

Strategies for Transgender Student Health Insurance Coverage

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Introduction:

In 2004, the University of California system added “gender identity” to its nondiscrimination statement. At that time, no UC employees or students had access to trans health benefits under UC insurance programs. By 2009, all UC employees, and undergraduate and graduate students on 9 of the 10 UC campuses, have access to hormones and SRS (sex reassignment surgery) insurance benefits (one campus only covers undergrads one campus covers neither).

In the UC system, student health insurance programs are organized campus-by-campus, often with separate insurance bidding processes for undergraduate students and graduate students. Some campuses renegotiate with providers every year, while others secure 2-year insurance contracts. The programs are called Undergraduate Student Health Insurance Program (USHIP) and Graduate Student Health Insurance Program (GSHIP).

At UCR, the Student Health Advisory Committee (SHAC) negotiates USHIP, and the Graduate Student Association GSHIP Advisory Committee negotiates GSHIP. The UCR Provost must approve GSHIP recommendations. Most GSHIP coverage is paid by the University, supporting graduate assistants and teaching assistants.

Nationally, most college campuses do not offer student health insurance coverage for Transgender health care needs. In 2006, UCR’s Chancellor’s Advisory Committee on the Status of LGBTs began educating the USHIP and GSHIP committees. We spent a year gathering information on the process, a year presenting written testimony, and a year sharing testimony from trans students, both written and in-person.

In 2008, we were for the first time able to present testimony from Transgender students about their experiences needing better health coverage at UCR. Shae Maile, a UCR undergraduate student, was instrumental in preparing and presenting his story and others. Shae contributed his notes to this resource packet, and we have also included the written testimony of 3 transgender UCR students. We secured hormones therapy coverage for 2008-09.

In 2009-10, both USHIP & GSHIP will offer UCR students both hormones and SRS health benefits.

Trans Health Benefits Info – GSHIP/USHIP Committees

Provided by the Chancellor's Advisory Committee on the Status of LGBTs
University of California, Riverside (2009)

What medical coverage might be needed by transgender students?

1. Hormone therapy (e.g. testosterone or estrogen) consultation, prescription, and maintenance provided by physicians familiar with/expert in transgender health concerns
2. Sex reassignment surgery (SRS) which may include various surgical procedures that can foster congruence between physical body and gender identity

What is the impact on students who are unable to access transgender health care?

1. Students' academic performance may suffer as they devote time, energy, and money toward their health care needs rather than other concerns.
2. Students may struggle with mental health problems that result from being unable to access appropriate and necessary medical care. This denial of health benefits also contributes to a climate of stigmatization and discrimination of transgender people, which can result in depression, anxiety, potential suicidality, and other impediments to good mental health
3. Students order hormones online, or find other unsafe and unmonitored sources for obtaining hormones, which may be dangerous. They self-administer hormones rather than be under the expert care of a physician.
4. Students unable to pursue SRS risk long-term negative safety consequences.
5. Students are unable to travel to conferences or seminars which are necessary for their professional development as a graduate student and future academic, nor are they able to properly represent the University at these events, because, without SRS, students are unable to change the gender on their birth certificate and thus acquire identification meeting the REAL ID Act standards.
6. Students risk the development or worsening of existing medical problems due to fear of discrimination by medical professionals or lack of access to medical care.

What student transgender health coverage is provided by other UC campuses?

Please see the Comparison Chart of UC campus coverage for more details.

UC Berkeley – since 2009-10

UC Davis – since 2009-10

UC Los Angeles – since 2009-10

UC Merced – no coverage

UC Riverside – since 2009-10

UC Irvine – since 2007-08 (undergrads only)

UC San Diego – since 2007-08

UC San Francisco – since 2008-09

UC Santa Barbara – since 2005-06

UC Santa Cruz – since 2008-09

Who else receives transgender health coverage?

As of July 1, 2005, insurers began offering certain Trans-related surgical needs and hormone therapy to UC staff. The benefits are based on the benefits standards of the city and county of San Francisco. UCOP caps SRS at \$75,000. Of 230,000 employees, 13 people have accessed SRS over 4 years.

