

BACKGROUND

- An estimated 13 percent of transgender patients in the United States identify as Black yet these patients account for only 2.6 to 9.7 percent of all patients undergoing gender affirming surgery (GAS).^{1,3}
- In addition to other barriers, insurance coverage for GAS has been a significant challenge with a significantly higher proportion of transgender patients of color (TOPC) being covered by Medicaid or being uninsured.^{4,1}
- Insurance coverage in the 25 states with early adoption of the Affordable Care Act's (ACA) Medicaid expansion provision first became effective January 1, 2014. Since then, an additional 15 states have expanded coverage.⁵
- 29 states have explicit regulatory provisions or judicial rulings mandating Medicaid coverage of gender-affirming care for adults.^{6,7}

PURPOSE

- Previous studies have shown in general that legislations mandating insurance coverage of GAS have been associated with an increased number of patients receiving care.⁸
- This study sought to specifically examine racial differences in patients undergoing GAS and the disparate effects of these legislations on TOPC.

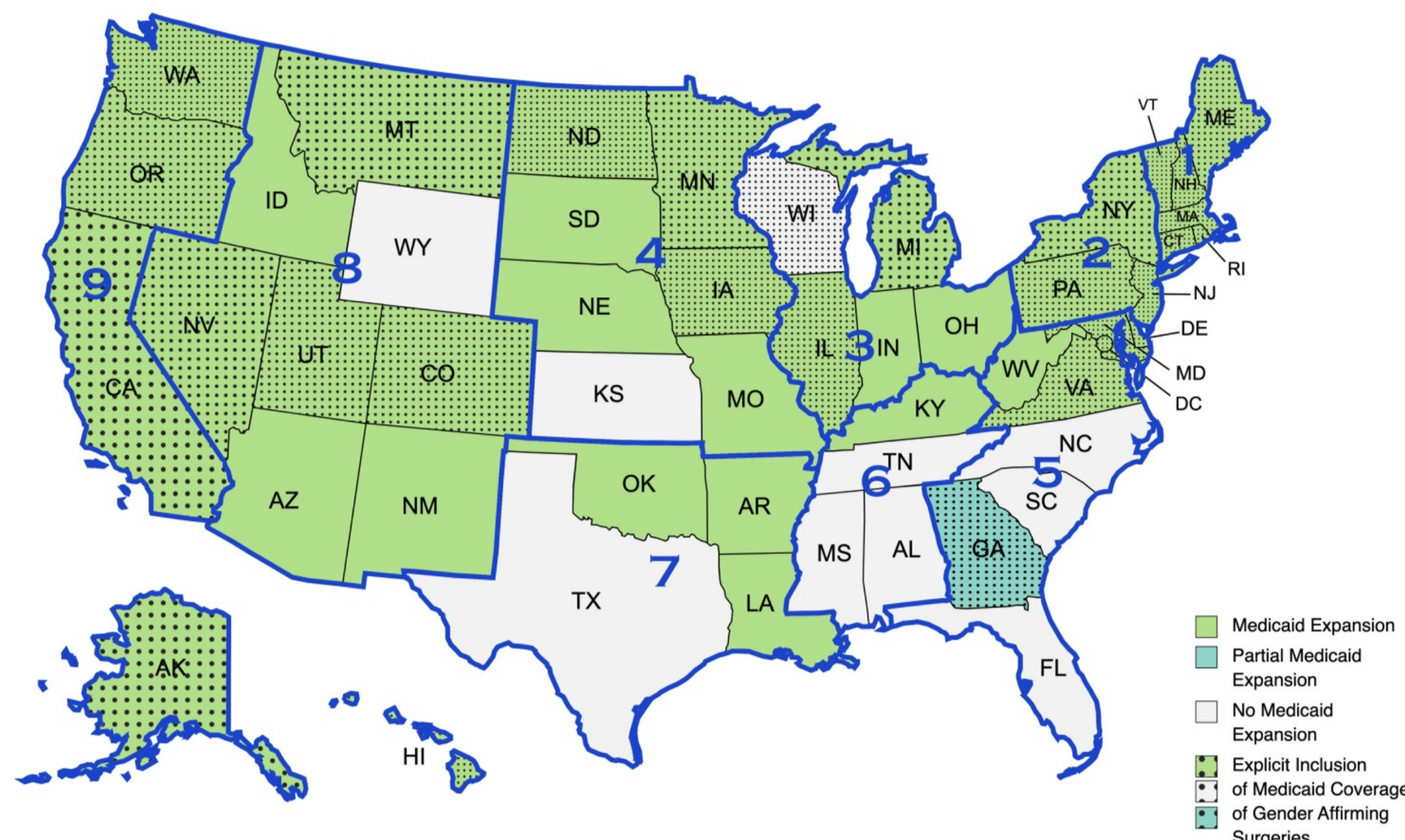


Figure 1. State-by-state status of Medicaid expansion and coverage of gender-affirming surgery. This figure outlines the nine hospital census divisions and depicts each state's status with regard to Medicaid expansion (green background) and Medicaid coverage of GAS (dot pattern overlay). Divisions 1, 2, and 9 exclusively contain states that have both expanded Medicaid eligibility and have explicit provisions protecting coverage of GAS.

METHODS

SEARCH STRATEGY

- National Inpatient Sample database from 2013 to 2019 searched using ICD diagnosis and procedure codes to identify patients diagnosed with transsexualism or gender identity disorder who underwent genital- and/or breast-related GAS
