

THESIS

THE SUCCESSFUL DIFFUSION OF GENDER-AFFIRMING CARE BANS IN THE U.S.:
HOW PARTISANSHIP FUNCTIONS AS A MECHANISM OF POLICY DIFFUSION

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ABSTRACT

THE SUCCESSFUL DIFFUSION OF GENDER-AFFIRMING CARE BANS IN THE U.S.: HOW PARTISANSHIP FUNCTIONS AS A MECHANISM OF POLICY DIFFUSION

Since 2015, the diffusion of anti-trans policies among the states has targeted the ability of transgender Americans to participate in athletics, change identification documents, use public facilities - such as bathrooms or locker rooms, and obtain gender affirming healthcare. The banning of gender affirming care (GAC) has resulted in increased reports of transgender youth suicide attempts in states that ban care. The proliferation of gender affirming care bans is problematic as it has negative health implications for transgender Americans. The diffusion of GAC bans can be traced to partisan interest groups, who actively diffuse anti-trans policies through venue shopping among the fifty state legislatures, and strategically advocating for the implementation of their policy preferences in legislatures amenable to their policy goals. To assess how partisan interests succeed at diffusing policy, I examine the diffusion of gender affirming care bans from 2021 to 2024 using textual analysis, measuring the cosine similarities of the 26 GAC bans to evaluate potentiality of copy and paste legislation, before performing a multivariate regression and an event history analysis to assess how this type of anti-trans policy has diffused across state legislatures. I find that partisan interests successfully diffused GAC bans in states that share their partisan identity, as states have sorted ideologically on LGBTQ+ policies. This finding is further evidence against the idea that states function as laboratories of democracy; instead, as states become sorted along partisan lines, transgender minors and adults find their rights and freedoms limited by what state they live in (Taylor et al. 2024). Rather than

acting as laboratories of democracy, states are engaging in a democratic race-to-the-bottom as freedoms and rights are questioned and stripped from their citizens. These findings support past research questioning the reality of states functioning as laboratories of democracy (Tyler and Gerken 2022; Grumbach 2022, 2023), as well as research that finds the erosion of LGBTQ+ rights are linked to conservative messaging and are fundamentally attacks on democracy (Stein 2023; Taylor et al. 2024) – this expands our understanding of how a morality policy, such as anti-trans policies, are increasingly linked to partisanship and that this results in conservative controlled states adopting policies that restrict democratic rights and freedoms.

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INTRODUCTION

For almost a decade, there has been a sharp increase of anti-LGBTQ+ policies diffusing across state legislatures that target the rights and freedoms of transgender Americans. The landmark Supreme Court decision *Obergefell v. Hodges* (2015) did not grant broad social inclusion and acceptance for all LGBTQ+ Americans, the state recognition of marriage did not resolve the administrative hurdles and setbacks that many LGBTQ+ Americans face (Spade 2011; Cannon 2022). Five years later, *Bostock v. Clayton County* (2020) expanded Title VII of the Civil Rights Act of 1964, asserting that employees are protected from discrimination on the basis of sexual orientation or gender identity. However, the protections afforded to LGBTQ+ Americans are minimal, the few federal level protections are granted by the Supreme Court, often leaving states to fill in the gaps; as a result, there are 27 states that do not have any statewide LGBTQ+ nondiscrimination protections (Freedom For All Americans 2025). This results in a patchwork of protections across the country, as national policymaking is gridlocked in congress, constantly changing based on presidential administration, and left to judicial decisions (Haider-Markel et al. 2024).

Beginning in 2015, anti-LGBT bills began to appear in state legislatures, which largely targeted public bathroom and locker room access, and, in 2016, bills began to target marriage, suggesting proof that a person was a natural-born male or female should be required before marriage (Peele 2023). North Carolina was the first state to pass an anti-trans law in 2016, House Bill 2 (HB2) the Public Facilities Privacy & Security Act, which was supported by the state's Republican supermajority in both the state house and senate and its Republican Governor, Pat McCrory (Avery 2020). HB2 restricted bathroom and changing facility access according to

biological sex, asserting that you must use the restroom that corresponds with the sex marker on your birth certificate (Taylor et al. 2018). This was a highly unpopular policy, as HB2 sparked an economic backlash; companies, organizations, and athletic associations such as the NCAA, boycotted North Carolina, which resulted in an economic loss of about 3.76 billion (Avery 2020). The state was also sued, such as by the Department of Justice, under the Obama administration, who took a firm stance against HB2 (Taylor et al. 2018). In 2017, the bathroom ban expired after proving to be economically disastrous and electorally unpopular – Governor McCrory lost reelection in 2016. North Carolina became a cautionary tale amongst states considering anti-trans legislation, it would be electorally unpopular and against the economic interests of the state to pass a bathroom ban. Around the same time as North Carolina, Texas was considering a bathroom ban, but the bill died quietly in congress following calls from Fortune 500 companies to Texas Governor Greg Abbott, stressing economic concerns about passing a bathroom ban (Ura 2017). Another significant outcome from HB2 was how, despite being a negative policy against transgender people, the pushback resulted in an opportunity for LGBTQ+ activists to talk about transgender rights and Democrats picked up on supporting policies that supported transgender Americans (Taylor et al. 2018). However, within five years, something changed, the unpopularity or potential economic ramifications were not serious considerations when anti-trans policies began to resurge in state legislatures in 2021.

It is important to make note that in 2017, the Obama administration switched over to the Trump administration, which coincided with sweeping administrative changes that relaxed discrimination protections for transgender individuals, while carving out religious exemptions and banning transgender Americans from military service, actions that lay the groundwork for states to challenge transgender equality (Advocates for Trans Equality 2020). The 2021

inauguration of Democrat Joe Biden led to the reversal of many of Trump's anti-trans policies at the executive level, but anti-trans discourse did not dissipate; instead, it shifted to the state-level, to Republican controlled states. There is potential that the Trump administration in 2017 appealed to anti-trans activists, providing an alternative avenue for anti-trans policy to gain traction besides in states. This aided in further politicizing trans rights among the two main political parties. As such, when the Biden administration reinforced protects for gender identity and promoted policies that supported transgender Americans, anti-trans activists needed to shift from the federal back to the state if they had any hope to pass anti-trans policies while the Biden administration was in power. In sum, losing in one political arena, state governments, led to shifting the political struggle to another arena, federal government, and when this new venue no longer produces policy wins, then the venue can change again (Baumgartner and Jones 2010). We see this with anti-trans policy, as the Biden administration gained power, anti-trans interests had to go back to the states.

The year 2021 saw a resurgence of anti-trans bills that target the ability to participate in athletics, change identification documents, use public facilities – such as bathrooms or locker rooms, and obtain gender affirming healthcare. In 2023, over 500 anti-LGBTQ+ bills were introduced in state legislatures, the largest influx of bills targeting homosexual and transgender Americans since 2022 (Peele 2023). These bills were not introduced to appeal to public opinion, rather the spread of anti-trans policies has been linked to interest groups, who work in part of a larger anti-LGBTQ+ pseudoscientific network, misappropriating and interpreting scientific findings, to promote traditional ideas of sex and gender and assert that gender affirming care is untested and dangerous (Cravens et al. 2023). The role that interest groups take in promulgating anti-LGBTQ+ policy is significant, as past research has found that the presence of anti-LGBTQ+

policies can be explained by organized national campaigns by conservative, often religious, groups (Hertel-Fernandez 2019; Haider-Markel 2021). These anti-LGBTQ+ interests make broad appeals of “saving the children” which ranges from homosexuality, in the 80’s and 90’s, to gender ideology in the 2010’s and onward (Stein 2023). Furthermore, these interest groups work to promote heterosexual and cisgender identities as the norm, essentializing into law that biological sex determines an individual’s gender promotes a conservative evangelical power structure, which in turns erases transgender individuals and places them at the outskirts of the administrative state, increasing the vulnerability of transgender Americans (Spade 2011; Hertel-Fernandez 2019; Daum 2020). This definition of gender limits transgender individuals’ access to public spaces, such as bathrooms, healthcare, homelessness shelters, and welfare programs, as gendered administrative systems exclude identities that do not fit into the gender binary of natural-born male or natural-born female (Spade 2015). The vulnerability that transgender individuals face is manufactured through the policies that states are adopting, such as GAC bans, as conservative interests push for laws to define biological sex as immutable (Sharrow 2021; Stein 2023).

To be clear, it is not only GAC bans that are manufactured to create vulnerability, bans on athletic participation, restricting public facility access, limiting what gender markers may appear on identification documents, these policies that focus on defining gender in an immutable, binary way, is state-sanctioned and state-enforced discrimination against transgender individuals (Sharrow 2021; Stein 2023; Haider-Markel et al. 2024). As a result, transgender Americans are left in the margins by the systematic administration of gender, as conservative states embrace anti-trans policies, and liberal states embrace strengthening protections for transgender individuals, a patchwork of rights and protections emerge that are instable, especially when, at

the national level, the changing of political administrations means policy on transgender rights is constantly changing. The power of interest groups to diffuse their policy preferences is thus problematic for democracy, as the spread of anti-trans policies by anti-LGBTQ+ interest groups at the state level has restricted the rights, freedoms, and civil liberties of transgender Americans (Sharrow 2021; Haider-Markel et al. 2024) while also politicizing the trans identity (Cannon 2022).

How do partisan interest groups successfully influence the diffusion of anti-trans policies in state legislatures? In examining this phenomenon, I will be assessing how interest groups have diffused gender affirming care (GAC) bans across state legislatures that target the healthcare access of transgender youth. It is important to emphasize that GAC is for both cisgender and transgender individuals, but the laws enacted strictly focus on excluding GAC for transgender youth. GAC is healthcare that supports an individual with living in alignment with their gender identity, which can involve the use of hormone blockers, to delay puberty, as well as hormones, such as estrogen or testosterone (Redfield et al. 2024). GAC also includes surgery, which is rarely performed on a minor but largely consists of breast reductions for cisgender males (Dai et al. 2024). The ages of youth who seek out GAC is between 13 to 17, about at the onset of puberty, which is promoted by leading health organizations as GAC limits the negative impacts of depression, anxiety, and suicide amongst transgender youth (Dai et al. 2024). Despite evidence and research backed by the medical community arguing for the accessibility of gender affirming care, an estimated 113,900 transgender youth in the U.S. live in a state that has enacted a GAC ban (Redfield et al. 2024). The adoption a of gender affirming care ban is indicative of erasing the needs of transgender youths and their families, and ignoring best practices set by medical professionals (Bhatt 2022).

Transgender individuals experience extensive documented health disparities as compared to cisgender individuals, such as increased rates of anxiety, depression, substance abuse, and suicide (Bhatt et al. 2022). This is exacerbated because healthcare providers largely lack the knowledge and training for treating transgender individuals (Eisenberg et al. 2020). Coupled with a lack of knowledge, transgender individuals also experience discrimination within healthcare, such as misgendering and harassment based on their gender identity (Bhatt et al. 2022). As a result, transgender individuals face barriers to accessing gender affirming care, such as hormone therapy, puberty blockers, or gender affirming surgery, which is necessary healthcare care for transgender individuals to alleviate gender dysphoria; research has shown that limited access to gender affirming care is connected to a 73% increase of suicide attempts (Bhatt et al. 2022). This is the situation of gender affirming care *without* a GAC ban. When a GAC ban is implemented in a state it worsens the ability for transgender individuals to access healthcare, ultimately contributing to increased health disparities between cisgender and transgender individuals while politicizing the transgender identity.

Considering the poor state of transgender healthcare, it is problematic that GAC bans have taken effect across the U.S., further alienating an already vulnerable population. The ability of partisan interest groups to influence states to adopt GAC bans is important to analyze, especially if this quick diffusion of policy is largely due to emulation, as research has found copy and paste legislation is counterintuitive to successful policy (Dorell Jr & Jansa 2022) Previous research has suggested that interest groups have better resources to gather information and lobby for their policy preferences (Hall and Deardorff 2006; Schlozman et al. 2013). The lobbying can be thought of as a form of subsidy, greasing the wheels of the legislator who generally already holds views in alignment with the lobbying interest (Hall and Deardorff 2006; Brock 2023). The

lobbying is furthermore strategic and targeted, as interests' venue shop states amenable to their policy positions and can use the "rules of the game" to entrench in venues to maintain a status quo (Schattschneider 1951; Holyoke et al. 2012). At the state level, lobbying is influential as groups lobbying for and against change, which shapes the legislative agenda (Butler & Miller 2021).

I hypothesize that partisan interest groups are successful at diffusing policy in states that are controlled by their partisan interests through venue shopping, strategically mobilizing in conservative states that will be receptive to their policy preferences. As research has suggested, federalism is a "blessing" for transgender advocates who wish to advance trans rights, but a "curse" as it also allows anti-transgender advocates to take away trans rights (Haider-Markel et al. 2024). This research has implications for federalism, as the quick diffusion of GAC policies demonstrates a centralized diffusion of policy that challenges the decentralized nature of the federal system. As the federal level gets stymied with congressional gridlock and administrative turnovers, policy change is largely left to the states, which has increasingly polarized among partisan identities which has resulted in states becoming laboratories against democracy (Grumbach 2022). The federal system may be undermined by political polarization, resulting in "federalism on polarization" in which polarization has contributed to state sorting along ideological lines, providing a clear path for partisan interest groups to mobilize and successfully spread policy preferences that will "stick" legislatively as states become relatively stable in party control. In analyzing this relationship, this paper now turns to the relevant literature on American federalism, policy diffusion, interest groups, and LGBTQ+ studies.

