

# Gender Dysphoria Benefits Coverage Update

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# Gender Dysphoria – Definition – Adolescents and Adults

A disorder characterized by the following diagnostic criteria: A marked **incongruence** between **one's experienced/expressed gender** and **assigned gender, of at least 6 months' duration**, as manifested by **at least two (2)** of the following:

1	A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics [(or in young adolescents, the anticipated secondary sex characteristics)].
2	A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender [or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)].
3	A strong desire for the primary and/or secondary sex characteristics of the other gender.
4	A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).
5	A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
6	A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).

Source: Diagnostic and Statistical Manual of Mental Disorders, 5th edition [DSM-5]

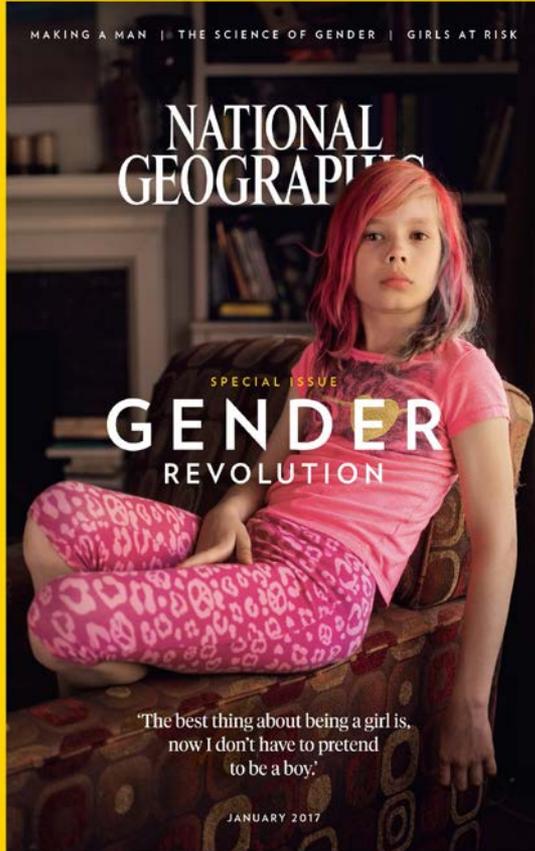
## Gender Dysphoria – Definition – Children

A disorder characterized by the following diagnostic criteria: A marked **incongruence** between one's **experienced/expressed gender** and **assigned gender**, of **at least 6 months' duration**, as manifested by **at least Six (6)** of the following:

1	A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender).
2	In boys (assigned gender), a strong preference for cross-dressing or simulating female attire; in girls (assigned gender), a strong preference for wearing typical masculine clothing and a strong resistance to wearing typical feminine clothing.
3	A strong preference for cross-gender roles in make-believe play or fantasy play.
4	A strong preference for the toys, games, or activities stereotypically used or engaged in by the other gender.
5	A strong preference for playmates of the other gender.
6	In boys (assigned gender), a strong rejection of typically masculine toys, games and activities and a strong avoidance of rough-and-tumble play; in girls (assigned gender), a strong rejection of typically feminine toys, games and activities.
7	A strong dislike of one's sexual anatomy.
8	A strong desire for the primary and/or secondary sex characteristics that match one's experienced gender.

Source: Diagnostic and Statistical Manual of Mental Disorders, 5th edition [DSM-5])

# Gender Dysphoria in Children and Adolescents



- American Society is increasingly recognizing children and adolescents experiencing gender dysphoria.
- In January 2017:
  - National Geographic had a special issue on gender, with a transgender male to female child featured.
  - The Boy Scouts of America began allowing transgender boys to participate (the Girl Scouts of America also accepts transgender members).
- Heightened awareness of gender dysphoria in children and adolescents may lead to an increased interest in medical treatment options and best practices for using benefits.

National Geographic Special Issue: Gender Revolution. January 2017.

<http://www.nationalgeographic.com/magazine/2017/01/>.

# Treatment of Gender Dysphoria in Adolescents and Adults

- Adults: United HealthCare's Gender Dysphoria Treatment Medical Policy, which is in accordance with the Endocrine Society's guidelines of care, requires individuals to:
  - Be at least 18 years of age to receive gender reassignment surgery;
  
- Adolescents and Young Adults: Be at least in stage 2 of the Tanner Scale of physical development to be eligible to begin using **Gonadotropin Releasing Hormone (GnRH) Analogs** (including Lupron®) for treatment.
  - GnRH Analogs also have proven indications to treat central precocious puberty.
  - It is expected that members will continue seeing medical and behavioral health professionals when being treated for gender dysphoria.