Nationally, these campuses hormones and SRS coverage for students: Emerson College, University of Michigan, University of Washington. Washing University in St. Louis covers SRS but not hormones.

The City of San Francisco has offered hormones and SRS coverage to city employees since 2001. Today, the benefit includes a surgical cap of \$75,000 and is available through the HMOs such as Blue Shield, PacifiCare, and Kaiser Permanente. From July 2001 through July 2006, the grand total of reported monies collected is \$5.6 million. The grand total of reported monies expended is \$386, 417.

Timeline of Transgender Health Benefits for Students @ UCR

2004 – UC adds “gender identity” to Nondiscrimination Statement after California Fair Employment and Housing Act adds it as a protected status

2004-05 – Shane Snowdon, UCOP Fellow for LGBT Concerns, addresses staff & faculty issues at system level with support of the UC LGBTI Association

2005 – UC system provides Trans health benefits for all UC employees

2005-06 – Chancellor’s Advisory Committee on the Status of LGBTs researches information on USHIP & GSHIP procedures

2006-07 – GSHIP Committee and Student Health Advisory Committee (SHAC) that negotiates USHIP presented with written information on need for Trans health benefits

2007-08 –

1. UC Santa Barbara announces they have offered benefits since 2005-06
2. UC San Diego and UC Irvine begin offering coverage
3. Trans Group begins meeting
4. Trans-identified graduate student agrees to testify at GSHIP Committee meeting
5. Trans-identified undergraduate student intern develops presentation on Trans health benefits that he presents to SHAC, including written testimony from other UCR trans students
6. GSHIP Committee asks insurer to report cost of adding SRS, but votes to not add any new benefits for coming year (under pressure from Provost to keep costs down)
7. USHIP/GSHIP “discover” that insurer already covers hormones therapy

2008-09 –

1. LGBTRC staff meets with Campus Health Center to determine procedures for accessing hormones therapy
2. UC Santa Cruz and UC San Francisco begin offering coverage
3. UC Davis announces they have negotiated coverage to start in 2009-10
4. LGBTRC brings in Dr. Maddie Deutsch to present to UCR medical providers, and LGBTRC presents to rest of Health Center staff on Trans concerns
5. SHAC/USHIP does not ask for SRS in bidding process
6. GSHIP Committee includes SRS benefits in bidding process, and learns they can add it and also pharmacy benefits for a lower-than-expected increase of 3.2% (versus an expected increase from inflation of 7%)
7. GSHIP Committee votes to add SRS benefits for 2009-10
8. SHAC/USHIP decides to ask for bids to include SRS, and learn they can add the benefit for \$0 increase in rates
9. LGBTRC meets with all Campus Health Center staff and medical providers to discuss barriers to care and to gather information for online Guide to Accessing Trans Health Benefits
10. UCR Provost rejects GSHIP recommendations based on cost increase and directs GSHIP to return to AIG, the 2008-09 insurer that would charged \$1.50/quarter to add SRS. GSHIP negotiates lower coverage with Nationwide. Final negotiations based on other benefits to be added in addition to SRS.
11. LGBTRC and Campus Counseling Center begin planning Trans Training for all counseling staff on “Clinical Assessment & Treatment of Transgender and Gender Variant Clients”
12. Health Center & LGBTRC continue to plan future trainings to create Trans-friendly access to medical care and referrals to off-campus providers.

Common Concerns of Campus Health Insurance Committees

The following quotes reflect concerns insurance coverage decision-makers may express regarding transgender health coverage.

1. "No transgender students have spoken out that they need these benefits. Do we even have transgender students?"
2. "It is not cost-effective to raise rates for all students when only a few students might need this coverage."
3. "Even if the initial rate increase is small, once students start using the transgender benefits, the rates will be raised much higher for future students."
4. "We already offer hormones coverage. Students just need to say they need treatment for a condition other than transgenderism."
5. "Not enough campuses offer Sex Reassignment Surgery, so transgender students will all enroll at our campus and drive up our insurance rates."
6. "Transgender health needs are a choice rather than a medical necessity."
7. "Being transgender is a mental health condition unrelated to the kinds of medical care our insurance covers."
8. "Transgender medical needs are outside the expertise of the campus health center clinicians."
9. "Parents will protest when our campus helps their sons and daughters transition their bodies."

