

Transgender Care and Medicaid

Transgender people self-identify with a different gender than the one society bestows upon them. For example, a transgender person might self-identify as male despite having been raised female. Cisgender people, in contrast, self-identify with the same gender society bestows upon them.

Some transgender people suffer greatly from the discontinuity between their gender identity and their physical features, which affect how others perceive their gender identity. The American Psychiatric Association's *Diagnostic Statistical Manual of Mental Disorders - Fifth Edition (2013)* identifies this condition as a gender dysphoria. Treatments include surgery and hormone therapies to synchronize a transgender person's internal identity and outward appearance.

New York State recently added coverage for transgender care under Medicare and Medicaid¹. The coverage includes psychological counseling and hormone therapy as well as surgical procedures. However, the limits of this coverage are uncertain; for example, it is unclear if procedures such as breast augmentation and hair removal are covered.

Proponents of this change consider it a major victory for transgender inclusion, ensuring that especially vulnerable members of the LGBTQ community have access to services that they would otherwise be unable to afford. Moreover, proponents hope that providing treatment will help transgender people feel less distress, thereby reducing the unusually high rate of suicide attempts in this community².

Those who oppose this change argue that these procedures, like other cosmetic procedures, are all elective, and should not be paid for with tax dollars³. For example, cisgender women may experience relief after undergoing breast augmentation, but this procedure is not covered by Medicaid. Moreover, including transgender care will raise the cost for Medicaid in NY by an estimated \$6,737,000.⁴ Instead of expanding coverage for these procedures, opponents argue that the state should use scarce medical resources to treat more serious medical problems and diseases.

STUDY QUESTIONS

1. Is there a morally relevant difference between medical treatment of gender dysphoria, on one hand, and medical treatment of other physical conditions that interfere with people's sense of identity and wellbeing, on the other hand?
2. Is there a morally relevant difference between a cisgender and transgender woman's desire to have breast augmentation if both seek the procedure in order to better conform to society's (problematic) expectations surrounding women's physical appearance?
3. Should all of the treatments for gender dysphoria be covered by private medical insurance?

¹ <http://www.governor.ny.gov/news/governor-cuomo-announces-proposed-regulations-provide-medicare-coverage-transgender-care-and>

² <http://articles.latimes.com/2014/jan/28/local/la-me-ln-suicide-attempts-alarmed-transgender-20140127>

³ <http://www.capitalnewyork.com/article/albany/2014/12/8558382/insurers-raise-concerns-over-new-transgender-treatment-rule>

⁴ https://www.health.ny.gov/regulations/recently_adopted/docs/2015-03-11_transgender_related_care_and_services.pdf

