



Developmental  
Disabilities  
Planning Council

*Easy Read Edition*

# Barriers to Gender Affirming Health Care

Part 7: What does a transgender person need to have in order to get gender affirming care?

# What does a transgender person need to have in order to get gender affirming care?

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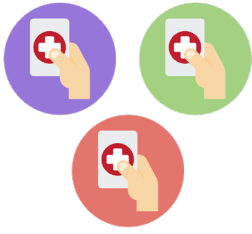
The laws about gender affirming care are different in different states.

1. =
2. =

It is important to look up the rules in your state to know exactly what to do.



If you look up the rules and still feel like you don't know what to do, see if you can talk to a lawyer.



Different health insurances have different rules about getting gender affirming care.



It is important to look up your health insurance's rules about gender affirming care.

Some things a transgender or nonbinary person might be asked for:



- A letter from a therapist saying the person is “ready” to get gender affirming care.



- A diagnosis of gender dysphoria from a therapist.



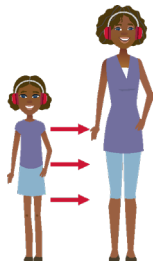
**Gender dysphoria** is when someone feels like their body and their gender do not match.



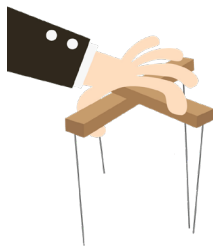
Not every transgender or nonbinary person has gender dysphoria.



Not every transgender or nonbinary person who wants gender affirming health care has gender dysphoria.



- Proof that they do not have a developmental disability.



- Proof that their disabilities are “under control.”



- Proof that they are not “imagining” being transgender or nonbinary because of a mental health disability.



These rules are not fair.



These rules are not based on facts.



Not all transgender and nonbinary people have gender dysphoria.



Not all transgender and nonbinary people have the money to see a therapist for a letter.



Not all transgender and nonbinary people have the time to wait for a therapist to write them a letter.



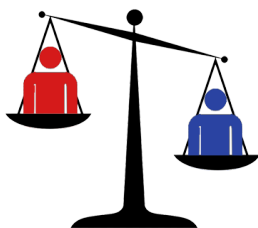
People with developmental disabilities can be transgender or nonbinary.



People with mental health disabilities can be transgender or nonbinary.

1. =  
2. =

These rules are based on stories people believe about transgender and nonbinary people.



These rules are based on discrimination against people with disabilities.



It costs money to see a therapist.



Not all health insurance will pay for someone to see a therapist.



Not all therapists who work with transgender and nonbinary people take health insurance.



Transgender and nonbinary people can have to pay a lot of money to see a therapist.



This is especially true if someone needs to see a therapist for a long time to get a letter.





Therapists ask very personal questions when they write someone a letter for gender affirming care.

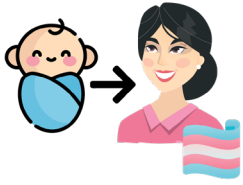


Therapists may want to see someone many times before writing the letter.



This makes transgender or nonbinary people wait even longer to get gender affirming care.

For example:



Teresa is a transgender woman.



Teresa wants to start hormones.



Teresa's health insurance requires a letter from a therapist before approving her hormones.



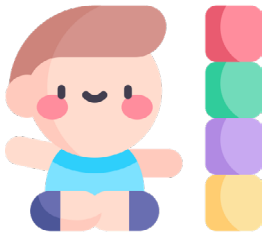
Teresa finds a therapist who will write her a letter.



The therapist wants to meet with her five times before he will write the letter.



The therapist asks Teresa a lot of questions about her life.



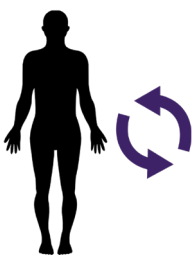
The therapist asks Teresa about her childhood.



The therapist asks Teresa about her sexual experiences.



The therapist asks Teresa how she knows she is a woman.



