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Accessibility to Gender Affirming Treatments for Transgender Patients in New Jersey

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Background: Literature clearly indicates that gender affirming treatments, such as gender reassignment surgery, counseling, exogenous hormones, and feminization/masculinization surgery are highly effective and beneficial to transgender patients (1,2,3). Within New Jersey, the transgender community is made up of about 30,100 residents (4). While this only accounts for 0.44% of the state's total population, it is a significant proportion of the state population that warrants attention. Despite these findings, many patients still find it very difficult to receive the treatments they desire and need. Limitation of qualified, accessible doctors and lack of medical insurance coverage are a few barriers that have been listed in the current literature (5,6,7,8,9,10,11).

Purpose: The purpose of this review is to assess the barriers to accessing gender affirming treatments in New Jersey.

Hypothesis: We anticipate that the barriers to access will be similar in New Jersey to those in the current literature. We expect that insurance coverage and accessibility to providers will both be barriers to access.

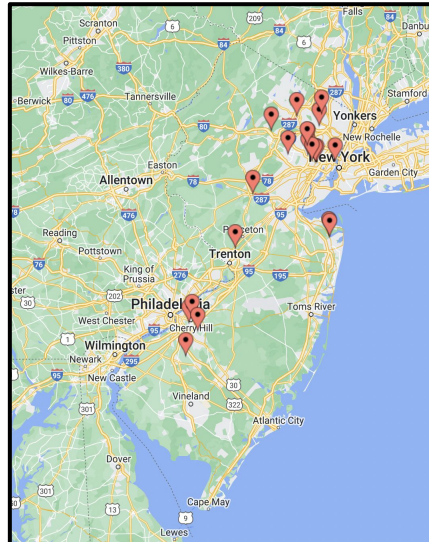


Figure 1. "Searchable" locations that provide gender affirming surgery and hormone replacement therapy in New Jersey.

Methods: This review utilized the PubMed database and general Google searches to gather information. Google searches were performed to mimic how a typical patient would search for a healthcare provider to see how easily a patient could find care. Search terms included: LGBTQ healthcare, LGBTQ Medicaid, transgender treatment, transgender healthcare, top surgery New Jersey, New Jersey Medicare and Medicaid, transgender Health Insurance in New Jersey.

Results: New Jersey state Medicaid covers both gender affirming surgery and hormone replacement therapy. Additionally, New Jersey has statewide protections for both patients seeking care and doctors providing care. Amongst recent legislative bans in other states, New Jersey is a 'safe state' for those seeking care. However, a major barrier to accessing this care was a lack of physicians/care clinics that provide/advertise care in New Jersey.

Conclusion: New Jersey is in dire need of physicians and medical institutions that openly treat transgender patients, specifically in coastal and central New Jersey.

Recommendations: New Jersey physicians need to increase their online presence to be 'searchable', so that transgender patients can find providers for treatment.



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