# Treatment Considerations for Families With Adolescents Experiencing Gender Dysphoria

- It is important for members and dependents to receive information about the potential risks and benefits, both short-term and long-term, of treating gender dysphoria in adolescents.
- Per Dr. John Davren (UHC), long-term outcomes appear relatively stable and safe for people treated with GnRH; but potential long-term side effects may include premature osteoporosis.
  - The FDA is currently reviewing nervous system and psychiatric events associated with the use of GnRH analogs in pediatric patients.
- Local experts and help are available:
  - The Child and Adolescent Gender Center Clinic (UCSF) guides patients through sex transition, with or without medical intervention.
  - Gender Pathways Clinic (Kaiser Permanente San Francisco Medical Center).

# A Brief History of SFHSS Gender Dysphoria Benefits: Leading the Nation in Progressive Benefits

- History: In 2001, the City and County of San Francisco became the first local government and one of the first major employers in the United States to include gender dysphoria related care (including reassignment surgery) as part of its employee health plan design.
  - Quotes at the time:
    - “This is very much a civil rights issue. This is about equal benefits for equal work.” – State Sen. (then Supervisor) Mark Leno
    - “This action will help lead to the elimination of discrimination against transgender people and hopefully will be a model for employers across the United States.” – Larry Brinkin, SF Human Rights Commission

Source: Rachael Gordon, San Francisco Chronicle. February 16, 2001. “S.F. Set To Add Sex Change Benefits / City would be first to include option.”  
<http://www.sfgate.com/news/article/S-F-Set-To-Add-Sex-Change-Benefits-City-would-2951706.php>.

## Summarized History of SFHSS Gender Dysphoria Benefits

Year	Gender Dysphoria Services	Historical Note
2001	<p>Covered services included genital reconstruction and chest reconstruction for Female-To-Male.</p> <p>-Deductible of \$250, lifetime cap of \$50,000 per person, surcharge of \$1.70 per participant per month, and limited eligibility to SFHSS members for more than one year.</p>	<p>The San Francisco Health Service System was the first large public American employer to offer gender dysphoria benefits.</p>
2004	<p>In 3 years, \$4.3 million in surcharges were collected to offset projected claims and just \$156,000 on 7 claims was spent.</p> <p>-Lifetime cap raised to \$75,000; City Plan (PPO) surcharge changed to \$0.50 per month; one year eligibility removed; HMO coverage began.</p>	<p>The Human Rights Commission successfully advocated to change the plan structure and remove unnecessary limitations to improve access to care.</p>
2006	<p>In 5 years, SFHSS: -Collected \$5.6 million in surcharges for a predicted 210 claimants. -Paid \$383,118 on 37 surgical claims. As a result, per participant surcharges were dropped entirely.</p>	<p>California passes Insurance Gender Non-Discrimination Act (IGNA)</p>

## Summarized History of SFHSS Gender Dysphoria Benefits

Year	Gender Dysphoria Services	Historical Note
2013	<p>An April 2013 CA DMHC Memo clarified plans are prohibited from discriminating against individuals because of gender identity or expression, resulting in Kaiser and Blue Shield dropping lifetime caps.</p> <p>After an August 2013 HSS Board meeting UHC also eliminates lifetime caps for active employees and early retirees.</p>	<p><u>2012</u>: San Francisco became the first U.S. city to cover the cost of gender reassignment surgeries for uninsured residents.</p>
2017	<p>Kaiser removed its \$75,000 lifetime cap on GMAPD plans to ensure plan consistency.</p> <p><b>Dr. John Davren (UHC) estimates across all United HealthCare business, the PMPM cost is only \$0.10 for offering gender dysphoria benefits.</b></p>	<p><u>2016</u>: U.S. military permits transgender people to serve and offers medically necessary therapies for military members. A Texas judge issues a national injunction suspending enforcement of the ACA non-discrimination provision, Section 1557.</p> <p><u>2017</u>: The University of Alabama drops gender dysphoria benefits as a result.</p>

# Current SFHSS Gender Dysphoria Benefits: A lack of consistency across plans

- Presently, the SFHSS plans are not consistent with gender dysphoria benefits that are covered or excluded.
  
- On December 21, 2016, the World Professional Association for Transgender Health (WPATH) issued a position statement on **Medical Necessity of Treatment, Sex Reassignment, and Insurance Coverage in the U.S.A.** urging health insurance carriers **“to eliminate transgender or transsexual exclusions from their policy documents and medical guidelines.”**:
  - “Every patient will not have a medical need for identical procedures.”
  - “The medical procedures attendant to gender affirming / confirming surgeries are not “cosmetic”...but are understood to be medically necessary for the treatment of the diagnosed condition.”

