

July 8th, 2022

Florida Department of State
Agency for Health Care Administration
Division of Medicaid
R.A. Gray Building
500 South Bronough Street
Tallahassee, FL 32399-0250

Comment submitted via https://www.flrules.org/gateway/View_Notice.asp?id=25979915

RE: Strong opposition to the proposed amendment to Rule 59G-1.050, Florida Administrative Code, (F.A.C.), Section 7: Gender Dysphoria

To whom it may concern,

Since 1971, Fenway Health has been working to make life healthier for the people in our neighborhood, the LGBTQIA+ community, people living with HIV/AIDS and the broader population. Fenway was founded as part of the free clinic movement by students who believed that “health care should be a right, not a privilege.”

We are submitting this comment in strong opposition to the proposed amendment to Rule 59G-1.050, Florida Administrative Code, (F.A.C.). This change would redefine the treatment of Gender Dysphoria as not medically necessary and therefore not covered by Medicaid. This proposed amendment is harmful to the physical and mental health of the people of Florida and members of the LGBTQIA+ community across the country.

A number of highly respected, national health professional associations have concluded that gender-affirming care is medically necessary for the treatment of gender dysphoria. These include:

- American Academy of Child and Adolescent Psychiatry
- American Academy of Family Physicians
- American Academy of Nursing
- American Academy of Pediatrics
- American College of Obstetricians and Gynecologists
- American College of Physicians
- American Counseling Association
- American Medical Association
- American Nurses Association
- American Psychiatric Association
- American Psychological Association
- American Public Health Association
- Endocrine Society
- Pediatric Endocrine Society
- Society for Adolescent Health and Medicine
- World Medical Association
- World Professional Association for Transgender Health

The Florida Department of Medicaid should not substitute its judgment for the evidence-based determinations of a broad swath of highly respected, national medical professional associations.

A number of peer-reviewed research publications have documented positive patient outcomes following gender affirming care, and minimal increase in cost to state Medicaid departments for covering medically necessary gender affirming care. We present this research below:

Indicators of Positive Outcomes

A 2020 systematic review identified 20 studies that measured the relationship among hormone therapy among transgender people and depression, anxiety, and/or quality of life. Of seven studies examining quality of life, one randomized control trial (RCT) found that, after 1 year of testosterone treatment, life satisfaction among three groups (n=15 each) of transgender men increased by 5.5 points on a 10-point scale. A before-after trial found that life satisfaction among transgender men (n=50) nearly doubled over 5 years. Several studies found no improvement, but no study found a decline in quality of life after initiating hormone therapy. Of 12 studies assessing depression, several found large decreases in depression, while others found minor decreases or no significant change after initiation of hormone therapy. None found an increase in depression. Eight studies assessed anxiety. Two found decreases in anxiety post initiation of hormone therapy, six found no significant change, and none found an increase in anxiety. The authors concluded that hormone therapy may improve depression, anxiety, and quality of life, but that more research is needed.¹

In a study of transgender individuals 18 months after beginning gender affirming hormone therapy (GAHT), researchers found a significant reduction in symptoms of depression (mean change difference, -2.05 ; 95% CI, -2.72 to -1.38 ; $P = .00$).²

Another study found that initiating masculinizing GAHT improved general health within 6 months of treatment. In participants undergoing masculinizing GAHT, mean scores (out of 100, using the RAND Short Form-36 Health Survey) from before treatment compared to mean scores after 6 months of treatment improved in the following categories:

- Physical functioning: 62.6 to 65.8
- Role limitations due to emotional problems: 44.9 to 48.1
- Energy/Fatigue: 61.7 to 66.5
- Emotional well-being: 77.6 to 80.8
- Social Functioning: 84.4 to 88.7
- General Health: 64.6 to 72.2³

Another study found that gender affirming care reduces feelings of gender dysphoria (GD). Participants were assessed using the Utrecht Gender Dysphoria Scale, with score ranges from 12 (minimal dysphoria) to 60 (maximal dysphoria). Participants who received both hormone therapy and surgery reported significantly less feelings of GD (15.5) when compared with people without medical interventions (20.2).⁴

¹ Baker KE, Wilson LM, Sharma R, Dukhanin V, McArthur K, Robinson KA. Hormone Therapy, Mental Health, and Quality of Life Among Transgender People: A Systematic Review. *J Endocr Soc*. 2021;5(4):bvab011. Published 2021 Feb 2. doi:10.1210/jendso/bvab011.

