HUMAN RIGHTS CAMPAIGN FOUNDATION™

The Importance of Transgender Inclusive Healthcare Coverage

Holistic Inclusion:
The Importance of Transgender Inclusive Healthcare Coverage

Most insurance plans specifically exclude healthcare services for transgender Americans. Standard policies include broad, blanket exclusions for transition-related care like hormones, surgery, and counseling; as well as sex-specific care like cancer screenings and reproductive health. This is medically necessary care that is regularly provided to non-transgender people that is denied to transgender people solely because of their gender identity.

For transgender people, being denied critically necessary transition-related care extends and exasperates the stress and discomfort caused by gender dysphoria leading to increased incidences of depression and substance abuse as well as health complications caused by delaying care.

With regard to employer-provided health insurance, being denied medically necessary care is detrimental to individual health and well-being as well as to the individual's ability to contribute in the workplace. If the intention of employer provided health care is to promote a productive and healthy workforce, then providing inclusive coverage options for transition-related care helps to achieve the goal of promoting health and wellness across the spectrum of workforce diversity.

Need More Info?

For in-depth information on transgender-inclusive insurance coverage, removing exclusions and negotiating with carriers, please see "Transgender-Inclusive Health Care Coverage and the Corporate Equality Index" available from HRC.

An Increasing Trend

The Corporate Equality Index (CEI) has asked about transgender-inclusive health care coverage since 2006 and in the last eight years the HRC Foundation has, in partnership with hundreds of major businesses taking part in the CEI, led great change in employer-provided health insurance coverage for transgender people. The 2015 CEI report includes a record-breaking 418 employers that specifically affirm coverage for transgender healthcare in at least one of their employer provided plans. For the first time, a majority (53%) of CEI rated companies offer this coverage.

Growth Trend of Transgender-Inclusive Healthcare measured via CEI:

CEI Report Year	2009	2010	2011	2012	2013	2014	2015
# of Companies w/ Trans Benefits	49	66	85	206	287	336	418
% of CEI Participants	8%	11%	14%	32%	42%	46%	53%

Currently, the availability of transgender-inclusive medical benefits (53% of responders) lags behind the adoption of non-discrimination policies based on gender identity (89% of responders). Considering that benefits are valued at nearly 20 percent of an employee's total compensation,[i] fair-minded employers need to negotiate for this coverage to make transgender employees "whole" with respect to their benefit packages.

The discrepancy between the employer's desire to be inclusive, as demonstrated in the non-discrimination statement, and the availability of medical coverage is due, in some part, to exclusionary insurance practices. The vast majority of commercial health insurance plans in the United States exclude all or most coverage for treatment related to gender transition. This "transgender exclusion" denies coverage for claims for treatments such as psychological counseling for initial diagnosis and ongoing transition assistance, hormone replacement therapy, doctor's office visits to monitor hormone replacement therapy and surgeries related to sex reassignment. Sometimes the exclusion's language is even sufficiently broad enough to deny coverage to a transgender person for treatments unrelated to transitioning, such as for a transgender man with a broken arm. Furthermore, the insurance system is heavily reliant on a binary definition of gender, such that a transgender woman may be denied coverage for a prostate screening or a transgender man for a pap smear. Exclusions are generally found in a benefits summary plan description, which is available to all employees and applicants.

The good news is that large corporations have removed most of the transgender exclusions from their health insurance policies to provide a base level of health insurance coverage for transgender medical care, including mental health counseling, hormone therapy, medical visits and surgical procedures, and have provided short-term leave for treatments related to gender transition. Companies have had great success in removing discriminatory exclusions when they negotiate with their carriers and especially when they are able to provide a high level of information to the carrier in the process.

Recommendation: Provide Transgender-Inclusive Health Insurance Coverage

Employers should provide at least one transgender-inclusive insurance policy option for employees and their dependents.

Base-Level Coverage

The base level coverage is the level of coverage required to achieve a score of 100 on HRC's "Corporate Equality Index." To receive full credit, each of the below components must be in place.

1. **Insurance contract explicitly affirms coverage.** Alternatively, evidence that any transgender exclusions have been sufficiently modified or removed, or that the insurance administrator or carrier will affirmatively provide consistent coverage utilizing a particular medical policy or clinical guideline, may be submitted to the HRC Foundation. In either case, documentation must be submitted to the HRC Foundation for review.