- Patients without reported race were excluded.

STATISTICAL ANALYSIS

- Patients were stratified by race (white versus non-white) and payer type
- Primary payer was converted to a percentage of total GAS performed by race to account for racial distribution of patients. Percentages were averaged across pre-policy (2013-2014) and post-policy years (2015-2019) for both cohorts.
- Data was analyzed using Z-test and Fischer's Exact Test

RESULTS

Table 1. Racial Differences in Gender- Affirming Surgery

	White (n=1080)	Non-White (n = 449)	<i>P Value</i>
Age, years (SD)	37.47 ± 13.72	34.95 ± 11.72	< 0.001
Sex Category, n (%)			0.079
Male	328 (30.4%)	124 (28.1%)	
Female	175 (16.2%)	94 (21.8%)	
Not Reported/Inconsistent	577 (53.4%)	231 (51.1%)	
Primary Payer, n (%)			< 0.001
Medicare	93 (8.6%)	24 (5.3%)	
Medicaid	112 (10.4%)	143 (31.8%)	
Private Insurance	707 (65.5%)	238 (53.0%)	
Self-Pay	145 (13.4%)	36 (8.0%)	
Other	18 (1.7%)	6 (1.3%)	
Not Reported	5 (0.5%)	2 (0.04%)	
Zip Code Income Quartile, n (%)			< 0.001
1	153 (14.1%)	126 (28.1%)	
2	246 (22.8%)	91 (20.3%)	
3	285 (26.4%)	96 (21.4%)	
4	369 (34.2%)	121 (26.9%)	
Not Reported	27 (2.5%)	15 (3.3%)	
Type of Surgery, n (%)			0.16
Genital Reconstruction	552 (51.1%)	232 (51.7%)	
Chest Reconstruction	101 (9.4%)	43 (9.6%)	
Abdominal Surgery	58 (5.4%)	37 (8.2%)	
Other/"Inconsistent"	499 (46.2%)	185 (41.2%)	
Multiple Anatomic Sites	129 (11.9%)	46 (10.2%)	
Elective Procedure, n (%)	1019 (94.4%)	408 (90.5%)	0.012
Hospital Census Division, n (%)			< 0.001
1 – New England	30 (2.8%)	9 (2.0%)	
2 – Middle Atlantic	279 (25.8%)	155 (34.5%)	
3 – East North Central	97 (9.0%)	19 (4.2%)	
4 – West North Central	43 (4.0%)	4 (0.9%)	
5 – South Atlantic	51 (4.7%)	37 (8.2%)	
6 – East South Central	7 (0.7%)	1 (0.2%)	
7 – West South Central	66 (10.1%)	6 (1.3%)	
8 - Mountain	40 (3.7%)	10 (2.2%)	
9 – Pacific	466 (43.1%)	208 (46.3%)	
Length of Stay, median (IQR)	3 (3-5)	3 (3-5)	1.0