LITERATURE REVIEW

The basis of my study relies on research conducted on American federalism, policy diffusion, interest group lobbying, and anti-LGBTQ+ policies. In order to fully explain how interest groups may be influencing the diffusion of anti-trans policies through lobbying, I will first present what past research has found and how it applies to my research.

AMERICAN FEDERALISM

American federalism decentralizes power, creating checks and balances between the national, state, and local governments. States are given jurisdiction to invent and adopt their own policies on issues not regulated by the federal government, which leads to variance in policy across the United States. Furthermore, a result of the U.S. federalist system is that policy may diffuse vertically, from federal to state, or state to local, and horizontally, from state to state or locality to locality (Walker 1969; Mooney 2020). The ability to experiment with policies has led the fifty states to be normatively referred to as “laboratories of democracy,” a traditional Brandeisian (1932) view in which states are allowed to experiment with social and economic policies best suited to their needs without risk of novel policies affecting the entirety of the U.S. This has led to a patchwork of policies across the U.S. on a variety of policy issues, including transgender rights.

Research has criticized the outcome of states efforts to experiment with policy as “laboratories of authoritarianism,” “laboratories of autocracy,” and “laboratories against democracy” (Levitsky and Ziblatt 2018; Pepper 2021; Grumbach 2022). Recent scholarship has argued the states as being, “laboratories of democratic backsliding,” finding that state democratic performance is reduced when the state government is controlled by Republicans (Grumbach

2023). This research provides evidence that policy experimentation can yield undemocratic results given partisan control of the state. This is significant given the increasing polarization of politics (Iyengar et al. 2018; Abramowitz 2018).

POLICY DIFFUSION

Policy experimentation and innovation is a part of the policy process, but the spread of policy amongst states is referred to as policy diffusion. Policy experimentation and innovation occurs in relation to an internal or external force in which an issue or new problem is identified, various policies are promoted as possible solutions, and state legislatures eventually respond by implementing a policy solution (Walker 1969; Shipan and Volden 2008). As policy diffusion research demonstrates, state legislatures do not exist in a vacuum; policy is borrowed, imitated, learned, and economically coerced between state governments (Walker 1969; Shipan and Volden 2008; Mooney 2020; Parinandi 2023). As the normative implication of policy experimentation implies, states can experiment and learn from policy without affecting other states – and states can choose to adopt policies that have been tested in another state, via learning or imitation, to respond to a perceived problem (Walker 1969; Rose 1991). Successive adoptions of a specific policy legitimize a policy and makes it easier for more states to implement it (Mallinson and Hannah 2024). As a result, as a specific policy spreads, there is reason to examine how the policy becomes legitimized.

Policy diffusion research has largely focused on the external and internal mechanisms of diffusion, the diffusion of innovations framework, attempting to define the differences between the mechanisms of policy diffusion based on the internal factors such as state legislative professionalism, degree of liberalism within a state, economic resources, saliency of the issue the policy seeks to address, and party in government; and external factors such as geographic

proximity, ideology, and influence of non-governmental organizations (Walker 1969; Berry and Berry 1990; Shipan and Volden 2008; Mallinson and Hannah 2024). Prominent research has examined a myriad of policies, finding that the mechanisms of diffusion are largely specific to the policy under examination; anti-smoking policies, state gambling regulations, environmental policy innovations (such as net metering or renewable portfolio standards), abortion, and marijuana legalization research underscores how diffusion mechanisms are diverse and difficult to clearly identify given the temporal element of policy diffusion (Berry and Berry 1990; Gregoire-Zawilski and Siddiki 2000; Shipan and Volden 2008; Pollert and Mooney 2022; Parinandi 2023; Mallinson and Hannah 2024). Furthermore, as policy diffuses, the mechanisms of diffusion may change as the policy diffuses overtime. For example, a policy innovation may begin in one state and spread to early states via learning and later states via imitation. The temporal element of policy innovation and diffusion is thus important to take into consideration. The content of the policy is also important to critically examine, as policy diffusion research attempts to make distinctions between the adoption of a policy feature versus a policy regime (Parinandi 2023). Additionally, as partisan polarization continues, research has shown that ideological cues of the policy provide information to state legislators as to whether to support or oppose a policy (Grossback et al. 2004). The importance of policy content is stressed within LGBTQ+ policy research, as policies make politics – potentially determining and redefining citizenship (Campbell 2005; Taylor et al. 2012). The diffusion of policy is thus a complex process that requires a nuanced approach of evaluation that is specific to the policy under examination.

INTEREST GROUP LOBBYING

A pivotal actor in the policy process, and subsequently the policy diffusion process, are interest groups which are composed of individual actors, interest groups, think tanks, elected officials, and journalists who are politically mobilized on behalf of a specific issue (Haider-Markel 2001). Multiple interest groups may exist and network amongst each other but are otherwise groups of individuals who share concerns about a specific issue (Grossmann and Hopkins 2015). Significantly, interest groups are strategic and often face choosing between privatizing or socializing a conflict or issue in an effort to achieve their policy preferences (Schattschneider 1975). The American federal system provides the opportunity for interest groups to mobilize on behalf of a specific issue and to direct policy issues to different levels of government. There are fifty different states, or venues, to “shop around” in for interest groups to find the right state to push their policy preferences, shifting the scope of conflict to states favorable to their policy outcome ends (Haider-Markel 2001; Baumgartner and Jones 2010; Grumbach and Michener 2022). Interest groups are implicated in the policy diffusion process as they function as mediators of policy emulation through producing and distributing model legislation between states; model legislation reduces a legislator’s workload by reducing the amount of “independent innovation” required by a legislator to draft a bill, as state legislators vary in economic resources and staff from state to state (Garret and Jansa 2015; Mallinson and Hannah 2024). The choice by state legislators to copy policy language, relying on copy and paste legislation, has been linked in studies to level of state legislative professionalism; higher state legislative professionalism is associated with more innovation, less copying (Jansa et al. 2019). When states copy legislation from other states, without innovating the policy to fit their state needs, policies are less efficient, but this is how national interests spread their policy preferences.

The American Legislative Exchange Council (ALEC) is an example of how private interests are successful at producing and distributing model bills to state legislators, aiding in the process of policy emulation (Hertel-Fernandez 2019). The same research found that ALEC, along with the State Policy Network (SPN) and Americans for Prosperity (AFP), has successfully mobilized across states, forming a conservative troika that can coordinate across multiple states with the goal of building and retaining political power (Hertel-Fernandez 2019). The ability of interest groups to coordinate, work together, and make use of their economic resources across states demonstrates the increasing agency of powerful interest groups in state politics – limiting democratic representation in favor of wealthy interests who have the resources to lobby across venues and influence the legislative agenda (McKay 2012; Schlozman et al. 2013). The role of interest groups in influencing policy diffusion suggests that the policy preferences of interest groups may carry more influence over citizens’ policy preferences, as state constituents are generally immobile and disorganized when it comes to their policy preferences (Hertel-Fernandez 2019; Grumbach and Michener 2022).

ANTI-LGBTQ+ POLITICS

The role that anti-LGBTQ+ interest groups have had on the policy process is also important to the overall research question. Anti-LGBTQ+ interest groups act as vectors of policy diffusion, as they have been documented as distributing videos and literature to state legislatures, while engaging with state legislators and the policy process to persuade policy outcomes that would ban gay marriage (Haider-Markel 2001). Furthermore, the sponsorship and drafting of bills that would ban gay marriage have been linked to partisanship, as well as religious group influence, indicating that policy can diffuse through interest groups lobbying with ideological functioning as a mechanism of diffusion (Haider-Markel 2001). The advocacy of interest groups

influences how policy is discussed and implemented, essentially framing the debate and designating who benefits from the policy and who suffers. As polarization and nationalization of American politics continues, the spread of anti-LGBTQ+ policies raises serious concerns about civil rights and representative democracy – as conservative interests have been successful at mobilizing nationally to lobby their policy preferences to conservative controlled states (Haider-Markel 2001; Burke 2020; Harris et al. 2023).

The spread of anti-LGBTQ+ policies is synonymous with the spread of anti-trans policies, both falling under the categorization of morality policy, but differs in that it targets gender identity, specifically transgender people. LGBTQ+ policy is commonly viewed as morality policy due to its opposition to “traditional family values” or “traditional gender norms;” meaning that LGBTQ+ policy incites conflict over moral values (Haider-Markel 2001; Mooney and Schuldt 2008). However, morality policy is made – the framing of the issue is what makes it a morality policy, not its content (Mooney and Schuldt 2008). Abortion and same-sex marriage are considered morality policy, and both issues have been sorted along partisan interests. Furthermore, research has found that policy associated with LGBTQ+ rights are driven by political and social factors, such as partisanship (Taylor et al. 2012). The partisan polarization of state legislatures is likely to determine whether a policy is accepted or rejected and, because anti-trans policy is conservative policy, it is likely that conservative states will be persuaded by conservative interest groups promoting anti-trans policy. This is not shocking, as populist attacks against “gender ideology” has been used by conservatives, religious groups, and wealthy corporate interests to try and entrench the normative social order (Murib 2025).

Anti-LGBTQ+ policy is also often regarded as a form of “symbolic politics,” as it often does not carry steep economic costs to implement and signals a moral stance (Harris et al. 2023).

To this point, the content of the policy is important to contextualize when evaluating policy deemed as moral or symbolic. This signifies the importance of viewing anti-LGBTQ+ policies through a different lens, one that takes a systematic approach in understanding how this type of policy originates, how it is framed, and its implications on society and citizenship – rather than moral conflict. As Murib (2025) points out, there are hidden aspects to how anti-trans policies are being diffused, specifically how anti-LGBTQ+ mobilizations work with other interests to target what they deem as “gender ideology.” My research attempts to uncover how this is working in relation to GAC bans.

When evaluating the diffusion of LGBTQ+ policy, certain characteristics of a state acts as determinants of whether pro or anti LGBTQ+ policy is pursued by state legislatures. Factors such as the role of cisheteronormativity, religion, and conservatism influence LGBTQ+ policy preferences (Gibb 2018). The specific factors that lead to the support or opposition of trans rights is understudied, but considering that transgender issues fall under the LGBTQ+ umbrella, it is likely that cisheteronormativity, religion, and conservatism are factors that also influence the success of anti-trans policies across the U.S. While transgender issues are within the realm of LGBTQ+ policy, it is important to make clear that sexual orientation and gender identity protections are two different categories. Research has found that nondiscrimination legislation that is labeled pro-LGBTQ+ generally fails to protect transgender individuals (Taylor et al. 2012). In states that have embraced anti-trans legislation, the ability to exist, safely and without fear, has become impossible for trans individuals (Murib 2019; Byun et al. 2024). LGBTQ+ advocacy groups have tracked the proliferation of anti-trans bills since 2015, with the amount of bills targeting transgender individuals increasing rapidly since 2020 (Trans Legislation Tracker 2025). There has been limited empirical analysis evaluating why there has been a sharp increase

in anti-trans legislation, what exists largely focus trans policy globally (Ayoub & Stoeckl 2024; Murib 2025). There has there been a systematic, empirical analysis of the content of these bills, which cover healthcare, education, athletics, and I.D. law, and what determines the successes or failures of specific policies targeting transgender people. One reason for this may be that transgender rights issues have only just become a politically salient issue, increasing in saliency since 2015, which limits empirical analysis (Lewis et al. 2022). However, given the promulgation of anti-trans legislation across the U.S, it is time to make up for lost time.

THEROETICAL FRAMEWORK & HYPOTHESIS

LABORTORIES AGAINST DEMOCRACY

The proliferation of anti-trans policies limits democratic values and freedoms, such as the right to bodily autonomy and the right to privacy, producing an out-group of citizens. This is being done at the state level, indicating that while one state may guarantee rights and protections for trans Americans, the neighboring states may restrict those rights – leading to a United States that is fragmented in protecting all citizens equally. Ultimately, anti-trans policies have become legitimized as their adoption spreads, which will influence American culture and society as citizens come to view transgender and non-confirming individuals through the lens of these policies. Increased administrative control over gender definitions, such as limitedly defining and categorizing what a man or woman is along essentialist lines, marginalizes transgender people from obtaining valid identification, limiting access to public resources, and overall produces increased governmentality over transgender people (Spade 2011; Daum 2020). The politicization of the trans identity becomes legitimized as a result of the successful diffusion of anti-trans policies. The spread of GAC bans that target trans youth results in the politicization of all trans individuals; the denial of trans youth stands on the denial of trans existence.

The Issue of anti-trans policies spans multiple issue dimensions. To gain a deeper understanding of the impact the American federal system has played in the diffusion of anti-trans policies, with interest groups acting as a vector of diffusion, I will be examining the spread of gender-affirming care bans. To what extent gender-affirming care bans have become legitimized policy needs to be systematically examined.

