

Letter 65

From: Linda Wesp
To: [ETF SMB Board Feedback](#)
Subject: Remove the exclusion for transgender health care
Date: Monday, August 20, 2018 11:35:24 PM

Dear Members of the Group Insurance Board,

I am a nurse practitioner and concerned Wisconsin citizen. I am also an employee of the State of WI as a PhD student at the UWM College of Nursing.

I am writing 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 having access to these services improves people's health. Covering these services will cause minimal increase in premiums and will lead to long-term plan savings.

All major clinical and health policy organizations in the United States have issued 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, and many others. As these policy statements state, gender-affirming care including hormones, surgical procedures, and psychotherapy are not "elective" or "cosmetic" procedures. They are medically necessary treatment for gender dysphoria. Therefore, these services ought to be included in private and public health insurance plans.

Additionally, much research has shown that there is a connection between having access to these medically necessary services and having better mental and physical health, including areas such as quality of life, HIV incidence, substance use, and utilizing preventive health services. ETF's own calculations state that including these services will cost approximately \$0.05-0.13 per member per month. This is such a minimal amount that providing coverage for gender-affirming care will ultimately lower costs for ETF, as fewer resources will be needed to combat the negative outcomes related to untreated gender dysphoria. In my own clinical practice where I have cared for transgender people for over 10 years, I see many transgender people begin to access overdue preventive services (cancer screenings, blood pressure monitoring, cholesterol tests) that ultimately lead to detection and treatment of undiagnosed chronic illness, once we can provide them with access to gender dysphoria treatment.

As a future researcher and distinguished dissertator scholar studying at a Wisconsin R1 institution, I also urge you to consider that including coverage for these necessary services will also improve our capacity to recruit and retain top scholars and researchers within our institutions. Roughly 1% of the U.S. adult population is transgender and 3% of our youth identify as transgender - this is similar to the rates of Type I Diabetes in the U.S. Treatment for gender dysphoria should be a covered expense for our health insurance benefits, just like other medically necessary treatments for relatively uncommon but serious conditions that we offer to employees and their families.

It is vital for the health of the employee members and the financial success of the ETF to provide coverage for medically necessary treatment of gender dysphoria 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, APNP, FNP-C