



August 21, 2018

Group Insurance Board
c/o Board Liaison Department of Employee Trust Funds
Boardfeedback@etf.wi.gov

Dear Members of the Group Insurance Board,

I am writing as a pediatrician that cares for transgender, nonbinary, and gender nonconforming children and young adults in both the primary care and specialty setting. 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.

Many 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. The American Academy of Pediatrics affirms that transgender youth should be supported and affirmed in their identities and referred to appropriate specialists for medical therapies.² 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, 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

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 Committee on Adolescence. “Office-based care for lesbian, gay, bisexual, transgender, and questioning youth,” *Pediatrics*, July 2013, 132(1): 198-203.

improvements in psychological health^{3,4,5,6}, quality of life^{7,8,9,10}, HIV incidence^{11,12}, substance use¹³, and engagement in preventive health services.¹⁴ 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.¹⁵ 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.^{16,17,18} 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

³Annelou 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.

⁴ 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.

⁵ 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.

⁶ 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.

⁷ 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.

⁸ 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.

⁹ 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.

¹⁰ White Hughto and Reisner, 2016.

¹¹ 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.

¹² Wilson, et al., 2015.

¹³ 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.

¹⁴ 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.

¹⁵ Employee Trust Funds, "Correspondence Memorandum," January, 30, 2017, <http://etf.wi.gov/boards/agenda-items-2017/gib0208/item4.pdf>.

¹⁶ 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.

¹⁷ Daphna Stroumsa, "The State of Transgender Health Care: Policy, Law, and Medical Frameworks," *American Journal of Public Health* 104, no. 3 (2014): e31-e38.

¹⁸ 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.

surcharge because the costs of reimbursement proved to be significantly lower than previously estimated.¹⁹

As a provider of medical gender therapy, I have seen firsthand how access can help transgender, nonbinary, and gender nonconforming young people thrive – and have had the devastating experience of losing a patient to suicide. In five years of doing this work, I have been amazed at the difference that access to quality mental health care, hormone therapy, and surgery can make in affirming these youths in who they are. Additionally, I continue to see that access to hormones and surgeries tends to favor a privileged few because they are so often excluded by state-issued insurance plans. It is my hope that you will consider expanding coverage as a step toward ensuring that *all* transgender, nonbinary, and gender nonconforming youth have access to mental health, medical, and surgical care that affirms their identities and addresses their gender dysphoria in order to improve overall mental health and quality of life.

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 meeting on August 22, 2018.

Sincerely,

A handwritten signature in black ink, appearing to read "Brittany J. Allen MD". The signature is stylized and cursive, with a horizontal line extending from the end.

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¹⁹ Stroumsa, 2014.