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Transgender patients are increasingly seeking care—even as bans spread

An examination of the data behind gender-affirming care

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Transgender patients are suffering. The U.S. healthcare system is part of the problem.

About 1.6 million Americans aged 13 and older identify as transgender. Transgender people are less likely than non-transgender people to have a college degree, be employed, insured, or married. They also report having more days of poor mental and physical health than their non-trans peers.

Transgender patients' access to care has received heightened national attention in recent years as the LGBTQ community's work to promote visibility and equality has been met with legislative efforts to limit or ban trans-specific care services in nearly half of U.S. states.

But even without these bans, trans patients' access to healthcare has been historically limited by a variety of factors, including disproportionate personal economic barriers, inconsistent payor coverage for mental health and other services, social stigma and discrimination, shortages of hormones and other drugs, and a lack of specialists with expertise in transgender care.

This disparity in access has been devastating for the trans population. As a result, trans people are at a higher risk of developing mental and behavioral health issues, sexually transmitted infections, substance use and abuse, and chronic health issues. More broadly, trans people are more likely to experience domestic violence, sexual abuse, and homelessness than their cisgender peers.

Despite these risks, our data shows that more people than ever are seeking gender-affirming care, even while access to that care is being intentionally and systemically limited.

Nearly every mainstream medical organization asserts that gender-affirming healthcare, including mental health services and hormone therapy, improves transgender folks' quality of life and constitutes medically necessary care.

So how do we improve access for trans people? As medical history has shown again and again, there's no such thing as a singular cure-all. Ensuring access to care will require improving awareness around transgender issues, normalizing trans identities, and allocating additional resources for trans people. This comes in part through increased representation of trans people, especially in clinical trials and other healthcare studies.

In this report, we use healthcare commercial intelligence from the Atlas Dataset and research from a variety of external sources to understand how trans people are utilizing the healthcare system to receive gender-affirming care and other services. We'll also see how the data reflects recent changes to state and federal policy.

Finally, this report will examine some ways that access to care might be improved. We'll highlight the importance of accurate representation in data collection, and consider some opportunities for members of the healthcare industry to create a more accessible, welcoming space for transgender people.

This report is divided into three parts:

- **Part I:** Useful definitions
- **Part II:** The state of gender-affirming care in America
- **Part III:** How can we improve access to care?

Healthcare organizations can leverage this report to better understand key trends in gender-affirming care related to providers, patients, and payors—who's delivering care, where it's being received, how patients are paying for it, and which related procedure and diagnosis claims are being filed. Providers may find value in using this intelligence to inform messaging and strategic planning around services geared toward transgender patients.

Part I: Some useful definitions

Gender is a complex subject made even more complicated by the multitude of ways to describe it. The language used to discuss gender is always evolving, and specific words and concepts can vary across cultures. Individuals' preferred terms for describing their gender experience and identity can vary, too.

In this report, we'll use the following terms—as recommended by transgender advocacy organizations like the Gay & Lesbian Alliance Against Defamation (GLAAD)—that trans patients and their providers would likely use in a healthcare setting.

Gender identity and expression

Gender identity is a person's innate sense of gender that may or may not correlate with the sex they were assigned at birth. Gender expression includes the outward behaviors, attitudes, and appearances that a person performs in relation to a particular gender role. A person's gender expression usually reflects their gender identity, but not always.

Transgender and cisgender

"Transgender" is a broad term for people whose gender identity or expression differs from the sex they were assigned at birth. A transgender person may identify as a woman, man, nonbinary or gender nonconforming (falling outside the categories of male and female), some combination of the above, or as having no gender at all. Note that people who identify as nonbinary or agender may not necessarily identify as transgender.

Earlier versions of the Diagnostic and Statistical Manual of Mental Disorders (DSM) referred to transgender people as "transsexual" or "transvestite."

The term "transsexual" has fallen out of use as it unnecessarily ties a person's sex characteristics (genitals, hormones, chromosomes, etc.) with their gender, but is still used by some transgender people, especially those who have physically changed their bodies through hormones or surgery. "Transvestite" refers to a person who dresses in accordance with another gender. When trans people dress how they want, they are not cross-dressing (as the term implies), regardless of the sex assigned at their birth.

The term "cisgender" describes people whose gender identity matches the sex they were assigned at birth. Many cultures have specific terms for people who are not cisgender, and some cultures recognize other genders in addition to man and woman.

Throughout this report, we'll occasionally use "trans" as shorthand for transgender (i.e., trans man and trans woman) and "cis" as shorthand for cisgender.

Gender dysphoria

Prior to transitioning, many trans people experience gender dysphoria, a type of psychological distress arising from the perceived disconnect between their assigned sex and gender identity.

In order for a patient to be diagnosed with gender dysphoria, the DSM-5 requires the patient to display "a marked incongruence between one's experienced/expressed gender and their assigned gender, lasting at least six months" with additional markers including a strong desire to be rid of one's primary or secondary sex characteristics, or to possess the sex characteristics associated with another gender.

Additionally, the diagnosis requires the patient to experience "clinically significant distress or impairment" in social situations, at work, or in other important areas.

Not all trans people have gender dysphoria, and not all people with gender dysphoria are transgender.

Transitioning

GLAAD defines transition as "the process a person undertakes to bring their gender expression and/or their body into alignment with their gender identity."

Transitioning looks different for different people, but may include a social component (coming out, using a different name or different pronouns, dressing differently), a legal component (changing one's name and/or sex on official records), and/or a medical component (gender-affirming care).

Part II: The state of gender-affirming care in America

Gender-affirming care can range from counseling to speech therapy to medications like hormone therapy. Some people choose to undergo surgical interventions that bring their physical form in line with their gender identity, such as removal/augmentation of the breasts (top surgery) or modification of the genitals (bottom surgery).