Transgender Testimony: Voices of UC Riverside Transgender Students

Testimony A (Undergraduate Male-to-Female Senior): February 2008

Please Note: Once they were notified of the events below, UCR health center staff immediately responded with concern that a student did not receive the health care she required. Center staff stated that neither students nor clinicians should ever need to lie to receive health care. Only by removing the transgender exemption from health coverage can all the needs of trans students be met. Regardless of health coverage, however, health center staff agreed that additional training should be required to make sure clinicians and all staff meet the needs of students in a culturally competent and sensitive manner. UCR health center staff have sought out similar trainings on a consistent basis, including Trans-specific trainings since 2004. In 2009-10, UCR began to cover hormone therapy and Sex Reassignment Surgeries for undergrads and graduates.

I am UCR senior who is transgendered. I have had quite a bad experience in regards to the health center as well as the insurance coverage. The USHIP is all I have, but since they won't cover even the basics of my situation, I was forced to obtain hormones online without a prescription. My experience at the health center began with me setting up an appointment to get my hormone levels checked.

At the appointment, I was aware that transgender health care is pretty much nonexistent from the school. My goal was *just* to get my levels checked to be sure I was safe. When the doctor came in, I expressed concern over my sore chest and other symptoms and asked about possibly seeing an endocrinologist. When she told me that she could do the test in the health center, I decided to come out to her that I was transgendered. This ended up being a large mistake. The doctor started talking about other patients she had and whether or not the 'surgery' was covered under school insurance and despite my insistence that it was not, she left to go discuss it with the main doctor. When she came back, she informed me that nothing was covered and that she even do a basic blood test. She did say that she would still write a referral to an endocrinologist, and that it would likely be denied. I asked her to not be too specific with the referral as I am not out of the closet yet, and she assured me that the reason was not specific. She took the referral to a nurse, who then asked me to sign it off. When I went to sign the referral, I was distracted by the reason the doctor gave for it: *Patient seeks referral to endocrinologist for sex change*. My heart had sunk, and now the nurse was looking at me with a curious grin. I was told that I still had to take the referral down the hall to drop it off at the insurance department.

Walking down the hall I was in a daze. In order for a chance to receive health care, I had do endure more humiliation due to the doctor's complete misunderstanding. After a few minutes of staring at the paper, I grabbed a pen

and replaced 'sex change' with 'gender reassignment' even though that *still* was not what I wanted from the school. I left the health center with nothing but depression. Fortunately, the school has provided the counseling center. So while the actual health care isn't covered, the problem is still indirectly costing the school money. It's costing me my health, my mental health, and my grades.

What I would love to see is basic health care for transgendered students. We're here among you suffering in silence. We're real. We need hormones, we need blood tests, and we need doctors who know a little more about our situations. UCSD has acknowledged the absolute necessity for this, why has UCR not done so?

Testimony B (Undergraduate Female-to-Male Senior):
February 2008

The psychological burden of feeling isolated, marginalized, overwhelmed, and fearful of being a gender not congruent with one's physical appearance, without a doubt, can be devastating to a student's academic performance if left unattended to. Being a full time student and working to pay for the costs of living can be overwhelming at times in itself, but for a student struggling to cope with conflicting gender issues this made even seeming simple tasks unbearable. I desperately needed the guidance and support of a psychiatrist, a service neither my college nor work offered. I applied for the health insurance that provided the coverage I needed. With the progression of time, my grades, once a perfect 4.0 GPA, fell dramatically; I eventually couldn't balance a full time schedule so I sacrificed my education and dropped half of my classes. Soon after, my work was also becoming too unbearable and my boss was complaining of my poor performance, something none of my previous employers ever had a problem with. It seemed too late when a psychiatrist finally could help me. I fell behind with my school goals and deadlines and I was struggling financially and unable to find a job. Sadly the health insurance only covered the psychiatric service for a few sessions and I was unable to afford it without the help of insurance. I am still struggling to piece back my life together. I wished my college offered transgender specific services. It would have made my life just a little more bearable. Aside from all the school and living expenses if UCR covered transgender care I know it would improve the quality of not only my day-to-day living but my school performance as well. I would be a balanced, more focused, and happier student and in the end isn't that what students need?

