Letter 14

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August 6th, 2018

Dear Mr. Michael Farrell,

I am a faculty member at UW Madison and a nationally-recognized scholar in the field of LGBTQ health. I am writing this letter to urge you to vote to remove the exclusion of procedures, services, and supplies related to surgery and sex hormones associated with gender reassignment for the plan year 2019. These are medically necessary services supported by all leading medical organizations in the United States. Research has demonstrated that access to these services results in improved individual and population health outcomes. These services represent a negligible increase in rate premiums and lead to long-term plan savings. In addition, the exclusion of these services affects UW's ability to recruit and retain leading faculty in a variety of disciplines.

All major clinical and health policy organizations in the United States have issued policy statements declaring that procedures, services, and supplies related to surgery and sex hormones associated with gender reassignment are medically necessary.[i] These organizations include the American Medical Association, the American Psychiatric Association, the American Psychological Association, the American Public Health Association, the American Academy of Family Physicians, and the American College of Obstetricians and Gynecologists, among others. As these policy statements articulate, gender-affirming care including hormones, surgical procedures, and psychotherapy are not "elective" or "cosmetic" procedures but are medically necessary treatment for gender dysphoria. Because treatment for gender dysphoria is medically necessary, these organizations call for such services to be included in private and public health insurance plans.

A large body of rigorous empirical research in the biomedical, epidemiological, and social science literature has demonstrated the connection between access to these medically necessary services and improved mental and physical health outcomes. Access to medical gender transition is associated with improvements in psychological health[ii,iii,iv,v], quality of life[vi,vii,viii,ix], HIV incidence[x,xi], substance use[xii], and engagement in preventive health services.[xiii] Providing coverage for gender-affirming care will lower costs for ETF over the long term because it will reduce the financial burden associated with negative sequalae related to untreated gender dysphoria.

These services cost very little to include in ETF-administered health plans. Per ETF's own calculations, including these medically necessary services would cost approximately $0.05-0.13 per member per month.[xiv] This is a negligible cost considering the potential savings to ETF. Research has demonstrated that including gender-affirming care in group insurance plans is cost-effective.[xv,xvi,xvii] For instance, in 2001 the city of San Francisco removed transgender exclusions

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from its employee health plans; five years later they removed the employee surcharge because the costs of reimbursement proved to be significantly lower than previously estimated.[xviii]

Finally, these services are covered through the health insurance plans at most major U.S. research universities, including UW's competitors at the University of Minnesota and the University of Michigan. Excluding these services has a significant effect on the UW system's ability to recruit and retain faculty in the social sciences, humanities, and medical sciences. Citing the transgender health exclusion, candidates for faculty positions, medical school appointments, and UW Health residency programs have opted for offers at our peer institutions. Several of my UW colleagues are currently searching for positions at other universities, in large part because they cannot get their medically necessary healthcare costs covered under their employee benefits. Clearly, this is detrimental to maintaining UW's stature as a preeminent research institution.

It is imperative for the health of the employee members and the financial success of the ETF for these medically necessary services to be covered in the plan 2019 and in subsequent years. Therefore, I urge you to vote to remove the exclusion of procedures, services, and supplies related to surgery and sex hormones associated with gender reassignment at the August 22nd meeting.

Best Regards,

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[xii] Alex S. Keuroghlian, Sari L. Reisner, Jaclyn M. White, and Roger D. Weiss, "Substance Use and Treatment of Substance Use Disorders in a Community Sample of Transgender Adults," *Drug and Alcohol Dependence* 152 (2015): 139-146.

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[xviii] Stroumsa, 2014.