> Gender-affirming care is a range of social, psychological, behavioral, and medical interventions "designed to support and affirm an individual's gender identity" when it doesn't match the gender they were assigned at birth.
>
> World Health Organization (WHO)

When trans people receive gender-affirming care from a medical provider, they are typically diagnosed with gender dysphoria or gender incongruence, terms used in the DSM-5 to refer to the discomfort experienced when one's gender identity does not align with their assigned sex.

Some people argue that medicalizing gender identities creates unnecessary stigma, while others point out that the inclusion of these diagnoses in the DSM enables health insurance coverage for gender-affirming care.

It's important to note that neither the American Psychiatric Association nor the American Psychological Association considers transgender identities to be mental disorders. However, both organizations—along with nearly every other professional medical association—recognize gender-affirming care as medically necessary for the well-being of trans people and others with gender dysphoria.

Using medical procedure and diagnosis claims data, we can make accurate estimations about the kinds of care that trans people receive, as well as where and from whom they receive it. This information helps us understand how trans people are utilizing a medical system that often fails to meet their needs, and how that system might be improved to better support everyone seeking care.

Since medical claims don't indicate whether a patient is transgender or not, we must cross-reference procedure data with the diagnosis codes commonly associated with gender-affirming care.

Not every person who receives these diagnoses is necessarily transgender, but nearly all transgender people who seek gender-affirming care in America will receive such a diagnosis to qualify for care:

> F64.0 – Transsexualism, a term for the desire to modify one's body in alignment with another sex that here refers to gender dysphoria in adolescents and adults
>
> F64.1 – Dual-role transvestism, an outdated term for cross-dressing that also refers to gender dysphoria in adolescents and adults
>
> F64.2 – Gender identity disorder of childhood, a diagnosis for gender dysphoria or gender incongruence in children
>
> F64.8 – Other gender identity disorders
>
> F64.9 – Gender identity disorder, unspecified

The U.S. currently uses the 10th revision of the International Classification of Diseases (ICD-10), a coding system published by the WHO in 1994. Due to the age of the code set, a number of outdated terms are still used in medical billing offices, including transsexualism, transvestism, and gender identity disorder. In this report, we'll refer to these diagnoses collectively as gender dysphoria per the DSM standard.

The WHO published the ICD-11 in 2022, and the U.S. plans to switch over in 2025.

More transgender patients are seeking mental health services

For many trans people, gender-affirming care begins with mental health care.

In the past, mental health services for gender dysphoria treated the patient's stated gender identity as "wrong," and aimed to bring it in line with the sex assigned at birth based on their genitals or other biological markers.

Today, the American Psychiatric Association recommends the use of gender-affirming psychotherapy to affirm a patient's gender identity rather than aiming to "repair" it. This type of therapy addresses themes of trauma, shame, depression, self-harm, and stigma to help trans and gender-non-conforming patients process, understand, and find a sense of safety in their gender identities.

Medical claims data reveals that, from 2018 to 2022, more than a quarter of patients with a gender dysphoria diagnosis received mental health services. As shown in Figure 1, the percentage of patients receiving these services rose a couple of points over that period.

PERCENT OF PATIENTS RECEIVING GENDER-AFFIRMING CARE WHO SOUGHT MENTAL HEALTH THERAPY

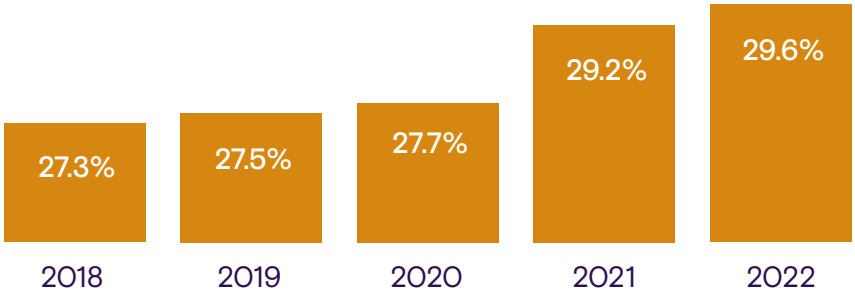


Fig. 1 Analysis of data from Definitive Healthcare's Atlas All-Payor Claims product.

While the share of patients seeking mental health services grew modestly in this period, patients began seeking more of these services overall. The mental health services most commonly received by these patients are psychotherapy sessions ranging from 30 to 60 minutes.

MENTAL HEALTH SERVICES RECEIVED BY PEOPLE WITH GENDER DYSPHORIA DIAGNOSES

Rank	CPT code	Description	2019	2020	2021	2022	2018-2022
1	90832, 90834, 90837	Psychotherapy w/ patient, 30 min. or more	135.2%	39.8%	34.8%	6.6%	372.3%
2	90853	Group psychotherapy	27.8%	-2.3%	35.4%	-0.4%	68.5%
3	90791	Psychiatric diagnostic evaluation	17.7%	8.8%	41.4%	0.0%	81.1%
4	90833	Psychotherapy w/ patient evaluation and management, 30 min.	22.3%	31.4%	53.1%	9.1%	168.6%
5	90847	Family psychotherapy w/ patient, 50 min.	4.9%	11.0%	40.6%	-8.2%	50.2%
6	90836	Psychotherapy w/ patient evaluation and management, 45 min.	-6.3%	17.3%	33.8%	16.6%	71.4%
7	90846	Family psychotherapy w/o patient, 50 min.	31.5%	50.0%	64.6%	-6.7%	202.7%
8	G0410	Group psychotherapy, partial hospitalization, 45-50 min.	74.4%	-9.7%	49.6%	-7.9%	117.2%
9	90839	Crisis psychotherapy, 1st hour	37.0%	17.2%	45.9%	-4.2%	124.4%
10	99354	Prolonged services in outpatient setting, 1st hour	64.4%	-18.1%	11.1%	-10.6%	33.8%

Fig. 2 Analysis of data from Definitive Healthcare's Atlas All-Payor Claims product showing percentage change in procedure claims volumes for patients with gender dysphoria diagnoses over the previous year. Final column shows cumulative change in claims volumes over all five years.