The examination of how anti-trans policies have diffused is understudied largely because it is a new type of policy that varies in what the focus is (education, healthcare, athletics, identification documents, etc.) and has spread quickly across state legislatures; however, past research provides a framework of how this phenomenon may be occurring. Given that interest groups benefit from the American federalist system, strategically distributing resources, such as information, to states and legislators amenable to their policy preferences, and that anti-LGBTQ+ interest groups have already previously been linked to lobbying state legislators (Haider-Markel 2001) and are currently linked to promulgating anti-trans policies (Crasnow 2021; Pauly 2023) – it is a logical assumption that anti-trans interests have followed the same pathway. That is, anti-trans interests have benefitted from venue shopping the states, to find legislators that will be amenable to the lobbyist’s proposed anti-trans policy.

It is, therefore, unsurprising that anti-trans interests who lobby for a GAC ban will do so in states that are controlled by Republicans. As partisan polarization increases, LGBTQ+ politics and voters have slowly been sorted between the two parties, resulting in the Democratic party generally embracing policies that protect and support the LGBTQ+ community, and the Republican party who opposes policies that protect and support the LGTBQ+ community (Michelson and Schmitt 2020; Karol 2023). As a result, I have derived the following hypothesis:

HYPOTHESIS

Anti-trans interest groups are more likely to be successful at diffusing policy banning gender-affirming care in states that are controlled by their shared partisan interests.

This hypothesis may seem obvious, but the research focused on partisanship as a mechanism for policy diffusion is limited, much less research focusing on the mechanisms into how anti-LGBTQ+ policy has diffused so quickly. The speed of which GAC bans have diffused

does not suggest policy learning or innovation is happening, rather, with this type of morality policy, partisanship has influenced the anti-innovation of trans policies.

DATA & METHODS

TEXTUAL ANALYSIS OF GAC BANS

I collect and examine the 26 gender-affirming care bans that have been implemented in the U.S., between 2021 and 2024, including bans that faced challenges after passage. In 2021, Arkansas introduced and passed the first GAC ban in the U.S. In 2022, Alabama and Arizona joined Arkansas in banning GAC for minors (Arizona banning only GAC surgery). Then, in 2023, 19 other states pass GAC bans, followed by, 4 more in 2024. In total, 26 states have signed into law a GAC ban for minors within a short period of time. Out of the 26 bans, 17 have been challenged through litigation (Dawson and Kates 2025). While court challenges have resulted in judicial roadblocks to implementation, GAC bans have diffused across state legislatures and have found success in limiting minors access to GAC (Redfield et al. 2024; Band et al. 2025). In order to understand the severity of this type of policy and the extent of GAC bans, the following section will provide an overview of the policy – identifying the policy features that are present in passed GAC bans.

WHAT IS IN A GAC BAN

There are 8 distinctive features that a gender-affirming care ban includes, or does not include, amongst the 26 passed bans. Not every GAC ban has all 8 features. These features are: defining gender as biological sex, banning hormone replacement therapy for trans minors, banning puberty blockers for trans minors, banning specific surgeries for trans minors, limiting healthcare providers from providing GAC to trans minors, the creation of a statute of limitations for injuries caused by GAC, excluding public funds from supporting GAC for minors, and excluding GAC for minors as being covered by state health insurance.

1. Defining gender as biological sex.

Every GAC ban, except West Virginia's, defines gender as determined by biological sex at birth. Figure 1 demonstrates how biological sex is constructed as superseding an individual's gender identity. This produces a gender binary in the administrative system of the state that erases the existence of transgender, intersex, and gender non-conforming individuals. The inclusion of this definition functions to limit gender-affirming care on the basis of biological sex, as created by the state.

16 Subchapter 15 – Arkansas Save Adolescents from Experimentation (SAFE) Act
17
18 20-9-1501. Definitions.
19 As used in this subchapter:
20 (1) "Biological sex" means the biological indication of male and
21 female in the context of reproductive potential or capacity, such as sex
22 chromosomes, naturally occurring sex hormones, gonads, and nonambiguous
23 internal and external genitalia present at birth, without regard to an
24 individual's psychological, chosen, or subjective experience of gender;

Figure 1. Defining gender as biological sex – from Arkansas HB 15704

2. Banning hormone replacement therapy (HRT) for trans minors.

Every GAC ban, except Arizona and New Hampshire, explicitly cuts off access to HRT for transgender youth. Figure 2 presents an example of how cross-sex hormones are banned for transgender minors. The GAC ban explicitly denies healthcare providers from prescribing cross-sex hormones to a minor who is experiencing gender dysphoria, or gender incongruence. The example ban in Figure 2, Tennessee's GAC ban, goes on to assert gender dysphoria is not recognized by the state as a disease that would require treatment.

68-33-103. Prohibitions.

(a)(1) A healthcare provider shall not knowingly perform or offer to perform on a minor, or administer or offer to administer to a minor, a medical procedure if the performance or administration of the procedure is for the purpose of:

(A) Enabling a minor to identify with, or live as, a purported identity inconsistent with the minor's sex; or

(B) Treating purported discomfort or distress from a discordance between the minor's sex and asserted identity.

(2) Subdivision (a)(1) applies to medical procedures that are:

(A) Performed or administered in this state; or

(B) Performed or administered on a minor located in this state, including via telehealth, as defined in § 63-1-155.

Figure 2. Banning HRT for trans minors – from Tennessee SB1

3. Banning puberty/hormone blockers for trans minors.

Every GAC ban, except Arizona, New Hampshire, and Georgia, explicitly cuts off access to puberty blockers that would stop or put off puberty. Puberty blockers, also known as hormone blockers, work to stave off the effects of natural puberty, while hormone replacement functions to offer trans youth the hormones they need to effectively experience puberty that corresponds with their gender identity. The GAC bans prevent this healthcare from happening. Figure 3, a GAC ban from Ohio, demonstrates the typical language used in reference to puberty blockers and how it is denied healthcare for transgender minors.

(L) "Puberty-blocking drugs" means Gonadotropin-releasing hormone analogs or other synthetic drugs used to stop luteinizing hormone and follicle stimulating hormone secretion, synthetic antiandrogen drugs used to block the androgen receptor, or any drug to delay or suppress normal puberty.

Sec. 3129.02. (A) A physician shall not knowingly do any of the following:

(1) Perform gender reassignment surgery on a minor individual;

(2) Prescribe a cross-sex hormone or puberty-blocking drug for a minor individual for the purpose of assisting the minor individual with gender transition;

Figure 3. Banning puberty/hormone blockers for trans minors – from Ohio HB 68

4. Banning GAC surgeries for trans minors.

All 26 GAC bans deny surgical intervention for transgender minors. There is rarely any surgery performed on youth that can be labeled as GAC, despite these laws listing numerous medical procedures that are often done on trans adults. At most, minors can receive breast reduction surgery in their later teenage years, which is most often performed on cisgender males, not trans youth. Figure 4 demonstrates how this policy feature tends to present in bans. Notably, the ban lists several surgeries that transgender minors do not receive. The surgeries are often tied to the potential threat of sterilization. However, minors aged 12 and younger do not receive surgical procedures for GAC, the most prevalent surgical intervention for gender-affirming care is chest-related procedures and are widely performed on cisgender male minors (Dai 2024).

5 Sec. 161.702. PROHIBITED PROVISION OF GENDER TRANSITIONING
6 OR GENDER REASSIGNMENT PROCEDURES AND TREATMENTS TO CERTAIN
7 CHILDREN. For the purpose of transitioning a child's biological
8 sex as determined by the sex organs, chromosomes, and endogenous
9 profiles of the child or affirming the child's perception of the
10 child's sex if that perception is inconsistent with the child's
11 biological sex, a physician or health care provider may not
12 knowingly:
13 (1) perform a surgery that sterilizes the child,
14 including:
15 (A) castration;
16 (B) vasectomy;
17 (C) hysterectomy;
18 (D) oophorectomy;
19 (E) metoidioplasty;
20 (F) orchiectomy;
21 (G) penectomy;
22 (H) phalloplasty; and
23 (I) vaginoplasty;
24 (2) perform a mastectomy;

Figure 4. Banning surgeries – from Texas SB 14

5. Limiting healthcare providers to act.

Every GAC ban, except Arizona and New Hampshire, restrict healthcare providers, doctors, nurses, and pharmacists from providing GAC to trans minors. Healthcare providers are first restricted when the ban outlines that a healthcare provider can not treat a minor for gender dysphoria, which in turn means that a healthcare provider can not provide hormones, can not provide puberty blockers, and can not provide surgery to minors who seek standard care for their gender dysphoria. Figure 5 demonstrates how this typically appears in a GAC ban, healthcare providers are explicitly restricted from providing gender-affirming care that ranges from actual care a minor would receive for gender dysphoria, to surgical interventions that are not performed on minors.

(b) Except as provided in subsection (c) of this section and for purposes of transitioning a child's biological sex as determined by the sex organs, chromosomes and endogenous profiles of the child or affirming the child's perception of the child's sex if that perception is inconsistent with the child's biological sex, no physician or health care provider shall:

(i) Perform a surgery that sterilizes the child, including castration, vasectomy, hysterectomy, oophorectomy, metoidioplasty, orchiectomy, penectomy, phalloplasty and vaginoplasty;

(ii) Perform a mastectomy;

(iii) Provide, administer, prescribe or dispense any of the following prescription drugs that induce transient or permanent infertility:

(A) Puberty suppression or blocking prescription drugs to stop or delay normal puberty;

(B) Supraphysiologic doses of testosterone to females;

(C) Supraphysiologic doses of estrogen to males.

(iv) Remove any otherwise healthy or nondiseased body part or tissue.

Figure 5. Limiting healthcare providers from providing care – from Wyoming SF 0099

The limitations placed on healthcare providers include punishments for providing GAC, specifically revoking their medical license and jeopardizing their medical careers. Figure 6 is an example of the consequences of providing GAC in Louisiana.

23 §1098.3. Healthcare professionals; disciplinary actions
24 If a professional or occupational licensing board finds, by a preponderance
25 of the evidence, that a healthcare professional licensed or certified by the board has
26 violated the provisions of this Part, the board shall revoke any professional or
27 occupational license or certificate held by the healthcare professional for a minimum
28 of two years.

Figure 6. Revoking healthcare professional medical license - from Louisiana HB 648

Medical professionals face serious consequences for providing GAC and, as a result, this policy feature preemptively limits healthcare providers from providing GAC. Threatening license revocation means healthcare providers will likely over comply with the ban to avoid legal trouble. This further endangers GAC for minors in states that have enacted a GAC ban. When new laws surrounding healthcare are enacted, such as abortion bans, healthcare providers tend to over comply with the law due to ambiguities and uncertainties (Goodwin et al. 2023). Research has found that this has led to the obstruction of reproductive healthcare, as healthcare providers over comply with abortion bans because the law is not clear (Goodwin et al. 2023; Wilson and Sinha 2024). GAC bans may function similarly in producing overcompliance, as healthcare providers naturally orient decision-making to preserve their medical licenses and avoid punishment from the state (Wilson and Sinha 2024).

6. Creation of a statute of limitations for injuries caused by GAC.

18 GAC bans include a section allowing for a long statute of limitations for any minor who may have received GAC in the state and subsequently regrets receiving that care. This policy feature is varied in its inclusion, 8 out of the 26 bans do not include this policy feature. Figure 7 is an example of how this is included in GAC bans and demonstrates how healthcare providers are punished for providing GAC; in Montana, healthcare providers are liable for 25 years after providing any form of prohibited GAC. The potential ramifications healthcare providers may face for providing GAC may lead to overcompliance with GAC bans.

Section 5. Private cause of action for subsequent harm. (1) Any health care professional or physician who provides the medical treatments prohibited in [section 4(1)(a) or (1)(b)] is strictly liable to that person if the medical treatment or the after-effects of the medical treatment result in any injury, including physical, psychological, emotional, or physiological harms, within the next 25 years.

Figure 7. 25-year statute of limitations – from Montana SB 0099

7. Exclusion of public funding (or facilities) from funding or supporting GAC for trans minors.

Out of the 26 GAC bans, 11 bans include a section that prohibits public funds from going towards GAC. This includes providing GAC in public facilities owned by the state. The states that include this feature are Arkansas, Florida, Georgia, Indiana, Mississippi, Missouri, Montana, Nebraska, North Carolina, South Carolina, and Texas. Figure 8 is an example of how this policy feature presents in GAC bans.

Sec. 14. Health care services furnished in the following situations may not include gender transition procedures to a minor:

(1) By or in a health care facility owned by the state, a county, or a municipality.

(2) By a physician or other practitioner employed by state, county, or local government.

Figure 8. Restriction of public funds supporting GAC – from Indiana SB 480

As the state bans GAC, it also excludes itself from supporting or lending resources towards GAC services for minors. As Figure 8 demonstrates, this can also include any healthcare provider that is employed by the state. However, not every GAC ban is as explicit. Figure 9 presents how South Carolina prohibits use of public funds going towards GAC.

Section 44-42-340. Public funds may not be used directly or indirectly for gender transition procedures.

Figure 9. Restriction of public funds supporting GAC– from South Carolina HB 4624

Notably, South Carolina’s restriction of public funds is a single line and is open to administrative interpretation. This type of open-to-interpretation policy feature is what produces uncertainty and ambiguity to law, resulting in outcomes like overcompliance in healthcare providers (Goodwin et al. 2023; Wilson and Sinha 2024).

8. Excluding GAC for minors from insurance coverage.

There are 6 states that exclude GAC from insurance coverage for minors. These states are Arkansas, Florida, Mississippi, Montana, Ohio, and South Carolina; they are also the most extreme in terms of GAC bans, as they include most, if not all, of the policy features examined.

