

From: Katherine Beaton
To: [ETF SMB Board Feedback](#)
Subject: Please vote against the exclusion of transition-related healthcare for 2019!
Date: Tuesday, August 21, 2018 9:55:52 AM

Dear Members of the Group Insurance Board,

I am writing this letter as a concerned citizen of the state of Wisconsin 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. 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 health¹, quality of life², HIV incidence³, 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.⁴ 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.

As a cisgender person, I can only imagine what it is like to pay out-of-pocket for my medically necessary medications and procedures; being in such a situation would certainly impact my choices in job and place of residence. It would be a shame for Wisconsin to lose out on valuable employees because they cannot continue working without these medical interventions.

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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