



Developmental
Disabilities
Planning Council

Easy Read Edition

Barriers to Gender Affirming Health Care

Part 5: Why is it hard to pay for
gender affirming care?

Why is it hard to pay for gender affirming care?



Gender affirming care costs a lot of money.



In order to pay for gender affirming care at all, transgender and nonbinary people need money.



But many transgender and nonbinary people have a hard time finding work.



The work they do find may not pay very well.



The work they find may not pay enough to cover basic things like rent.



The work they find may not offer health insurance.



Even if a transgender or nonbinary person has health insurance, it may not pay for gender affirming care.



Some types of health insurance might not pay for gender affirming care.



Some types of health insurance might only pay for some kinds of gender affirming care but not others.



Some types of health insurance might only pay for part of gender affirming care.



Some types of health insurance might say gender affirming care is “not medically necessary.”



Medically necessary means medical treatment to keep someone alive and healthy.



Most doctors agree that gender affirming care is medically necessary.



But some types of health insurance say transgender and nonbinary people can live without gender affirming care.



But many transgender and nonbinary people suffer without gender affirming care.



This is not fair.



This is not right.



Some gender affirming care, like surgery, can cost thousands of dollars.



Many transgender and nonbinary people may save money for a long time to pay for gender affirming care.



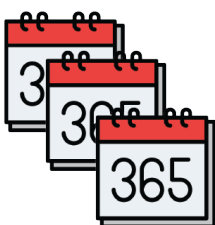
People may need to take time off for some kinds of gender affirming care, like surgery.



Taking time off can mean not earning money from work.

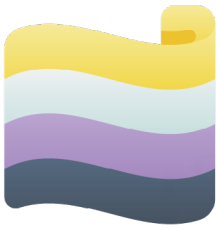


This means transgender and nonbinary people need to save up money to live off of.



Saving up money for surgery can take years to do.

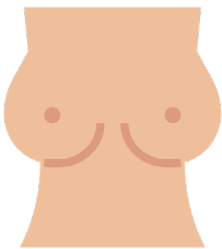
For example:



Jayce is nonbinary.



Jayce wants to get top surgery.



Top surgery will make Jayce's breasts larger.



Jayce's insurance will not pay for their top surgery.



Jayce's insurance says top surgery is not "medically necessary."



Medically necessary means any medical care a person needs to stay alive and healthy.



Jayce will need to pay \$10,000 on their own if they want top surgery.



Jayce saves up money for two years.



Jayce makes an appointment for their surgery.



Jayce gets top surgery.



The surgery goes well.



Jayce gets an infection while they are healing.



Jayce's insurance does not cover their medical bills for the infection.



Jayce's insurance says they will not cover treatment for the infection because the surgery was not "medically necessary."



Jayce has to pay an additional \$1,000 to treat their infection.

Who can give gender affirming care?



Gender affirming care is done by doctors who know about transgender and nonbinary people.



These doctors know how to talk about the different options there are for gender affirming care.



These doctors can prescribe medications like hormones if transgender or nonbinary people want them.



These doctors can either do gender affirming surgeries or send transgender or nonbinary people to a doctor who can.



Not every doctor knows about transgender or nonbinary people.



Not every doctor knows how to provide gender affirming care.



Some places, like smaller cities, may not have many doctors who can give gender affirming care.



Some places, like rural areas, may not have any doctors who can give gender affirming care.



Even big cities may have waiting lists for transgender and nonbinary patients to get gender affirming care.



A **waiting list** happens when a lot of people want to get gender affirming care but there are not enough doctors to treat them.



People get put on the waiting list.



They have to wait on the waiting list until their name gets to the top.



They cannot get gender affirming care until they are at the top of the waiting list.



They may wait years and years for care.



This can cause extra problems if a transgender child is on a waiting list so long they become an adult.



That person may then need to go from a doctor who treats children to a doctor who treats adults.



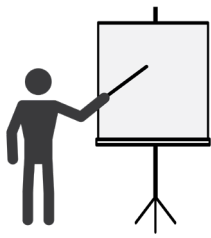
If they switch doctors, they may end up on another waiting list.



Their wait will start all over again.



They may have to wait even longer for care.



More doctors should be trained about gender affirming care.



More doctors should be trained about transgender and nonbinary people.



Some doctors think transgender and nonbinary people only can be a certain way.



These doctors may tell transgender or nonbinary people they are faking.



These doctors may make transgender or nonbinary people “prove” they need gender affirming care.



These doctors may refuse to give people gender affirming care if they do not “believe” someone is transgender or nonbinary.



This is not fair.

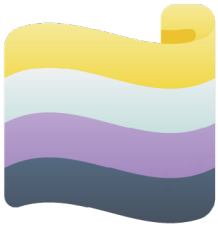


This is not right.



Transgender and nonbinary people should not have to “prove” their gender to get health care.

For example:



Mikkie is nonbinary.



Mikkie lives in a small rural town.



Mikkie wants to start taking hormones.



Mikkie looks online to find doctors that provide gender affirming care near them.



The nearest doctor that provides gender affirming care is an hour away in the city.



Mikkie calls to make an appointment with this doctor.



The doctor's office says the next open appointment is in three months.



Mikkie makes the appointment.



Mikkie gets a friend to drive them into the city for their appointment.



Mikkie goes to the doctor's appointment.



The doctor tells Mikkie she's not sure Mikkie is a good fit for hormones.



The doctor tells Mikkie maybe they should try changing their hair and clothes instead.



Mikkie is upset by this.



Mikkie looks online for other gender affirming care doctors.



Mikkie finds another doctor in a different city.



This city is two hours away.



Mikkie calls the doctor's office.



The doctor's office tells Mikkie the next open appointment is in four months.



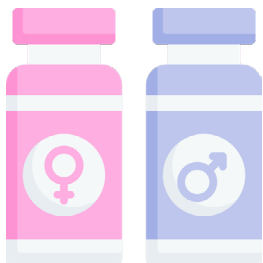
Mikkie makes the doctor's appointment.



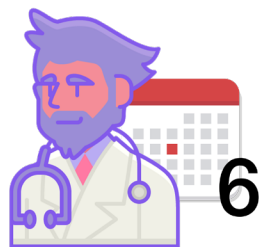
Mikkie gets a bus ticket to the city.



Mikkie goes to this doctor's appointment.



This doctor prescribes Mikkie the hormones they want.



Mikkie has to see this doctor every six months for a check up.



Mikkie goes into the city every six months for their appointment.

This project was supported, in part by grant number C00018GG, from the U.S. Administration for Community Living, the Department of Health and Human Services, Washington, D.C. 20201 through the New York State Developmental Disabilities Planning Council (NYS DDPC). Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy or the opinions, interpretation or policy of the NYS DDPC.