Section 44-42-350. The South Carolina Medicaid Program shall not reimburse or provide coverage for practices prohibited under the provisions of this chapter.

Figure 10. Excluding Medicaid from covering GAC for minors – from South Carolina HB 4624

This policy feature, in tandem with the exclusion of public funds, functions as “over-kill” in terms of closing healthcare access for minors seeking treatment for gender dysphoria or gender incongruence. Banning the prescription of puberty blockers and hormones already block access to gender-affirming care for minors, as healthcare providers are prohibited from providing GAC under law and face severe punishments for doing so; excluding Medicaid from providing coverage for gender-affirming care for minors is an over-expansion of the ban.

GAC BAN OVERVIEW

As previously examined, there are 8 distinct policy features of a general GAC ban, with the goal of the GAC ban being to outlaw this type of healthcare for minors. The inclusion of one or more of these policy features in one piece of legislation is representative of a GAC ban. Out of the 26 GAC bans, Arizona and West Virginia are the least severe with 2 policy features. Arizona defines gender as biological sex and ban “irreversible gender reassignment surgery.” Followed by West Virginia, which bans GAC for trans minors and prohibits public university facilities from being used to provide GAC to minors. The states that have all 8 policy features, and are considered the most severe are Arkansas, Mississippi, Montana, and South Carolina.

Understanding the general design of a GAC ban is important in accessing how these policies compare to one another.

It is important to note what differs among the bills, while the 8 policy features outlined above are the general features included to ban GAC for minors, there are notable features that do not consist of a GAC ban that are included in some state's bans. Ohio includes a trans sports ban in their GAC ban, see Figure 11, while Missouri asserts no GAC can be provided to prisoners, see Figure 12.

(B) Each state institution of higher education or private college that is a member of the national collegiate athletics association, the national association of intercollegiate athletics, or the national junior college association shall designate intercollegiate athletic teams and sports based on the sex of the participants as follows:

(1) Separate teams for participants of the female sex within female sports divisions;

(2) Separate teams for participants of the male sex within male sports divisions;

(3) If applicable, co-ed teams for participants of the female and male sexes within co-ed sports divisions.

Figure 11. Ohio including athletics ban with GAC ban - from HB 68

221.120. 1. If any prisoner confined in the county
2 jail is sick and in the judgment of the jailer, requires the
3 attention of a physician, dental care, or medicine, the
4 jailer shall procure the necessary medicine, dental care or
5 medical attention necessary or proper to maintain the health
6 of the prisoner; **provided, that this shall not include any**
7 **gender transition surgery, as defined in section 191.1720.**

Figure 12. Missouri including banning GAC for prisoners – from SB 49

The above figures demonstrate that the GAC bans are more than just banning GAC for minors. The unique features of GAC bans continue. Nebraska's GAC ban begins by banning abortion from being performed beyond the 12th week of pregnancy. Kentucky, Alabama, and South Carolina assert that schools are mandated to use only the student's name and pronouns, as assigned by their birth certificate, and any deviation requires parental consent. Kentucky goes further to restrict transgender students from accessing bathrooms, locker rooms, and shower

rooms, labeling bathrooms as designated for biological sex only. Furthermore, because the GAC bans often label care as “genital mutilation,” states explicitly exclude circumcision from the ban.

12.1-36.1-02. Perception of a minor's sex - Prohibited practices - Penalty.

1. Except as provided under section 12.1-36.1-03, if a minor's perception of the minor's sex is inconsistent with the minor's sex, a health care provider may not engage in any of the following practices for the purpose of changing or affirming the minor's perception of the minor's sex:
 - a. Perform castration, vasectomy, hysterectomy, oophorectomy, metoidioplasty, orchiectomy, penectomy, phalloplasty, or vaginoplasty;
 - b. Perform a mastectomy;
 - c. Prescribe, dispense, administer, or otherwise supply any drug that has the purpose of aligning the minor's sex with the minor's perception of the minor's sex when the perception is inconsistent with the minor's sex, including:
 - (1) Puberty-blocking medication to stop normal puberty;
 - (2) Supraphysiologic doses of testosterone to females; or
 - (3) Supraphysiologic doses of estrogen to males; or
 - d. Remove any otherwise healthy or nondiseased body part or tissue, except for a male circumcision.

Figure 13. Exception for male circumcision – from North Dakota HB 1254

A few states include legislative findings to provide an argument as to why they are banning GAC for minors. The follow figure displays the legislative findings of Idaho, Alabama, Georgia, and Tennessee. As Figure 13 demonstrates, the legislatures of Idaho, Alabama, Georgia, and Tennessee have all found evidence to as to why it is necessary to ban gender-affirming care for minors. However, there is reason to suspect the legislature may have not done research on this topic if the bans are highly similar, as that would suggest copy and paste legislation was relied upon and research has found that this type of policy adoption is not innovative (Jansa et al. 2019).

ALABAMA SB184

(3) The cause of the individual's impression of discordance between sex and identity is unknown, and the diagnosis is based exclusively on the individual's self-report of feelings and beliefs.

(4) This internal sense of discordance is not fixed, but to the contrary, numerous studies have shown that a substantial majority of children who experience discordance between their sex and identity will outgrow the discordance once they go through puberty and will eventually have an identity that aligns with their sex.

(5) As a result, taking a wait-and-see approach to children who reveal signs of gender nonconformity results in a large majority of those children resolving to an identity congruent with their sex by late adolescence.

(6) Some in the medical community are aggressively pushing for interventions on minors that medically alter the child's hormonal balance and remove healthy external and

internal sex organs when the child expresses a desire to appear as a sex different from his or her own.

IDAHO HB71

(10) The legislature finds and declares that:

(a) Biological sex is an objectively defined category that has obvious, immutable, and distinguishable characteristics.

(b) Gender dysphoria among children rarely persists into adulthood, with peer-reviewed research revealing that as many as ninety-eight percent (98%) of gender dysphoric boys and as many as eighty-eight percent (88%) of gender dysphoric girls ultimately identify with their biological sex after passing through puberty.

(c) Some healthcare providers now routinely administer puberty blockers to prepubescent and pubescent children notwithstanding scientific evidence that children who remain on puberty blockers may never recover lost development and despite known sterility and additional concerns about reduced IQ and future osteoporosis.

(d) Some healthcare providers now routinely administer cross-sex hormones to pubescent children notwithstanding scientific evidence that such therapies cause irreversible sterility and likely increase risks of other medical conditions, including cancer, cardiovascular disease, blood clots, osteoporosis, and obesity.

(e) Some healthcare providers now refer pubescent adolescents for sex reassignment surgeries that permanently mutilate healthy reproductive organs and other body parts.

GEORGIA SB 140

(3) A significant portion of children with gender dysphoria do not persist in their gender dysphoric conditions past early adulthood;

(4) Certain medical treatments for gender dysphoria, including hormone replacement therapies and surgeries, have permanent and irreversible effects on children;

(5) No large-scale studies have tracked people who received gender-related medical care as children to determine how many remained satisfied with their treatment as they aged and how many eventually regretted transitioning; on the contrary, the General Assembly is aware of statistics showing a rising number of such individuals who, as adults, have regretted undergoing such treatment and the permanent physical harm it caused;

(6) Under the principle of "do no harm," taking a wait-and-see approach to minors with gender dysphoria, providing counseling, and allowing the child time to mature and develop his or her own identity is preferable to causing the child permanent physical damage; and

(7) The General Assembly has an obligation to protect children, whose brains and executive functioning are still developing, from undergoing unnecessary and irreversible medical treatment.

TENNESSEE SB 1

68-33-101. Findings.

(a) The legislature declares that it must take action to protect the health and welfare of minors.

(b) The legislature determines that medical procedures that alter a minor's hormonal balance, remove a minor's sex organs, or otherwise change a minor's physical appearance are harmful to a minor when these medical procedures are performed for the purpose of enabling a minor to identify with, or live as, a purported identity inconsistent with the minor's sex or treating purported discomfort or distress from a discordance between the minor's sex and asserted identity. These procedures can lead to the minor becoming irreversibly sterile, having increased risk of disease and illness, or suffering from adverse and sometimes fatal psychological consequences. Moreover, the legislature finds it likely that not all harmful effects associated with these types of medical procedures when performed on a minor are yet fully known, as many of these procedures, when performed on a minor for such purposes, are experimental in nature and not supported by high-quality, long-term medical studies.

(c) The legislature determines that there is evidence that medical procedures that alter a minor's hormonal balance, remove a minor's sex organs, or otherwise change a minor's physical appearance are not consistent with professional medical standards when the medical procedures are performed for the purpose of enabling a minor to identify with, or live as, a purported identity inconsistent with the minor's sex or treating purported discomfort or distress from a discordance between the minor's sex and asserted identity because a minor's discordance can be resolved by less invasive approaches that are likely to result in better outcomes for the minor.

(d) The legislature finds that medical procedures are being performed on and administered to minors in this state for such purposes, notwithstanding the risks and harms to the minors.

(e) The legislature finds that health authorities in Sweden, Finland, and the United Kingdom have recognized similar trends and, after conducting systematic reviews of the evidence, have found no evidence that the benefits of these procedures outweigh the risks and thus have placed severe restrictions on their use.

Figure 14. Legislative findings from Idaho HB 71, Alabama SB 184, Georgia SB 140, and Tennessee SB1

TEXTUAL SIMILAIRITY

To evaluate how similar these policies were to one another, I downloaded each one into .pdf format and used a text-as-data approach to test for textual similarity. I use the cosine similarity measure to test the degree of similarity, which is a common measure to check for textual similarity (Garret & Jansa 2015; Linder et al. 2018). This requires extracting the text and then transforming the text (removing, punctuation, numbers, and extra spaces) prior to creating a text corpus which then is used to create a document-term matrix to compute the cosine similarity for each piece of legislation against each other (Park et al. 2020). The values produced in computing the cosine similarity range between 0 and 1, where 0 indicates no similarity and 1 indicates similarity (Park et al. 2020; Düpont and Rachuj 2022). When the policy is compared to itself, for example, Arizona against Arizona, the output will be 0, or otherwise null. The results are displayed in Figure 11 in the results section.

I also run a textual similarity test between a GAC ban model bill and the states that have passed a ban. The model bill comes from Do No Harm, who openly shares their model bill online. Do No Harm was officially formed in 2022 to advocate for anti-trans policies in state legislatures, the culmination of the anti-trans movement into public organized lobbying. The early states that implemented a GAC ban (Alabama, Arizona, and Arkansas) are least likely to be influenced by the model bill. The results of this similarity test are displayed in Table 3 in the results section.

MODELING POLICY DIFFUSION

After checking for textual similarity, I assess what might have influenced the diffusion of GAC bans. I create an original dataset to test my hypothesis. To evaluate the diffusion of GAC bans, I conduct a multivariate regression to evaluate how republican control of a state affects the

implementation of a GAC ban, controlling for state legislative professionalism and evangelicalism. I then conduct an event history analysis (EHA) to determine how the independent variables, the presence of a republican trifecta, state legislative professionalism, and religiosity affect the rate of GAC ban diffusion.

VARIABLES

The dependent variable is a binary indicator of whether a GAC ban was passed or not. Information on whether a state enacted a GAC ban or not was obtained through the individual state legislative websites or LegiScan. This process occurred prior to the textual analysis, during the data collection phase, which included reading each individual ban and determining the policy features of each. The values are either 0 (no GAC ban) or 1 (GAC ban).

The independent variables in my analysis are republican control of government, otherwise known as republican trifecta, state legislative professionalism, and evangelicalism in the state. Policy diffusion research emphasizes the influence of external and internal factors in determining if a policy successfully diffuses. Each of these variables are internal characteristics of the state, which corresponds with research that has found internal characteristics are the forces that drive morality policy (Mooney and Lee 1999; Haider-Markel 2001; Taylor et al. 2018). The external variable is captured through the cosine similarity measure of the GAC bans, indicating the extent of which the GAC bans are similar to each other. The results of the similarity test will provide a test of whether GAC bans are suspect of copy and paste legislation.

The variable republican control of government is measured by data collected from the NCSL from 2021 to 2024 on state legislative control, party in government, and state control on all 50 states. This data produces a timeline of partisan control, demonstrating which states have steady Democrat control or Republican control, and which have divided control for a four-year

period (National Conference of State Legislatures 2025). I compare when the GAC ban was first introduced to when it passed, alongside what party was in control of government. I then code this variable as 1, if the GAC ban passes under a Republican-controlled government, and as 0, if the GAC ban passes under a Democrat-controlled government or a divided government.

State legislative professionalism is measured through the Squire Index, 2021. The Squire Index values are a measure of how professional the state legislature is compared to U.S. Congress, with 1.0 corresponding to complete equality with Congress on professionalism and 0.00 corresponding to complete inequality with Congress on professionalism (Squire 2021). This index combines data on three key measures of state legislatures: how much a legislator is paid, the days in session, and how much legislative staff is employed (Squire 2021). This data is collected and presented by the National Conference of State Legislatures (NCSL) every six years, which is then used to compose the Squire Index. The Squire Index measure I am using is from 2021 – which includes some error due to the COVID-19 pandemic causing some state legislative session to go longer (Squire 2021). However, the three measures are equally weighted, so as a one measure difference does not cause significant problems, but even with the pandemic causing some legislative sessions to run longer, state legislative professionalism is rather stable through the decades (Squire 2021).