Claims for these services exploded in the period studied, with 60-minute sessions increasing 127% from 2019 to 2022 (data for 2018 was not available). Claims for 45-minute sessions jumped more than 77% from 2018 to 2022, while claims for 30-minute sessions grew a whopping 177%.

Other common mental health services for patients with gender dysphoria include group and family psychotherapy.

Mental health care is especially valuable for trans people not only for its ability to address complications related to gender dysphoria but also for the treatment of related or co-occurring mental health concerns.

Many trans people experience distressing psychiatric conditions like anxiety and depression in addition to or because of their dysphoric gender experience. A cross-sectional study of more than 53 million patients (including 10,270 transgender or gender non-conforming patients) found that 58% of trans patients had at least one DSM-5 diagnosis, while only 13% of cis patients had such a diagnosis.

Unfortunately, the fields of behavioral and mental health have been disproportionately impacted by the ongoing healthcare staffing shortage. Our data shows that licensed clinical social workers were among the top specialties to leave the workforce, with more than 10,000 professionals departing from 2021 through 2022.

Nurse practitioners, pediatricians, and OB/GYNs are increasingly providing care

When transgender people seek gender-affirming care, they're most likely to start with their primary care provider. These are usually family practice doctors and nurse practitioners. However, recent trends suggest that family practice doctors are taking on fewer patients with gender dysphoria in recent years. Our data shows that family practice doctors' overall share of patients with gender dysphoria has gone down slightly since 2018, while nurse practitioners, pediatricians, and obstetrics/gynecology specialists are increasingly involved in these patients' care.

The growing rates of gender dysphoria care by pediatricians and OB/GYNs—who often begin seeing patients at the start of puberty—is likely due to shifting age demographics among transgender people.

As trans identities (and conversations around gender identity and expression more broadly) become more accepted by society, we can expect that more people will begin exploring their gender identities earlier. In the U.S., the trans population already skews younger: The Williams Institute reports that about 0.5% of U.S.

adults identify as transgender as compared to 1.4% of the population aged 13-17. Additionally, their research shows that the percentage of adults identifying as transgender has remained steady since 2016, while young people now make up about 18% of the trans population, up from 10% in 2016.

MEDICAL SPECIALTIES DIAGNOSING AND PROVIDING CARE FOR GENDER DYSPHORIA

Rank	Description	2018	2019	2020	2021	2022	2018-2022
1	Family Practice	16.90%	16.10%	15.60%	15.20%	14.90%	-2.00%
2	Nurse Practitioner	11.40%	12.20%	12.60%	12.70%	13.80%	2.40%
3	Pediatric Medicine	7.30%	7.40%	8.10%	9.40%	9.70%	2.40%
4	Psychiatry	7.30%	7.20%	7.70%	8.30%	7.90%	0.60%
5	Obstetrics/Gynecology	4.40%	4.90%	5.70%	6.00%	6.40%	2.00%
6	Internal Medicine	8.70%	7.60%	6.70%	6.20%	5.60%	-3.10%
7	Plastic and Reconstructive Surgery	5.30%	5.50%	5.30%	5.40%	5.30%	0.10%
8	Social Work	5.50%	5.50%	5.60%	5.40%	5.30%	-0.20%
9	Endocrinology	6.80%	6.00%	5.90%	4.80%	4.50%	-2.30%
10	Physician Assistant	2.80%	3.00%	3.40%	3.50%	3.60%	0.70%
11	Pathology	2.40%	2.40%	2.30%	2.40%	2.60%	0.20%
12	Anesthesiology	1.70%	2.00%	1.80%	2.10%	2.30%	0.60%
13	Pediatric Endocrinology	2.20%	2.20%	2.20%	2.20%	2.10%	-0.10%
14	Emergency Medicine	2.30%	2.40%	2.10%	2.00%	1.60%	-0.60%
15	Urology	1.40%	1.40%	1.40%	1.40%	1.60%	0.20%
16	Clinical Psychology	1.50%	1.50%	1.50%	1.50%	1.50%	0.00%
17	Adolescent Medicine	1.20%	1.20%	1.10%	1.20%	1.40%	0.20%
18	Infectious Disease	1.60%	1.70%	1.50%	1.30%	1.30%	-0.30%
19	Certified Registered Nurse Anesthetist	0.60%	0.70%	0.90%	0.90%	0.90%	0.30%
20	Hospital Medicine	1.20%	1.50%	1.50%	1.20%	0.90%	-0.40%

Fig. 3 Analysis of data from Definitive Healthcare's Atlas All-Payor Claims product showing medical specialties' percentage share of patients with gender dysphoria diagnoses. Final column shows the change in patient share over the five-year period.

Our data reflects a similar trend in gender dysphoria diagnoses. As seen in Figure 4, the share of gender dysphoria diagnoses among patients under 18 rose from 17.5% in 2018 to 20.4% in 2022.

However, as with licensed clinical social workers, data from our 2023 staffing report shows that family practice physicians and nurse practitioners are also leaving the workforce in disproportionately high numbers compared to their peers.

PERCENTAGE OF GENDER DYSPHORIA DIAGNOSES BY AGE

Patient age	2018	2019	2020	2021	2022
0-5	0.2%	0.2%	0.1%	0.1%	0.1%
6-12	2.6%	2.5%	2.6%	3.2%	2.5%
13-17	14.8%	14.9%	15.5%	18.0%	17.9%
18-64	78.8%	79.1%	78.9%	76.3%	77.4%
65+	3.2%	3.0%	2.6%	2.2%	2.0%
Unknown	0.5%	0.4%	0.4%	0.3%	0.2%

Fig. 4 Analysis of data from Definitive Healthcare's Atlas All-Payor Claims product.

The impact of the staffing shortage on trans patients' access to medically necessary care is likely even greater than its impact on cis patients, as medical professionals are generally less equipped to provide care for trans patients. With gender-affirming care and other transgender topics largely absent from mainstream medical curricula, the incoming cohort of medical doctors may not be any better prepared to care for trans patients than the outgoing cohort.