## Current Gender Dysphoria Services Offered to SFHSS Members: Examples of Plan Consistency (no recommendation to change)

#	Gender Dysphoria Services	Blue Shield of California	Kaiser Permanente	UnitedHealthcare
i.	<b>Mental Health Services/Counseling</b>	Covered	Covered	Covered
ii.	<b>Non-Surgical Gender Confirming Services (hormone therapy) and Lab testing on hormone levels</b>	Covered	Covered	Covered
iii.	<b>GnRhH (i.e. Lupron®) analogs for puberty suppression</b>	Covered	Covered	Covered
iv.	<b>Gender Confirming lower-body Surgery</b>	Covered	Covered	Covered

## Current Gender Dysphoria Services Offered to SFHSS Members: Examples of Plan Consistency (no recommendation to change)

#	Gender Dysphoria Services	Blue Shield of California	Kaiser Permanente	UnitedHealthcare
v.	<b>Skin resurfacing (chemical or laser skin treatments)</b>	Excluded	Excluded	Excluded
vi.	<b>Sperm or gamete procurement for future infertility or storage of sperm, gamete, or embryos.*</b> <b>*This benefit is covered in 2018 through the <u>Infertility and Assisted Reproductive Technology Benefit</u></b>	Excluded	Excluded	Excluded
vii.	<b>Abdominoplasty (cosmetic surgical procedure to improve the appearance of the abdomen)</b>	Excluded	Excluded	Excluded
viii.	<b>Calf Implants</b>	Excluded	Excluded	Excluded

## Current Other Possible Gender Dysphoria Services Offered to SFHSS Members: Less Consistency (Recommendation: Adopt Highlighted Plan Offering)

#	Gender Dysphoria Services	Blue Shield of California	Kaiser Permanente	UnitedHealthcare
ix.	<b>Blepharoplasty-Brow Lift / Brow Reduction</b>	Reviewed for Medical Necessity	Excluded, except for brow reduction when it qualifies as <b>reconstructive surgery</b>	Excluded
x.	<b>Cheek, chin, and nose implants</b>	Reviewed for Medical Necessity	Covered when it qualifies as <b>reconstructive surgery</b>	Excluded
xi.	<b>Chin Augmentation</b>	Reviewed for Medical Necessity	Covered when it qualifies as <b>reconstructive surgery</b>	Excluded

## Current Other Gender Dysphoria Services Offered to SFHSS Members: Less Consistency (Recommendation: Adopt Highlighted Plan Offering)

#	Gender Dysphoria Services	Blue Shield of California	Kaiser Permanente	UnitedHealthcare
xii.	<b>Chest reconstruction, including mastopexy, or augmentation, mammoplasty and breast implants</b>	The services may be considered medically necessary <u>when policy criteria are met.</u>	Covered when it qualifies as <b>reconstructive surgery</b>	Excluded
xiii.	<b>Face lift, forehead lift, or neck tightening</b>	Reviewed for Medical Necessity	Excluded	Excluded
xiv.	<b>Facial bone remodeling for facial feminization or masculinization</b>	Reviewed for Medical Necessity	Covered when it qualifies as <b>reconstructive surgery</b>	Excluded

**Current Other Possible Gender Dysphoria Services  
Offered to SFHSS Members: Less Consistency (Recommendation:  
Adopt Highlighted Plan Offering)**

#	Gender Dysphoria Services	Blue Shield of California	Kaiser Permanente	UnitedHealthcare
xv.	<b>Facial hair removal</b>	Reviewed for Medical Necessity	Covered	Excluded
xvi.	<b>Hair loss/growth drugs</b>	Reviewed for Medical Necessity	Excluded	Excluded
xvii.	<b>Hair transplantation</b>	Reviewed for Medical Necessity	Excluded	Excluded
xviii.	<b>Laryngoplasty (reshaping of laryngeal framework)</b>	Reviewed for Medical Necessity	Excluded	Excluded

## Current Other Gender Dysphoria Services Offered to SFHSS Members: Less Consistency (Recommendation: Adopt Highlighted Plan Offering)

#	Gender Dysphoria Services	Blue Shield of California	Kaiser Permanente	UnitedHealthcare
xix.	<b>Lip Augmentation</b>	Reviewed for Medical Necessity	Excluded	Excluded
xx.	<b>Lip reduction</b>	Reviewed for Medical Necessity	Excluded	Excluded
xxi.	<b>Lipsuction, Lipopasty, lipofilling</b>	Reviewed for Medical Necessity	Excluded	Excluded

## Current Other Gender Dysphoria Services Offered to SFHSS Members: Less Consistency (Recommendation: Adopt Highlighted Plan Offering)

#	Gender Dysphoria Services	Blue Shield of California	Kaiser Permanente	UnitedHealthcare
xxii.	<b>Injection of fillers or neurotoxins (Collagen or Botox Injections)</b>	Excluded	Covered when it qualifies as <b>reconstructive surgery</b>	Excluded
xxiii.	<b>Mastectomy with Chest Reduction</b>	Services may be considered medically necessary when policy criteria are met.	Covered	Covered
xxiv.	<b>Pectoral implants for chest masculinization</b>	Reviewed for Medical Necessity	Excluded	Excluded

