IMPORTANCE OF IMPROVING INSURANCE COVERAGE FOR TRANSGENDER AND GENDER-EXPANSIVE YOUTH

ADEQUATE HEALTH CARE CAN REDUCE THE HIGH RISK OF SEVERE HEALTH PROBLEMS FOR TRANSGENDER YOUTH.

Transgender and gender-expansive youth face unique challenges that impact their physical and mental health. Harassment, discrimination, violence and rejection are just some challenges that lead more than 40 percent of transgender individuals to attempt suicide in their lifetime—10 times more than the general U.S. population. These youth also experience exceptionally high rates of depression, anxiety, substance abuse, HIV and disordered eating. Unfortunately, the health insurance market is a place where this population often faces differential treatment in the form of unavailable or unaffordable coverage. Restrictions on accessing evidence-based, gender-affirming health care may lead to more youth experiencing more severe preventable mental and physical health problems.

This brief outlines PolicyLab research and evidence-based recommendations that states and insurance payers can use to expand access to coverage and, ultimately, improve the health and well-being of this particularly vulnerable population of children, adolescents and young adults.

BARRIERS TO ADEQUATE HEALTH INSURANCE COVERAGE

The U.S. Department of Health and Human Services (HHS) issued federal rules in 2015 requiring public and private insurance plans regulated by federal law to cover all preventive services regardless of a person’s gender identity or sex assigned at birth. Additional rules announced in 2016 made it illegal for these plans to deny coverage of services for transgender-related care that are otherwise covered for non-transgender individuals.

Our clinical experience working with transgender youth revealed that many insurers are slow to comply with these federal regulations. To better understand this issue, we reviewed the websites of insurance plans in Pennsylvania and interviewed transgender and gender-expansive youth, their parents and their health care providers.

Our studies revealed the following problems with the quality and accessibility of health care coverage for this population:

**Quality**
- Private plans were less likely to indicate covering transition-related services than public plans.
- No plans explicitly indicated coverage of the medically necessary services included in the standard of care for this population.
- One in three plans flagged or denied coverage based on gender marker.
- Half of all plans listed a transgender-specific exclusion, denying coverage for services related to gender transition.

**Accessibility**
- Plan websites were difficult to navigate and did not always list services.
- Parents and youth report difficulties getting insurance approvals for medically necessary services.
- Parents and providers spend large amounts of time appealing denials of coverage for medically necessary services.
- Families reported facing increased out-of-pocket costs.

Terms to Know:

Transgender: Umbrella term for people whose gender identity differs from sex they were assigned at birth.

Gender-expansive: People who identify or express themselves differently from the conventional expectations of the binary gender system.

Gender Marker: The term “male” or “female” listed on legal documents, usually assigned based on biological sex at birth.

* (E.g., denial of a pap smear for someone with a male gender marker even if the patient is a transgender male at risk for cervical cancer).
Unique Health Care Needs

The stigma and discrimination often experienced by transgender and gender-expansive youth contributes to exceptionally high rates of physical and mental health problems, such as:

- Depression
- Anxiety
- Substance abuse
- Disordered eating
- Suicidality
- HIV

The standard of care for this population, as defined by the American Medical Association, the World Professional Association for Transgender Health, the Endocrine Society and others, includes four categories of services: counseling, puberty blockers, gender-affirming hormones and gender-affirming chest surgery.8

For additional resources and recommendations that the medical community, schools, policymakers and other stakeholders can use to improve the health outcomes of transgender and gender-expansive youth, please visit:


RECOMMENDATIONS

The following recommendations focus on helping states and insurers to ensure that—at the very least—transgender and gender-expansive youth are not discriminated against when it comes to getting the care they need to develop into healthy adults. The freedom to access adequate care during adolescence will improve mental and physical health outcomes in the short term,9 save significant health care and public assistance dollars in the long term,10 and, ultimately, save lives.

Public and private health insurance payers should:

- Update their coverage policies by eliminating any blanket exclusions, flags or denials of services for transgender and gender-expansive individuals, including those based on gender markers, when those services are otherwise covered.
- Update their public-facing informational materials (e.g., websites) to make covered services easier to identify. All gender-related treatment options should be consolidated into one easy-to-find category on the Summary of Benefits and Coverage.
- Train insurance navigators to guide families through the insurance claim process to find the best plan that will meet their unique needs.

State insurance departments should:

- Encourage commercial payers to improve plan coverage to include all medically necessary services for transgender and gender-expansive individuals—as defined by WPATH—as they would any other population. Similar coverage across all commercial plans would simplify the process of selecting plans for individuals, as well as take the onus off of individual employees who receive employer-sponsored insurance to negotiate company-level change to get adequate coverage for their children.

Philanthropic entities and governments at all levels should:

- Make the resources available to further research the implementation and impact of new insurance policies—as PolicyLab researchers have done in Pennsylvania—in order to ensure that they are effectively improving the availability and accessibility of coverage for gender-affirming care.

REFERENCES

2. In 2015, the Department of Health and Human Services (HHS) published guidance on the implementation of the federal health care law clarifying that insurance plans cannot limit sex-specific preventive services (e.g. pap smears) based on an individual’s gender identity or sex assigned at birth.
3. Departments of Labor, Department of Health and Human Services, and the Treasury Department. FAQs About Affordable Care Act Implementation (Part XXVI). May 11, 2015.
4. In 2016, the HHS final rule implementing Section 1557 (the non-discrimination provision) of the federal health care law made it illegal for nearly all private and public health insurance plans to discriminate against transgender individuals by denying coverage of services for transgender related care that are otherwise covered for non-transgender individuals.