

Letter 43

From: Jenie Gao
To: [ETF SMB Board Feedback](#)
Subject: Group Insurance Board vote on Aug 22
Date: Sunday, August 19, 2018 11:00:57 PM
Attachments: [GIB Letter.docx](#)

Hello,

I'd like to add the following letter to public comment for your meeting on August 22nd to vote on whether or not to keep the exclusion of transition-related healthcare for trans and nonbinary people for 2019 insurance benefits.

Thank you,

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See my show, *Survival Tools*, at [Museum of Wisconsin Art](#)
[Video Time-Lapse of a Mural](#)

Dear Members of the Group Insurance Board,

As a small business owner and educator in the state of Wisconsin, 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.

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^{2,3,4,5}, quality of life^{6,7,8,9}, HIV

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.

² 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.

³ Cori A. Agarwal, Melody F. Scheefer, Lindsey N. Wright, Norelle K. Walzer, and Andy Rivera, "Quality of Life Improvement After Chest Wall Masculinization in Female-to-Male Transgender Patients: A Prospective Study Using the BREAST-Q and Body Uneasiness Test," *Journal of Plastic, Reconstructive & Aesthetic Surgery* 71, no. 5 (2018): 651-657.

⁴ 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.

incidence^{10,11}, substance use¹², and engagement in preventive health services.¹³ 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.

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.¹⁴ 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.^{15,16,17} For instance, in 2001 the City and County of San Francisco removed transgender

⁵ 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.

⁶ 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.

⁷ 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.

⁸ Nikolaos 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.

⁹ White Hughto and Reisner, 2016.

¹⁰ Sari 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.

¹¹ Wilson, et al., 2015.

¹² 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.

¹³ 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.

¹⁴ Employee Trust Funds, "Correspondence Memorandum," January, 30, 2017, <http://etf.wi.gov/boards/agenda-items-2017/gib0208/item4.pdf>.

¹⁵ 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.

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.¹⁸

Finally, for anyone who is still unconvinced about the necessity of care for transgender people, it is worth noting the difference in health and wellbeing of transgender people who belong to welcoming, accepting communities versus those whose communities reject them and work against them. Many people who reject transgenderism point out that the national average suicide rate among transgender people is 40%¹⁹, compared to a 4.6% national average for all US citizens. They point to this statistic disparity as proof that transgenderism is wrong and should be culturally rejected. However, deeper research shows that transgender people who are ostracized by their families and communities are 8.4 times more likely to attempt suicide than those who have familial and social acceptance²⁰. This means that the adjusted suicide rate among transgender people with familial and social acceptance is 4.7%, right in line with the national average. This is where policy has an opportunity to set a precedent. When policy works against people, it sets the tone for which people we treat as less than in society. But when policy is written to support and help people, then it changes that norm among communities and families. Public health is personal health. All the research points to why supporting the health and wellbeing of transgender people matters.

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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¹⁶ Daphna Stroumsa, "The State of Transgender Health Care: Policy, Law, and Medical Frameworks," *American Journal of Public Health* 104, no. 3 (2014): e31-e38.

¹⁷ 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.

¹⁸ Stroumsa, 2014.

¹⁹ Stroumsa, The Trevor Project.

²⁰ Stroumsa, Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults.