

October 28, 2014

Kristen Thorn  
Medicaid Director  
EOHHS  
One Ashburton Place, Room 1109  
Boston, Massachusetts 02108

Judith Bradford, PhD  
Director, The Center  
for Population Research in  
LGBT Health  
Co-Chair, The Fenway  
Institute

Kenneth Mayer, MD  
Medical Research Director  
Co-Chair, The Fenway  
Institute

FACULTY

Stephen Boswell, MD  
Senior Research Scientist

Sean Cahill, PhD  
Director of Health Policy  
Research

Harvey Makadon, MD  
Director, National LGBT  
Health Education Center

Matthew Mimiaga, ScD, MPH  
Affiliated Investigator

Conall O'Cleirigh, PhD  
Affiliated Investigator

David W. Pantalone, PhD  
Research Scientist

Lori Panther, MD, MPH  
Research Scientist

Sari L. Reisner, ScD  
Research Scientist

Steve Safren, PhD  
Affiliated Investigator

S. Wade Taylor, PhD  
Associate Research Scientist

Marcy Gelman, RN, MSN,  
MPH | Director of Clinical  
Research

Bonnie McFarlane, MPP |  
Director of Administration for  
TFI

Submitted via e-mail to [masshealthpublicnotice@state.ma.us](mailto:masshealthpublicnotice@state.ma.us) and [ehs-regulation@state.ma.us](mailto:ehs-regulation@state.ma.us)

*Re: Proposed amendments to regulations found at 130 CMR 415.000, 130 CMR 410.000, 130 CMR 405.000, 130 CMR 423.000, 130 CMR 406.000, 130 CMR 433.000, and 130 CMR 424.000 to allow coverage for treatment of gender dysphoria, including gender reassignment surgeries and hormone therapies*

Dear Ms. Thorn

The Fenway Institute at Fenway Health strongly supports the proposed amendments to the above referenced regulations issued October 8, which would allow for Medicaid coverage of transgender health needs, including medically necessary gender reassignment surgeries and hormone therapies.

The Fenway Institute is an interdisciplinary center for research, training, education and policy development focused on lesbian, gay, bisexual and transgender (LGBT) health and HIV/STI prevention and care. It is the research division of Fenway Health, a federally qualified health center that serves LGBT people and the broader community. More than 1,400 of our 23,000 patients cared for annually are transgender.

Transgender people have health needs that require access to nondiscriminatory health care. The widespread failure of most insurance plans to cover transgender health needs, including surgery and cross-sex hormones, is based on bias and misinformation, such as the commonly held misconception that treatment of transgender people is merely “cosmetic” or “elective” in nature. This exclusionary bias leads to denial of basic health care for transgender people even when unrelated to gender issues (i.e. Pap tests are routinely excluded for transgender men—people assigned a female sex at birth who identify as men). Most transgender men retain a cervix and are still at risk for cervical cancer, thus indicating routine preventive sexual health screening as per U.S. Preventive Services Task Force guidelines applicable to all natal

females with a cervix.<sup>1</sup> There is a consensus in the mainstream medical community that gender dysphoria is a recognized medical condition requiring medical and mental health care. The *American Medical Association Encyclopedia*<sup>2</sup>, the APA's *Diagnostic and Statistical Manual (DSM-5)*,<sup>3</sup> and all standard psychiatric texts have recognized gender dysphoria since 1980, when it was then named transsexualism (and subsequently, until last year, known as gender identity disorder). The World Health Organization also recognizes gender identity disorder in its ICD-10, "the standard diagnostic tool for epidemiology, health management and clinical purposes."<sup>4</sup>

Gender reassignment surgery and cross-sex hormone treatment are considered medically necessary by many physicians for their transgender patients. The American Medical Association adopted a resolution in 2008 supporting public and private health insurance coverage for treatment of gender identity disorder as recommended by the patient's physician.<sup>5</sup> The internationally accepted standards of care of individuals with gender dysphoria by medical and mental health professionals were first developed by the World Professional Association for Transgender Health, Inc. (WPATH) and in 1979. These standards of care cover therapy, hormone treatments, and gender reassignment surgical procedures as well as routine primary medical care. Care of individuals with gender dysphoria is based on individualized plans involving some or all of the following: 1) psychotherapy; 2) hormone treatment; 3) living full-time in the gender of identity; 4) surgery to change primary and secondary sexual characteristics. Treatment plans are based on the accepted WPATH standards of care. These treatments have been successfully used in medicine for more than 30 years.<sup>6</sup>

These treatments have also been shown to significantly improve transgender patients' long-term health outcomes—including significantly improving quality of life, general health, social functioning, and mental health.<sup>7,8</sup> Many transgender people report that they are happier and more productive following their transition to express their current gender identity.<sup>9</sup> Better health outcomes for transgender individuals could, in the long run, actually lower costs for care.

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<sup>1</sup> U.S. Preventive Services Task Force. *Cervical cancer: Screening*. March 2012.

<http://www.uspreventiveservicestaskforce.org/uspstf/uspstf/cerv.htm>

<sup>2</sup> American Medical Association. *AMA Encyclopedia*. Lipsky M (editor). "Gender identity disorder (GID)" (303); "sex change" as "treatment" for GID (625). Chicago, 2006.