Testimony C (Graduate Female-to-Male Student):

February 2008

I am a transman, born female. I started social transition in 2001 and began hormone therapy in 2004. I have attended several community colleges, I am a graduate of RCC and of UCR, and I currently attend UCR as a graduate student.

There are three major areas in which being transgendered but not covered by medical insurance for gender-transition affects me profoundly: physical and mental health, safety issues, and identification. All three areas can and do put me at significant risk for assault, unwanted government attention, and medical problems. I will elaborate.

Health- and safety-wise, I am depressed due to the configuration of my body not matching my brain. This has lessened somewhat since I began hormone therapy and now it only comes back when I run up against something that being mid-transition prevents me from doing, such as swimming or traveling. Physically, my health is impacted as my body is too obvious to risk going swimming - I risk both assault (a safety issue) and deterioration of my physical health as I cannot exercise safely in the manner my doctor recommends (I have arthritis and swimming would greatly benefit me, but most other forms of exercise are too high-impact to be safe for my joints). I also have difficulty breathing, especially in summer, due to the configuration of my chest and the necessity to wear several layers to disguise it, even in the hottest July and August heat waves. Finally, taking the hormones I take increases risk of cancer for certain anatomical parts that would be removed by transition surgery, if such surgery were covered.

My safety is always an issue. If I get "read," I am open to being assaulted by people who feel threatened by transgender presentation. I also risk professional problems if it becomes generally known that I am transgender; it puts me in a niche where my work can be dismissed due to "transgender bias." Speaking to the committee opened me up to significant safety issues as I had to "out" myself even though I pass nearly all of the time.

Finally, my identification issues cannot be overstated. Because of the current legal situation in this country, my identification situation is rather scattershot. I have changed my name and gender on my driver's license, and my name on my Social Security card. This required the use of a procedure that is now much less available than it was when I did it in 2004, using a form from the DMV and a doctor's signature, so that I could do what is called the "real-life test." This is required by the Harry Benjamin Standards of Care, and consists of the patient obtaining identification in the correct gender, then living for a year as that gender in all walks of life, to be certain that the patient is in fact more comfortable and less dysphoric in that role. The problem is, medical standards of care and legal requirements are at odds with one another.

The REAL ID Act has done much to destroy the ability of transsexual people to successfully meet the requirements of the real-life test. Identification now has to be backed up by a birth certificate. My current identification is not backed in this way, because in most states (including California), a change of gender on the birth certificate requires a court order and proof of irreversible gender-change surgery. As the surgery costs are much higher than I can afford as a graduate student, I cannot change my birth certificate, and as a result, I cannot change my gender on my Social Security records or renew my driver's license when it becomes due for renewal in spring 2009. Furthermore, I cannot obtain a passport. This hamstrings me in a number of ways, not the least of which is that I cannot participate in conferences or seminars which are necessary for my professional development as a graduate student and future academic. This has indirect effects on the university, as well, as I cannot effectively represent UCR if I cannot travel to go to conferences in other countries and states. My California identification does not stand up to REAL ID standards, which puts me at risk for being denied boarding in any airport. Having a passport would solve this issue, but unless I have surgery, I cannot obtain one, and I do not have the money to pay for surgery and the associated travel costs out-of-pocket.

If surgery and hormone treatment were covered by medical insurance, nearly all of these issues would pretty much disappear. I could stop worrying about cancer, I could exercise without fear, I could wear climate-appropriate clothing in the heat, I could obtain a passport and renew my driver's license, and I could travel. Until and unless I have the surgery covered, however, these issues will continue to overshadow and diminish my career as a graduate student and future researcher.

Trans Health Presentation

[Notes collected by UC Riverside student Shae Maile in January 2008.]

