Letter 24

From: To:

ETF SMB GIB Feedback

Subject: Date: requesting equity in insurance

Friday, December 30, 2016 3:42:58 PM

Dear ETF

I have been communicating with you for several years regarding the need to provide equitable health insurance coverage. This is coverage that has been found to have essentially negligible impact on costs. The reason is that there is both a very low incidence rate of desire for transgender services, and the actual cost of these services is modest relative to other much more common health conditions that are covered. I researched this issue several years ago in a letter asking you to remove the exclusion, and I recently researched this issue again in light of the political threats to this coverage. The current cost for transgender surgery ranges from \$15,000 to \$50,000, or up to \$100,000 for an elite package that includes facial reconstruction. The price range for genital reconstruction surgery is lower than knee and hip replacement surgery, which are much more common, and in the range of appendectomies and mastectomies, which are also much more common. The drugs that are prescribed for transgender people are less expensive on average than the drugs that are prescribed for diabetes, also a much more common condition. They are not particularly expensive drugs.

Whenever insurance plans have adopted coverage for transgender services, their actual experience has been that the costs have been much lower than their underwriters originally predicted. In the most famous case, the underwriters for the San Francisco policy initially charged just a few dollars a year to add transgender coverage, but even that was too much and they actually took in much more money with the surcharge than they paid out in services, and ultimately had to drop the surcharge entirely. This was in San Francisco, a place that is unlikely to have a lower incidence of transgender needs than Wisconsin. There is no fiduciary reason to exclude transgender coverage. The only motivations are political. It is unjust and unfair to refuse to provide adequate health coverage to a small and marginalized population just to serve the needs of politicians who want to gain political leverage by attacking minorities. Our insurance program should not be held hostage to crass political motivations. It should provide health insurance benefits on the basis of health needs.

Yours,

Pamela Oliver Conway-Bascom Professor of Sociology University of Wisconsin - Madison