2. **Plan documentation must be readily available to employees and must clearly communicate inclusive insurance options to employees and their eligible dependents.** Plan modification and regular summary plan description materials clearly indicates availability of the benefit and how to obtain additional information — including applicable medical policy

or clinical guidelines that indicate specific coverage processes and accepted treatment protocols — while maintaining privacy of the individual. Plan participants should not need to request and analyze a complete and current plan contract in order to determine whether coverage is available. This documentation, including the applicable medical policy or clinical guidelines, must be submitted to the HRC Foundation for review.

3. **Other benefits available for other medical conditions are also available to transgender individuals.** Specifically, where available for employees, the following benefits should all extend to transgender individuals, including for transition-related services:
    a. Short term medical leave
    b. Mental health benefits
    c. Pharmaceutical coverage (e.g., for hormone replacement therapies)
    d. Coverage for medical visits or laboratory services
    e. Coverage for reconstructive surgical procedures related to sex reassignment
    f. Insurance coverage of routine, chronic, or urgent non-transition services is not excluded
    (e.g., for a transgender individual based on their sex or gender. For example, prostate exams for women with a transgender history and pelvic/gynecological exams for men with a transgender history must be covered.)

4. **Dollar maximums on this area of coverage must meet or exceed $75,000.** Best practice is for no annual or lifetime dollar cap but if one is in place it must meet or exceed $75,000.

Enhanced Coverage for the Best-in-Class Employer

While the base coverage will ensure an employer meets HRC's requirements for a perfect score on the CEI, HRC urges employers to consider enhanced coverage that focuses on "provider-centered care" and removes additional exclusionary clauses from transgender health insurance policies to provide truly full and comprehensive care worthy of a best-in-class designation:

1. **Coverage available for full range of services indicated by World Professional Association for Transgender Health's Standards of Care (SOC).** Surgical procedures, including all reconstructive genital surgical interventions as well as other reconstructive procedures as appropriate to the patient, when part of the sex reassignment process as per WPATH.

2. **No lifetime or annual dollar caps on this area of coverage.**

3. **Benefit administration covers treatment plans that adhere to the WPATH diagnostic and assessment process.** Determinations of eligibility for coverage are consistent with, and no more restrictive than, the current WPATH SOC. Since at the current moment no insurance carrier guideline clearly meets these criteria, written communication with the relevant carrier or third-party administrator made readily available to the employee as part of plan documentation should communicate that the employer plan will be guided by and be no more restrictive than the WPATH SOC in making utilization management determinations. The following phrase inserted into plan documentation can better clarify the administration process to eligible employees and dependents:

"For the purposes of determining eligibility for coverage and subsequent payment of claims under the sex reassignment surgical benefit, services will be regarded as medically necessary for the individual and covered when providers document that the diagnostic, assessment and treatment process is consistent with generally recognized standards of medical practice. Specifically, diagnosis and treatment conforming to the current WPATH SOC, as appropriately documented by the treating provider(s), will be regarded as sufficient: additional restrictions will not be placed nor other documentation required to determine eligibility or authorization."

4. **Other barriers to coverage eliminated.**
    a. **No separate dollar maximums or deductibles** specific to coverage of sex reassignment surgeries and related procedures.
    b. **Explicit adequacy of network provisions apply.** When the provider network has no adequate specialists (as determined by qualified area specialists), out-of-network providers will be covered at in-network rates, as well as coverage of travel and lodging expenses to such specialists.
    c. **No other serious limitations.** On a case-by-case basis, other serious limitations to coverage may be deemed sufficiently counterproductive to treatment success to disqualify a given plan from eligibility. Two examples: a) limitations on the time frame for, or number of, surgeries per individual would eliminate a plan from consideration (e.g., no "one surgery only" or "initial surgery" limitations); b) similarly, exclusions for reversals of sex reassignment would also be regarded as unacceptable limits to coverage.

For employers ready to close the gap on fairness and equality in health insurance coverage, HRC's white paper "Transgender-Inclusive Health Care Coverage and the Corporate Equality Index" contains detailed information on the issue of health care plans, including removing exclusions and negotiating with insurance carriers.

"At GE, we value each member of our workforce and providing the support and commitment to our employees to bring their authentic selves to work each day. To that end, GE includes sexual orientation, gender expression and identity in its Fair Employment Practice Policy and has recently made transgender inclusive healthcare benefits available to employees to assure we remain a leader to attract, retain and develop our diverse talent."

- GLBTA Leadership Team at GE

[i] http://www.bls.gov/news.release/ecec.nr0.htm