



Oregon Health Plan Coverage for Gender Dysphoria

Background

Transgender Oregonians face disproportionate barriers to accessing critical health care, simply because of who they are. The 2011 National Transgender Discrimination Survey reports that transgender Oregonians are four times more likely to live in poverty, and that 41 percent of transgender Oregonians have reported attempting suicide. Discrimination puts transgender people and their families at risk for serious health problems and financial hardship. As a result, Oregon's Medicaid plan, the Oregon Health Plan, is a lifeline for many transgender Oregonians.

What is gender dysphoria?

Gender dysphoria refers to discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth.

When did the Oregon Health Plan Begin Covering gender dysphoria?

Oregon's Health Evidence Review Commission (HERC), which prioritizes services within the Oregon Health Plan, underwent a process to review evidence of effectiveness for treatments of gender dysphoria. In August 2014, the HERC approved coverage of hormonal and surgical healthcare for transgender people. The changes took effect on January 1, 2015.

Why did the HERC review gender dysphoria?

This policy was last evaluated in 1999 and was out of line with current medical standards of care. Every leading medical professional association supports increased access to comprehensive healthcare for transgender people, including the American Medical Association, American Psychiatric Association and the American Psychological Association. California, Vermont, Massachusetts, New York and Washington D.C. also provide coverage for gender dysphoria including counseling, hormone therapy and surgical healthcare as deemed medically appropriate by the patient and doctor.

What treatments are covered within OHP for gender dysphoria?

The HERC approved coverage for relieving gender dysphoria through counseling, cross hormone therapy and some surgical treatments.

Does OHP cover gender dysphoria for youth?

OHP does provide coverage for youth experiencing gender dysphoria, most often through counseling and in some cases puberty delaying medication and/or cross hormone therapy. Similar to other health issues with youth, health care decisions are made between the doctors, patients and families to determine the best course of treatment.

Why do physicians prescribe puberty delaying medications for gender dysphoria?

Most youth with gender dysphoria know from a very early age when their gender and body are unaligned. A physician treating a transgender adolescent may prescribe puberty delaying medication to suppress their body from going through puberty in the gender that does not align with their identity. The idea behind the treatment is twofold: First, it buys a patient time to make an informed decision, with the support of medical and mental providers, on how and if they want to physically transition to the gender with which they identify. And second, if they do decide to go through with the transition, puberty-delaying medications make the process smoother. By staving off breast development, for instance, an adolescent undergoing a female-to-male transition wouldn't have to undergo chest reconstruction surgery. But the medication offers mental health benefits as well: A teen who is already living as the gender they identify with won't be "outed" by their body, and wouldn't have to go through puberty for the wrong gender, which research has shown can cause depression and suicidal thoughts. Puberty delaying medications are also reversible.

Can a youth access gender-affirming surgery with or without a parental involvement?

Oregon law establishes the age of consent for all medical or dental treatment at 15 years of age. However, it would be extremely unusual for a minor to access treatment for gender dysphoria without parental involvement. Gender dysphoria is often closely linked with suicide, severe depression or suicidal thoughts. In rare cases, counseling, puberty suppression and hormone treatment may be insufficient to address gender dysphoria, depression or suicide. While infrequent, surgical treatment for gender dysphoria may be needed for older teens in some cases where it is the physician-advised course of treatment. An example might be a teen preparing to attend college and undergoing surgery before the start of their freshman year.

Oregon medical providers follow treatment guidelines that include many safeguards before any person, adult or youth, can undergo gender affirming surgeries. Most surgical procedures for gender transition require parental or familial supports and involvement both in the decision-making process and during recovery. In the rare case where a physician and an older teen along with his/her family decides that surgery before the age of 18 would be the best course of action, and is medically necessary—then the same laws would apply for medical consent generally.

Oregon's medical consent law has been in place for decades and has worked well. It would be concerning to modify the law on a procedure-by-procedure or medical condition basis.

