

Welcome to Out & Equal's November Town Call

Be sure to dial into the
audio portion of the conference

1-866-740-1260 (U.S. & Canada)

Participant Access code: 6946500

Your line will be muted, you are listening to:

"Past Summit Speakers Highlight Video"

http://www.youtube.com/watch?v=1da3v6BWCP8&feature=player_embedded#!



Health benefits for transgender and transsexual employees



HUMAN
RIGHTS
CAMPAIGN
FOUNDATION

Corporate Equality Index (CEI) 3.0 and WPATH Standards of Care



Jamison Green

Jamison Green & Associates

Deena Fidas

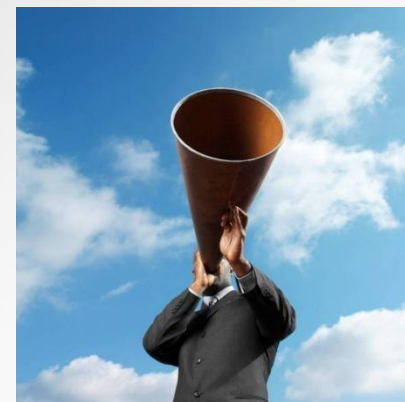
André Wilson

Out & Equal Town Call, November 18, 2010

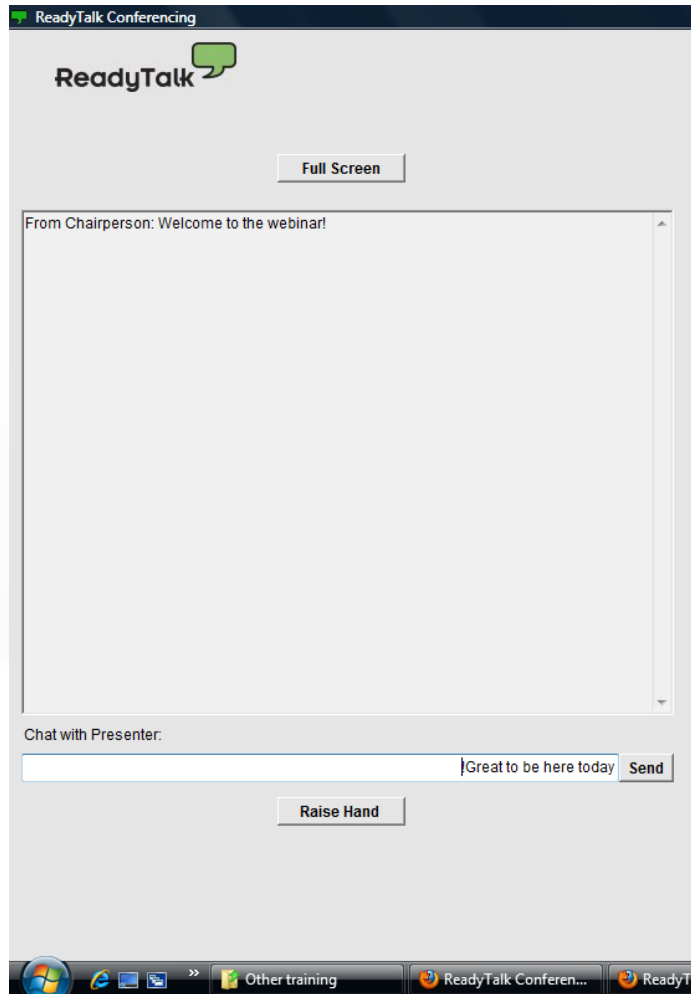


Announcements

- Nov 22 – Train the Trainer course at PG&E, San Francisco
- Jan 12 – 5 part Series on Developing Allies by David Hall
- Mar 28-30 – Executive Forum in San Francisco
- Mar 30 – Annual Leadership Celebration in San Francisco
- Check www.outandequal.org for more info on:
 - Upcoming & Archive Training - <http://www.outandequal.org/training-programs>
 - Regional Affiliates - <http://www.outandequal.org/regional-affiliates>
 - Employee Resource Groups - <http://www.outandequal.org/resources/groups>
 - CareerLink - <http://lgbtcareerlink.com/>
 - Summit 2010 - <http://outandequal.org/summit-2010>



ReadyTalk Features



- Lines are muted
- Use chat to ask questions during the presentation (chats go to the presenters)
- Technical problems, raise your hand and check the chat box!
- Cut & Paste links from chat
- Polling – select an answer, submit and see results



Health benefits for transgender and transsexual employees



HUMAN
RIGHTS
CAMPAIGN
FOUNDATION

Corporate Equality Index (CEI) 3.0 and WPATH Standards of Care



Jamison Green

Jamison Green & Associates

Deena Fidas

André Wilson

Out & Equal Town Call, November 18, 2010

Polls

- How many of you work for companies that have some form of transgender health care?