The final variable, evangelicalism, comes from the Association of Religion Data Archives (ARDA) which presents compiled data, collected by the Association of Statisticians of American Religious Bodies (ASARB), that takes the 1980-2020 U.S. Religion Census to provide a ranked list of states by percentage of the population that identify themselves as belonging to the Evangelical Protestant denomination (ASARB 2020). The top three states, by population that are Evangelical Protestant, are Alabama (42.1), Oklahoma (41.86), and Mississippi (39.04); while,

Rhode Island (3.83), Massachusetts (3.65), and Utah (2.03) are the bottom three states (ASARB, 2020).

The following section presents the results of the textual similarity tests, as well as the results of the multivariate regression and event history analysis.

RESULTS & ANALYSIS

COSINE SIMILARITY OF GAC BANS

Testing for textual similarity, there are some notable results. The values of textual similarity range from 11% to 73%. There are no bans that are more than 80% similar but considering that a piece of legislation includes text that will correspond only to that state, such as sponsor names, state names, and references to code, it would be unusual to expect full similarity. What I find is that there are extensive similarities between states who have implemented a GAC ban. Table 1 in the Appendix presents the full results of the cosine similarity measure.

Arkansas' and Arizona's GAC bans share 73% similarity. These were early adopter states, Arkansas in 2021 and Arizona in 2022. The other early adopter state, Alabama, does not share this similarity, instead, it shares similarities with states that are geographical neighbors, such as Georgia (43%), Mississippi (40%), and Tennessee (49%), and later adopting states, such as Montana (50%), Iowa (54%), and Ohio (55%).

Arkansas' and Arizona's GAC bans are remarkable because these bans share 71% textual similarity with Indiana's GAC ban. North Carolina also shares 71% similarity with Arkansas, but not with Arizona (64%) or Indiana (65%). Table 1 presents an illustration of these relationships.

Table 1. The High Textual Similarity of Four State GAC Bans

	Arkansas	Arizona	Indiana	North Carolina
Arkansas	0%	73%	71%	71%
Arizona	73%	0%	71%	64%
Indiana	71%	71%	0%	65%
North Carolina	71%	64%	65%	0%

These four states, Arkansas, Arizona, Indiana, and North Carolina, represent the highest levels of textual similarity between their GAC bans and are each regionally distinct, representing the South, the West, the Midwest, and the East. Significantly, the textual similarity goes on, as Indiana and North Carolina share similarities with other state bans. Indiana also shares textual similarities with Ohio (64%), Iowa (53%), South Carolina (53%), and Utah (51%). While North Carolina also shares textual similarities with Ohio (67%), South Carolina (60%), Montana (58%), Iowa (57%), Nebraska (55%), Alabama (53%), Utah (52%), South Dakota (51%), and Louisiana (50%). Notice how, while region may generally be considered as playing a role in diffusion, the similarity between states does not appear to be conditional on neighboring states. It may be likely that regional neighbors might have some influence on the introduction of a GAC ban, but many non-neighboring states have textually similar GAC bans.

As previously mentioned, Arizona and West Virginia are the least severe GAC bans based on the number of policy features in their bans. They are still GAC bans and are severe in that they restrict recommended healthcare for trans minors. The highest similarity that West Virginia's GAC ban shares with another state is New Hampshire (37%), Arkansas (32%), Arizona (31%), North Carolina (31%), and South Carolina (31%).

The following table, Table 2, presents the least severe bans, Arizona and West Virginia, alongside the most severe bans, Arkansas, Montana, Mississippi, and South Carolina. The least severe, Arizona has significant textual similarities with the most severe bans, such as Arkansas (73%) and South Carolina (54%). The least severe GAC ban, which defines gender as biological sex and bans GAC surgeries for trans minors, is approximately 73% textually similar to Arkansas’s GAC ban – a ban which has all 8 policy features of a general GAC ban. Almost one-third of West Virginia’s GAC ban is textually similar to Arkansas’s GAC ban (32%). The textual similarities between the most severe GAC ban, Arkansas (2021), and the least severe GAC bans, Arizona (2022) and West Virginia (2023), offers evidence that GAC bans can be similar despite variation in number of policy features included in a state specific GAC ban.

Table 2. The Textual Similarity Between The Most And Least Severe GAC Bans

	Arkansas	Montana	Mississippi	South Carolina	Arizona	West Virginia
Arkansas	0%	45%	42%	56%	73%	32%
Montana	45%	0%	47%	51%	48%	24%
Mississippi	42%	47%	0%	46%	33%	20%
South Carolina	56%	51%	46%	0%	54%	31%
Arizona	73%	48%	33%	54%	0%	31%
West Virginia	32%	24%	20%	31%	31%	0%

West Virginia's GAC ban shares the most textual similarity to New Hampshire (37%); while New Hampshire's GAC ban shares the most textual similarity to Arizona (52%) and Arkansas (52%). In turn, the textual similarity between Arizona and Arkansas is 73%, the highest percentage of textual similarity found in this analysis. The textual similarities between the GAC bans presents a complex picture of how the 26 GAC bans relate to each other despite the variations in number of policy features included in the ban and the total length of the document.

The cosine textual similarity scores provide evidence that the policy diffusion of GAC bans are not independent state innovations that seemingly caught on through policy learning, as the GAC bans are textually similar to each other enough to suggest these bans may be copy-and-paste legislation that have diffused amongst the states. The following figure, Figure 11, presents a heatmap plot of each GAC ban against each other, presenting a visual of the similarity between the GAC bans. See the Appendix for another heatmap with hierarchical clustering. While it is likely that the policy wording will be similar, the high cosine scores indicate that it is more likely that state legislators are not innovating when it comes to GAC bans. It is difficult to ascertain whether private interests are promulgating a specific policy, precisely because the public is not privy into the private actions and conversations, the lobbying, that interest groups take part in. However, the evidence I have thus provided demonstrates that GAC bans are not distinct to any of the 26 states that have adopted this policy. The GAC bans are generally textually similar and are not conditional on neighboring states.

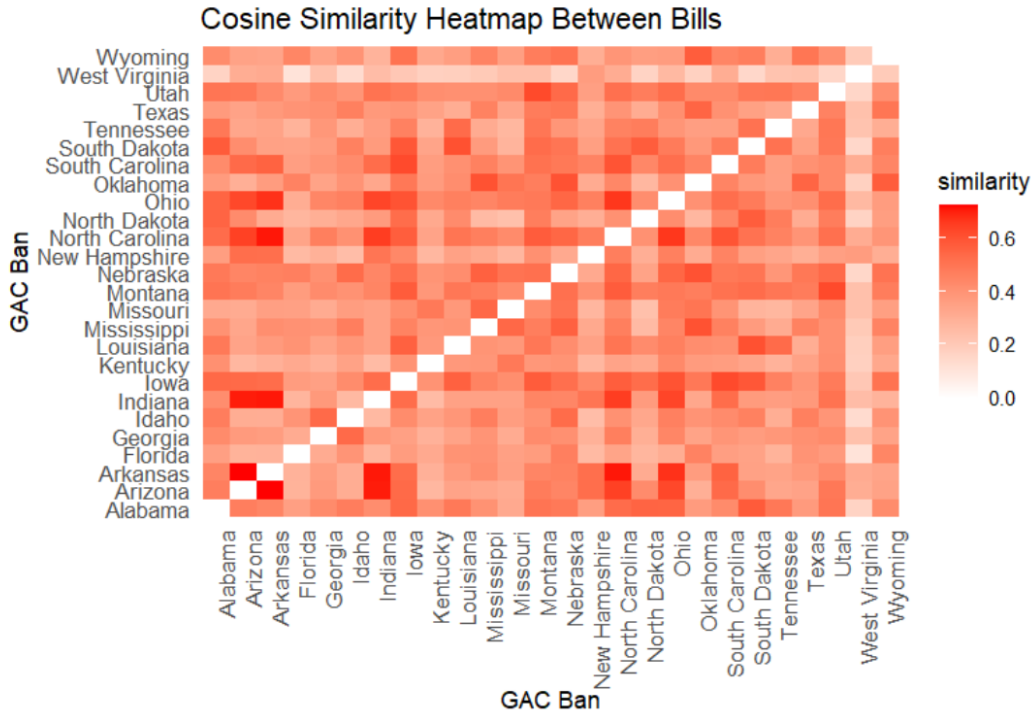


Figure 16. Cosine Similarity Heatmap Between GAC Bans

COSINE SIMILARITY WITH MODEL BILL

I also compare the GAC bans to Do No Harm’s model bill. It is an extensively long document that includes all 8 policy features. In the model bill, these are listed as sections, there are 10: legislative findings, definitions, public school transparency, government facilities and government funding, regulation of medical procedures for female minors, regulation of medical procedures for male minors, private cause of action for subsequent harm, prohibited insurance coverage, severability, and effective date and exception. These 10 sections are not dissimilar to the state GAC bans. Using a cosine textual similarity measure, I will test how dissimilar (0) or similar (1) the state GAC bans are to the model bill. The following table, Table 3, presents the cosine similarity values for each GAC ban in percentages. It is important to note that Alabama, Arizona, and Arkansas passed GAC bans prior to Do No Harm forming in 2022. This suggests

that any textual similarity between the model bill and Alabama, Arizona, and Arkansas exists because the model bill adopted language from the early adopting states.

Table 3. Cosine Similarity with Model Bill

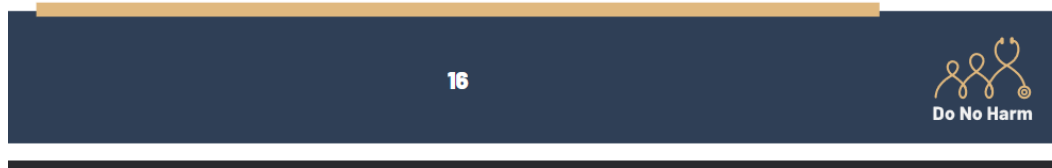
Do No Harm's Model Bill	
Alabama	40%
Arizona	33%
Arkansas	36%
Florida	24%
Georgia	27%
Idaho	25%
Indiana	33%
Iowa	36%
Kentucky	25%
Louisiana	30%
Mississippi	25%
Missouri	21%
Montana	40%
Nebraska	27%
New Hampshire	26%
North Carolina	35%
North Dakota	29%
Ohio	36%
Oklahoma	25%
South Carolina	31%
South Dakota	31%
Tennessee	30%
Texas	25%
Utah	35%
West Virginia	14%
Wyoming	24%

The GAC ban that shares the most textual similarity with Do No Harms model GAC ban is Alabama (40%) and Montana (40%), both of which are severe bans. West Virginia shares the least textual similarity at 14%. The rest of the GAC bans fall along a range of values between 21% to 36%. Considering the model bill is explicit and extensive in its structure, organized for

legislators to fill in the blanks and take what they want, the results from Table 3 are unsurprising. These results constitute that there is a relationship between the GAC bans and the model bill, not just in terms of the policy, but in terms of textual similarities. The following figures provide evidence of these textual similarities.

PRIVATE CAUSE OF ACTION FOR SUBSEQUENT HARM

- (a) Any healthcare professional or physician who provides the medication or surgical procedures described in Sections 5(b) and 6(b) as a treatment to address an inconsistency between a minor's sex and the minor's perceived gender



or perceived sex is strictly liable to that minor if the treatment or the after-effects of such treatment results in any injury, including physical, psychological, emotional, or physiological harms, within the next 25 years.

Section 5. Private cause of action for subsequent harm. (1) Any health care professional or physician who provides the medical treatments prohibited in [section 4(1)(a) or (1)(b)] is strictly liable to that person if the medical treatment or the after-effects of the medical treatment result in any injury, including physical, psychological, emotional, or physiological harms, within the next 25 years.

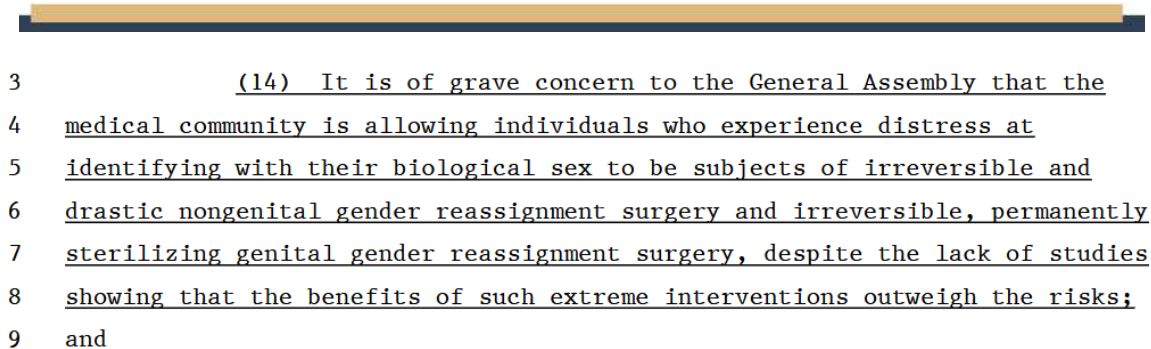
Figure 17. Statute Of Limitations For GAC – Do No Harm’s Model Bill Text Versus Montana’s SB 0099 Text

The above figure compares Do No Harm’s model bill text to Montana’s GAC ban. This text is familiar because it was shared earlier during the data and methods section as an example

of how bans can include long statute of limitations for medical professionals who provide GAC to minors – 25 years!

