

2025 – 2026 Legislative Memorandum

**Subject: Gender-Affirming Care Access Program
S.7924-A (Gonzalez) / A.8841-A (Gonzalez-Rojas)**

Position: SUPPORT

From the very first actions of this administration, Trump has engaged in a concerted effort to eliminate access to gender-affirming care.¹ This effort has culminated in proposed rules that will prohibit federal Medicaid coverage for gender-affirming care for young people² and also prohibit general hospitals that provide that care from receiving federal Medicare and Medicaid dollars.³ And as so often is the case with an administration willing to take such draconian measures, we are witnessing significant and detrimental pre-compliance related to the provision of care. In fact, even before the proposed rules go into effect, many hospitals in New York State and nationwide have voluntarily ceased to provide gender-affirming care.⁴

In this moment, New York must show up for our transgender, gender non-conforming, nonbinary, and intersex (TGNCNBI) communities by enacting S.7924-A (Gonzalez) / A.8841-A (Gonzalez-Rojas) to create a Gender-Affirming Care Access Program in New York State. The NYCLU strongly supports this legislation and urges its immediate passage.

The Gender-Affirming Care Access Program would be the first dedicated funding stream in New York State to support access to gender-affirming care. S.7924-A/A.8841-A comes at a critical time: although it has not yet gone into effect, the second federal proposed rule has already proven to pose an existential threat to New York's – and the nation's – gender-affirming care ecosystem and, if it goes into effect, will require the development of new models of care delivery and care access points. In order to ensure that transgender New Yorkers can continue to access the care they need to live in their bodies with dignity and health, the State must step in to fill the void and to support the development of these new care access points.

The Gender-Affirming Care Access Program will support trans New Yorkers' ability to continue to access the health care they rely upon to be themselves and chart their own futures even if the proposed federal rules go into effect. The Program will serve as an important complement to the Lorena Borjas Transgender Wellness and Equity Fund, which funds trans-led and trans-serving organizations across a range of sectors from workforce development and job training to homeless and runaway youth services to elder care.

Gender-affirming care supports people to live as their authentic selves and can be lifesaving. Study after study shows that transgender people who are affirmed in their genders feel safer in their communities, establish healthier relationships, and are better equipped to plan for their futures.⁵ In contrast, denying this support increases their risk for substance use, worsens symptoms of depression and anxiety, and gravely increases their risk for suicide.⁶ For these reasons, gender-affirming care is endorsed for appropriate individuals by every major American medical and psychological organization, including the American Medical Association,⁷ the American Psychiatric Association,⁸ the American Psychological Association,⁹ the American Academy of Pediatrics,¹⁰ the American Association of Clinical Endocrinology,¹¹ the Endocrine Society,¹² the American College of Obstetricians and Gynecologists,¹³ and the United States Professional Association for Transgender Health.¹⁴

The Trump presidency is an existential threat to TGNCNBI people. Trump and his allies have made clear that their ultimate aim is to erase transgender people from public life. In this moment, New York must do everything it can to protect TGNCNBI New Yorkers and access to gender-affirming care. And, that begins with expeditiously passing S.7924-A/A.8841-A.

¹ In the first days of his administration, Trump issued an executive order (EO) purporting to redefine “sex” for federal purposes based on ideas that sex is only male or female, cannot be changed, and is based solely on reproductive cells at conception. Exc. Order No. 14168, 90 Fed. Reg. 8615 – 18 (Jan. 30, 2025). He then issued a second EO explicitly targeting health care for transgender young people, and, among other provisions, instructing the federal Department of Health and Human Services to change Medicare and Medicaid conditions of participation or conditions for coverage with the aim of making it impossible for participating providers to deliver gender-affirming care. Exc. Order No. 14187, 90 Fed. Reg. 8771 – 73 (Feb. 3, 2025). To be clear, these orders are, for the most part, not enforceable on their face. *See e.g.* Letter from Letitia James, N.Y. Attorney General, to Colleague (Feb. 3, 2025) (<https://ag.ny.gov/sites/default/files/letters/ag-james-to-hc-providers-re-tro-letter-2025.pdf>). But, the Trump administration has continued its relentless attacks on transgender people and the health care providers who take care of them: it launched a tipline, *see* Christopher Wiggins, *Doctors warn of ‘terrifying’ effects as Trump creates snitch line to report gender-affirming care patients*, THE ADVOCATE, April 17, 2025, <https://www.yahoo.com/news/doctors-warn-terrifying-consequences-trump-004626861.html>, and issued whistleblower guidance, U.S. Dep’t of Health & Human Services, *Guidance for Whistleblowers on the Chemical and Surgical Mutilation of Children* (Apr. 14, 2025), inviting health care workers, clinic staff, and others to report gender-affirming care providers and patients to the federal government. U.S. Attorney General Bondi issued a memo prohibiting the federal government from relying on WPATH SOC8 and directing the federal Department of Justice to conduct Food, Drug, and Cosmetic Act and False Claims Act investigations of puberty blocker and hormone manufacturers and distributors and health care providers delivering gender-affirming care. Memorandum for Select Component Heads from the Attorney General (April 22, 2025) (<https://www.justice.gov/ag/media/1402396/dl>). In June, the Federal Trade Commission took up the mantle, hosting a workshop on “Unfair or Deceptive Trade Practices in ‘Gender-Affirming Care’ for Minors.” Press Release, Federal Trade Commission, *FTC Announces Workshop on Exploring Unfair or Deceptive Trade Practices in “Gender-Affirming Care” for Minors* (June 9, 2025) (<https://www.ftc.gov/news-events/news/press-releases/2025/06/ftc-announces-workshop-exploring-unfair-or-deceptive-trade-practices-gender-affirming-care-minors>). And this past summer, the federal Justice Department began to issue subpoenas demanding confidential patient information from doctors and hospitals that provide gender-affirming care to young people. Azeen Ghorayshi & Glenn Thrush, *Justice Dept. Demands Patient Details From Trans Medicine Providers*, NY TIMES, July 10, 2025,

<https://www.nytimes.com/2025/07/10/health/transgender-medicine-minors-trump-subpoena.html>. We understand that these subpoenas have been targeted to access states and that some New York providers have received subpoenas.