The therapist asks Teresa if she understands that hormones will change her body.



Teresa answers the therapist's questions.



Teresa answers the questions even when they make her uncomfortable.



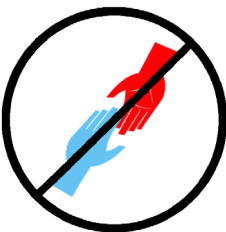
The therapist gives her a letter for her hormones.



Teresa gets to make an appointment for gender affirming care.



Transgender and nonbinary people do not always need these things to get gender affirming care.



These rules do not help transgender and nonbinary people or their doctors.



There are doctors that do not ask for a letter.



There are types of health insurance that do not ask for a gender dysphoria diagnosis.



Some doctors that give gender affirming care use an **informed consent model**.



An informed consent model means that the doctor does not require a letter or diagnosis from a therapist.



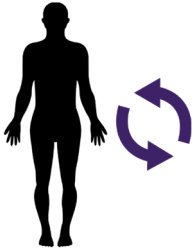
Instead, the doctor asks the transgender or nonbinary person what kinds of gender affirming care they need.



The doctor makes sure the person knows the risks of the care they need.



Risks are things that could go wrong with the care.



The doctor makes sure the person knows how their body will change if they get the care.



Then, the doctor asks if the person still wants to go ahead and get the care.



If the person says yes, they can get the gender affirming care they need.



They do not need a letter or diagnosis from a therapist.



The informed consent model can work really well.



It can help transgender and nonbinary people get gender affirming care a lot quicker.



But lots of doctors who use informed consent models for gender affirming care have long waiting lists.





And, someone's health insurance may still want a letter or diagnosis from a therapist before they pay for gender affirming care.



So even when a gender affirming care clinic uses an informed consent model, it can be hard for transgender and nonbinary people to get care.

## What about transgender and nonbinary children?



In the United States, most people under age 18 cannot legally make their own health care choices.



Legally, most people under age 18 need their parents or guardians to make medical choices for them.

For example:

**15y/o**

Leo is 15.



Leo has the flu.



Leo needs medicine to make him feel less sick.



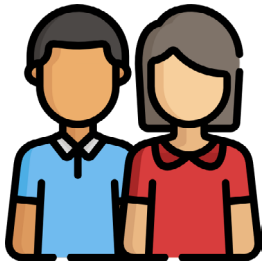
Leo cannot go to the doctor alone to get the medication.



He needs one of his parents to go with him to the doctor.



The doctor cannot give Leo the medicine unless one of his parents says it is okay.



Transgender and nonbinary children need help from their parents or guardians to get gender affirming care.

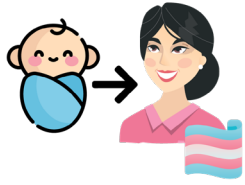


Parents need to say yes to their child getting any kind of gender affirming care.



If a transgender or nonbinary child's parent says no to gender affirming care, that child will not be able to get care.

For example:



13y/o



Juno is a transgender girl.

Juno is 13 years old.

Juno notices her body changing in ways that make her feel dysphoric.

Juno does not want to go through puberty yet.

Juno wants to stop puberty from changing her body.



Getting hormone blockers from the doctor would stop Juno's puberty until she is ready.



Juno's parents are not happy about Juno being a transgender girl.



Juno's parents want her to be a boy.



Juno's parents will not take her to the doctor to talk about gender affirming care.



Juno's parents do not let her talk with her doctor by herself.



Juno cannot ask her doctor questions about puberty.



Juno cannot tell her doctor that she is actually a girl.



Juno feels unhappy.



Juno does not know how to get help.



It can be very hard for transgender and nonbinary children to get gender affirming care.



If a child's parents or guardians do not want them to get gender affirming care, it is usually impossible for them to get this care.

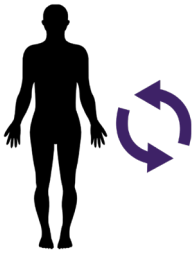


The child has to wait until they turn 18.