Session Overview

- CEI 3.0 criteria for trans-inclusive healthcare coverage
- World Professional Association for Transgender Health (WPATH) Standards of Care
- The business case for trans-inclusive healthcare benefits
- Action Plan
- Common Pitfalls
- Q & A
- Additional Resources

CEI Criteria 2.0 vs. 3.0 Defined

CEI 2011 (2.0)

5 points available for meeting **at least one of five** areas of transition-related medical care:

- mental health services
- pharmacy benefits for hormone therapies
- medical visits and lab procedures
- medically necessary surgical procedures
- short-term disability leave

CEI 2012 (3.0)

10 total points available for meeting the following:

Baseline (5 points):

- coverage explicitly defined and communicated to employees
- dollar caps meet/exceed \$75K
- “all” benefits available to ALL

Full Criteria (5 + 5):

- baseline **PLUS** coverage for all medically necessary care per WPATH Standards of Care
- barriers to care eliminated

Lifetime Caps: by Company Size 2011 (2010)

Cap Amt	# of Co's	Company Size (# employees)			
		0-999	1000-9999	10,000 – 49k	50,000+
\$0	69	9	19	29	12
\$10,000	1	1			
\$15,000	2		1		1
\$20,000	1				1
\$25,000	1			1	
\$35,000	1			1	
\$50,000	2			2	
\$75,000	6		4	1	1
\$100,000	1		1		
\$150,000	1		1		
Total	16	1	7	5	3

What is WPATH?

- World Professional Association for Transgender Health, Inc. (WPATH)
 - **formerly** known as:
Harry S. Benjamin International Gender Dysphoria Association (HBIGDA)
 - Founded in 1979
 - Maintains international **Standards of Care** for treatment of transsexualism
 - **Provides a flexible framework**, rather than rigid rules for treatment



The Business Case

- Adequate healthcare for employees and their families has been demonstrated to be critical to maintaining workplace focus and productivity.
- Employees unable to access needed healthcare, or whose dependents are restricted from accessing care, are unable to give full attention to their responsibilities.
- Full access to necessary medical services allows trans-identified employees to bring more of their whole self to work, increasing their ability to contribute to the effectiveness of the organization.
- EQUAL benefits (a component of equal compensation) are essential for effectiveness and productivity in the workplace.

Equal Compensation: *inclusive benefits*

- ➔ **Employer-based health insurance plans** cover medically necessary services for health and well-being of employees and eligible family members, ***including transgender individuals***
- ➔ Clinically indicated and appropriate care available to employees, partners/spouses, children, other dependents, ***without limitation or exclusion specific to transgender individuals***

Examples:

Transgender Exclusions

- “ Services for, or leading to, *sex transformation* surgery.”
- “ *Gender Transformation*: treatment or surgery to change gender including any direct or indirect complications or aftereffects thereof.”
- “ Expenses for, or related to, *sex change surgery* or to any treatment of gender identity disorders.”
- “ *Transsexual surgery* including medical or psychological counseling and hormonal therapy in preparation for, or subsequent to, any such surgery.”

i n s u r a n c e p l a n (c o n t r a c t) & l a w s

Common Myths and Barriers

- Sales reps report coverage not available or “too expensive”, trying to discourage business
- Beliefs that coverage is expensive or cosmetic
- Adverse impact: beliefs that offering coverage will increase demand – and the idea that everyone will want expensive surgery simultaneously
- Beliefs that all trans people require extensive treatments or need excessive levels of care

Medically Necessary

Transition-related Care



- Hormone Replacement Therapy
 - Estrogens (also androgen blockers) & Testosterone
 - “Growth hormones” (puberty blockers)
- Mental Health Services
- Surgical Reconstruction (“SRS”)
 - Breast/Chest reconstruction
 - Facial reconstruction
 - Gonadal surgery (e.g., hysterectomy)
 - Genital reconstruction
- Other procedures or services
 - Hair removal (electrolysis), speech therapy, prostheses

Medically Necessary Services

Among the many organizations supporting public and private insurance coverage for medically necessary transgender transition-related care:

American Medical Assn: AMA Resolution 122, June 2008

“Removing Financial Barriers to Care for Transgender Patients”

American Academy Family Physicians: AAFP Conference of Special Constituencies Resolution 9, April 2009

American Psychological Assn: APA Transgender Policy, August 2008

World Professional Assn Transgender Health Inc.:

WPATH Clarification Statement, June 2008

National Association of Social Workers: NASW Transgender Policy, August 2008

“Transgender and Gender Identity Issues”

