

Awaiting Publication

Title: Why are states still denying Medicaid coverage for transgender people?

Hormone Replacement Therapy (HRT), has been around since the [1960s](#), and became increasingly popular in the late 80s and 90s to treat postmenopausal conditions in women. It's been advertised in the form of testosterone [therapy](#) towards men as well, especially aging men who may begin to suffer from testosterone deficiency. Conditions such as [hypogonadism](#), where the body's gonads (sex glands) fail to produce necessary hormones, affects both populations. HRT is readily covered by private insurance and is often [covered](#) by Medicaid, the nationwide insurance policy for low-income Americans, given that a physician qualifies you for treatment after monitoring your hormone levels for at least six months.

Despite this history of unhindered HRT access, states have recently torn apart Medicaid policy for a specific population: transgender youth and adults.

The current landscape is precarious: according to a [study](#) conducted in 2021, Medicaid policies are confirmed to cover *only* gender-affirming surgery in 30 states and Washington D.C, and does not necessarily include HRT coverage. Moreover, the Kaiser Family Foundation (KFF) [survey](#) reports that only 2 of the 41 states that responded to the survey covered all five general gender-affirming services: gender-affirming counseling, hormones, surgery, voice and communication therapy, and fertility assistance for transgender enrollees. Maine and Illinois were the only two states that covered all five services, while Alabama and Texas do not cover any. Among gender-affirming services, facial and voice surgeries have especially [poor](#) coverage.

Medicaid falls under the Affordable Care Act (ACA), which prohibits discrimination on the basis of sex. Last year, the Biden Administration duly introduced the requirement for the ACA to interpret and enforce the law to include gender identity and sexual orientation as part of its protections, which covers gender-affirming care. Despite this, the patchwork created by variable coverage leaves the trans population in nearly half the states in the U.S. on Medicaid without life-saving care.

The hypocrisy of state policies for Medicaid providing hormone treatments and surgeries for a variety of medical conditions for cisgender patients while denying those with a gender dysphoria diagnosis is transparent.

In a case filed earlier this year in May, Idaho's governor called for a complete ban of transgender care for both youth and adults under Medicaid. In a letter, Gov. Brad Little firmly [states](#) that "evidence exists that such procedures are neither medically necessary nor in the best interest of the patient's mental health." His comments are in complete contrast with the research. Studies show that trans and nonbinary youth who receive necessary gender-affirming care between the ages of 13-20 are at 60% lower odds of moderate or severe depression and 73% lower odds of suicidality over a [twelve month](#) period. A piece at [Columbia University](#) cites

The Trevor Project statistics that 59% of transgender and nobinary youth reported having seriously considered suicide in the last year, and that many families are having to flee their home states to continue recieving appropriate medical care.

Idaho isn't the only state denying Medicaid to transgender youth. As of August 2023, [Missouri](#) has enacted two laws that not only ban minors from recieving gender-affirming services, but can also sue and revoke the licenses of physicians who violate the law. Adults are also banned from utilizing Medicaid to pay for their treatments and procedures. In Texas, women who are eligible for Medicaid for Breast and Cervical Cancer recieve [full benefits](#) including treatment and surgical reconstruction. In contrast, trans people in Texas are [explicitly excluded](#) for coverage of transgender-related healthcare for *all* ages. What would happen to a transgender person with cancer? Texas wouldn't be able to tell you.

The consequences of denying gender-affirming care are crushing. States that ban these services under Medicaid are at a complete crossroads with the population the insurance is meant to serve, which is often the most [vulnerable](#), facing chronic structural discrmination and poverty. It can be even more dire for those with severe dysphoria or overlapping identities. Black trans women, for example, experience high levels of [polyvictimization](#), or experiencing multiple forms of violence throughout their lifetime that include sexual and physical violence, housing access, and healthcare discrmination – which often deters them from receiving transgender medical care. Subsequently, Black and transgender people use Medicaid at [higher rates](#) than the general population, which exposes Medicaid's fickle region-based policies as a deliberate attack on marginalized trans populations. Denial of care can be a death sentence, as individuals may search for [unofficial](#) hormones, turn to [substance use](#), or engage in unsafe coping mechanisms as a response to a mental health crisis.

LGBTQ+ activist groups like Lambda Legal have been fighting tirelessly to protect trans rights, and recently helped [strike down](#) a proposed law that would ban Medicaid beneficiaries in Florida from accessing gender-affirming medical care, which has been long available to them in the past. In Wisconsin, the Human Rights Campaign thanked Governor Tony Evers for [vetoing](#) a legislative provision that would prevent Medicaid reimbursement for transgender sugergeries, or youth seeking puberty blockers in consultation with their familes and physicians.

Medicaid users in progressive states have a safety net. But trans people live all over the country. Those who aren't able to access transportation and financial support to travel to other states to proceed with their transition are left stuck in a crisis.

States should close their loophole of discrimination. All trans people deserve the right to live with safety and dignity. Unimpeded Medicaid access is part of that dignity. When will policymakers ensure Medicaid protection across the board?