The following figure, Figure 18, compares Do No Harm’s model bill with Arkansas’s GAC ban. In particular, the section of the ban that introduces findings of the legislature, which outlines reasons why the state legislature finds it necessary to ban GAC for minors.

(q) It is of grave concern to the State of [[State Name]] that the medical community allows minors whose perceived gender or perceived sex is inconsistent with their sex to be subject of irreversible and drastic treatments despite the lack of studies establishing the efficacy and safety of these treatments, and the known harms and unknown risks that these treatments present.



3	<u>(14) It is of grave concern to the General Assembly that the</u>
4	<u>medical community is allowing individuals who experience distress at</u>
5	<u>identifying with their biological sex to be subjects of irreversible and</u>
6	<u>drastic nongenital gender reassignment surgery and irreversible, permanently</u>
7	<u>sterilizing genital gender reassignment surgery, despite the lack of studies</u>
8	<u>showing that the benefits of such extreme interventions outweigh the risks;</u>
9	<u>and</u>

Figure 18. An Example of Textual Similarity Fill-In-The-Blank Between Do No Harm’s Model Bill And Arkansas’s HB 1570

Arkansas is the first state to adopt a GAC ban (2021). It therefore may be that the textual similarity found in Figure 18 comes from Arkansas rather than from the model bill, as Do No Harm became an organization a year after Arkansas passed their GAC ban. If this is the case, if early adopting states were used to organize a model bill, such as Arkansas and Alabama, then the early adopting states are part of the model. This finding coincides with results found in the previous section, that there are significant levels of textual similarity between the GAC bans and that these similarities can tie back to earlier bans, mainly Arkansas. This results in a complex

case of copy and paste legislation, that largely exists upon itself. See Figure 8 in the Appendix for a heatmap plot that presents the relationship through hierarchical clustering.

MULTIVARIATE REGRESSION

To this point, I have found that there is textual similarity between the 26 GAC bans that ranges from cosine similarity values from 11% to 73%. Each state GAC ban has their own textual similarity score, see Appendix for full data. This brings into question how GAC bans are diffusing. If state legislators are not innovating, they are copying this type of policy as an anti-innovation to the expansion of trans rights, then how has GAC bans diffused?

HYPOTHESIS: Anti-trans interest groups are more likely to be successful at diffusing policy banning gender-affirming care in states that are controlled by their shared partisan interests.

I develop a multivariate regression to test my hypothesis: the passage of a GAC ban is a function of republican control of the state, population of Evangelical Protestants in the state, and the level of state legislative professionalism. The following figure displays my results.

Table 4. Multivariate Regression with Robust Standard Errors

GAC Ban	
OLS Regression	
Constant	0.08 (0.07)
Republican Trifecta	0.77* (0.11)
Evangelicalism	0.01* (0.005)
State Legislative Professionalism	-0.26 (0.15)
N = 50	
R² = 0.83	

A one unit increase in the Republican trifecta variable results in a 0.77 increased likelihood that a state will adopt a GAC ban. This is statistically significant and substantively significant. As state government becomes controlled by Republicans over Democrats, there is an increased likelihood that a GAC ban targeting minors will be passed. The data on the states suggests that a fully Republican-controlled state is not a necessary condition, as Kentucky, North Carolina, and Louisiana all adopted GAC bans and were not governed by a Republican trifecta. Only the state legislatures of Kentucky, North Carolina, and Louisiana were controlled by Republicans, who ultimately had to override the Governor’s veto in their respective states. The increased likelihood of a GAC ban being associated with Republican-controlled states suggests that the party has taken a stance on this policy, that which is firmly anti-trans.

The other statistically significant result is the evangelicalism variable, which captures the percentage of a state’s population that identifies as Evangelical Protestant. A one unit increase in the evangelicalism variable results in a 0.01 increased likelihood that a state will adopt a GAC

ban. This suggests that as a state’s population increasingly identifies with evangelicalism there is a small increase in the likelihood that a GAC ban will be adopted. This is less substantive than the results for Republican-controlled states, but it does point towards evidence of an association between anti-trans policies and evangelicalism, given that a state’s percentage of evangelism among its population has a small effect on the adoption of a GAC ban. The following figure is a graph of the coefficients of the model in Table 3.

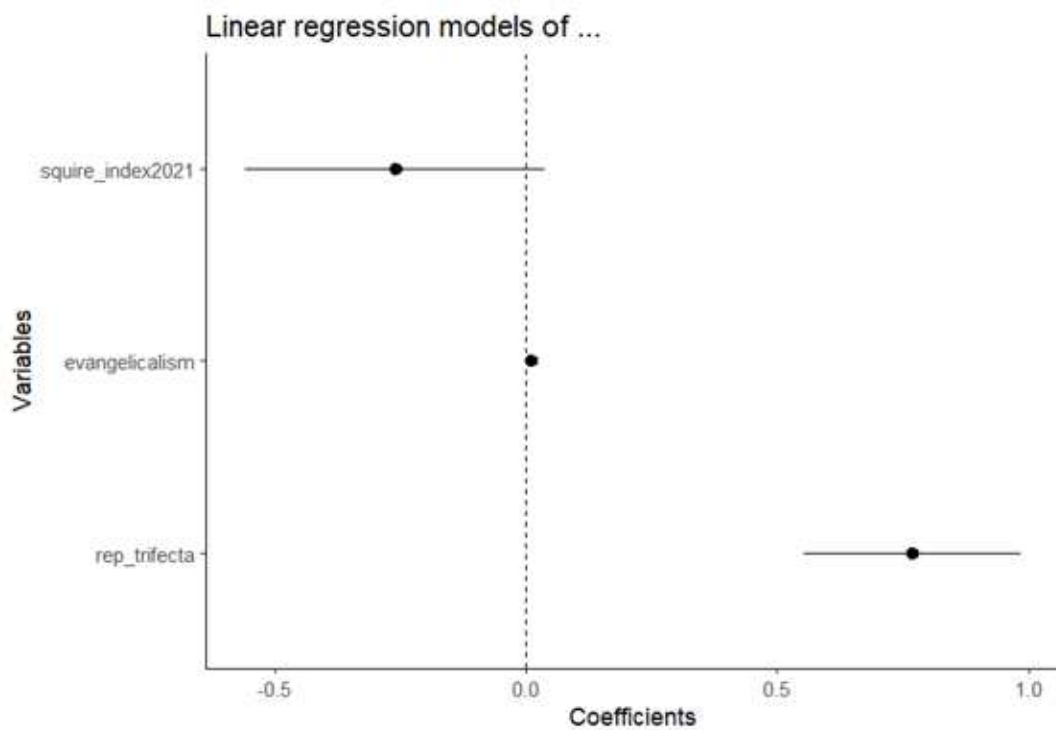


Figure 13. Coefficient Plot of Variables

EVENT HISTORY ANALYSIS – THE COX PROPORTIONAL MODEL

Using the same variables in the multivariate regression, see Table 4, I perform an EHA to evaluate the hazard rate of each variable in relation to adopting a GAC ban. Table 5 provides the results of a Cox model that assumes proportional hazards, see the Appendix for a test of proportionality. The results indicate that the republican trifecta coefficient and evangelicalism

coefficient are both statistically significant. This means that a one unit increase in republican control of a state is associated with a 14.6 percent increase in the hazard rate of adopting a GAC ban. This is significant substantively, as it entrenches the potential adoption of an anti-trans policy within a mainstream political party, further providing evidence to the association of the Republican Party with anti-LGBTQ+ policies. For the evangelicalism coefficient, a one unit increase in a state’s evangelical protestant population is associated with a 1.07 percent increase in the hazard rate of adopting a GAC ban.

Table 5. State Adoption Of GAC Bans – Cox Model

GAC Ban	
Cox Model	
Republican Trifecta	14.6*** (9.76)
Evangelicalism	1.07** (0.02)
State Legislative Professionalism	0.01 (0.03)
N = 50	
AIC = 136.3	
BIC = 142.0	

The results presented in Table 4 and Table 5 are consistent with our expectations. When evaluating my hypothesis, that anti-trans interest groups are more likely to be successful at diffusing policy banning gender-affirming care in states that are controlled by their shared partisan interests, both the OLS model and Cox model provide evidence against the null hypothesis. Both models have the republican trifecta coefficient as being statistically significant, meaning we can reject the null hypothesis that GAC bans are not successful at diffusing in partisan-aligned states. Instead, the models provide evidence that GAC bans are diffusing to

states based on partisanship, as a GAC ban is more likely to be enacted when the state is controlled by Republicans.

The similarity between the two models, the OLS regression and Cox Hazard confirms my interpretations that Republican-controlled states are more likely to enact a GAC ban. The evangelical coefficient is also statistically significant, but substantively, the percentage of a state's population that is evangelical is more stable than the partisan make-up of a state's government.

The textual similarity values present evidence that the 26 GAC bans are highly textually similar, presenting evidence that these bans are copy and paste legislation. In general, state legislators are not innovating when imitating another state's policy, which means state legislators are not making GAC bans that are specific to their state, the policy is externally diffusing. Anti-trans interest groups have privately lobbied to state legislators to enact GAC bans, which is effective in Republican-controlled states because anti-trans policy positions has become sorted between the two main political parties.

DISCUSSION AND CONCLUSION

The partisan sorting on trans policy has resulted in a situation of innovation versus counter-innovation. Where liberal politicians adopt policies that expand the rights of transgender individuals, conservative politicians adopt policies that restrict the rights of transgender individuals. This has allowed anti-LGBTQ interests to lobby more effectively, as it is partisan ideology that sorts trans policy. While this research has provided evidence that GAC bans, one type of anti-trans policy, has sorted ideologically – the inclusion of anti-trans rhetoric and other anti-trans policies within the GAC bans investigated suggests that anti-trans policy is conservative policy.

While the early adopting states may be considered innovative, because they are the states in which this policy originates and seemingly diffuses from, the GAC bans are not fully innovative, as the majority of the bans are highly textually similar, which suggest that there is a continuing anti-LGBTQ+ lobbying effort that has innovated in terms of developing their messaging and strategic venue shopping. The ability for anti-LGBTQ+ interests to diffuse their policy preferences is problematic for democracy, as anti-trans policies as notably decreased democratic rights and freedoms of transgender youth and adults. The patchwork of trans protections amongst the states, along with weak federal protections that largely rely on court precedent, has resulted in creating precarious legal protections for trans Americans. Transgender youth do not have the same resources as private interests to lobby for their rights. Furthermore, transgender adults also do not have the same resources as private interests to lobby for their rights. The inability of a group to gain fair and equal representation, while actively losing rights and freedoms, is a giant red flag for our democracy.

On his first day in office, of his second term, Donald Trump signed an executive order titled, “Defending Women From Gender Ideology Extremism And Restoring Biological Truth To The Federal Government” (Executive Order 14168 2025). This executive order signified the Trump administration’s commitment to recognize that biological sex is immutable and is either male or female as determined by birth. This is in stark contrast to the Biden administration defining sex as gender identity, also on Biden’s first day in office, in 2021 (Schmidt et al. 2021). This is not surprising given what my research has thus presented. The 2024 Election resulted in a Republican trifecta at the federal level, which meant that a new venue opened for anti-trans policy. Over the decade, transgender policy has become slowly, but increasingly, divided amongst ideological partisans resulting in polarizing positions: the Republican party embraces anti-trans policies that deny the existence of trans people and the Democratic party has generally embraced trans policies that offer legal protections from discrimination and affirms access to gender-affirming care. However, the Democratic support for trans rights is not certain, as some Democrats have publicly begun to embrace anti-trans rhetoric, such as Representative Seth Moulton, from Massachusetts, and California Governor Gavin Newsom (Crampton et al. 2025). Yet, in the U.S. Senate, Democrats voted unanimously to block the Protection of Women and Girls in Sports Act, an anti-trans bill that would have banned transgender women from participating in women’s sports (Throp V and Kapur 2025). The certainty of transgender rights is all but certain, given that the Democratic party is less united in protecting the rights of trans individuals. Research on how public opinion may affect Democrat position-taking on trans policies would be beneficial for furthering our understanding of the role of media on priming and influencing public opinion on transgender rights.

The partisan divide over trans policies politicize transgender Americans and promotes inequality. The political discussions over whether a group of people have the right to use public facilities, participate in competitive sports, access gender affirming healthcare, and be called what they prefer, implies not every citizen is equal, that some citizens deserve less rights and protections than others. Take Iowa for example, the first state to remove civil rights protections, specifically from transgender people by removing protections based on gender identity (Fingerhut 2025). In terms of democracy, transgender rights are the canary in the coalmine.

