

8/2/2018

Dear Members of the Group Insurance Board,

My name is Shannon Juniper Neimeko and I am a Licensed Professional Counselor currently employed by University Health Services at UW-Madison. 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. Furthermore, these services represent a negligible increase in rate premiums and lead to long-term plan savings.

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. 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.

Additionally, 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, quality of life, HIV incidence, substance use, and engagement in preventive health services. 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 sequelae related to untreated gender dysphoria.

Finally, 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. 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. For instance, in 2001 the city of San Francisco removed transgender exclusions 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.

At UW-Madison, I am both a counselor and the coordinator of mental health services for the support of Transgender & Gender Non-Conforming students. As an expert in this field of healthcare provision, it is abundantly clear that treatment for gender dysphoria, including access to medically affirming treatments and supportive psychotherapy, is the best baseline health intervention transgender and non-binary students can receive. Access to medically necessary

treatment for gender dysphoria correlates with decreased rates of depression, anxiety, disordered eating concerns, substance abuse, and suicidality. Counselors who have my degree of expertise and knowledge in the treatment of gender dysphoria are rare, and as a result I am highly competitive on the open job market. The ongoing exclusion of this healthcare in our employee plans has led me to begin searching for positions where this care is covered, and I have warned several well qualified candidates away from considering this institution as a result of this ongoing disparity in healthcare coverage. My values do not allow me care for transgender and non-binary students as the primary component of my clinical practice while working for an institution engaging in active discrimination against this population.

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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