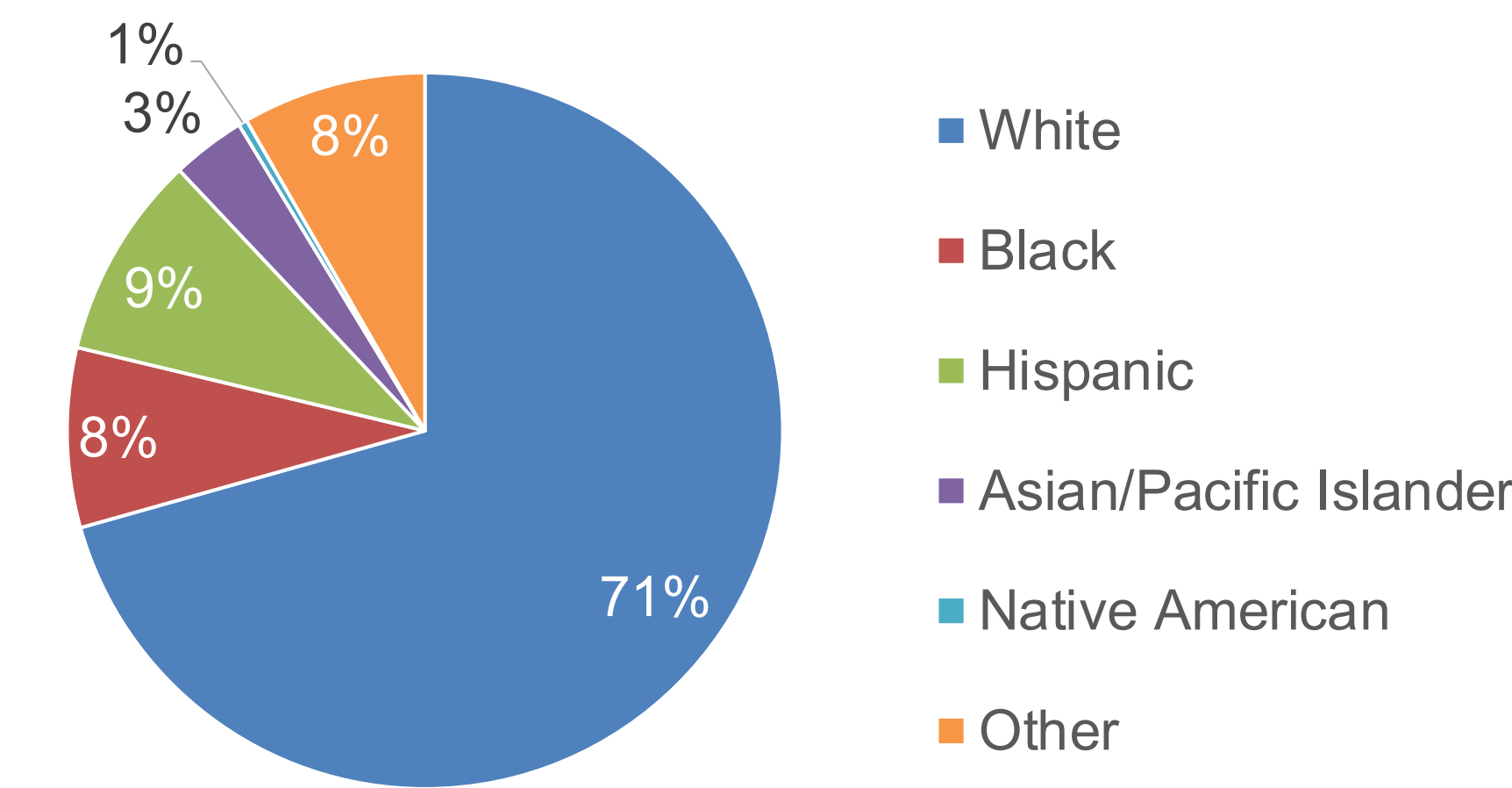


Figure 2. Racial Distribution of Patients Undergoing Gender-Affirming Surgery

