

Support Evidence-based Research to Help Medicare & Medicaid Provide National Coverage Determination for Gender Reassignment Surgery

Gender dysphoria involves a conflict between a person’s assigned gender and the one in which they identify with. People with gender dysphoria may be uncomfortable or very uncomfortable with their body and elect to seek hormone treatments, cosmetic surgery or *gender reassignment surgery*.

In June 2016, the Centers for Medicare & Medicaid Services (CMS) did not issue a National Coverage Determination (NCD) for gender reassignment surgery but rather continued the individual claims basis. A data analysis of clinical evidence from available populations of healthy individual outcomes “inhibited [the CMS’s] ability to create appropriate criteria for cohorts of Medicare beneficiaries.”ⁱ This resulted in the CMS determining there was no medical evidence supporting therapeutic outcomes for those who had undergone gender reassignment surgery.

We advocate funding for evidence-based research to continue building a supportive knowledge base and awareness.

Background:

In May 2014, the U.S. Department of Health and Human Services (HHS) Departmental Appeals Board decided the 1989 Medicare exclusion of transition-related health-care was outdated and failed to reflect contemporary medical science or standards of care. This resulted in invalidating Medicare’s 1989 policy of excluding coverage of transition-related surgery regardless of medical need. Transition-related care would now be made on an individual basis.ⁱⁱ

In December 2015, the CMS launched a national coverage determination process (233 HCDR, 12/4/15) in response to stakeholder pressure from the National Center for Transgender Equality. The 2015 U.S. Transgender Survey of 27,000+ respondents found pervasive mistreatment, violence, severe economic hardship and instability affecting transgender people.ⁱⁱⁱ

The CMS year-long study demonstrated limited evidence that reassignment surgery does not return an individual “to a normal level of morbidity risk and that the morbidity risk is significant, because

of its clinical importance, its persistence over the interval of data collection and the increase in risk over time for the individual.”^{iv}

For these reasons, evidence-based research supported the CMS in making broad assumptions across the Medicare population focused on decisions being made on an individual basis when seeking gender reassignment surgery.

Landscape:

Currently a variety of research studies across different organizations are currently underway whose desired outcome is demonstrating population data can be analyzed in informative ways. Ex: Proctor et al. found a 2013 Medicare administrative data “is a valuable resource for identifying the medically transitioning Medicare transgender population.”^{vii}

Per Transformation Impact in 2015 total U.S. funding approached \$8.3 million in 2013 and while this is significant it only represented 0.015 percent of global foundation funding of \$54.7 billion. This represents a penny for every \$100 of foundation awards.^{viii}

POLICY FACT SHEET

Serious Health Implications:

- HIV rates are staggering in the transgender community. The 2015 U.S. Transgender Survey found respondents living with HIV at 1.4% or nearly five times the rate in the U.S. population (0.3%).ⁱⁱⁱ
- Suicide rates are also significant with attempted suicide rates at 40% further supporting the CMS's conclusions in 2014. Other serious health implications include 23% of respondents did not seek medical care for the fear of being mistreated.ⁱⁱⁱ
- 50% of respondents reported having to teach their medical providers about their specific care needs.^{iv}

Major stakeholders:

Over the last decade a number of organizations have grown in prominence supporting transgender issues and policy formation. They include:

- Center for Excellence Transgender Health
- Funders for LGBTQ Issues
- National Center for Transgender Equality
- National Collation of Antiviolence Programs
- National Institute of Health
- National Alliance on Mental Illness
- Medicare, www.medicare.gov

Study Funding Status:

Community funding has dramatically improved since 2015 but in order for national awareness to continue and grow further research needs to continue through 2018 and beyond. One study has been funded by the National Institute of Health in 2017 but it is apparent further studies are needed.

- Research on the Health of Transgender and Gender Nonconforming Population.
- <https://grants.nih.gov/grants/guide/pa-files/PA-17-478.html>^{ix}

Conclusions:

Evidence based studies are fundamental to help confront patterns of societal abuse, discrimination, and violence in the transgender community.

As the national climate towards transgender persons improves they should experience decreased barriers to health-care and longevity.

FOR MORE INFOIRMATION

- National Center for Transgender Equality: <https://transequality.org>
- CMS Office of Minority Health: www.cms.gov/About-CMS/Agency-Information/OMH/index.html
- National Alliance on Mental Health Illness: www.nami.org/Find-Support/LGBTQ
- Center of Excellence for Transgender Health: www.transhealth.ucsf.edu

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