Transgender: an umbrella term that includes many identities, which conflict with gender norms of society. Here it's used to refer to those who cross the conventional boundaries of gender via clothing, surgery, and hormones to reassign themselves to their preferred identity. Two terms commonly used to characterize these individuals is Female-To-Male FTM and Male-To-Female MTF.

DSM-IV: "a gender identity disorder in which the person manifests, with constant and persistent conviction, the desire to live as a member of the opposite sex and progressively take steps to live in the opposite sex role full-time." People who wish to change their sex may be referred to as "Transsexuals" or as people suffering from "Gender Dysphoria" (meaning unhappiness with one's gender).

Utilizes what is called the Gender Identity Disorder or the GID. To aid this, therapy, Real-Life-Experience used to gauge diagnosis, then with referral by therapist medical supervision HRT and surgeries commence to assign individual to the sex they identify as.

FTM: mastectomy, hysterectomy, oophorectomy, phalloplasty.

MTF: vaginoplasty, breast augmentation, facial restructuring, electrolysis, to name a few.

Trans students are extremely marginalized communities within society at several levels however access to healthcare is arguably the most integral aspect to our overall well-being. Today I'll talk to three aspects of how these barriers to healthcare are FELT by my community.

3 Barriers

Personal/Emotional/Safety:

- -In 2004 the National Coalition for LGBT health released an overview of trans related health priorities stating number 4 as **Depression, Suicidal Ideation and Suicide Prevention** – (HP2010: Mental Health & Mental Disorders, and Access to Quality Health Services) Studies of transgender populations in Philadelphia, Washington, Chicago, San Francisco, and Houston have reported suicidal ideation rates as high as 64% and suicide attempt rates ranging from 16% to 37%, with most attributing their ideation or attempts to their gender identity issues. Obtaining mental health care is problematic because of discrimination-induced poverty, lack of insurance and the lack of therapists experienced in working with transgender clients.
- -Use illegal drugs to medicate severe depression – depression caused in part by not getting appropriate counseling and medical care and by living in a society that demeans and ostracizes them;
- Students order hormones online, or find other unsafe and unmonitored sources for obtaining hormones, which may be dangerous. They self-administer hormones

rather than be under the expert care of a physician.

- Student in trans group is currently self-administering with hormones from the Internet because she was denied care via UCR health plan. After being on hormones she tried to access simple blood work, a very basic procedure usually always covered by insurance, to monitor her hormone levels. She attempted not disclosing info about self-administering hormones knowing she would be denied care on that basis of affiliation with being trans. When she was unable to initiate a proper blood test so she came out about her intentions and was turned away, when asked if she could petition the insurance with a referral that was generally vague the nurse assured her she could and that she would write up something that didn't "give it away". She was sent to file her referral in person, which stated, "Patient wants blood work for sex change". Clearly embarrassing, insensitive, and not helpful as within 24 hours she received an email stating the denial of her petition for blood work.
- Refer to testimony A...
- "I am depressed due to the configuration of my body not matching my brain. This has lessened somewhat since I began hormone therapy and now it only comes back when I run up against something that being mid-transition prevents me from doing, such as swimming or traveling. "
- Refer to Testimony C...

Academic/Performance Asset:

- -As a result of the above as you may imagine academic performance plummets and retention becomes a drastic challenge especially for trans people of color or first generation college students like myself.
- "With the progression of time, my grades, once a perfect 4.0 GPA, fell dramatically; I eventually couldn't balance a full time schedule so I sacrificed my education and dropped half of my classes. Soon after, my work was also becoming too unbearable and my boss was complaining of my poor performance, something none of my previous employers ever had a problem with. It seemed too late when a psychiatrist finally could help me. I fell behind with my school goals and deadlines and I was struggling financially and unable to find a job. Sadly the health insurance only covered the psychiatric service for a few sessions and I was unable to afford it without the help of insurance. I am still struggling to piece back my life together."

Legal:

In order to obtain proper I.D. and documentation as new identity many processes must be maneuvered successfully and strategically.