WPATH 2008 Clarification Document

- Transgender transition is effective
- Transition-related care is medically necessary
- Medically necessary sex reassignment procedures include:
 - complete **hysterectomy**
 - bilateral mastectomy, **chest reconstruction** or **augmentation** (including breast prostheses)
 - **genital reconstruction** (by various techniques and including prostheses, as necessary)
 - **facial hair removal**
 - **facial plastic reconstruction**

Criteria for Access to Care

- Medically necessary care still misunderstood
- Reliance on Carrier Guidelines
 - Guidelines are internal to each carrier
 - “Inspired by” WPATH, rather than following WPATH
 - Rules for access to care are much more rigid & constraining than WPATH Standards of Care
 - Restricted set of services & procedures

Insurance Carriers

(Insurers/Administrators for Inclusive Plans)

- Blue Cross Blue Shield*
 - Anthem(WellPoint) including
 - BCBS California
 - Empire BCBS
 - Others?
 - Health Care Services Corp*
 - BCBS Illinois*
 - Premera
 - Blue Shield of California
 - BCBS Massachusetts
 - BCBS Michigan
 - BCBS Minnesota
 - BCBS North Carolina
 - Horizon BCBS (NJ)
 - HMSA (Hawaii)
- Aetna
- CVS Caremark
- CIGNA
- EmblemHealth
 - HIP Health Plan of New York
 - GHI
- Health Net
- Independence Health
- Kaiser Permanente
- Lifewise (non-Blue Premera)
- Medica
- MVP Healthcare
- ODS (Oregon)
- UnitedHealthCare/UHC
 - Pacificare, Unicare, Oxford

* Some Blues affiliate, not all

Insurance Carriers

CEI rated carriers

- Blue Cross Blue Shield*
 - **Anthem(WellPoint)** including
 - BCBS California
 - Empire BCBS
 - Others?
 - **Health Care Services Corp***
 - BCBS Illinois*
 - Premera
 - Blue Shield of California
 - BCBS Massachusetts
 - BCBS Michigan
 - **BCBS Minnesota**
 - **BCBS North Carolina**
 - Horizon BCBS (NJ)
 - HMSA (Hawaii)
- **Aetna**
- **CVS Caremark**
- **CIGNA**
- **EmblemHealth**
 - HIP Health Plan of New York
 - GHI
- **Health Net**
- Independence Health
- **Kaiser Permanente**
- Lifewise (non-Blue Premera)
- **Medica**
- MVP Healthcare
- ODS (Oregon)
- **UnitedHealthCare/UHC**
 - Pacificare, Unicare, Oxford

*Some Blues affiliates, not all!

Insurance Carrier Guidelines

Health Carriers	GRS/ SRS Policy	Genital & Hysto	FTM Chest ("Top")	MTF Breast Augment	Other (+ or -)	WPATH Diagnosis treatment
Aetna	✓	✓	✓	✓	+ Gender Specific Care	x
CIGNA	✓	✓	✓		x - "Initial Surgery" only	x
WellPoint (Anthem)	✓	✓	✓		x + Travel in some plans	x
BCBS Minnesota	✓	✓	✓	✓		x
BCBS Michigan (no guideline known)	?	✓	✓ (some employers) x (most employers)		x - No known guideline; details based on employer reports	x
EmblemHealth (HIP NY, GHI, Vytra)	✓	✓	✓	?	+ or – Specific procedures covered not described, may cover more services	x
HealthPartners (MN plans only)	✓	✓	✓		x	x
Medica	✓	✓	✓	✓		x
UHC (no guideline known)	?	?	?	?	- No known guideline	?

Model Guideline

- **All services** that are clinically appropriate for the individual per most current WPATH SOC (including any clarifications)
- **All other medical/health care**
 - e.g., “gender-specific care”
- **Process for access** to care
 - e.g., “prerequisites” for prior authorization
- **Adequacy of Network**
 - In- or Out-of-Network providers
 - Competency in clinically appropriate procedures
 - Reimbursement concerns

Best Practices

- Have your business case distilled to an elevator speech
- Check in with your HR/Benefits liaison frequently
 - make sure they have the background information they need to ask for the right coverage to meet CEI 3.0 criteria
- Explain that basic healthcare is at stake here, not just transition-related care
- “Come out” about efforts toward trans-inclusion at your company!

Action Plan to Achieve Trans-Inclusive Benefits

- Assess existing benefit plans
- Engage HR/Benefits to contact insurance carrier representatives to ask about obtaining coverage
- Negotiate with carrier(s) to get the coverage necessary
- Follow-through to ensure full trans-inclusion

Questions & Answers



How to ask a question...

