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Transgender patients have more opportunities for care in New York, but getting it isn't easy

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Lili Rosen received gender-affirming care through community clinics and the Montefiore Health System. She says she at finally feels as if her body belongs to her.

For years Lili Rosen, a trans woman from Brooklyn, didn't feel at home in her body.

She felt detached, like her body was a stranger. She avoided doctors and the entire health care system.

But she decided to wade back into the health care landscape in 2021, when she began her transition journey. After she spent months on a waiting list, she started appointments at Apicha Community Health Center, which has clinics near Chinatown and in Jackson Heights. About a year later, she switched to Montefiore Health System to receive gender-affirming care.

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Rosen had received hormone-replacement therapy, which results in physical changes to a person's body that help their appearance align with their gender identity, before going to Montefiore. At Montefiore she underwent an orchiectomy, a surgical procedure to remove her testicles. She received facial feminization procedures and had a breast augmentation.

Now Rosen, who is an actress, writer and consultant and lives in the Bronx, finally feels as if her body belongs to her. "I look in the mirror and I recognize myself," she said. "I see myself."

Gender-affirming care can encompass hormone therapy, surgery, mental health care and social support. But it is not simply synonymous with transitioning; it is a spectrum of services that affirms peoples' chosen identities, such as using the correct pronouns and providing access to gender-affirming spaces.

This spectrum of care can be life-saving for transgender and gender-expansive people. But misinformation about certain procedures, as well as an uptick in restrictions in other states across the country, has created a hostile environment for patients who need such care, many of whom are part of marginalized groups.

At least 19 states have **banned gender-affirming care for youth** who identify as transgender or gender-expansive, and nearly a third of transgender youth live in states that have passed bans, according to the Human Rights Campaign Foundation. Most restrictions target care for patients under 18—but some states, including Florida, have passed bans that would restrict insurance coverage for gender-affirming care for adults too.

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New York City has distinguished itself as a refuge for gender-affirming health care in an increasingly volatile landscape. But even as city health systems and community organizations work to ensure access to services for transgender people, clinician shortages and knowledge gaps within the medical workforce still present hurdles for the community.

A sprawling network

Clinicians who provide gender-affirming services are trained across a range of medical specialties, including primary care, pediatrics, endocrinology, surgery and psychiatry. Health care designed for gender-diverse individuals is multidisciplinary and may include support from social services professionals and peer advocates. Most providers adhere to standards set by the World Professional Association of Transgender Health, an organization that offers clinical guidance for the care of transgender people.

Hospitals and health systems in New York have medical programs designed to provide hormone-replacement therapy or gender-affirming surgeries. Montefiore, for example, runs TransWellness Centers and the Oval Center for sexual health, while Mount Sinai operates a Center for Transgender Medicine and Surgery in Chelsea. New York City Health + Hospitals' seven Pride Centers offer gender-affirming surgery at certain sites, hormone therapy, sexually transmitted infection testing, social work and behavioral health services.

According to Annais Morales, a representative for H+H, the system's Pride Centers treat 1,000 to 5,000 New Yorkers each year. The budget for gender-affirming care is folded into the system's budget for ambulatory care and thus difficult to calculate. The fiscal year 2024 budget for H+H is \$913 million, which is \$174 million less than the 2023 adopted budget.

About 700 patients receive gender-affirming care per year at Montefiore, according to Tracy Gurrisi, a representative for the health system.

Dr. Barbara Warren, senior director for LGBT programs and policies at Mount Sinai, said that the institution supports employee training, fellowship programs for physicians and internships for LGBTQ+ youth through a combination of grants, donors and internal budget allocations.

Community-based organizations such as Chelsea-based Callen-Lorde and [Apicha Community Health Center](#) have also become established spaces for people within the queer community, as well as people of color, to receive health care. Giselle Byrd, who grew up in Augusta, Georgia, came out in 2015 and started receiving care in New York at Callen-Lorde in 2018, said going to a community organization helped her grow confidence and gain control over her body. The clinic helped her access hormones for replacement therapy and legal resources to change her name.



Bloomberg

Demonstrators during a Trans Day of Visibility rally in New York City on March 31.

Although New York City is a safe haven for people looking for gender-affirming care, Byrd said, hate and hate crimes can still happen anywhere.

Many in the LGBTQ+ community are exposed to trauma that is related to the rise in hate against their community. The Federal Bureau of Investigation's crime data explorer counts 261 hate crimes in New York between 2017 and 2021 that were based on bias against sexual orientation, and 59 based on bias against gender identity. The University of California-Los Angeles School of Law reports that transgender people are more than four times more likely to be the victims of violent crime than cisgender people.

Meanwhile, transgender and gender-diverse patients still face challenges in accessing services, ranging from covering costs to finding a provider.

Hormone-replacement therapy can cost patients between \$30 and \$300 a month. The price of surgery is dependent on the type of procedure, but some surpass \$50,000. Insurers in New York are barred from denying coverage for gender-affirming care, but for

people who are uninsured or underinsured, costs are a hurdle to access. Rosen said that without insurance coverage, she would not have been able to afford her care.

“Most people have to spend so much time just finding the right provider,” Rosen said. She was able to access a range of services at Montefiore but is well aware that providers across the city have long wait times that make it difficult for transgender patients to find care.

Mental health bottleneck

The **health care workforce shortage** across New York state and the country has widened gaps in care for the transgender community. The **mental health sector**—a key aspect of gender-affirming services—has faced dire shortages since the start of the pandemic.

“In gender-affirming care, we have that same problem for people who have mental health support needs,” said **Dr. Joshua Safer**, director of the Center for Transgender Medicine and Surgery at Mount Sinai. “And trans people with more stressors have more of that need than the average population.”