² Zoë Aldridge et al., "Long-term Effect of Gender-affirming Hormone Treatment on Depression and Anxiety Symptoms in Transgender People: A Prospective Cohort Study," *Andrology* 9, no. 6 (November 2021): 1808–16, <https://doi.org/10.1111/andr.12884>.

³ Lucas Foster Skewis et al., "Short-Term Effects of Gender-Affirming Hormone Therapy on Dysphoria and Quality of Life in Transgender Individuals: A Prospective Controlled Study," *Frontiers in Endocrinology* 12 (July 29, 2021): 717766, <https://doi.org/10.3389/fendo.2021.717766>.

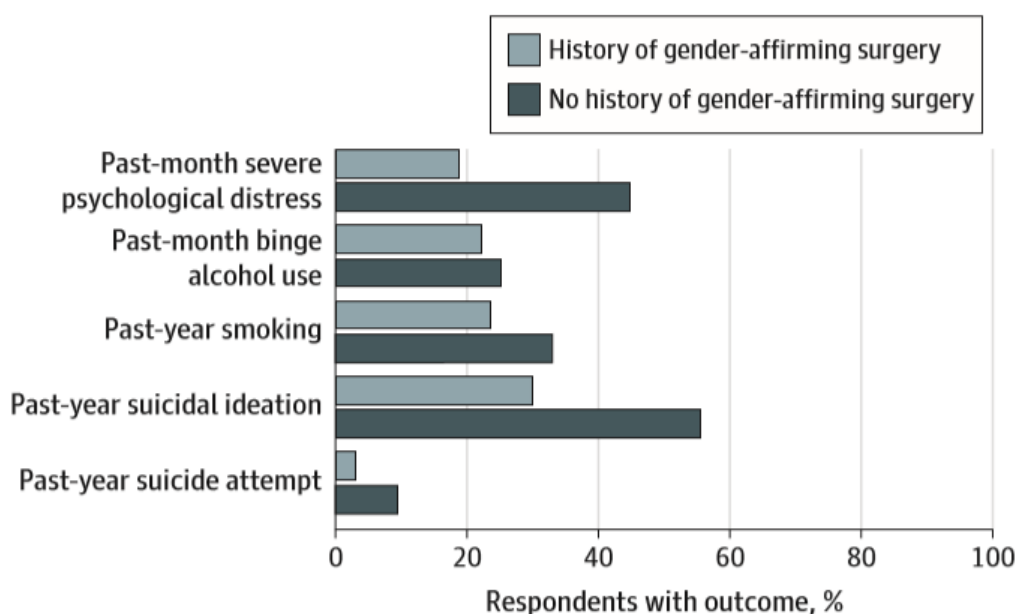
⁴ Tim C. van de Grift et al., "Effects of Medical Interventions on Gender Dysphoria and Body Image: A Follow-Up Study," *Psychosomatic Medicine* 79, no. 7 (September 2017): 815–23, <https://doi.org/10.1097/PSY.0000000000000465>.

Still another study found that patients who underwent a gender-affirming mastectomy reported significant improvements in depression and anxiety following this procedure.⁵ Depression was measured using The Patient Health Questionnaire-9 (PHQ-9),⁶ with a mean preoperative score of 7.8 and a mean postoperative score of 5.4. Anxiety was measured using the General Anxiety Disorder-7 (GAD-7) scale,⁷ with a mean preoperative score of 7.6 (demonstrating mild anxiety) and a mean postoperative score of 4.6 (indicating a negative screen for anxiety).

