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August 13, 2018

Dear Members of the Group Insurance Board,

I am a nurse practitioner, researcher, and advocate for health equity. I currently provide clinical services as a certified nurse practitioner at the Greater Milwaukee Center for Health and Wellness, Inc. where we are committed to providing access to high quality evidence-based 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 State of WI Employee health insurance 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 and these organizations call for such services to be included in private and public health insurance plans.<sup>1</sup> The 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.**

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

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<sup>1</sup> Lambda Legal, “Professional Organizations Supporting Transgender People in Healthcare,” accessed July 28, 2018, [https://www.lambdalegal.org/sites/default/files/publications/downloads/11\\_trans\\_professional\\_statements\\_17.pdf](https://www.lambdalegal.org/sites/default/files/publications/downloads/11_trans_professional_statements_17.pdf).



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in psychological health,<sup>2,3</sup> quality of life,<sup>4,5</sup> HIV incidence,<sup>6</sup> substance use,<sup>7</sup> and engagement in preventive health services.<sup>8</sup> 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.

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.<sup>9</sup> 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.<sup>10,11,12</sup> For instance, in 2001 the City and

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<sup>2</sup> Annelou 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.

<sup>3</sup> Jaclyn 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.

<sup>4</sup> Ebba 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.

<sup>5</sup> Mohammad 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.

<sup>6</sup> Erin C. Wilson, Yea-Hung Chen, Sean Arayasirikul, Conrad Wenzel, and H. Fisher Raymond, "Connecting the Dots: Examining Transgender Women's Utilization of Transition-related Medical Care and Associations with Mental health, Substance Use, and HIV," *Journal of Urban Health* 92, no. 1 (2015): 182-192.

<sup>7</sup> 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.

<sup>8</sup> María Eugenia Socías, Brandon D.L. Marshall, Inés Arístegui, Marcela Romero, Pedro Cahn, Thomas Kerr, and Omar Sued, "Factors Associated with Healthcare Avoidance Among Transgender Women in Argentina," *International Journal for Equity in Health* 13, no. 81 (2014): 1-8.

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

<sup>10</sup> William V. Padula, Shiona Heru, and Jonathan D. Campbell, "Societal Implications of Health Insurance Coverage for Medically Necessary Services in the US Transgender

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.<sup>13</sup>

As a clinician, when I see individuals employed by the state of WI who meet the criteria for a diagnosis of gender dysphoria, my hands are tied. From a clinical standpoint, I am obliged to offer treatment according to the evidence-based guidelines.<sup>14</sup> Yet, due to the current exclusion on their employee health insurance plan, the laboratory tests and prescriptions that are medically necessary according to these guidelines are not covered and therefore inaccessible to most people. This is not only unfair and unjust, it is unethical.

**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,



Linda Wesp, MSN, FNP-C, APNP, AAHIVS  
Nurse Practitioner  
Greater Milwaukee Center for Health and Wellness, Inc.

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Population: A Cost-Effectiveness Analysis," *Journal of General Internal Medicine* 31, no. 4 (2016): 394-401.

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

<sup>12</sup> 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.

<sup>13</sup> Stroumsa, 2014.

<sup>14</sup> Hembree, Wylie C, Peggy T Cohen-Kettenis, Louis Gooren, Sabine E Hannema, Walter J Meyer, M Hassan Murad, Stephen M Rosenthal, *et al.* "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline." *The Journal of Clinical Endocrinology & Metabolism* (2017).