**Current Other Possible Gender Dysphoria Services  
Offered to SFHSS Members: Less Consistency (Recommendation:  
Adopt Highlighted Plan Offering)**

#	Gender Dysphoria Services	Blue Shield of California	Kaiser Permanente	UnitedHealthcare
xxv.	<b>Rhinoplasty</b>	Reviewed for Medical Necessity	Excluded	Excluded
xxvi.	<b>Thyroid cartilage reduction; reduction thyroid chondroplasty (Tracheal Shave ( MtF))</b>	Reviewed for Medical Necessity	Covered	Excluded
xvii.	<b>Voice modification surgery</b>	Reviewed for Medical Necessity	Excluded	Excluded
xviii.	<b>Voice therapy or lessons</b>	Reviewed for Medical Necessity	Covered	Excluded

Current Other Possible Gender Dysphoria Services Offered to SFHSS Members: Less Consistency (Recommendation: Adopt Highlighted Plan Offering)

#	Gender Dysphoria Services	Blue Shield of California	Kaiser Permanente	United Healthcare
xxix.	<b>Nipple Tattooing</b>	Services may be considered medically necessary when policy criteria are	Excluded	Excluded, Unless Medically Necessary <b>1</b>
xxx.	<b>Gluteal and hip augmentation (implants / lipofilling)</b>	Reviewed for Medical Necessity	Excluded	Excluded, Unless Medically Necessary <b>1</b>
xxxi.	<b>Jaw/mandibular reduction or augmentation</b>	Reviewed for Medical Necessity	Covered when it qualifies as <b>reconstructive surgery</b>	Excluded, Unless Medically Necessary <b>1</b>

1. UnitedHealthcare would need clarification from the San Francisco Health Service System on whether these benefits should be covered when medically necessary and with Prior Authorization.

## Current Travel and Lodging for Transgender Surgery and Transplant Services Offered to SFHSS Members: Less Consistency (Change Needed)

#	Gender Dysphoria Service	Blue Shield of California	Kaiser Permanente	UnitedHealthCare
xxx ii.	Travel and Lodging	Covered- These travel and lodging arrangements must be arranged by or approved in advance by the Plan and are limited solely to expenses for the Member who is undergoing transgender surgery.	Covered- If Medical Group refers you to a provider that is outside your Home Region Service Area for certain specialty Services such as a transplant or transgender surgery.	Not Covered for Transgender services. Travel and lodging are only covered for transplant services.



## Goals of Proposed Recommendations

### Goal(s):

- (1) Ensure consistency across all SFHSS plans regarding the offering of gender dysphoria treatment benefits.
- (2) Prevent adverse selection across plans.
- (3) Retain the San Francisco Health Service Systems' progressive commitment to improving the well-being of employees, retirees and dependents. Adopting these recommendations will align SFHSS plans with the World Professional Association of Transgender Health (WPATH) recommendations to eliminate gender dysphoria service exclusions.

## Recommendations

### Recommendation 1:

Require all plans to adopt the approach taken by Blue Shield currently for gender dysphoria benefit plan offerings for each gender dysphoria service, by requiring the following services to be reviewed for medical necessity rather than excluded:

**Blepharoplasty-Brow Lift / Brow Reduction; Cheek, chin, and nose implants; Chin Augmentation; Chest reconstruction, including mastopexy, or augmentation, mammoplasty and breast implants; Face lift, forehead lift, or neck tightening; Facial bone remodeling for facial feminization or masculinization; Facial hair removal; Hair loss/growth drugs; Hair transplantation; Laryngoplasty (reshaping of laryngeal framework); Lip Augmentation; Lip Reduction; Lipsuction, Lipopasty, and lipofilling.**

Additionally, to ensure consistency, require all plans to review for Medical Necessity the following:

**Injection of fillers or neurotoxins (Collagen or Botox Injections).**

## Recommendations (Continued)

**Recommendation 2:** Eliminate the \$75,000 lifetime cap for gender dysphoria benefits in the fully insured UHC GMAPD plan.

**Recommendation 3:** Require parity in plans for the offering of both transgender *and* transplant services for the coverage of travel and lodging expenses.

**Recommendation 4:** Adopt the San Francisco Health Service System Draft Gender Dysphoria Benefit Policy Statement.

## Further Resources

- World Professional Association for Transgender Health. Position Statement on Medical Necessity of Treatment, Sex Reassignment, and Insurance Coverage in the U.S.A. December 21, 2016. [https://s3.amazonaws.com/amo\\_hub\\_content/Association140/files/WPATH-Position-on-Medical-Necessity-12-21-2016.pdf](https://s3.amazonaws.com/amo_hub_content/Association140/files/WPATH-Position-on-Medical-Necessity-12-21-2016.pdf).
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