A study of 247 transgender women found that those who had had gender affirmation surgery and/or facial feminization surgery had mental health quality of life scores that did not differ significantly from those of the general female population. Those transgender women who had not had surgical interventions had statistically significant lower mental health scores compared to the mental health scores for “the general female population.”⁸

The first large-scale, controlled study that demonstrated an association between gender affirming surgery and improved mental health outcomes also shows that undergoing gender-affirming surgery is associated with decreased odds of past-month severe psychological distress, past-year smoking, and past-year suicidal ideation.⁹

Figure 2. Comparison of Mental Health Outcomes Among Respondents Who Did and Did Not Undergo Gender-Affirming Surgery



⁵ Megan Lane et al., “Gender Affirming Mastectomy Improves Quality of Life in Transmasculine Patients: A Single-Center Prospective Study,” *Annals of Surgery* Publish Ahead of Print (August 13, 2021), <https://doi.org/10.1097/SLA.0000000000005158>.

⁶ “PHQ-9 (Patient Health Questionnaire-9),” MDCalc, accessed January 26, 2022, <https://www.mdcalc.com/phq-9-patient-health-questionnaire-9>.

⁷ “GAD-7 (General Anxiety Disorder-7) - MDCalc,” accessed January 26, 2022, <https://www.mdcalc.com/gad-7-general-anxiety-disorder-7>.

⁸ Tiffany A. Ainsworth and Jeffrey H. Spiegel, “Quality of Life of Individuals with and without Facial Feminization Surgery or Gender Reassignment Surgery,” *Quality of Life Research* 19, no. 7 (September 2010): 1019–24, <https://doi.org/10.1007/s11136-010-9668-7>.

⁹ Anthony N. Almazan and Alex S. Keuroghlian, “Association Between Gender-Affirming Surgeries and Mental Health Outcomes,” *JAMA Surgery* 156, no. 7 (July 1, 2021): 611, <https://doi.org/10.1001/jamasurg.2021.0952>.

Table 2. Association Between History of Gender-Affirming Surgery and Mental Health Outcomes^a

Variable	aOR (95% CI) ^b	P value
Severe psychological distress (past month) ^c	0.58 (0.50-0.67)	<.001
Substance use		
Binge alcohol use (past month) ^d	0.83 (0.72-0.96)	.01
Smoking (past year)	0.65 (0.57-0.75)	<.001
Suicidality (past year)		
Ideation	0.56 (0.50-0.64)	<.001
Attempt	0.65 (0.47-0.90)	.009

Abbreviation: aOR, adjusted odds ratio.

^a Adjusted for age, education, employment status, family rejection, gender identity, health insurance, household income, race/ethnicity, sex assigned at birth, sexual orientation, history of gender-affirming counseling, pubertal suppression, and history of gender-affirming hormone therapy.

^b Reference/control group (n = 16 401) is composed of individuals who desired at least 1 type of gender-affirming surgery but had not received any surgeries. Exposure group (n = 3559) is limited to respondents who had their first surgery at least 2 years prior to submitting survey responses.

^c Defined as a score of at least 13 on the Kessler Psychological Distress Scale.

^d Defined as consuming at least 5 alcoholic drinks on the same occasion.

The American Heart Association cautions that “as many as 30% of all coronary heart disease (CHD) deaths in the United States each year are attributable to cigarette smoking.”¹⁰ The CDC states that “smoking is a major cause of cardiovascular disease (CVD) and causes approximately one of every four deaths from CVD, according to the 2014 Surgeon General’s Report on smoking and health. CVD is the single largest cause of death in the United States, killing more than 800,000 people a year.”¹¹ “Cigarettes cause about 1.5 million deaths from lung cancer per year.”¹² Receiving gender affirming care is associated with decreased odds of smoking, which can reduce development of serious comorbidities and life-long health problems.

