Health Insurance Coverage for Transgender Related Healthcare:
Introduction, Impact and Recommendations for CWRU

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Definitions:

Transgender: An umbrella term that refers to a broad range of gender identities and gender expressions. Basically, the term transgender refers to many identities and expressions that fall outside the “traditional” norms of gender. This is not a diagnostic term, and does not imply a medical or psychological condition. (adapted from http://transhealth.ucsf.edu)

Transsexual: Transsexual is one of the gender identities that falls underneath the broader category of “transgender.” This term most often applies to individuals who seek hormonal (and often, but not always) surgical treatment to modify their bodies so they may live full time as members of the sex category opposite to their birth-assigned sex. (adapted from http://transhealth.ucsf.edu)

Introduction:

“Transgender Related Health Care” refers to medical benefits relating to transgender individuals. Generally, this care refers to the coverage of procedures, surgeries and hormones associated with medical gender transition. Often, individuals seeking this kind of healthcare identify as transsexual. However, not all people seeking this care identify specifically as transsexual, but still meet the criteria for transition related care, therefore the broader term “transgender” is often used instead of “transsexual.” This health care coverage also refers to the coverage of healthcare needs that are not directly related to medical gender transition, but impacted by it.

Currently, all CWRU employee health care plans explicitly exclude transgender related health care as a covered benefit.

- Specifically, current employees seeking coverage for medical procedures, visits and pharmaceuticals, required for medical gender transition, are denied coverage by insurance.
- Additionally, due to the specific exclusions, employees who have already transitioned may be denied care for routine, non-transition related care, simply because they are identified as transgender.
Specific Language of Transgender Health Care Exclusions from CWRU’s Health Care Plans (2013):

Anthem PPO Plans 1&2:
Exclusion # 51. Services and supplies related to sex transformation and/or the reversal thereof, or male or female sexual or erectile dysfunctions or inadequacies, regardless of origin or cause. This Exclusion includes sexual therapy and counseling. This exclusion also includes penile prostheses or implants and vascular or artificial reconstruction, Prescription Drugs, and all other procedures and equipment developed for or used in the treatment of impotency, and all related Diagnostic Testing.

Kaiser HMO:
Certificate of coverage unavailable from the Benefits website. Based on previous research, the Kaiser plan also excludes coverage.

Medical Mutual SuperMed Plus Plans 1&2:
Exclusion #30: For transsexual Surgery or any treatment leading to or in connection with transsexual Surgery.

Anthem High Deductible Plan:
Exclusion #53 Services and supplies related to sex transformation and/or the reversal thereof, or male or female sexual or erectile dysfunctions or inadequacies, regardless of origin or cause. This Exclusion includes sexual therapy and counseling. This exclusion also includes penile prostheses or implants and vascular or artificial reconstruction, Prescription Drugs, and all other procedures and equipment developed for or used in the treatment of impotency, and all related Diagnostic Testing.

Relevant information:

- Transgender health care is now a covered benefit for CWRU students through the student medical plan at CWRU. The coverage covers a broad range of treatments including hormones, surgeries and mental health care up to $50,000.00 per year.
- Over 26 universities and colleges now provide health care coverage for transgender related health care for their employees.
- The most well respected and mainstream medical and mental health organizations and associations recognize the necessity of medical treatment for the diagnosis associated with transgender identities (“Gender Dysphoria” in the DSM V) and understand the health care associated with treatment as “medical necessary.”
National Support for Coverage of Transgender Related Health Care:

- American Medical Association Resolution: Removing Financial Barriers to Care for Transgender Patients:

  “An established body of medical research demonstrates the effectiveness and medical necessity of mental health care, hormone therapy and sex reassignment surgery as forms of therapeutic treatment for many people diagnosed with GID* ... Therefore, be it RESOLVED, that the AMA supports public and private health insurance coverage for treatment of gender identity disorder.”


- Other organizations that have adopted the similar resolutions regarding the inclusion of transgender related health care benefits:
  - American Psychological Association
  - American Academy of Family Physicians
  - National Association of Social Workers
  - American Public Health Association
  - American College of Obstetricians and Gynecologists
  - World Professional Association for Transgender Health
  - National Commission on Correctional Health Care

- The American Medical Association (AMA) has underscored the negative health outcomes caused by delays in treatment. Noting that much transition-related care involves services usually covered for other diagnoses (e.g., mastectomy or breast reconstruction, hysterectomy, and other reconstructive surgeries), the AMA called coverage denials based on a Gender Identity Disorder diagnosis “discrimination.”
**Recommendation:**

Inclusive healthcare for transgender individuals is considered both a “best practice,” and medically necessary. The inclusion of transgender related healthcare benefits reflect CWRU’s commitment to inclusivity, respect and individual dignity. These benefits are in alignment with our non-discrimination policy which protects employees from discrimination on the basis of gender identity and gender expression.

It is recommended that CWRU:

1) Remove all specific exclusions relating to transgender health care from its insurance policies

2) Offer health care coverage of medically necessary treatment including coverage for hormones, mental health care and surgeries relating to medical gender transition.

Please see attached documents for data regarding utilization of benefits and estimated cost.