Accessing Gender-Affirming Hormone Therapy in New Brunswick

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Do you currently have a **health care provider**[1] who prescribes Gender-Affirming Hormone Therapy (GAHT)? In New Brunswick, this can be a family doctor, nurse practitioner, pediatrician, or endocrinologist.

Gender-Affirming Hormone Therapy (GAHT) may also be referred to as Hormone Replacement Therapy (HRT).

NO → continue to 2

YES → continue to 3

2

Use **this listing**[2] to find a health care provider who prescribes GAHT.

continue to 3

3

Does your health care provider require a **Letter of Assessment** (see page 1) from a therapist before they will prescribe GAHT? You can call their office to ask if you are unsure.

Reaching out to therapists for your Letter of Assessment? Review some things to consider on page 3.

YES → continue to 4

NO → continue to 5

4

Use **this listing**[3] to find a therapist who can write the Letter of Assessment for you. The therapist may send this directly to your health care provider, or you can give your health care provider the letter yourself.

continue to 5

5

Your health care provider will complete a GAHT Readiness Assessment and order bloodwork.

Exploring and engaging with **GAHT resources and care options**[4] may help you to be more informed before your GAHT Readiness Assessment.

During a GAHT Readiness Assessment your health care provider will ensure you understand the benefits, risks, and limitations of GAHT, and collect information like your health history.

continue to 6

6

Once completed, you'll receive your prescription for GAHT and plans for follow-up.

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What is a Letter of Assessment?

A letter of assessment/readiness is written by a healthcare or mental health provider who is familiar with the standards of care for transgender health. This letter is required for all gender affirming surgical procedures. It is a document showing that the patient has the capacity to give informed consent for the selected procedure. This means that it shows that you, the patient:

a. Understand the procedure, including benefits, risks, and limitations
b. Are able to consent to the procedure
c. Want to undergo the procedure

It also can include some general information about your transition so far (whether social, legal, and/or medical). Additionally, it may also often include any relevant information around barriers to the procedure and/or recovery, and evidence that there are supports in place in consideration of those barriers. Despite changes in our understanding of gender identities, financial coverage through Medicare requires a diagnosis of gender dysphoria.

Recommendations for reaching out to mental health professionals about getting a letter of assessment for gender-affirming care

- Initially, it may be beneficial to reach out to multiple therapists at the same time to get a sense of which one might be a good fit. You can also ask about how long it will take to get an initial appointment.
- If you are contacting providers by email, mention in the subject line that you are looking for a letter of assessment for gender-affirming care, and mention it again in the email itself. Some providers may have different wait times for ongoing therapy clients than for clients requesting an assessment letter or referral.
- If in the process of waiting you have a medical appointment booked related to gender-affirming care, mention it to the therapist, as this will help you both know whether they will be able to complete the letter of assessment before your appointment.
- To be mindful about what the total cost would be, as well as the amount of time it will take, ask how many sessions are required, the estimated wait time for sessions, cost per session and whether that fee includes tax, if there is an additional fee for the letter, and how long it will take for the letter to be written after the last session.
- If you have access to private health insurance, you may have coverage depending on the type of therapist you see and your own plan. Ask your insurance provider/consult your policy about your coverage benefits and limits to check if your sessions will be covered. Some providers may offer direct billing (where the payment is covered directly by the insurance provider, versus needing to pay upfront and then receive reimbursement). Check in ahead of time with the therapist to see if they offer direct billing to your insurance company.
- If cost is a barrier for you, you can ask the therapist if they have sliding scale fees available, or if they know of any available financial supports.

Please complete this brief survey to share your feedback on this resource. The survey is confidential and voluntary.