Another large-scale controlled study demonstrates associations between gender affirming hair removal (GAHR) and improved mental health outcomes, including decreased psychological distress, past-year smoking, and past-

¹⁰ Ira S. Ockene and Nancy Houston Miller, “Cigarette Smoking, Cardiovascular Disease, and Stroke: A Statement for Healthcare Professionals From the American Heart Association,” *Circulation* 96, no. 9 (November 4, 1997): 3243–47, <https://doi.org/10.1161/01.CIR.96.9.3243>.

¹¹ “Smoking and Cardiovascular Disease,” n.d., 2.

¹² Robert N Proctor, “The History of the Discovery of the Cigarette–Lung Cancer Link: Evidentiary Traditions, Corporate Denial, Global Toll: Table 1,” *Tobacco Control* 21, no. 2 (March 2012): 87–91, <https://doi.org/10.1136/tobaccocontrol-2011-050338>.

year suicidal ideation.¹³ Additionally, in two studies of substance use in transgender adults, researchers found demonstrated associations between gender-affirming medical care and lower odds of high-risk substance use and HIV.^{14 15}

Cost: General

Following the Massachusetts Division of Insurance's 2014 requirement that private insurers cover gender affirming care for transgender patients, researchers conducted a cost effectiveness analysis using a Markov model with 5- and 10-year time horizons from a U.S. societal perspective discounted at 3%. The authors used data "from over 30 randomized control trials, observational data, and case series detailing types of gender-affirming care." They also used data from the 2011 National Transgender Discrimination Survey. The Massachusetts Group Insurance Commission requested research on the implications of the 2014 DOI change. Also in 2014 Massachusetts Governor Deval Patrick announced that the Commonwealth's Medicaid department would cover gender affirming care. Also that year the Centers for Medicare and Medicaid Services removed its 33-year ban on coverage of gender-affirming care for CMS beneficiaries. The researchers noted that:

Budget impact was calculated on a per-member-per-month basis for an approximate 2014 U.S. population of 320 million (U.S. Census Bureau, 2014). The calculation assumed that following implementation of blanket provider coverage, there would be an influx of about 30,000 transgender persons seeking transitional care in the first 5 years...The additional cost would be the difference in cost of benefit coverage from the model.

The authors concluded:

The budget impact of this coverage is approximately \$0.016 per member per month. Although the cost for transitions is \$10,000–22,000 and the cost of provider coverage is \$2175/year, these additional expenses hold good value for reducing the risk of negative endpoints—HIV, depression, suicidality, and drug abuse. Results were robust to uncertainty. The probabilistic sensitivity analysis showed that provider coverage was cost-effective in 85 % of simulations. Health insurance coverage for the U.S. transgender population is affordable and cost-effective, and has a low budget impact on U.S. society. Organizations such as the GIC should consider these results when examining policies regarding coverage exclusions.¹⁶

According to a 2016 RAND Corporation study of the impact of transgender service in the U.S. military, the likely increased costs of gender affirming and transition-related health care for the Department of Defense are relatively low: a 0.04- to 0.13-percent increase in active-component health care expenditures yearly.¹⁷ After reviewing existing national data and using two distinct approaches, prevalence based and utilization based, the authors estimated the potential number of transgender service members likely to seek affirming treatment. They also cited the dangers of denying appropriate transition-related care, including alternative solutions such as injecting construction-grade silicone, resulting in infection, inflammation, serious injury, and disfigurement.

¹³ Michelle S. Lee et al., "Association Between Gender-Affirming Hair Removal and Mental Health Outcomes," *JAMA Dermatology* 157, no. 9 (September 1, 2021): 1120, <https://doi.org/10.1001/jamadermatol.2021.2551>.