- -First is therapy, to obtain hormones/surgery or surgery/hormones as the case may be. Second, court process for gender and name change, in order to change SSN, birth certificate, and to change bank records and school records. Court process requires permanent irreversible surgical reassignment to opposite sex and proof from medical physician as well as other processes.
 - -Without proper documents navigating other tasks such as voting, filing taxes, banking, being pulled over, etc become increasingly difficult as well as obtaining a passport which correctly reflects ones identity in light of 9/11 and REAL ID ACT.
- Refer to Testimony C...

UC Health Care for Transgender Students

Survey updated August 17, 2009

1. USHIP = Undergraduate Student Health Insurance Program
2. GSHIP = Graduate Student Health Insurance Program
3. SRS = Sex Reassignment Surgery
4. Please note that students can opt out of coverage if they show proof of other health insurance (e.g. family policy)

Campus	In what year did USHIP & GSHIP begin offering full trans health benefits? (hormones and SRS)?	What is the level of coverage for SRS?	What are the campus quarterly fees for insurance?	What is the campus student population?	Insurer for 2009-10
Berkeley	2009-10	Lifetime maximum of \$75,000 per student	<u>2009-10 - semester</u> USHIP = \$698 GSHIP = \$966	UNGR = 12,151 GRAD = 10,258	Anthem BC Life & Health Insurance Company
Davis	2009-10	Lifetime maximum of \$75,000 per student	<u>2009-10</u> USHIP = \$349 GSHIP = \$653	UNGR = 23,499 GRAD = 6,297	Anthem BC Life & Health Insurance Company
Irvine	2007-08	USHIP Unknown, but not excluded. GSHIP not inclusive	<u>2008-09</u> USHIP = \$243 GSHIP = \$835	UNGR = 22,122 GRAD = 5,393	Nationwide Life Insurance Company
Los Angeles	2009-10	Unknown but not excluded.	<u>2009-10</u> USHIP = \$295 GSHIP = \$521	UNGR = 26,928 GRAD = 11,548	United Healthcare Insurance Company
Merced	No coverage	No coverage	<u>2008-09 – semester</u> USHIP = \$432 GSHIP = \$778	UNGR + GRAD = 2,700	Anthem BC Life & Health Insurance Company
Riverside	2009-10	USHIP: \$25,000 annually per student GSHIP: negotiating	<u>2009-10</u> USHIP = \$211 GSHIP = \$603	UNGR = 15,708 GRAD = 2371	Nationwide Life Insurance Company

		for \$15,000 annually per student			
San Diego	2007-08.	up to \$25,000 annually per student	2008-09 USHIP = \$283 GSHIP = \$516	UNGR = 22,518 GRAD = 5,682	National Union Fire Insurance Company
San Francisco	2008-09.	up to \$30,000 annually per student	2008-09 GSHIP = \$840	UNGR = 0 GRAD = 2,600	Nationwide Life Insurance Company
Santa Barbara	2005-06	Unknown but not excluded.	2008-09 USHIP = \$306 GSHIP = \$719	UNGR = 20,738 GRAD = 1,084	Nationwide Life Insurance Company
Santa Cruz	2008-09	Lifetime maximum of \$75,000 per student	2008-09 USHIP = \$348 GSHIP = \$641	UNGR = 14,381 GRAD = 1,439	Anthem BC Life & Health Insurance Company

Links:

UC Berkeley - <http://www.uhs.berkeley.edu/students/insurance/index.shtml>

UC Davis - <http://healthcenter.ucdavis.edu/insurance/index.html>

UC Irvine - http://www.shs.uci.edu/health_insurance.html

UC Los Angeles - <http://www.studenthealth.ucla.edu/>

UC Merced - <http://health.ucmerced.edu/2.asp?uc=1&lvl2=8&contentid=14>

UC Riverside - <http://campushealth.ucr.edu/Insurance/Summary.htm>

UC San Diego - <http://www.ucsd.edu/current-students/student-life/health-safety/student-health-insurance.html>

US San Francisco - <http://saawww.ucsf.edu/health/docs/insurance.html>

UC Santa Barbara - <http://studenthealth.sa.ucsb.edu/insurance/index.asp>

UC Santa Cruz – <http://www2.ucsc.edu/healthcenter/billing/insurance.shtml>