- Online - use chat mode anytime during webinar
- Teleconference - dial *7 and ask your question & then *6 to return your phone to mute

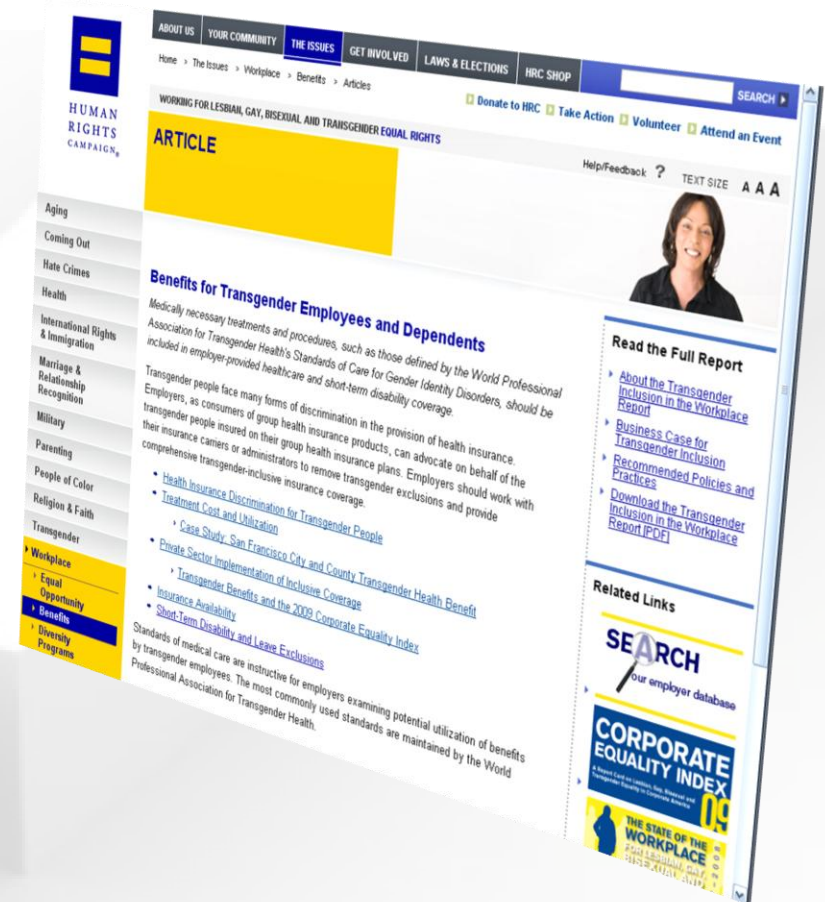
Resources

Existing:

- ➔ List of CEI 2011 employers with inclusive benefits
- ➔ Web resources
- ➔ Current WPATH Standard of Care: version 6 (2001)
<http://wpath.org/Documents2/socv6.pdf>

Coming Soon:

- ➔ report: best practices in transgender-inclusive insurance
- ➔ available, inclusive insurance plans/administrators



www.hrc.org/issues/transgender_inclusive_benefits.htm

Medically Necessary Services

Among the many organizations supporting public and private insurance coverage for medically necessary transgender transition-related care:

American Medical Assn: AMA Resolution 122, June 2008

“Removing Financial Barriers to Care for Transgender Patients”



AMA Res'n 122
2008

American Academy Family Physicians: AAFP Conference of Special Constituencies

Resolution 9, April 2009

“Encourage Removal of Health Insurance Restrictions for Care of Transgender Patients” (see page 2)



AAFP Spec
onst Trans HC 0

American Psychological Assn: APA Transgender Policy, August 2008

(see page 3, 2nd paragraph from bottom)



APA Trans
Policy Aug 2008

World Professional Assn Transgender Health Inc.:

WPATH Clarification Statement, June 2008

“On Medical Necessity of Treatment, Sex Reassignment, and Insurance Coverage in the U.S.” (see page 3, last paragraph)



WPATH
Clarification 2008

National Association of Social Workers: NASW Transgender Policy, August 2008

“Transgender and Gender Identity Issues” (see page 347, 4th bullet)



NASW Trans
Policy 2008

Questions & Answers



How to ask a question...

- Online - use chat mode anytime during webinar
- Teleconference - dial *7 and ask your question & then *6 to return your phone to mute

Closing Comments





Thank you for your participation!

Please complete the short survey at the end of the call!

Consider a donation to Out & Equal:

<http://www.outandequal.org/about/Donations.asp>

*Next Town Call on **December 16, 2010!***

HIV/AIDS in the Workplace

More questions? Contact Pat Baillie, Associate Director of Training
pbaillie@outandequal.org - 415-694-6521