¹⁴ Alex S. Keuroghlian et al., "Substance Use and Treatment of Substance Use Disorders in a Community Sample of Transgender Adults," *Drug and Alcohol Dependence* 152 (July 2015): 139–46, <https://doi.org/10.1016/j.drugalcdep.2015.04.008>.

¹⁵ Erin C. Wilson et al., "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 (February 2015): 182–92, <https://doi.org/10.1007/s11524-014-9921-4>.

¹⁶ Padula WV, Heru S, Campbell JD. Societal Implications of Health Insurance Coverage for Medically Necessary Services in the U.S. Transgender Population: A Cost-Effectiveness Analysis. *J Gen Intern Med.* 2016;31(4):394-401. doi:10.1007/s11606-015-3529-6.

¹⁷ Agnes Schaefer et al., *Assessing the Implications of Allowing Transgender Personnel to Serve Openly* (RAND Corporation, 2016), <https://doi.org/10.7249/RR1530>.

Cost: State Specific Examples

In a Wisconsin court case challenging the exclusion of gender affirming care under the state employee health insurance program, the court noted that “[f]rom an actuarial perspective, there appears to be no dispute that the cost of coverage is immaterial at 0.1% to 0.2% of the total cost of providing health insurance to state employees, even adopting defendants’ cost estimation.”¹⁸ Plaintiffs in the *Boyden v. Conlin* case referred to the World Professional Association for Transgender Health (WPATH) Standards of Care and cited 37 years of data on the beneficial outcomes of affirming care.

On October 2021, Colorado’s Division of Insurance was the first state to update their Essential Health Benefits benchmark plan to include gender affirming care coverage. During this benchmark process, Colorado’s Division of Insurance had determined that their premium impact assessment of adding coverage for gender-affirming surgeries as an EHB was 0.04% of total allowed claims.¹⁹

Based on approximately \$3.2 billion in premiums, the cost for North Carolina State Health Plan (NCSHP) to cover gender affirming care for transgender patients is estimated to be 0.011% to 0.027% of total annual premiums.²⁰

As this research indicates, gender-affirming care correlates with improved health and well-being, improved quality of life, and incurs minimal additional cost to both public and private insurance premiums.

The policy change proposed by the Florida Department of Medicaid would exacerbate economic inequities in healthcare by denying coverage for transgender patients, would prevent providers from giving medically necessary care to transgender people, and would encourage discrimination against transgender people in healthcare.

This change would create and strengthen barriers to healthcare that members of the LGBTQIA+ community already face, contributing to disproportionately higher rates of HIV and cancer in LGBT people.^{21 22} Transgender people are stigmatized and subjected to systemic discrimination that affects their health care: outright refusals of care, “hostility and lack of understanding from health care providers; and a system based on heterosexual, cisgender norms that disregards their needs.”²³ According to a 2020 report by the National Academies of Sciences, Engineering, and Medicine transgender people are more likely to attempt and commit suicide, use and abuse harmful substances, and experience anxiety and depression than their non-LGBT counterparts due to the effects of structural discrimination and stigma.²⁴

¹⁸ *Boyden v. Conlin*, No. 341 F. Supp. 3d 979 (UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF WISCONSIN September 18, 2018).

¹⁹ Matt Sauter, Julie Peper, and Michael Cohen, “State of Colorado: Division of Insurance: Benchmark Plan Benefit Valuation Report” (Wakely Consulting Group, LLC, May 7, 2021).

²⁰ Kirsten Schatten and Kenneth Vieira, “Memorandum: Transgender Cost Estimate” (Segal Consulting, November 29, 2016), <https://www.shpnc.org/media/22/download>.

²¹ Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2014–2018. *HIV Surveillance Supplemental Report 2020*;25(No. 1). <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2020.

²² Ceres M, Quinn GP, Loscalzo M, Rice D. Cancer Screening Considerations and Cancer Screening Uptake for Lesbian, Gay, Bisexual, and Transgender Persons. *Semin Oncol Nurs*. 2018 Feb;34(1):37-51. doi: 10.1016/j.soncn.2017.12.001. Epub 2018 Jan 8. PMID: 29325817; PMCID: PMC7864377.

