Barriers to insurance coverage for transgender patients

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Introduction

Transgender people have a gender identity that differs from the sex they were assigned at birth. Though definitions vary, "transgender" generally encompasses people who are transmasculine (assigned female sex at birth with a masculine gender identity), transfeminine (assigned male sex at birth with a feminine gender identity), or nonbinary (do not identify with the binary concept of gender as either male or female).[1] Transgender people experience pervasive stigma and discrimination leading to chronic stress associated with poor health outcomes, including higher prevalence of HIV infection, substance use disorders, and suicidality.[2-4] Despite a need for unfettered access to medical providers, transgender people frequently receive discriminatory care. In a national survey of >27,000 transgender respondents, one third of those who had sought care in the past year were harassed, refused treatment, and/or needed to educate providers about transgender health.[4] Moreover, transgender people are often denied insurance coverage for treatment based on standards of care, such as those outlined by the World Professional Association for Transgender Health, or even for basic health maintenance services that are routinely covered for cisgender (nontransgender) women.[5,6]

Transgender patients can present to obstetrician-gynecologists with diverse needs, depending on the organs they retain and whether or not they are being treated with gender-affirming hormones. For example, an obstetrician-gynecologist may see one transgender patient who has concerns about retained breast tissue, another who needs fertility assistance counseling prior to beginning gender-affirming hormone treatments, and another who needs reassurance that a gynecologic exam will not cause undue discomfort. With all of these services, the patient may encounter insurance denials.[7]

The purpose of this article is to delineate major barriers transgender patients face when seeking insurance reimbursement, including gaps in coverage, limitations of electronic health record (EHR) systems, and requirements that often "out" patients. In the past decade, several medical professional associations, including the American Congress of Obstetricians and Gynecologists (ACOG) and the American Medical Association, have made policy statements and resolutions that recognize the medical benefits of gender-affirming treatments, and that call for coverage of these treatments by health insurance plans.[8-11] By presenting the continuing barriers to coverage, it is our hope that obstetrics and gynecology providers, societies, and associations will take steps to make change at the organizational, state, and federal levels.

Challenges to reimbursement

The 2015 US Transgender Survey found that greater than half of transgender patients who sought insurance coverage for gender-affirming surgery were denied, as were a quarter of those who sought hormones.[4] Furthermore, in our experience, the majority of patients seeking insurance coverage for fertility preservation are either denied coverage entirely or required to pay substantial out-of-pocket fees. Providing gender-affirming care, however, is likely to be cost-effective. A recent study estimated that covering gender-affirming services for transgender people was cost-effective at 5 and 10 years, with a 10-year incremental cost-effectiveness ratio of $9300/quality-adjusted life-years.[12]

Expansion in access to gender-affirming care is still relatively new and modest. Prior to the implementation of the Affordable Care Act (ACA), being transgender was considered a "pre-existing" condition and transgender patients could routinely be denied insurance coverage. The ACA prohibits discrimination based on sex,[13] and in 2016 Section 1557 of the ACA was clarified to include discrimination based on gender identity, thus prohibiting health plans from denying gender-affirming treatments, including hormone therapy and surgeries.[14] Varying legal interpretations, however, have allowed health insurers to justify certain prohibitive inclusion criteria.[6] For example, Medicare reserves the right to make a person-by-person determination for gender-affirming services and refuses to disclose the criteria for approval of gender-affirming surgeries. In this way, Medicare is within the bounds of the law, but can decline to cover a surgery for any reason without explanation.[14]

Laws regulating insurance coverage ought to be based on evidence and expert consensus. ACOG and other societies are

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well-poised to promote transgender patients' equal access to reproductive health services, including fertility preservation, conception assistance, surrogacy, and artificial insemination services at the state and federal level, and to demand that Section 1557 continue to prohibit discrimination through sustained implementation and enforcement in all regions and communities across the country. Currently, individual providers can attempt to assist patients in gaining coverage for fertility preservation prior to medical gender affirmation by invoking the "equivalent care" clause, which states that if a service is offered for one medically necessary reason, such as fertility preservation prior to chemotherapy, that same service must also be covered for another medically necessary reason.

Challenges in choosing among plans

Transgender patients have limited options when choosing insurance plans. Their choices become even narrower if they have other medical concerns, or need to cover family members. Of particular relevance to obstetrician-gynecologists are transgender patients who wish to become pregnant. Plans are often optimized for a specific population; transgender patients may find that a plan with good coverage for gender-affirming interventions may not offer equally good coverage for expectant parents. Thus, insurance plans need to be optimized for both pregnancy and gender-affirming care, as these 2 categories are increasingly sought in tandem by transgender patients.[15]

Challenges with EHRs

Even when transgender patients successfully access care, they frequently face structural discrimination caused by inflexible EHRs that commonly link a patient's registered sex with presumed organs and therefore incorrectly make assumptions about needed interventions.[16] As a result, transgender patients are regularly denied coverage for anatomically appropriate screening or treatments based on a coding scheme that does not, for example, account for a transmasculine patient who retains a cervix. Moreover, the process of negotiating coverage can "out" patients to people with access to their insurance information, such as the parents of patients age <26 years who are on family plans.

Insurance coverage ought to be based on an accurate EHR anatomical inventory rather than linked to a patient's registered sex. Such an inventory would benefit all patients, with the added benefit of not singling out transgender patients. EHRs would ideally also allow providers to document both a patient's sex assigned at birth and their current gender identity, an EHR feature that is increasingly available.[17,18] Furthermore, because the ACA prohibits denial of services based on a patient's sex assigned at birth, EHR systems should reflect this legal framework by not requiring gender-linked codes for procedures or treatments.

Conclusion

Reimbursement systems have yet to accommodate the needs of transgender patients, despite recommendations made by ACOG and other medical societies. Without insurance to cover medically necessary care, transgender patients will continue to experience depression, suicidality, and other negative health outcomes associated with discrimination and lack of access to care. We recommend that obstetrics and gynecology societies actively work at the state and federal levels to address barriers to reimbursement of reproductive and preventive care, and that obstetrics and gynecology practices incorporate anatomical inventories into their EHR systems. On the provider level, obstetrician-gynecologists should educate themselves on transgender-specific terminology, gender-affirming medical interventions, preventive health and cancer screening, and counseling for reproductive health and fertility. Resources on these topics include:

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- World Professional Association for Transgender Health. Standards of care for the health of transsexual, transgender, and gender-nonconforming people, version 7. Available at: www.wpath.org/publications/soc;
- Center of Excellence for Transgender Health, University of California, San Francisco website. Available at: http://transhealth.ucsf.edu/. Accessed April 9, 2018; and
- National Center for LGBT Health Education, Fenway Institute. Available at: www.lgbthealtheducation.org. Accessed April 9, 2018. ■

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