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August 12, 2018

Dear Members of the Group Insurance Board,

I am the founder and CEO of Greater Milwaukee Center for Health and Wellness, Inc. where we are committed to providing access to high quality health care for all people. 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 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.¹ 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.

¹ Lambda Legal, “Professional Organizations Supporting Transgender People in Healthcare,” accessed July 28, 2018, https://www.lambdalegal.org/sites/default/files/publications/downloads/ll_trans_professional_statements_17.pdf.



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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,^{2,3} quality of life,^{4,5,6} HIV incidence,⁷ substance use,⁸ and engagement in preventive health services. I can attest that we see many people who come to us seeking treatment for gender dysphoria, but have not accessed primary care or preventive services in many years. When their insurance does not cover treatment for gender dysphoria, they are less likely to remain in care, period. 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 and lack of engagement in primary care.

²Annelou De Vries, Jenifer K. McGuire, Thomas D. Steensma, Eva C.F. Wagenaar, Theo A.H. Doreleijers, and Peggy T. Cohen-Kettenis, "Young Adult Psychological Outcome After Puberty Suppression and Gender Reassignment," *Pediatrics* 143, no. 4 (2014): 1-9.

³Jaclyn M. White-Hughto and Sari L. Reisner, "A Systematic Review of the Effects of Hormone Therapy on Psychological Functioning and Quality of Life in Transgender Individuals," *Transgender Health* 1 no. 1 (2016): 21-31.

⁴Ebba K. Lindqvist, Hannes Sigurjonsson, Caroline Möllermark, Johan Rinder, Filip Farnebo, and T. Kalle Lundgren, "Quality of Life Improves Early After Gender Reassignment Surgery in Transgender Women," *European Journal of Plastic Surgery* 40, no. 2 (2017): 223-226.

⁵Mohammad Hassan Murad, Mohamed B. Elamin, Magaly Zumaeta Garcia, Rebecca J. Mullan, Ayman Murad, Patricia J. Erwin, and Victor M. Montori, "Hormonal Therapy and Sex Reassignment: A Systematic Review and Meta-Analysis of Quality of Life and Psychosocial Outcomes," *Clinical Endocrinology* 72, no. 2 (2010): 214-231.

⁶Nikolaos A. Papadopoulos, Jean-Daniel Lellé, Dmitry Zavlin, Peter Herschbach, Gerhard Henrich, Laszlo Kovacs, Benjamin Ehrenberger, Anna-Katharina Kluger, Hans-Guenther Machens, and Juergen Schaff, "Quality of Life and Patient Satisfaction Following Male-to-female Sex Reassignment Surgery," *The Journal of Sexual Medicine* 14, no. 5 (2017): 721-730.

⁷Sari L. Reisner, Tonia Poteat, JoAnne Keatley, Mauro Cabral, Tampose Mothopeng, Emilia Dunham, Claire E. Holland, Ryan Max, and Stefan D. Baral, "Global Health Burden and Needs of Transgender Populations: A Review," *The Lancet* 388, no. 10042 (2016): 412-436.

⁸Alex 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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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.⁹ 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.^{10,11,12} For instance, in 2001 the City and County of San Francisco removed transgender exclusions from its employee health plans and added a surcharge to rates to pay for it; five years later they removed the surcharge because the costs of reimbursement proved to be significantly lower than previously estimated.¹³

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,

Ericka Sinclair, MS, MPH
Founder and CEO, Greater Milwaukee Center for Health and Wellness, Inc.

⁹ Employee Trust Funds, "Correspondence Memorandum," January, 30, 2017, <http://etf.wi.gov/boards/agenda-items-2017/gib0208/item4.pdf>.

¹⁰ William V. Padula, Shiona Heru, and Jonathan D. Campbell, "Societal Implications of Health Insurance Coverage for Medically Necessary Services in the US Transgender Population: A Cost-Effectiveness Analysis," *Journal of General Internal Medicine* 31, no. 4 (2016): 394-401.

¹¹ Daphna Stroumsa, "The State of Transgender Health Care: Policy, Law, and Medical Frameworks," *American Journal of Public Health* 104, no. 3 (2014): e31-e38.

¹² Aaron Belkin, "Caring For Our Transgender Troops—The Negligible Cost of Transition-Related Care," *New England Journal of Medicine* 373, no. 12 (2015): 1089-1092.

¹³ Stroumsa, 2014.