²³ <https://fenwayhealth.org/wp-content/uploads/Next-Steps-for-Building-Better-LGBTQI-Health-2.17.21.pdf>

²⁴ National Academies of Sciences, Engineering, and Medicine; Division of Behavioral and Social Sciences and Education; Committee on Population; Committee on Understanding the Well-Being of Sexual and Gender Diverse Populations; Charlotte J. Patterson, Martín-José Sepúlveda, and Jordyn White, Editors. 2020. <https://www.nap.edu/catalog/25877/understanding-the-well-being-of-lgbtqi-populations>

Knowing this information about the stigma, discrimination, hostility, and abuse that transgender people face, excluding coverage for treatment of Gender Dysphoria is deeply troubling; doing it during a pandemic is grossly irresponsible and severely damaging to public health.

Removing coverage of medically necessary care to transgender people is discrimination. No one should be denied healthcare because of their identity. Gender affirming care can save lives by addressing the mental health challenges created by stigma and controversy over basic human rights. The very nature of this amendment and the debate that swirls around it is harmful to the mental health of transgender people. In a 2020 multistate study of transgender adults, data showed that exposure to negative media messages about transgender people correlated with worse rates of depression, anxiety and psychological distress.²⁵ To deny a transgender person gender affirmative care is to condemn them to the worst possible outcomes of mental health crises. This proposed rule change conflicts with best practice medical care that is backed by the American Academy of Pediatrics, the American Medical Association, and other leading health professional associations.²⁶

As noted above in our extensive review of the peer-reviewed medical literature, gender affirming care, including puberty blockers and hormone treatment, has 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.^{27,28} Many transgender people report that they are happier and more productive following their transition to express their current gender identity.²⁹

Creating barriers to access for gender affirming care, particularly for young people, only increases future health disparities. Youth whose authentic selves are truly seen and believed do better—they engage in medical care, with school and their peers, and have mental health outcomes on par with their peers. When we as parents, care takers, medical professionals, or community leaders fail to support our youth, we leave them without hope, support, or a voice. It is imperative that as a country and as a community we listen to medical experts, science, and our own communities and regard gender affirming care as medically necessary. Gender dysphoria is a well-researched and real medical condition that affects transgender people, including youth, and for which we fortunately have treatments. National and international medical and mental health professionals have proven time and again that transgender individuals need support from their communities to improve overall health and wellbeing^{30,31}.

²⁵ Hughto JMW, Pletta D, Gordon L, Cahill S, Mimiaga MJ, Reisner SL. Negative Transgender-Related Media Messages Are Associated with Adverse Mental Health Outcomes in a Multistate Study of Transgender Adults. *LGBT Health*. 2021 Jan;8(1):32-41.

²⁶ 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>

²⁷ 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.

²⁸ 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

²⁹ 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, 2012. http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf

³⁰ American Medical Association, Policy Statement H-160.991 on Health Care Needs of Lesbian, Gay, Bisexual and Transgender Populations (2016) <https://policysearch.ama-assn.org/policyfinder/detail/gender%20identity?uri=%2FAMADoc%2FHOD.xml-0-805.xml>

³¹ American Academy of Pediatrics, [Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents](#)

Removing Medicaid coverage for gender affirming care will not make transgender people cisgender. It only denies them access to medically necessary healthcare, making transgender people less resourced, less supported, and more vulnerable -- more at risk. Supporting transgender people by providing treatment for gender dysphoria literally saves lives.

Florida state policy makers should focus on public health initiatives that matter, urgently — containing the pandemic and increasing vaccinations—rather than targeting transgender people for harm. Transgender people, like all people, thrive when they are treated with dignity and respect. Fenway Health strongly urges you to reject proposed rule change.

Sincerely,

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