Community-based organizations **that provide mental health care** and refer patients to outside providers say that long wait lists and the slim supply of behavioral health clinicians trained in gender-affirming care have exacerbated the needs among transgender people—specifically youth and adolescents. Youth who cannot access gender-affirming services face a higher risk of mental health concerns including anxiety, depression and suicide, studies show.

“Many of the young people that we work with have experienced lots of exposure to trauma throughout their lives,” said Bridget Hughes, chief program officer at the Hetrick-Martin Institute, a nonprofit based in Lower Manhattan that serves LGBTQ+ youth.

Since the pandemic began, the demand for mental health services at the institute has skyrocketed, Hughes said, to the point where it had to double its mental health counseling workforce. The staff has reached 78 providers, said Noah Nilson, program manager of community mental health partnerships at the institute.

In the past year, the Hetrick-Martin Institute has provided both on-call and long-term counseling services to 256 youth and has had more than 3,000 total sessions, Hughes said. Despite increases in staff, the institute still has struggled to meet demand.

Brooks Nicolosi, a health and wellness program manager at the Brooklyn Community Pride Center, said that the current mental health workforce shortage has stalled some patients' ability to access gender-affirming surgeries. Before health systems will provide facial, chest or genital surgeries, many require patients to get one or more letters of recommendation from a mental health clinician.



Google Maps

Callen-Lorde in Chelsea provides patients with gender-affirming care and other support.

But in cases where patients don't have an established relationship with a mental health provider, recommendations can take months or even years to obtain, said Nicolosi, who uses they/them pronouns. People who identify as transgender or gender-expansive may have trouble finding an affirming therapist, and even when they do, many clinicians have long waitlists, they added.

"If they're not already enrolled in mental health care services with an affirming provider, that's a whole other step they have to go through first," Nicolosi said. "That's just an extra hurdle for folks."

Discrimination and bias

It's even more critical for transgender and gender-expansive people to find providers that

are trained in gender-affirming care, as many have experienced discrimination from the wider medical system.

Anthony Fortenberry, deputy executive director at Callen-Lorde, said that discrimination and fear of coming out to a provider are among the biggest challenges that gender-expansive people face.

When providers “deadname” patients—or use their government name instead of the name they chose for themselves—or seem uncomfortable, patients don’t feel accepted or safe. That can create health care access issues, Fortenberry said.

Dr. Jeffrey Birnbaum, a pediatrician who cares for transgender patients at SUNY Downstate Medical Center in East Flatbush, said that other infrastructural barriers, such as nuances in electronic medical records, can cause harm. Medical records may not have accurate fields for a patient’s chosen name, for example, which adds to confusion about how to refer to them.

Changes such as updating medical record systems are slowly becoming more prevalent, Birnbaum said. But there’s still a need to educate providers within the mainstream medical community on how to care for patients who are transgender and gender-expansive, he added.

“I think the bigger issue is that providers and facilities view it as something that’s really complicated,” Birnbaum said. “I think treating diabetes is a lot more complicated than transgender care.”

At SUNY Downstate, Birnbaum runs a clinic for transgender patients called Health & Education Alternatives for Teens. He said that making patients feel accepted within the health system is integral to the provision of care.

“Patients are motivated to be on treatment,” Birnbaum said. “They become very closely connected to care because, among other things, we validate them as human beings.”

Insurance coverage

New York state prohibits health insurers from denying transgender patients coverage for gender-affirming care. But before it was largely covered by insurance, patients in New York resorted to other measures to start transitioning, said Dr. Andrew Lee, director of

transgender surgery at Montefiore, who specializes in facial feminization and masculinization.

This included going to nonlicensed providers and getting industrial-grade silicone injected into the face to aid in feminization or masculinization, he said. According to the Food and Drug Administration, silicone injections can lead to long-term pain, infections and serious injuries.

“Even now I see patients who maybe 10 years ago got silicone injected into their faces,” he said. “Many of my patients now deeply regret it, and it's very difficult to correct once it's in the face.”

He noted that even though coverage has improved, some patients have difficulty getting their procedures covered by commercial insurance and will often switch to Medicaid.



Buck Ennis

Staffing shortages can impact providers' ability to offer mental health support, says Dr. Joshua Safer.

Necessary funding

For the city's community organizations, funding can be an obstacle to providing gender-affirming care—one so big, Fortenberry said, it “keeps me up at night.”

He spoke to New York's recent 340B drug program carve-out, which began April 1 as part of the state Medicaid program's pharmacy benefit transition to a different model, in an attempt to save the state millions of dollars. Providers that participate in 340B, which allows those that serve a large percentage of Medicaid patients to buy discounted drugs, have said for months the carve-out will cause them to lose revenue and interrupt services.

Those revenues are what allow Callen-Lorde to provide support services and make medications affordable for un- or underinsured patients, Fortenberry said. Community organizations are looking to the state for a better explanation of how they will be able to continue providing care.

Additionally, Fortenberry said, the end of the federal public health emergency for Covid-19 has changed reimbursement structures for telehealth services, which could further impact providers' ability to supply their full range of gender-affirming services.

Dr. Anjna Ganatra, chief of ambulatory care at H+H/Metropolitan, said the health system is reliant on local and city funding to be able to provide gender-affirming services. The Pride Center at Metropolitan currently employs a part-time plastic surgeon and one endocrinologist each for adults and kids.

With more funding, H+H could provide more medications, have more choices in care provision and hire more doctors, she said, adding that mental health funding is critical in hiring providers that can address the needs of this vulnerable community.

"This patient population has really been ... discriminated against," Ganatra said. "And that has taken a huge toll on mental health. I think mental health funding and funding for hormone therapy would really go a long way."

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