Nearly half of transgender adults reported having **negative or discriminatory experiences with a healthcare provider** in 2020. To address this, providers can and should aim to not only ensure access to care by offering gender-affirming services, but should also seek to hire physicians and other healthcare professionals who have experience with or training around transgender health issues.

In the longer term, providers could improve the quality of (and access to) gender-affirming care by leading or incentivizing continuing medical education and/or sensitivity training for member physicians.

Gender dysphoria diagnoses are up around the country, despite care bans

From 2018 to 2022, gender dysphoria diagnosis volumes rose in every state except for South Dakota, which saw a 23% decline in diagnoses during that period.

In February 2023, South Dakota became the sixth state to restrict gender-affirming care for minors. The South Dakota House passed an earlier version of the bill in 2020, but it did not pass through a Senate committee. Gender dysphoria diagnoses subsequently dropped in the state from 2020 to 2021, likely due to the dual chilling effects of reduced access to sympathetic providers and the self-directed seeking of care in states where long-term access was protected (or, at least, not under immediate threat).

GENDER DYSPHORIA DIAGNOSIS TRENDS, 2018–2022, BY STATE

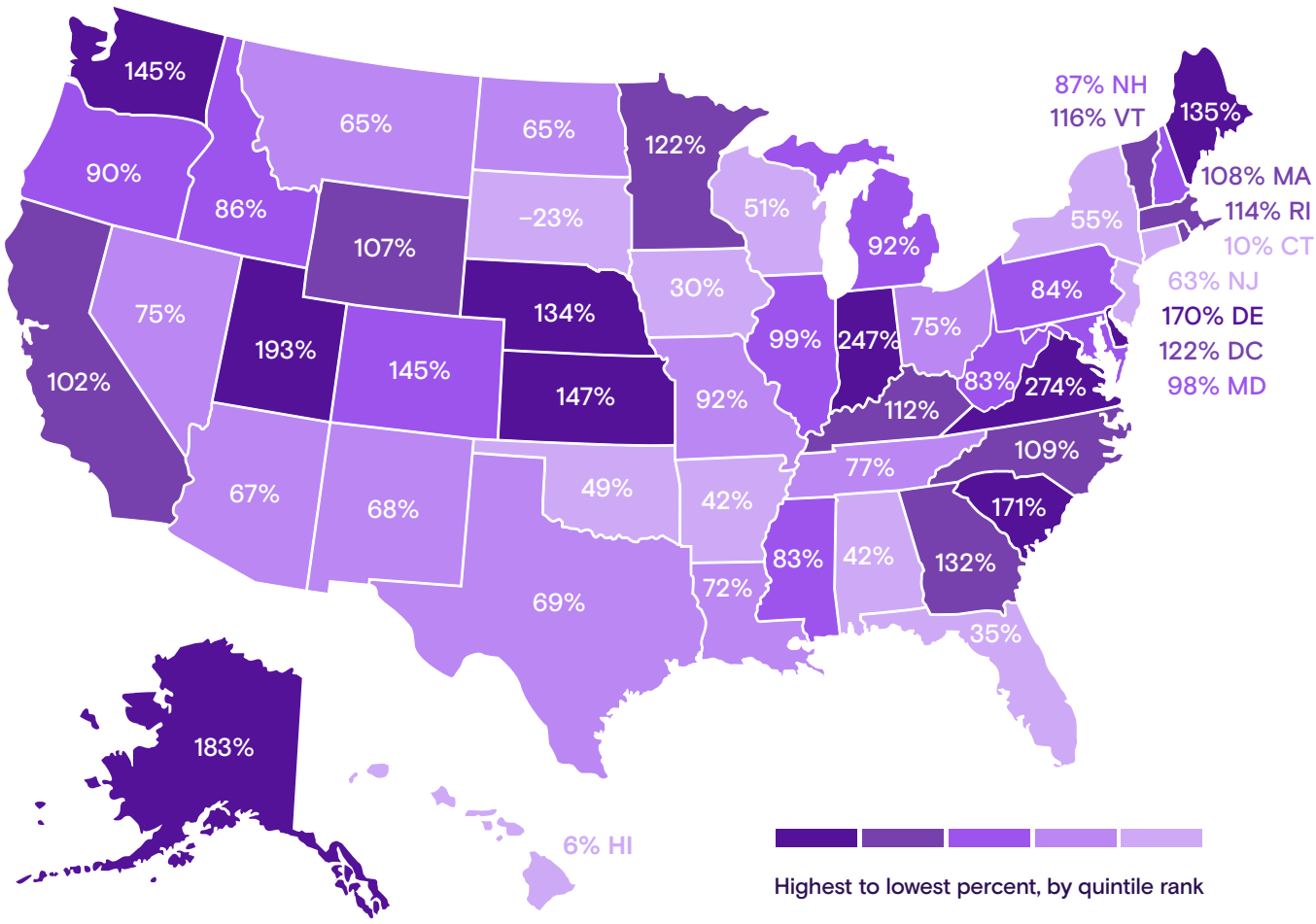


Fig. 5 Analysis of data from Definitive Healthcare's Atlas All-Payor Claims product showing changes in gender dysphoria diagnosis volumes for each U.S. state from 2018 through 2022.

In 2016, South Dakota was also the first state to pass a "bathroom bill" requiring school students to use bathroom facilities that correspond to the sex they were assigned at birth.

As of the time of writing, 22 states have implemented gender-affirming care bans impacting youth, with over 35% of trans youth living in these states. In four states that have passed bans, court injunctions are ensuring continued—if temporary—access to care. Advocates of these bans often echo Rep. Fred Deutsch, primary sponsor of South Dakota's bill, in saying they protect children from "being chemically castrated, sterilized, and surgically mutilated."