<sup>3</sup> American Psychiatric Association. Gender dysphoria. *DSM-5*. Arlington, VA, 2013.

<http://www.dsm5.org/documents/gender%20dysphoria%20fact%20sheet.pdf>

<sup>4</sup> WHO, *International Statistical Classification of Diseases and Related Health Problems, version 10 (ICD-10)*.

<http://www.who.int/classifications/icd/en/>

<sup>5</sup> H-185.950, Removing Financial Barriers to Care for Transgender Patients. Our AMA supports public and private health insurance coverage for treatment of gender identity disorder as recommended by the patient's physician. (Res. 122; A-08). <http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/glb-advocacy-committee/ama-policy-regarding-sexual-orientation.page?>

<sup>6</sup> WPATH. *Standards of care*. [http://www.wpath.org/site\\_page.cfm?pk\\_association\\_webpage\\_menu=1351](http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351)

<sup>7</sup> Murad MH, Elamin MB, Garcia MZ, Mullan MJ, Murad A, Erwin PJ, Montori VM. Hormonal therapy and sex reassignment: A systematic review and meta-analysis of quality of life and psychosocial outcomes. *Clinical Endocrinology*. 2010; 72(2): 214-231.

<sup>8</sup> Keo-Meier CL, Herman LI, Reisner SL, Pardo ST, Sharp C, Babcock JC. Testosterone treatment and MMPI-2 improvement in transgender men: A prospective controlled study. *J Consult Clin Psychol*; 2014, Aug 11 [epub ahead of print]. PMID: 25111431

<sup>9</sup> Grant J, Mottet L, Tanis J, et al. *National transgender discrimination survey report on health and health care*. Washington, DC: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2010. [http://www.thetaskforce.org/static\\_html/downloads/reports/reports/ntds\\_full.pdf](http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf)

The APA's *DSM-5* provides clear criteria for the diagnosis of gender dysphoria, which may be diagnosed by mental health and medical professionals. Gender dysphoria is a persistently and deeply felt cross-gender identification including an enduring sense that a person's body is of the wrong sex. People with gender dysphoria experience distress and discomfort that causes clinically significant impairment in functioning in all aspects of life.<sup>10</sup>

While access to transition services can be lifesaving for those who need them, very few individuals ever pursue medical gender transition, making the costs to insurers overall very low. Even where the number of transgender employees might be expected to be high, in the City and County of San Francisco, California with an employee base of 27,000 people, only a tiny fraction of employees file claims. Since 2001 San Francisco has insured a total of 80,000 people (employees, their dependents, and retirees) and actuarial data released in 2006 showed that in five years only 11 claims were filed at a total cost of less than \$200,000. The annual costs did not ever rise to the maximum of one individual (\$75,000). These numbers demonstrate that demand for transition-related care in any given year, as well as claims costs, are very likely to be low. Two insurance carriers in San Francisco have eliminated any surcharges for transgender care as a result of these data and others have dramatically reduced their charges.<sup>11</sup>

Thank you for the opportunity to comment on these regulatory changes that would provide essential Medicaid coverage for transgender health needs for Massachusetts residents. Massachusetts has been at the forefront of progress on many LGBT equality issues. We view insurance coverage for medically necessary treatment of gender dysphoria as one more step forward toward equality and improving health outcomes for LGBT people. We also commend the Massachusetts Division of Insurance for issuing Insurance Bulletin 2014-03 earlier this year, prohibiting exclusions for gender dysphoria treatment in private insurance plans.

We encourage the Commonwealth's Medicaid Department to connect with private insurers that have been offering the option to cover transgender health needs, such as Harvard Pilgrim, Blue Cross Blue Shield, and Aetna, to identify model reimbursement processes, procedures for determining eligibility, and clinicians to add to networks. As a leader in providing comprehensive transgender health care, Fenway Health would also gladly serve as a resource for these issues. Should you have any questions or require more information, please contact Sean Cahill, Director of Health Policy Research, at [scahill@fenwayhealth.org](mailto:scahill@fenwayhealth.org) or 617-927-6016.

Sincerely,

Stephen Boswell, M.D.  
President and CEO, Fenway Health

Kenneth Mayer, M.D.  
Co-chair, The Fenway Institute  
Professor, Harvard Medical School

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<sup>10</sup> American Psychiatric Association, 2013.

<sup>11</sup> Gay and Lesbian Advocates and Defenders. *Removing barriers to care for transgender patients*. 2008.  
<http://www.glad.org/uploads/docs/publications/ama-resolution-fact-sheet.pdf>

Judith Bradford, Ph.D.  
Co-chair, The Fenway Institute  
Director, Center for Population Research in LGBT Health

Timothy Cavanaugh, M.D.  
Medical Director of Transgender Health, Physician  
Fenway Health

Alex Gonzalez, M.D., M.P.H.  
Medical Director, Fenway Health

David Todisco, L.I.C.S.W.  
Associate Director of Behavioral Health  
Fenway Health

Jane Powers, L.I.C.S.W.  
Director of Behavioral Health  
Fenway Health

Sari Reisner, Sc.D.  
Research Scientist, The Fenway Institute  
Postdoctoral Fellow, Harvard School of Public Health

Ruben Hopwood, M.Div., Ph.D.  
Coordinator, Trans Health Program  
Fenway Health