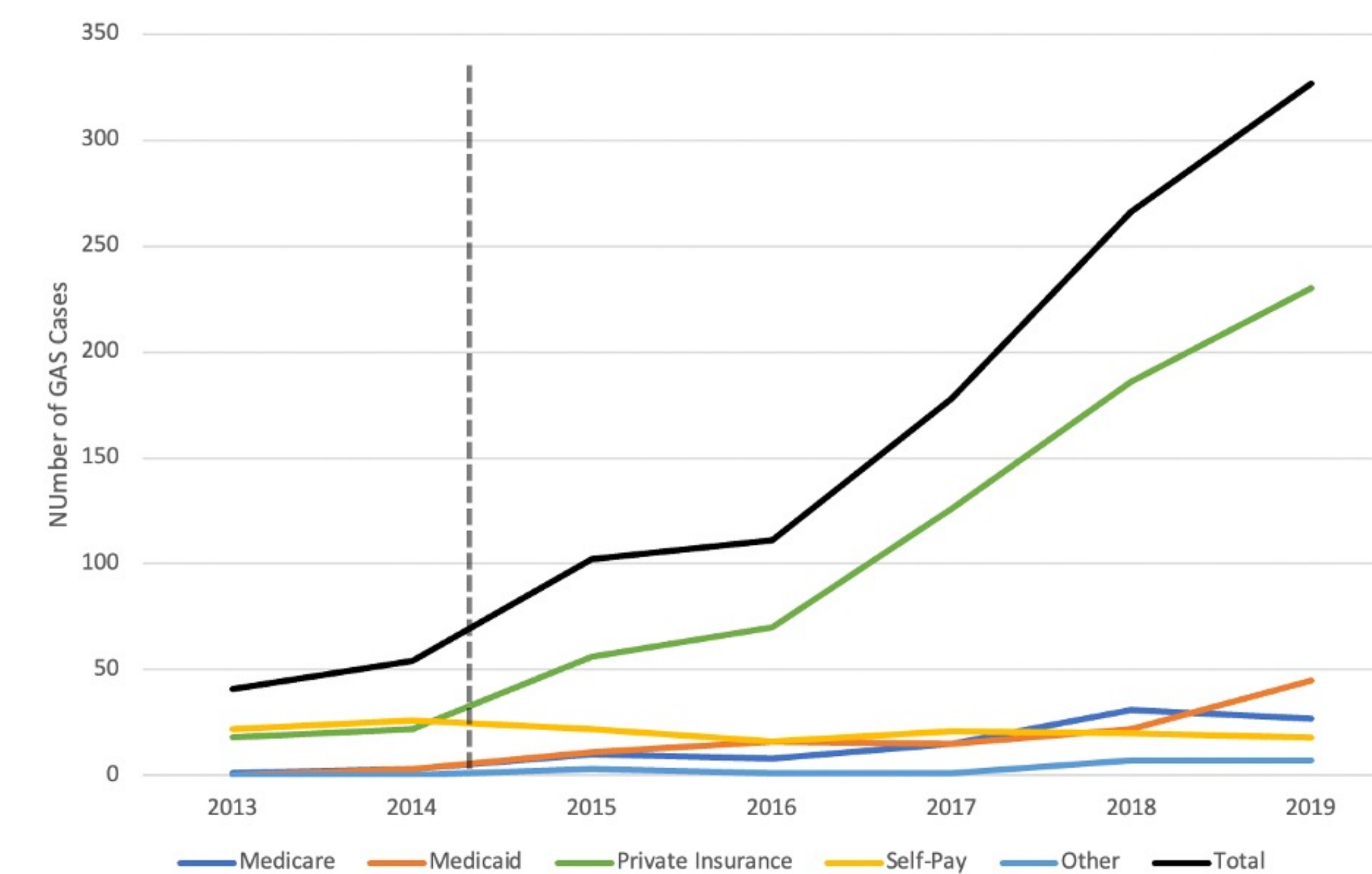


Figure 3. Trends in Primary Payer for White Patients Undergoing Gender-Affirming Surgery By Year