GENDER-AFFIRMING CARE BANS IMPACTING YOUTH

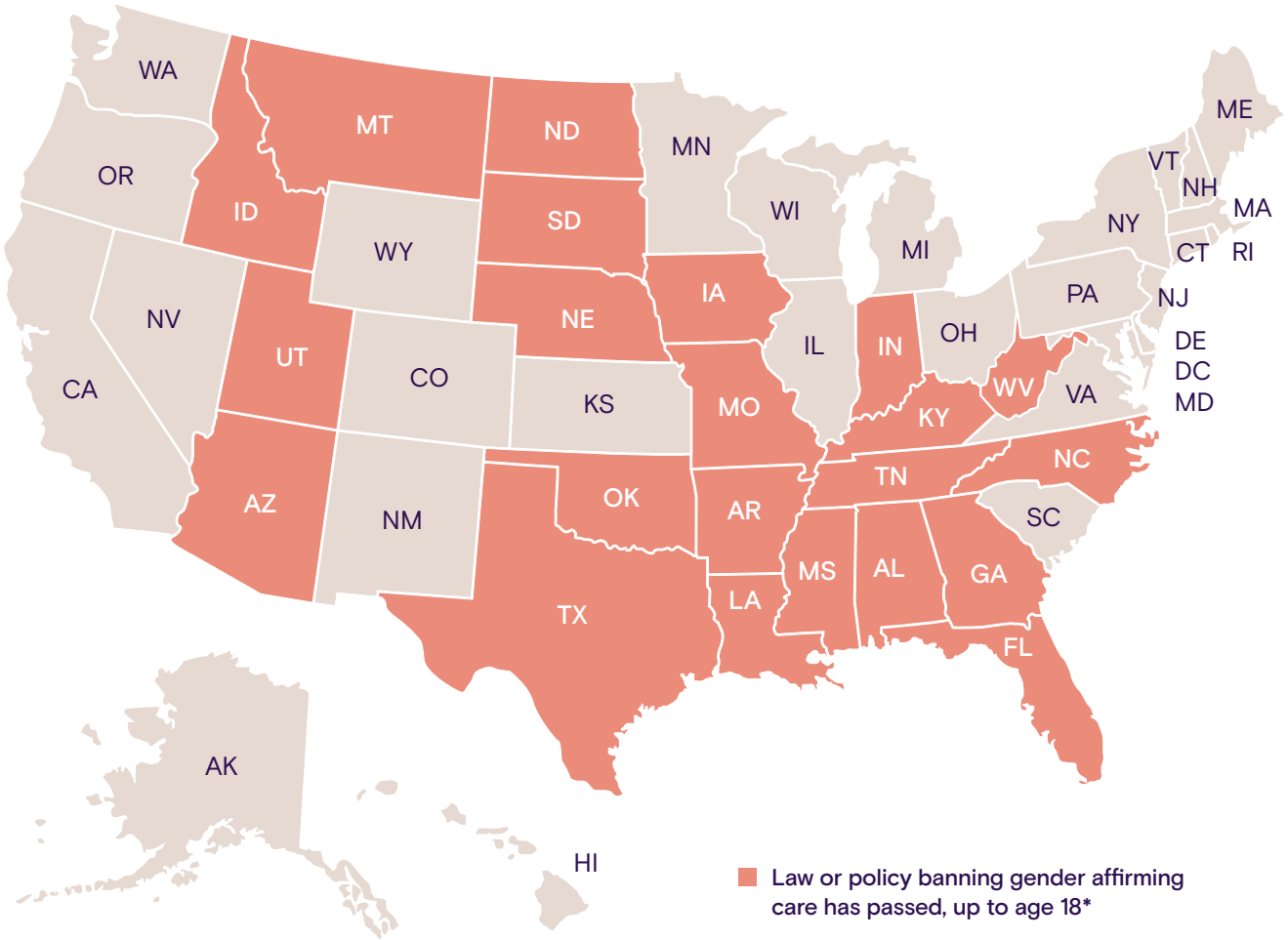


Fig. 6 Data from the Human Rights Campaign Foundation. (*In Arkansas, Florida, and Indiana court injunctions are ensuring continued access to care. As of 12/4/23.)

Of course, gender-affirming care for children doesn't involve chemical castration or permanent changes to the body. As discussed earlier in this report, gender-affirming care almost always begins with psychotherapy. Most providers require trans patients to receive six months to a year of mental health care—and parental consent—before prescribing puberty blockers and other hormone treatments, which are reversible. Gender-affirming surgeries are rarely performed on people under the age of 18.

Among healthcare organizations, gender-affirming care for minors is far from controversial. As NBC News pointed out in its coverage of South Dakota's ban:

> "More than a dozen major medical organizations—including the American Medical Association, the American Academy of Pediatrics, and the American Psychological Association—support gender-affirming care for minors."

Other states with bans on gender-affirming care for youth have seen year-to-year dips in gender dysphoria diagnoses, too, possibly indicating that shifting social and political climates have pushed young patients and their parents to seek diagnoses in states that are friendlier to trans people:

- Florida diagnoses rose steadily from 2018 until 2021, then they dropped 16% through the end of 2022 ahead of the passing of a trans care ban in March 2023.
- North Dakota diagnoses likewise grew from 2018 to 2021, before dropping 11% from 2021 to 2022 ahead of its youth trans care ban in April 2023.
- Iowa diagnoses grew less steadily during that period but dropped 14% from 2021 to 2022 ahead of its youth care ban in March 2023.
- Nebraska diagnoses grew during the same period before dropping 5% between 2021 and 2022 ahead of the passing of a youth surgery ban and restrictions on hormone therapy in 2023.
- Montana saw a similar pattern of growth followed by a 3% dip in diagnoses from 2021 to 2022 ahead of its care ban passed in August 2023.

As previously noted, the medical community deems this care as necessary for minors and adults alike, and high courts in several states have sided with providers. But in the meantime, these bans present providers in neighboring states with an opportunity—if not a moral responsibility—to engage and take in patients who can no longer get necessary care in the places they live.