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APPENDIX

Table A1. Cosine Similarity of Gac Bans

	Alabama	Arizona	Arkansas	Florida	Georgia	Idaho	Indiana	Iowa	Kentucky	Louisiana	Mississippi	Missouri	Montana	Nebraska	Nebraska w/ Hampshire	North Carolina	North Dakota	Ohio	Oklahoma	South Carolina	South Dakota	Tennessee	Texas	Utah	West Virginia	Wyoming
Alabama	0%	47%	45%	36%	43%	47%	42%	54%	41%	49%	40%	32%	50%	49%	36%	53%	55%	55%	37%	43%	58%	49%	37%	50%	17%	43%
Arizona	47%	0%	73%	29%	38%	31%	71%	54%	27%	34%	33%	31%	48%	45%	52%	64%	43%	63%	30%	54%	42%	33%	35%	49%	31%	35%
Arkansas	45%	73%	0%	29%	37%	31%	71%	53%	30%	38%	42%	36%	45%	46%	52%	71%	32%	68%	37%	56%	35%	34%	38%	43%	32%	34%
Florida	36%	29%	29%	0%	32%	40%	28%	37%	32%	40%	41%	35%	37%	47%	26%	34%	28%	31%	46%	36%	35%	29%	40%	38%	11%	45%
Georgia	43%	38%	37%	32%	0%	54%	38%	36%	29%	35%	40%	32%	43%	41%	29%	47%	30%	45%	34%	39%	37%	39%	41%	43%	24%	34%
Idaho	47%	31%	31%	40%	54%	0%	26%	43%	35%	39%	47%	37%	41%	53%	25%	41%	33%	47%	40%	43%	46%	31%	47%	40%	14%	40%
Indiana	42%	71%	71%	28%	38%	26%	0%	53%	26%	35%	35%	35%	45%	44%	50%	65%	37%	64%	33%	53%	37%	36%	38%	51%	25%	28%
Iowa	54%	54%	53%	37%	36%	43%	53%	0%	40%	56%	46%	42%	58%	52%	44%	57%	53%	60%	49%	62%	59%	46%	39%	48%	21%	51%
Kentucky	41%	27%	30%	32%	29%	35%	26%	40%	0%	38%	39%	49%	39%	40%	27%	34%	32%	44%	37%	37%	34%	29%	35%	42%	18%	33%
Louisiana	49%	34%	38%	40%	35%	39%	35%	56%	38%	0%	40%	38%	50%	42%	35%	50%	43%	47%	42%	41%	61%	53%	31%	41%	18%	36%
Mississippi	40%	33%	42%	41%	40%	47%	35%	46%	39%	40%	0%	54%	47%	56%	32%	47%	26%	45%	60%	46%	37%	32%	46%	41%	20%	46%
Missouri	32%	31%	36%	35%	32%	37%	35%	42%	49%	38%	54%	0%	43%	51%	27%	43%	24%	48%	50%	40%	28%	27%	34%	43%	24%	36%
Montana	50%	48%	45%	37%	43%	41%	45%	58%	39%	50%	47%	43%	0%	52%	41%	58%	47%	49%	47%	51%	53%	50%	48%	62%	24%	48%
Nebraska	49%	45%	46%	47%	41%	53%	44%	52%	40%	42%	56%	51%	52%	0%	32%	55%	34%	55%	60%	49%	50%	39%	49%	54%	15%	51%
New Ham	36%	52%	26%	26%	29%	25%	50%	44%	27%	35%	32%	27%	41%	32%	0%	47%	30%	47%	32%	46%	36%	34%	30%	36%	37%	31%
North Car	53%	64%	71%	34%	47%	41%	65%	57%	34%	50%	47%	43%	58%	55%	47%	0%	41%	67%	44%	60%	51%	46%	40%	52%	31%	39%
North Dak	55%	43%	32%	28%	30%	33%	37%	53%	32%	43%	26%	24%	47%	34%	30%	41%	0%	42%	27%	44%	57%	48%	31%	48%	17%	36%
Ohio	55%	63%	68%	31%	45%	47%	64%	60%	44%	47%	45%	48%	49%	55%	47%	67%	42%	0%	41%	52%	48%	39%	41%	53%	26%	37%
Oklahoma	37%	30%	37%	46%	34%	40%	33%	49%	37%	42%	60%	50%	47%	60%	32%	44%	27%	41%	0%	45%	38%	36%	55%	43%	17%	58%
South Car	43%	54%	56%	36%	39%	43%	53%	62%	37%	41%	46%	40%	51%	49%	46%	60%	44%	52%	45%	0%	48%	36%	41%	43%	31%	45%
South Dak	58%	42%	35%	35%	37%	46%	37%	59%	34%	61%	37%	28%	53%	50%	36%	51%	57%	48%	38%	48%	0%	51%	35%	49%	15%	47%
Tennessee	49%	33%	34%	29%	39%	31%	36%	46%	29%	53%	32%	27%	50%	39%	34%	46%	48%	39%	36%	36%	51%	0%	33%	50%	23%	31%
Texas	37%	35%	38%	40%	41%	47%	38%	39%	35%	31%	46%	34%	48%	49%	30%	40%	31%	41%	55%	41%	35%	33%	0%	46%	24%	50%
Utah	50%	49%	43%	38%	43%	40%	51%	48%	42%	41%	41%	43%	62%	54%	36%	52%	48%	53%	43%	43%	49%	50%	46%	0%	15%	41%
West Virgi	17%	31%	32%	11%	24%	14%	25%	21%	18%	18%	20%	24%	24%	15%	37%	31%	17%	26%	17%	31%	15%	23%	24%	15%	0%	20%
Wyoming	43%	35%	34%	45%	34%	40%	28%	51%	33%	36%	46%	36%	48%	51%	31%	39%	36%	37%	58%	45%	47%	31%	50%	41%	20%	0%

Table A1 presents the percentages of each ban compared to each other, a 0% diagonal runs through the table, as a GAC ban will not compare itself to its own state (for example, Montana’s GAC ban is obviously exactly similar to Montana’s GAC ban, hence it is an unnecessary comparison).

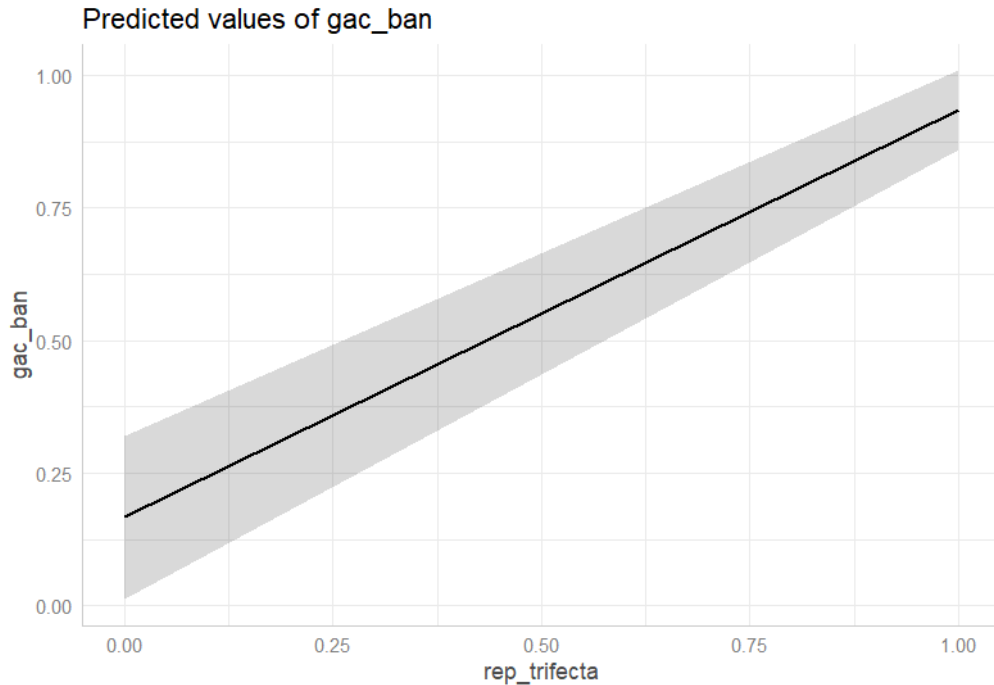


Figure A1. Plot of Predicted Values of a GAC Ban Adoption in Relation to a Republican Trifecta

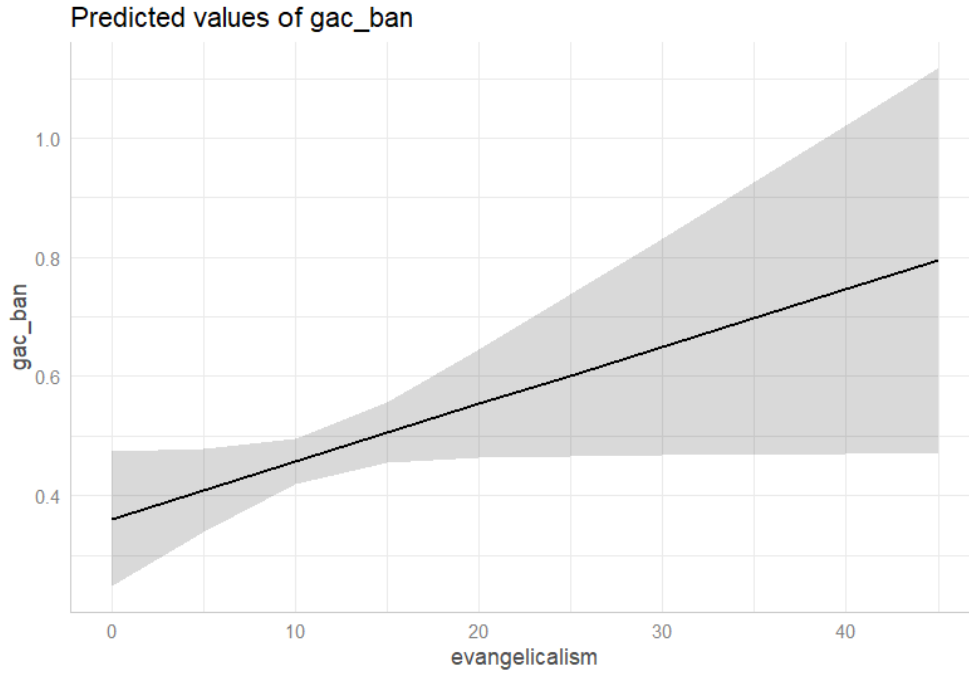


Figure A2. Plot of Predicted Values of a GAC Ban Adoption in Relation to a State’s Population Identifying as Protestant Evangelical

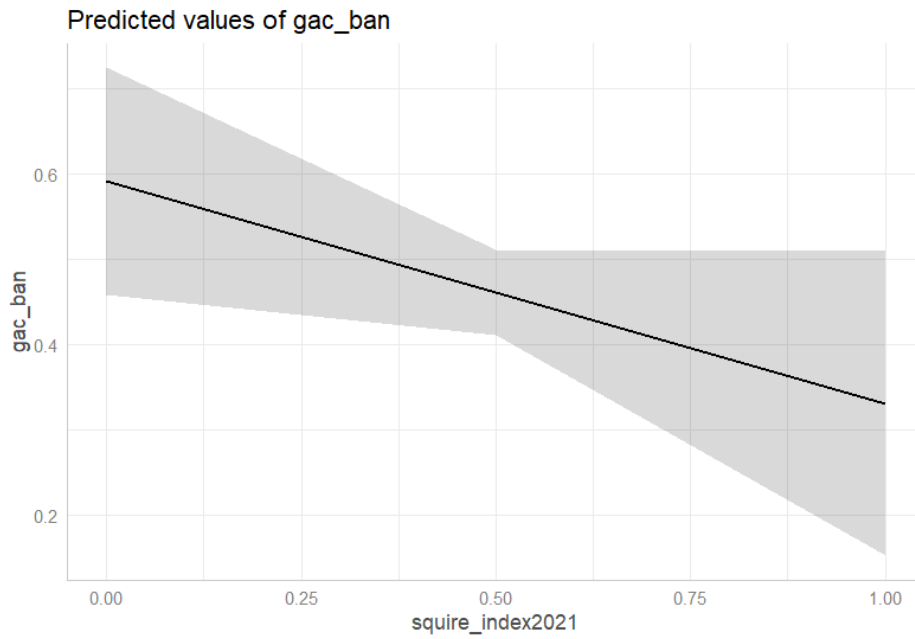


Figure A3. Plot of Predicted Values of a GAC Ban Adoption in Relation to Level of State Legislature Professionalism

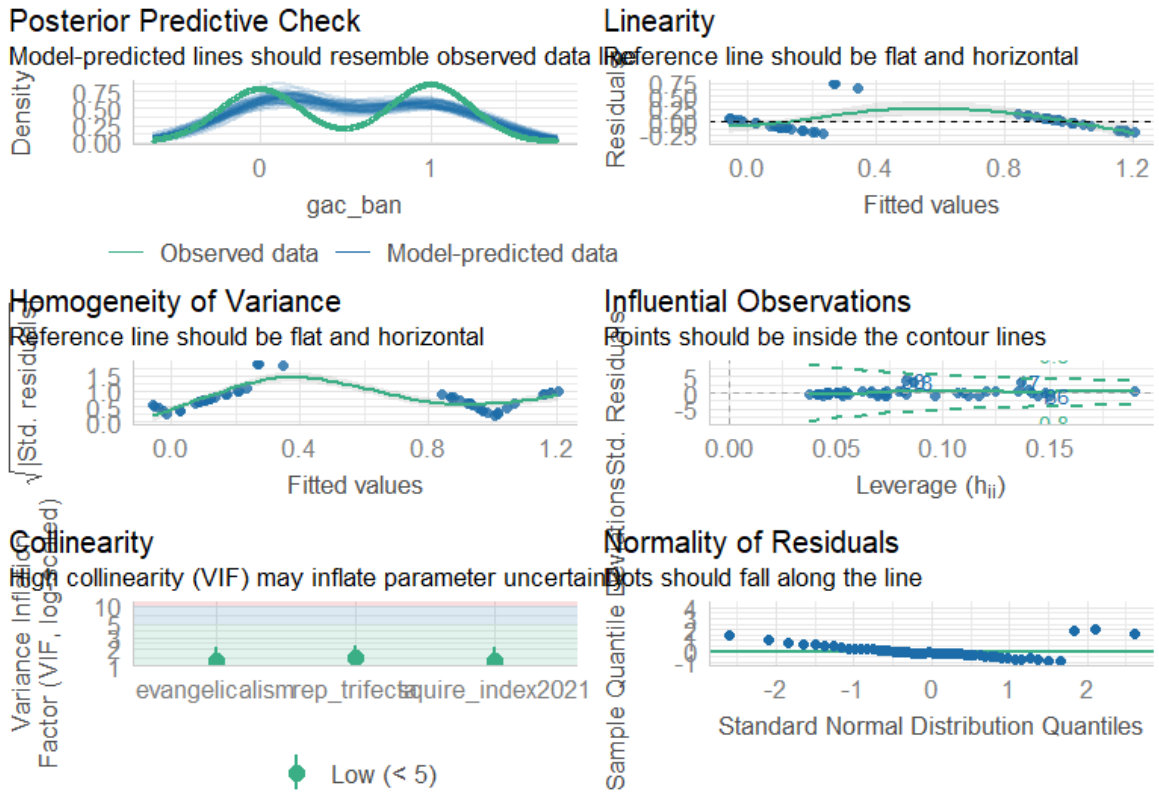


Figure A4. Gauss Markov Assumptions of Multivariate Regression

My data was heteroskedastic, so I used robust standard errors in my regression.