² Medicaid Program; Prohibition on Federal Medicaid and Children’s Health Insurance Program Funding for Sex-Rejecting Procedures Furnished to Children, 90 Fed. Reg. 242 (proposed Dec. 19, 2025) (to be codified at 42 CFR 441 and 457).

³ Medicare and Medicaid Programs; Hospital Condition of Participation: Prohibiting Sex-Rejecting Procedures for Children, 90 Fed. Reg. 242 (proposed Dec. 19, 2025) (to be codified at 42 CFR 482).

⁴ These refusal policies frequently violate state law. *See, e.g.*, N.Y. Exec. Law § 296(2); N.Y. Civ. Rights Law § 40-c; *cf.* N.Y. CONST. art. 1, § 11; *see also* Letter from Letitia James, New York State Attorney General, to Colleague (Feb. 3, 2025) (<https://ag.ny.gov/sites/default/files/letters/ag-james-to-hc-providers-re-tro-letter-2025.pdf>) (“Electing to refuse services to a class of individuals based on their protected status, such as withholding the availability of services from transgender individuals based on their gender identity or their diagnosis of gender dysphoria, while offering such services to cisgender individuals, is discrimination under New York law.”); Letter from Mark Hennessey, Director, Center for Healthcare Provider Services and Oversight, New York State Department of Health, to Chief Executive Officers and Administrators (Feb. 18, 2025) (https://www.health.ny.gov/professionals/hospital_administrator/letters/2025/docs/dal_25-02.pdf).

⁵ *E.g.* 2022 U.S. Trans Survey, U.S. TRANS SURVEY, <https://ustranssurvey.org/> (last visited Feb. 11, 2026).

⁶ *Resolution: Removing Financial Barriers to Care for Transgender Patients*, AMERICAN MEDICAL ASSOCIATION, 2008, <http://www.imatyfa.org/assets/ama122.pdf>; *see Removing Barriers to Care for Transgender Patients: AMA Resolution Supporting Health Insurance Coverage for Treatment of GID*, GLAD Answers for the LGBTQ Community, Jan. 2017, <https://www.glad.org/wp-content/uploads/2017/01/ama-resolution-fact-sheet.pdf>. Nothing in the AMA’s recent statements to the press change this position statement. *See* Theresa Gaffney, *Did the AMA change its position on surgery for minors?*, STAT, Feb. 10, 2026, <https://www.statnews.com/2026/02/10/medical-societies-trans-care-minors-ama-asps/>.

⁷ *Clarification of Evidence-Based Gender-Affirming Care H-185.927*, AM. MED. ASSOC.: POLICYFINDER (2024), <https://policysearch.ama-assn.org/policyfinder/detail/%22Clarification%20of%20Evidence-Based%20Gender-Affirming%20Care%22?uri=%2FAMADoc%2FHOD-185.927.xml>.

⁸ *Position Statement on Gender-Affirming Care for Transgender Youth*, APA OFFICIAL ACTIONS, Dec. 2025, <https://www.psychiatry.org/getattachment/8665a2f2-0b73-4477-8f60-79015ba9f815/Position-Treatment-of-Transgender-Youth.pdf>.

⁹ AM. PSYCH. ASSOC., *APA POLICY STATEMENT ON AFFIRMING EVIDENCE-BASED INCLUSIVE CARE FOR TRANSGENDER, GENDER DIVERSE, AND NONBINARY INDIVIDUALS, ADDRESSING MISINFORMATION, AND THE ROLE OF PSYCHOLOGICAL PRACTICE AND SCIENCE* (2024), <https://www.apa.org/about/policy/transgender-nonbinary-inclusive-care.pdf>.

¹⁰ Jason Rafferty, *Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents*, 142 PEDIATRICS e20182162 (2018).

¹¹ *AACE Position Statement: Transgender and Gender Diverse Patients and the Endocrine Community*, AM. ASSOC. CLINICAL ENDOCRINOLOGY (March 7, 2022), <https://pro.aace.com/recent-news-and-updates/aace-position-statement-transgender-and-gender-diverse-patients>.

¹² *Transgender Health Position Statement*, ENDOCRINE SOC’Y & PEDIATRIC ENDOCRINE SOC’Y (2020), https://www.endocrine.org/-/media/endocrine/files/advocacy/position-statement/position_statement_transgender_health_pes.pdf

¹³ Am. Coll. Obstetrics & Gynecologists, *ACOG Committee Opinion: Health Care for Transgender and Gender Diverse Individuals*, 137 OBSTETRICS & GYNOCLOGY e75 (2021)

¹⁴ *USPATH Position Statement on Legislative and Executive Actions Regarding the Medical Care of Transgender Youth*, USPATH, April 22, 2022, <https://wpath.org/wp-content/uploads/2024/11/With-Date-Position-Statement-Anti-Trans-Leg-USPATH-Apr-22-2022.pdf>.