For trans patients living in the rural parts of anti-care states, the stakes are even higher.

Trans people in rural regions face even greater barriers to access

Our data points to a gap in access to gender-affirming care for rural Americans in particular. Around one in six (16%) of transgender people live in rural areas, according to 2019 research from the Movement Advancement Project (MAP). But trans people are more likely to receive mental health care in urban locations than in rural locations, regardless of where they obtained a referral.

Only about 23% of patients who obtained a referral for mental health care from a rural provider chose to receive follow-up care in a rural setting, while 31% received care in an urban setting. Likewise, a mere 5% of patients diagnosed in an urban setting moved on to receive mental health services in a rural environment, as opposed to 35% who continued care in an urban setting. One explanation for this trend is that transgender patients are less likely to be able to access necessary care in rural settings compared with urban ones—and they may also be more likely to experience discrimination or rejection when seeking care in rural communities.

WHERE PATIENTS WITH GENDER DYSPHORIA ARE RECEIVING CARE

	Rural patients		Urban patients	
Percentage of mental health care patients by follow-up care location	Rural 23%	Urban 31%	Rural 5%	Urban 35%

Fig. 7 Analysis of data from Definitive Healthcare's All-Payor Claims product. Urban areas are defined by the U.S. Census Bureau as territories encompassing >2,500 people, where >1,500 of which reside outside institutional group quarters. All non-urban areas are defined as rural.

Rural Americans have difficulty accessing all kinds of care, as limited infrastructure and low population density make rural regions less attractive for businesses, including healthcare. As access to primary care narrows, specialists tend to follow, leaving rural trans patients with fewer and fewer options for gender-affirming care. It's no surprise, then, that around 80% of rural patients live in counties labeled as "medically underserved" by the federal government.

Americans in these regions are more likely to live in poverty and less likely to be insured than their urban peers. CDC data shows that deaths from chronic disease and unintentional injury are also considerably higher in rural America than in urban areas. These disparities impact trans residents even more: Transgender people in rural areas are nearly three times more likely than their cisgender neighbors to have a disability, are twice as likely to be uninsured, and are also more likely to live in poverty or be unemployed, according to the 2019 MAP report.

That report also found that one in three trans people living in rural areas had experienced discrimination by a healthcare provider. Likewise, a third of trans people in those regions reported having to teach their doctor about their healthcare needs.

More trans patients are paying for surgery with Medicaid and other government payor plans

Many trans people effectively transition through a combination of coming out, using new names and pronouns, and dressing according to their gender identity. Hormone therapy is increasingly popular among trans people, but growing demand has made it harder to access.

A survey of 28,000 transgender Americans from the National Center for Transgender Equality found that about 84% of respondents liked the idea of using gender-affirming hormone therapy, but only about 55% were actively taking hormones. Nearly 10% of those taking hormones were doing so without a prescription.

Gender-affirming surgery is slightly less popular but is growing along with other forms of gender-affirming care. A study published in Translational Andrology and Urology found that between 42% and 54% of transgender men seek surgery as opposed to 28% of transgender women. Patients underwent top surgery twice as often as bottom surgery.

GROWTH OF GENDER-AFFIRMING SURGERY VOLUME, YEAR OVER YEAR

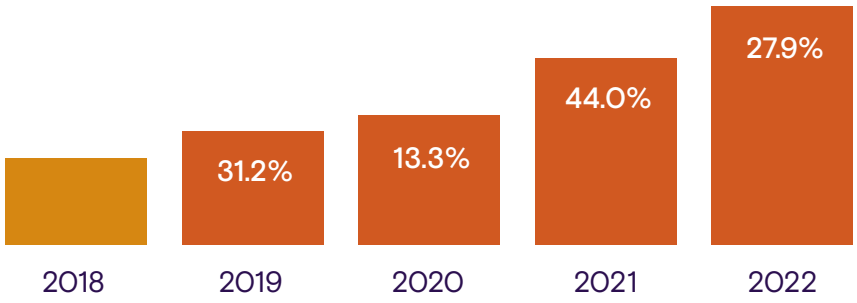


Fig. 8 Analysis of gender-affirming surgery data from Definitive Healthcare's All-Payor Claims product.

Compared with hormone therapy, gender-affirming surgery presents a more permanent, riskier, and considerably more expensive option for treatment. But those who choose to receive it are overwhelmingly pleased with the results: A study published in Plastic and Reconstructive Surgery found that **99.7% of patients were satisfied with their surgery**. Another study published in JAMA Pediatrics found that gender-affirming top surgery specifically "**improves feelings of chest dysphoria, gender congruence, and body image** in young trans adults three months after the surgery."

SHARE OF GENDER-AFFIRMING SURGERY CLAIMS BY PAYOR, 2018–2022

Payor type	2018	2019	2020	2021	2022
Medicaid	5%	5%	10%	12%	10%
Unknown	1%	1%	1%	1%	1%
Commercial	92%	93%	93%	92%	82%
Medicare	4%	3%	1%	1%	1%
Other Government	4%	4%	5%	6%	7%

Fig. 9 Analysis of data from Definitive Healthcare's All-Payor Claims product.

Unfortunately, many health plans list specific exclusions for "services related to sex change" or "sex reassignment surgery" to refuse coverage to transgender patients for certain services. The Centers for Medicare & Medicaid Services (CMS) allows local Medicare Administrative Contractors (MACs) to decide coverage of gender reassignment surgery case by case.

This presents a barrier to care for transgender patients, who are more likely than cisgender patients to face economic hardships. **Nearly 30% of transgender adults live below the poverty line**. Perhaps unsurprisingly, over the last two years, the share of patients paying for gender-affirming surgeries with Medicaid and other government plans has gone up.

As shown in the chart above, in 2022, around 18% of patients submitted a claim for the gender-affirming surgery with Medicaid, Medicare, or another government healthcare payment program. That's up from 13% in 2018.

Part III: What can be done to improve access to care?

As the demand for gender-affirming care grows, as research continues to underscore the benefits of treatment for transgender people, and as more states try to restrict or ban treatment, the question of trans patients' access to care is more pressing than ever.

Ensuring access to gender-affirming care will ultimately need to occur on a legislative level, with the federal and state governments aligning to enshrine Medicare and Medicaid coverage for medically necessary treatments like counseling, hormones, surgery, voice and communication therapy, and fertility assistance.

Most transgender patients on Medicare are already guaranteed access to these services under federal law. But as Medicaid programs are organized jointly between the federal and state governments, access to care for trans patients relying on Medicaid varies considerably state by state.

One Kaiser Family Foundation **survey of state Medicaid programs** found that only two of the survey's 41 respondents, Maine and Illinois, covered all five gender-affirming services mentioned above. Alabama and Texas reported that their Medicaid programs don't cover any of those services.

Under America's system of representational democracy, these state-by-state differences ostensibly reflect the differing needs and perspectives of each state's

constituents. The glaring problem, of course, is that trans people have real, relatively uniform healthcare needs, whether they live in Texas or Maine, in New York City or in an unincorporated community in Arkansas.

The response to this problem must involve raising awareness around those healthcare needs and positioning trans individuals' rights to access necessary care as integral as those of any other minority group, whether racial, ethnic, religious, or sexual in nature.

A 2022 Pew Research Center survey found that 64% of Americans favor laws or policies that would protect transgender people from discrimination in jobs, housing, and public spaces. Only 10% said they would oppose such measures.

This ratio looks like a sign of progress, but verbally expressing support for fellow Americans' basic rights isn't exactly a high bar to clear. And when 60% of respondents to the same survey said a person's gender is determined by the sex they were assigned from birth—up from 54% in 2017—it's clear there's much work to do to win Americans' hearts and minds.

Those of us working in the healthcare space can improve the public's awareness around transgender patients' needs, rights, and access to care in a variety of ways:

Be inclusive in data collection. This can be as simple as featuring more inclusive gender options in your surveys of patients and clients (when appropriate). Accurately reporting on respondents' diverse gender identities helps to normalize and bring awareness to those identities. Some electronic health record systems like

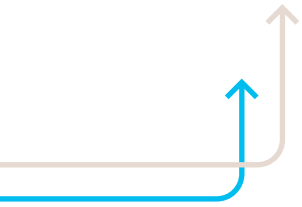
Epic already incorporate a sexual orientation and gender identity (SOGI) inventory. If yours doesn't, consider developing one in-house or working with a vendor to incorporate one.

Include trans and nonbinary people in studies/trials. If you work in the life sciences, consider including trans and/or nonbinary people in your studies or clinical trials to ensure representation and visibility. Make sure any marketing materials related to the study are sensitive to the diverse array of participants' gender identities and consider using gender-neutral language where possible.

As trans activist and physician Dr. Ben Haseen said on a recent episode of the Definitively Speaking podcast, providers' education on caring for members of the trans community is "very, very rudimentary right now. Usually, it's just a crash course on pronouns."

Your trial sites should be friendly and inclusive, with access to gender-neutral facilities, and facilitators should ask for and respect participants' pronouns.

Design educational offerings with trans identities in mind. If you provide continuing medical education to providers, consider incorporating lessons around supplying respectful care to trans patients. Ideally, these lessons should be designed with the support of a trans person or someone with intimate knowledge of the community.



As trans activist and physician Dr. Ben Haseen said on a recent episode of the Definitively Speaking podcast, providers' education on caring for members of the trans community is "very, very rudimentary right now. Usually, it's just a crash course on pronouns." Several medical associations have issued guidance on caring for transgender patients—it simply needs to be translated into meaningful medical education.

Partner with—and platform—trans experts and opinion leaders. Trans people understand their own needs better than anyone. If you work in medical affairs, partnering with transgender doctors, experts, and opinion leaders can not only increase awareness of your product or therapy within an underserved community, but also extend the reach and impact of that expert.

Create more inclusive marketing materials. Like anyone else, trans people want to feel welcome where they do business, whether that's a doctor's office, retail clinic, or telehealth appointment. Unless you're specifically providing gender-affirming care, you shouldn't single trans people out in your marketing, but you can create a sense of security and welcomeness by using gender-neutral pronouns, inclusive language, or imagery featuring gender-diverse people, for example.

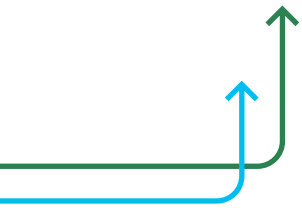
Everyone deserves access to medically necessary care

Despite spending more on healthcare than any other high-income country—in terms of both per-person spend and as a share of GDP—the U.S. has the lowest life expectancy at birth, the highest death rates for treatable conditions, the highest maternal and infant mortality rates, and the highest suicide rates of similarly wealthy nations.

For all the money poured into healthcare, a disproportionate number of Americans simply can't access it. Out-of-pocket costs are exorbitantly high, insurance coverage is limited and inconsistent from payor to payor, and there are just too few providers to go around.

A Pew Research survey found that 42% of Americans reported knowing someone who is transgender in 2021, up from 37% in 2017.

The consequence of inaccessibility falls hardest on people at the margins: racial and ethnic minorities, those living in rural areas, impoverished and unhoused people, and those within the LGBTQ community all face greater barriers to access than their peers. As a result, their healthcare outcomes tend to be worse, too, especially among transgender people.



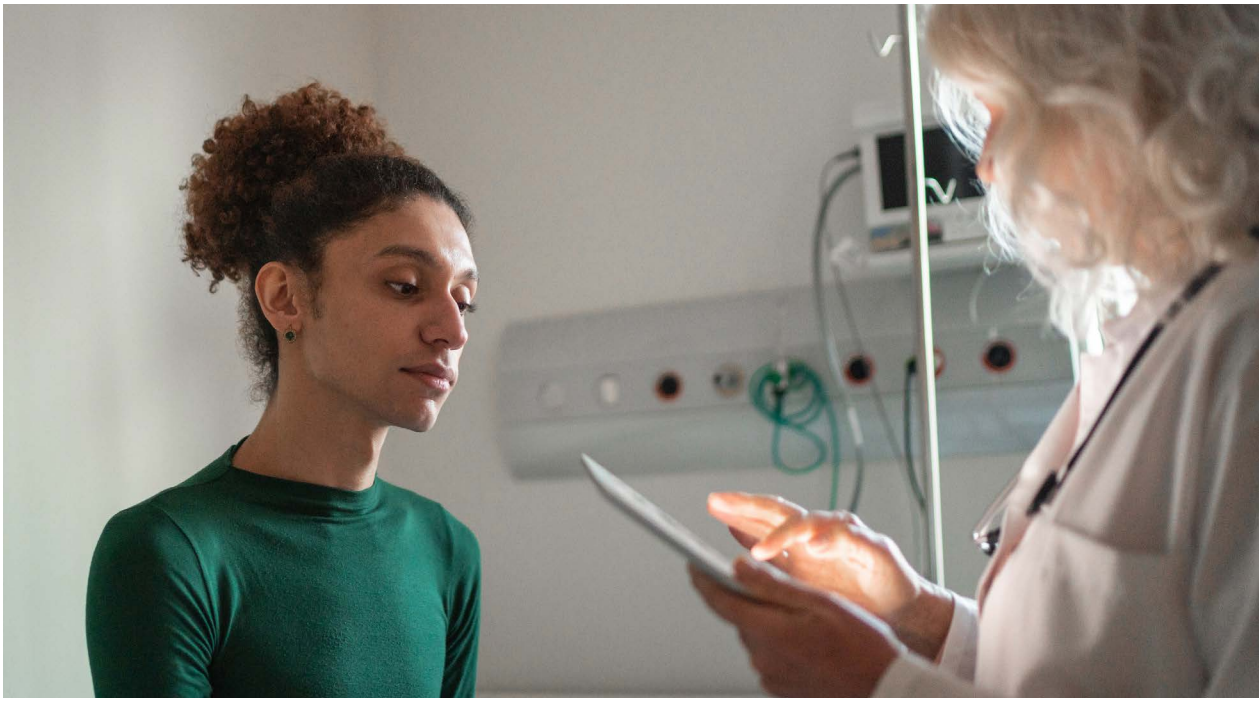
While the transgender community continues to fight for access, they've made vital progress in gaining visibility. A Pew Research survey found that 42% of Americans reported knowing someone who is transgender in 2021, up from 37% in 2017. Today, trans people can be seen starring in major films and television series, competing in sports from swimming to mixed martial arts, serving in elected and appointed governmental roles—including as the U.S. Assistant Secretary for Health—representing worldwide apparel and cosmetics brands, and openly working in every professional field imaginable.

The Williams Institute estimates that around 0.6% of American adults and youth aged 13 and older are transgender (including those who identify as nonbinary). While the percentage of adults who identify as trans has remained steady, the institute's estimate of the number of trans youth has doubled since 2017 to 1.4%.

When state and federal legislators push bans on gender-affirming care, they often cite perceived threats to the well-being of children (although states like Oklahoma, Texas, and South Carolina have considered bans for people up to 26 years old). But research shows that gender-affirming care reduces rates of depression and suicidality among trans and nonbinary youth, and it's likely these bans will cause measurable harm to the people they are purported to protect.

Take it from the doctors: Every major medical organization—a collective representing over 1.3 million physicians—**recognizes gender-affirming care as medically necessary**.

Unfortunately, our ability to understand the impact of these bans and other barriers to care for transgender people are limited by a lack of reliable data. Gender identity is reduced to binary options in the national census, as well as those in most states, and while trans patients' interactions with the healthcare system provide some useful insights, demographic data is reported inconsistently. Reducing access to care will cause trans people to be even further underrepresented in the data that drives both government policy and industry decision-making.



Our medical claims data shows that gender dysphoria diagnoses are on the rise, and patients with these diagnoses are seeking mental health services in greater numbers than ever. While trans people in every setting face a variety of barriers to care, our data suggests that those living in rural areas experience even greater hardships in their efforts to access care, in addition to being more likely to have pre-existing health concerns and economic adversity. Predominantly rural states are also more likely to have banned or to be considering banning gender-affirming care.

Legislators may make the laws that enshrine access to medical care, but anyone can take steps to make their corner of the world more welcoming and improve awareness around the challenges trans people face within it. Citizens can lobby their representatives and demand change through activism. Doctors in anti-access states can direct trans patients to resources or find ways to deliver necessary care anyway. And those in less restrictive neighboring states can open their doors to patients seeking care away from home.

Everyone in the healthcare industry can play a part, too. From the way we collect data to how we use it, from the voices we platform to the way we communicate with clients and partners, we all have an opportunity to make healthcare more accessible for everyone who needs it.

Methodology

Information in this report was gathered and analyzed between October and December 2023. Data is from a variety of sources, including Definitive Healthcare products. All data points referenced are cited and linked throughout.

Healthcare provider information in the PhysicianView product is sourced from the NPI registry, Physician Compare, all-payor claims, and proprietary research. Our team incorporates updates monthly and currently tracks more than 2.5 million healthcare providers.

Data from the Atlas All-Payor Claims product is sourced from multiple medical claims clearinghouses in the U.S. and updated monthly. When possible, the full calendar year 2022 is used.

About Definitive Healthcare

At Definitive Healthcare, our mission is to transform data, analytics, and expertise into healthcare commercial intelligence. We help clients uncover the right markets, opportunities, and people, so they can shape tomorrow's healthcare industry. Our SaaS platform creates the path to commercial success in the healthcare market, so companies can identify where to go next.

For more information, visit definitivehc.com.

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