided with a valid reason (typically in an emergency), as well as creating an audit trail.[56]

V. Additional Considerations

A. Impact on Patients and Non-Clinicians (Helpers)

Clinicians may face questions and concerns from patients and non-clinicians working in their clinics about the legal risks of receiving or helping others obtain gender-affirming care. As this section explains, many of the protections California's shield laws provide to clinicians also extend to patients and those who help or encourage others to obtain gender-affirming care ("helpers") in California. The information in this section can help inform patients and helpers of their protections under California's shield laws and potentially alleviate some of their concerns.

It is important to note, however, that California can only protect people within its borders. Therefore, the California shield laws offer only limited protection to patients who travel to California for care and then return to their home state, or to patients located in another state who receive gender-affirming care from a California clinician through telehealth.

If a helper has questions about their protection under California's shield laws, they should seek individualized legal advice. And if a clinician is concerned about the protection of others who work in their clinic, they should speak to an attorney to better understand if their colleagues are covered by California's shield laws.

[56] *See, e.g.,* Yale Univ., *Break Glass Procedure: Granting Emergency Access to Critical ePHI Systems,* https://hipaa.yale.edu/security/break-glass-procedure-granting-emergency-access-critical-ephi-systems.

The following is a non-exhaustive list of protections California's shield laws provide to patients and helpers:

- Protection against California state agencies or employees assisting with out-of-state prosecutions or investigations of patients or helpers for receiving or facilitating gender-affirming care in California;
- Protection against extradition and arrests for receiving or facilitating gender-affirming care in California;
- Protections against issuance of search warrants, subpoenas, and witness summons related to out-of-state investigations into receiving or facilitating gender-affirming care in California;
- Protections against application or enforcement of another state's laws interfering with the right to receive or facilitate gender-affirming care in California, including out-of-state laws authorizing removal of a child from their guardians because the guardians allowed the child to receive gender-affirming care;
- Application of California law to legal actions heard in California against a person who receives or facilitates gender-affirming care services, if the person providing the care was located in California or any other state where the care was legal;
- Availability of a "clawback lawsuit" to allow those targeted by out-of-state legal action for receiving or facilitating gender-affirming care to recover damages or obtain other kinds of relief.

Privacy and Data Protections

As discussed above in Part IV, California law also provides important protections for patient medical information and other data related to gender-affirming care. These protections include, among other things:

- Bans on disclosing medical information related to gender-affirming care in response to out-of-state investigations seeking to impose liability on individuals for seeking, obtaining, or allowing a minor to receive gender-affirming care;
- Bans on disclosing identifying medical information related to gender-affirming care to out-of-state persons or federal law enforcement;
- Protection of patients' personal information and location data, including through California's address confidentiality program and restrictions on geofencing near health facilities.

B. Legal Uncertainty

Because the protections offered by shield laws are new and involve conflicts between the laws of different states, they raise important legal and constitutional questions that may ultimately be resolved by the courts. Shield laws in multiple states, including California, are currently being put to the test by civil and criminal actions.[57] For example, a California physician is being sued for providing abortion care under a Texas law that allows private citizens to file civil lawsuits against individuals who prescribe, send, or distribute abortion medication to Texas.[58] New York's shield laws are also being challenged in a lawsuit brought by the Texas Attorney General that seeks to force a New York doctor to pay a $113,000 civil judgment for providing abortion care via telehealth to a woman in Texas.[59] Louisiana has attempted to extradite both a California and New York provider in criminal proceedings for provision of telehealth abortion care[60]. So far, California's and New York's shield laws have worked as intended to protect the doctors from other states' efforts to penalize that care.[61]

[57] *See* UCLA Ctr. on Reprod. Health, L., & Pol'y, *Shield Law Challenges* (last updated March 2026), https://law.ucla.edu/sites/default/files/PDFs/Center_on_Reproductive_Health/Shield%20Law%20Challenges.pdf.
[58] *See Rodriguez v. Coeytaux,* 2025 WL 3:25CV00225 (S.D. Tex. filed July 20, 2025).
[59] *See Texas v. Carpenter,* No. 471-08943-2024 (Tex. Dist. Ct. Collin Cnty. filed Dec. 12, 2024).
[60] *See Louisiana v. Coeytaux,* No. 0028F2026 (La. Dist. Ct. St. Tammany Par. filed Jan. 1, 2026); *Louisiana v. Carpenter,* No. 250187 (La. Dist. Ct. W. Baton Rouge Par. filed Jan. 31, 2025).
[61] *See* UCLA Ctr. on Reprod. Health, L., & Pol'y, *Shield Law Challenges* (last updated March 2026), https://law.ucla.edu/sites/default/files/PDFs/Center_on_Reproductive_Health/Shield%20Law%20Challenges.pdf.

These limitations and ongoing legal challenges highlight the importance of seeking individualized legal advice before attempting to rely on California's shield laws.