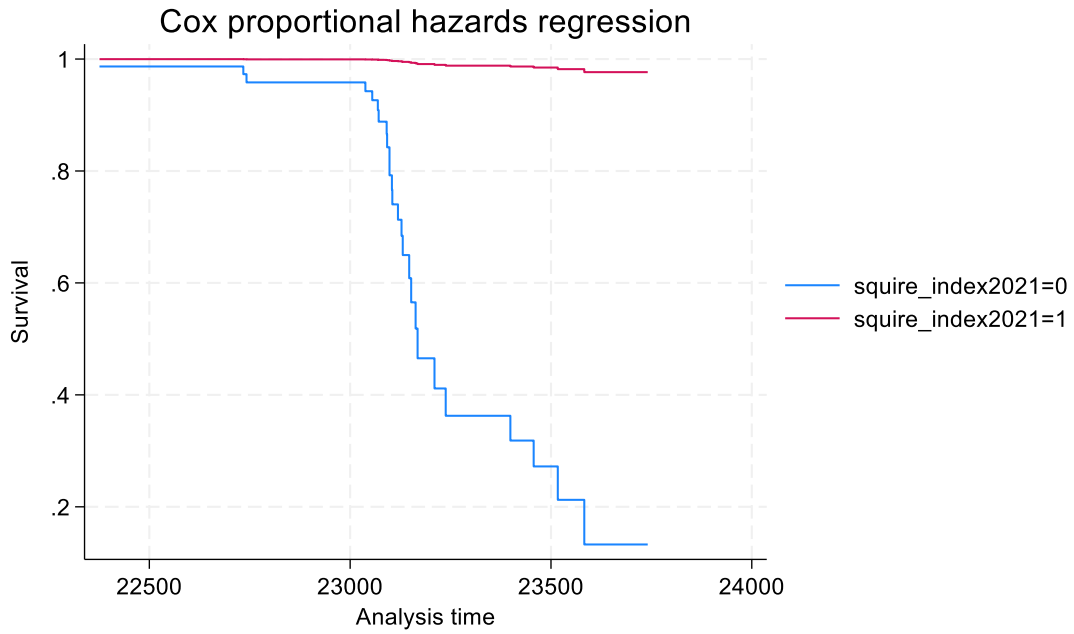


Figure A7. Plot of Cox Proportional Hazards in Regard to State Legislative Professionalism

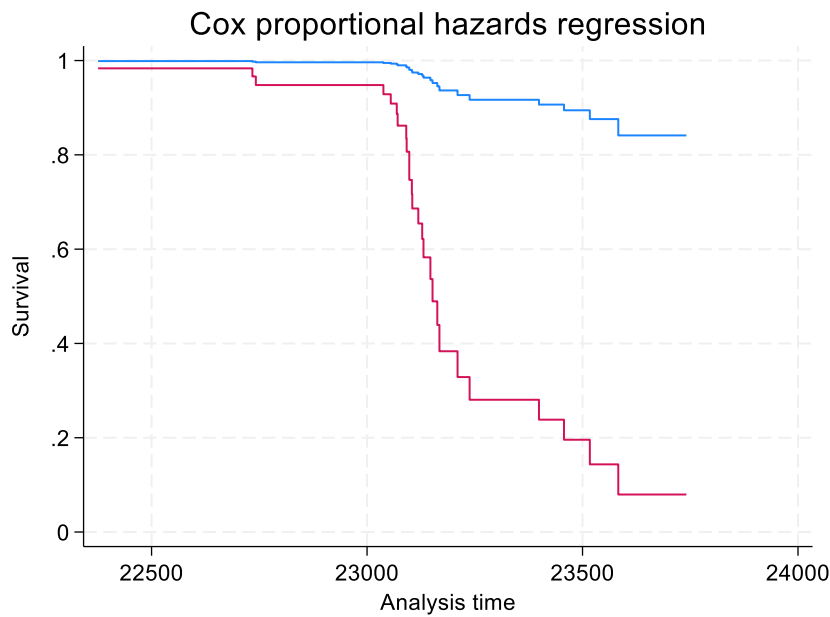


Figure A8. Plot of Cox Proportional Hazards in Regard to Republican Trifecta

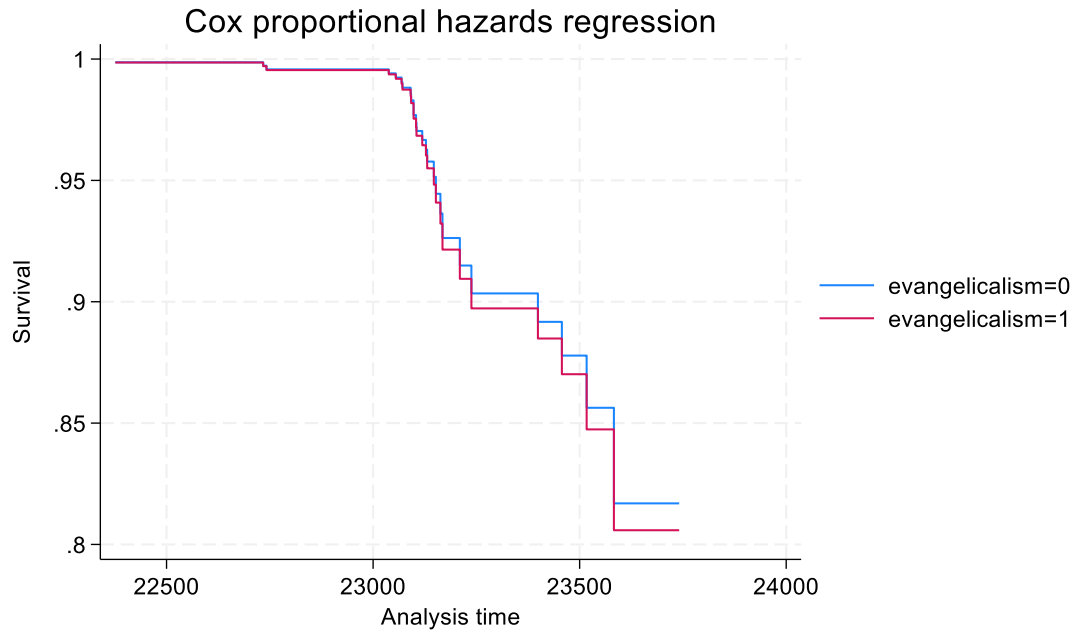


Figure A9. Plot of Cox Proportional Hazards in Regard to Evangelicalism

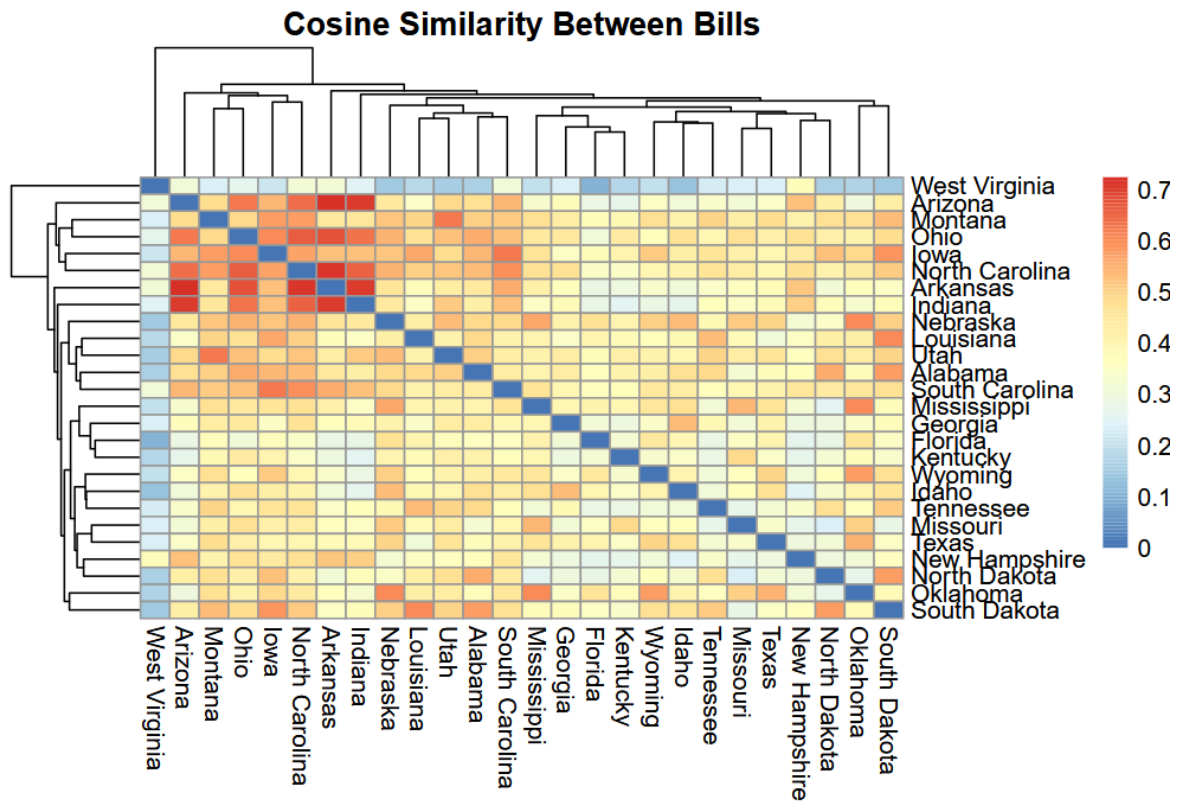


Figure A10. Cosine Similarity Between Bills

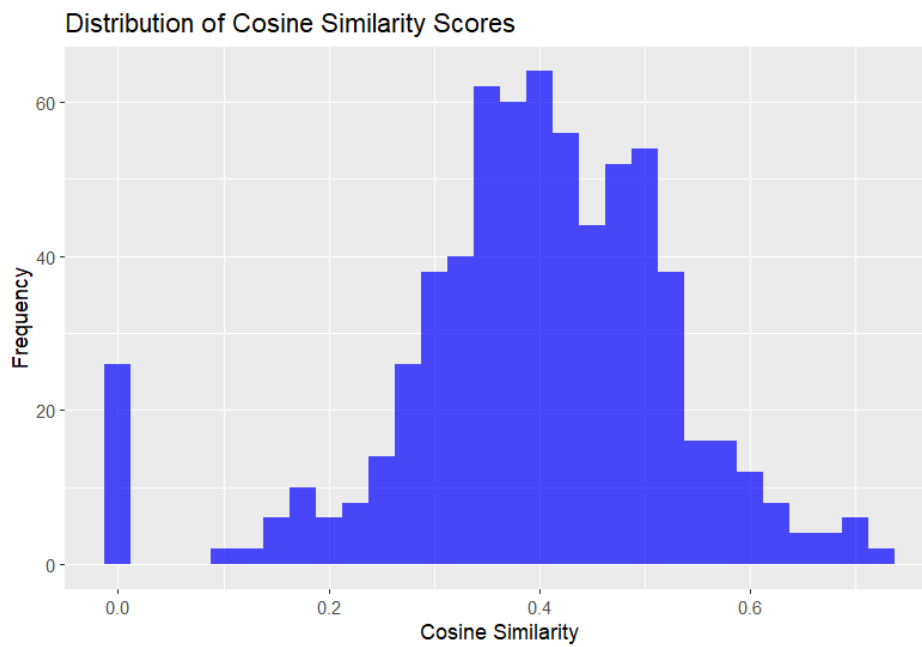


Figure A11. Distribution Of Cosine Similarity Scores