This can force transgender and nonbinary children to go through puberty.





Puberty changes their body in ways that are permanent.



This can hurt transgender and nonbinary children.



This can give transgender and nonbinary children gender dysphoria.

## What about transgender and nonbinary people with disabilities under guardianship?



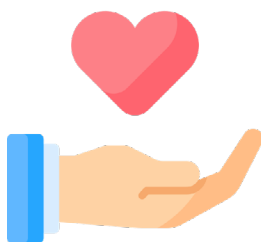
Some people with disabilities are under **guardianship**.



Guardianship is when a court takes away a person with a disability's right to make choices for themselves.



The court says another person can make choices for the person with a disability.



Or sometimes, the court says that a nonprofit or company can make choices for the person with a disability.



The person the court says can make choices for the person with a disability is called a **guardian**.



In most cases, a guardian does not need to ask what the person they are in charge of wants.



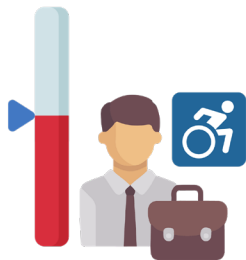
In most cases, a guardian has the power to choose things the person they are in charge of does not want.



In most cases, guardians can make choices about medical care for a person under guardianship.



Some people with intellectual disabilities are under guardianship.



Some people with guardians are under **limited guardianship**, where a guardian can only make some decisions for them.



But most people who have guardians are under full guardianship, where a guardian can make almost all decisions for them.



Most people who have guardians are not allowed to make their own decisions about health and medical care. The guardian does that.



A transgender or nonbinary person with disabilities under guardianship would usually need their guardian's approval to get gender affirming care.

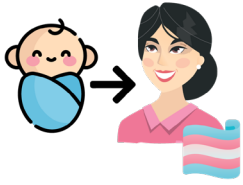


Unless their guardianship is limited and lets them make their own decisions about health care, their guardian can decide whether they get gender affirming care.



If the guardian does not like that the person is transgender or nonbinary, they usually can stop them from getting care.

For Example:



Jessie is a transgender woman.

32y/o

Jesse is 32 years old.



Jessie has an intellectual disability.



Jessie was put under guardianship when she turned 18.



Even though Jessie is an adult, her guardian still makes choices for her.



Jessie cannot choose her own health care.



Jessie wants to start hormone therapy.



But Jessie's guardian thinks transgender people are fake.



Jessie's guardian will not let her talk to her doctor by herself.

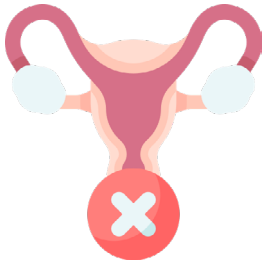


Jessie's guardian will not allow her to start hormones.



Jessie cannot get gender affirming care.





Some states have laws that make it hard for people under guardianship to get medical care that could **sterilize** them.



“Sterilize” means “take away their ability to get pregnant or get someone pregnant.”



These laws happened because there was a time when a lot of people who did not want to be sterilized, were sterilized.

They were forced to be sterilized for reasons like:



- Because they had disabilities.



- Because they were people of color.



- Because they were poor.



- Because they had a baby without being married.



No one should be forced to be sterilized.



It is good that state laws make it harder to force someone to be sterilized.



But these laws sometimes cause problems for people who have guardians and want gender affirming care.



Some gender affirming care can keep people from having children.



That means the laws against sterilizing people under guardianship do not allow it.



No one was thinking about trans people when they made these laws.



Because of these laws, some trans and nonbinary people with guardians may have to go to court to get gender affirming care.



They may have to go to court even if their guardian says they can have it.



Once someone is under guardianship, it is very hard to get out of guardianship.



Guardianship takes away the rights of people with disabilities.



Guardianship hurts transgender and nonbinary people.



ASAN believes no one should be under guardianship.



You can read more about guardianship on [our issue tracker page about ending guardianship](#).