VI. Next Steps

A. Individualized Risk Assessment

An individualized risk assessment consists of working with an attorney to determine a clinician's individual risk tolerance and risk exposure, as related to providing gender-affirming care to patients in California and other states. Some of the questions a clinician may consider when conducting this risk assessment include:

- In what state(s) do I provide gender-affirming care, and what is the legal status of gender-affirming care in those states?
- In what states do I have medical licenses, and how concerned am I with having those licenses suspended or revoked for providing gender-affirming care?
- What types of gender-affirming care do I provide?
- Do I provide care to minors?
- Am I involved in mailing prescriptions to other states?
- Do I or my clinic/organization participate in federal health care programs such as Medicaid?
- How frequently do I need to travel to hostile states given that I can be arrested if I travel to those states after providing gender-affirming care to patients located in those states?
- To what extent is my identifying information public, and have I removed it from public databases?
- What is my immigration status? Am I practicing in the U.S. under a visa?
- How will my decision to provide gender-affirming care to patients in other states impact other staff working in my clinic?

B. Resources

Below is a list of resources that clinicians providing or considering providing gender-affirming care, or their patients, may find helpful.

Policy, Legislation, and News Trackers

- **KFF: Overview of President Trump's Executive Actions Impacting LGBTQ+ Health (Link):** This is a frequently updated resource that tracks actions taken by President Trump impacting LGBTQ+ health. The resource includes summaries of the actions and how the actions are likely to impact the community.
- **KFF: Policy Tracker: Youth Access to Gender Affirming Care and State Policy Restrictions (Link):** This is a frequently updated resource that tracks state actions related to youth access to gender-affirming care. The resource includes a map view of enacted legislation, as well as a litigation tracker related to the state laws.
- **UCLA Law Center on Reproductive Health, Law, and Policy & Williams Institute: Shield Laws for Reproductive and Gender Affirming Health Care: A State Law Guide (Link):** This is a frequently updated resource that tracks state shield laws. The resource includes a map of state statutes and includes a fact sheet for each state's law.
- **Erin in the Morning (Link):** Erin Reed is an independent transgender journalist who reports on state and national LGBTQ+ legislation and executive actions. The website often breaks updates, including those related to actions taken by the Trump Administration.

Legal & Privacy Resources

- **Transgender Law Center (Link):** The Transgender Law Center offers a **Legal Information Helpdesk** to provide information about laws and policies affecting transgender people in health care and other areas, and to connect those seeking legal advice or assistance with attorneys.
- **Lawyers for Good Government (Link):** Lawyers for Good Government provides **pro bono** legal services and maintains a **Policy Resource Hub for Transgender Rights** that tracks legislation, regulations, and case law related to access to health care and other topics.
- **California's Address Confidentiality Program (Link):** Gender-affirming care clinicians, patients, employees, and volunteers can apply to California's address confidentiality program to prevent disclosure of their address in public records. Note that applicants to the program must submit sworn statements that they fear for their own safety, the safety of their family, or the safety of the person on whose behalf they are applying, as well as other documentation and evidence.[62]

National Partners & Mutual Aid

- **CenterLink (Link):** CenterLink is a member-based coalition focused on supporting the development of strong, sustainable, LGBTQ+ community centers. CenterLink also focuses on national grassroots organizing, coalition building, and social activism. The website offers a directory of LGBTQ+ community centers across the country.
- **Equality Federation (Link):** The Equality Federation is a coalition of state LGBTQ+ advocacy organizations. The Federation works closely with partners and stakeholders to build an active base of LGBTQ+ supporters to advance pro-LGBTQ+ policies and defeat anti-LGBTQ+ policies from the ground up.
- **GLMA: Health Professionals Advancing LGBTQ+ Equality (Link):** GLMA is a national organization committed to ensuring health equity for LGBTQ+ communities and equality for LGBTQ+ health professionals. GLMA advocates for patients and providers and publishes position statements.
- **Trans Lifeline (Link):** The Trans Lifeline has compiled a database of mutual aid organizations dedicated to supporting trans and gender-diverse individuals. This can be helpful for patients who need access to funding to continue their care, including funding for travel and postoperative care.

Advocacy Tools

- **Doctors for America: Channeling Your Outrage Into Action (Link):** This is a DFA Advocacy Grand Rounds, featuring Greg Jackson, Dr. Joseph V. Sakran, and Kayla Hicks, a community-based violence prevention leader.
- **Yale Law School: An Evidence-Based Critique of 'The Cass Review' on Gender-Affirming Care for Adolescent Gender Dysphoria (Link):** This is an empirical review of the Cass Review, which has been cited in various lawsuits related to gender-affirming care. The authors find that the Review (1) did not recommend banning gender-affirming care; (2) did not follow established standards for reviewing evidence and research; (3) failed to contextualize gender-affirming care within other areas of pediatric medicine; (4) misinterpreted and misrepresented its own data; (5) repeated claims that have been disproven by evidence; (6) relied on systematic reviews that have serious methodological flaws; and (7) violated standard processes that typically lead to clinical recommendations.