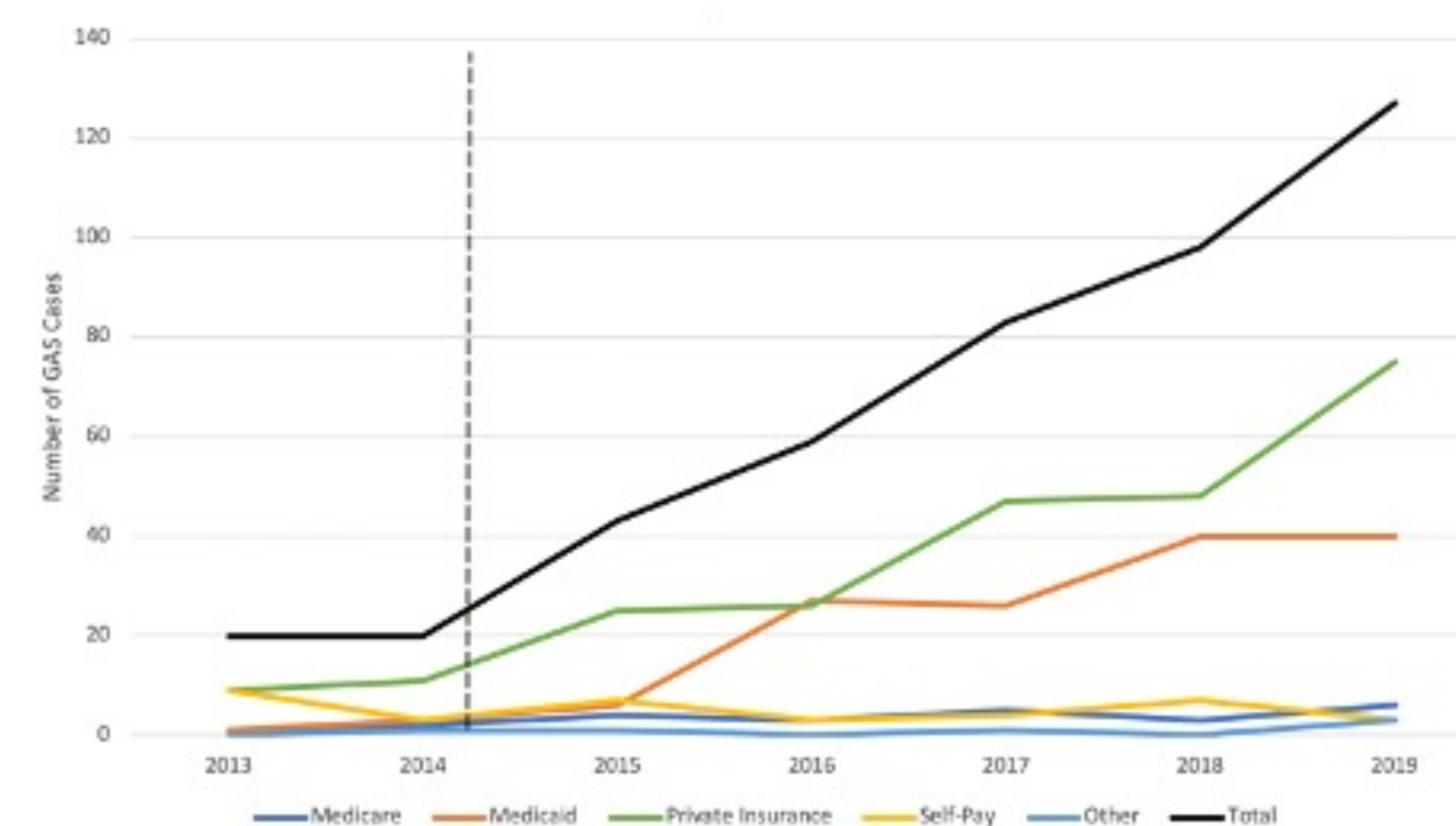


Figure 4. Trends in Primary Payer for TPOC Undergoing Gender-Affirming Surgery By Year

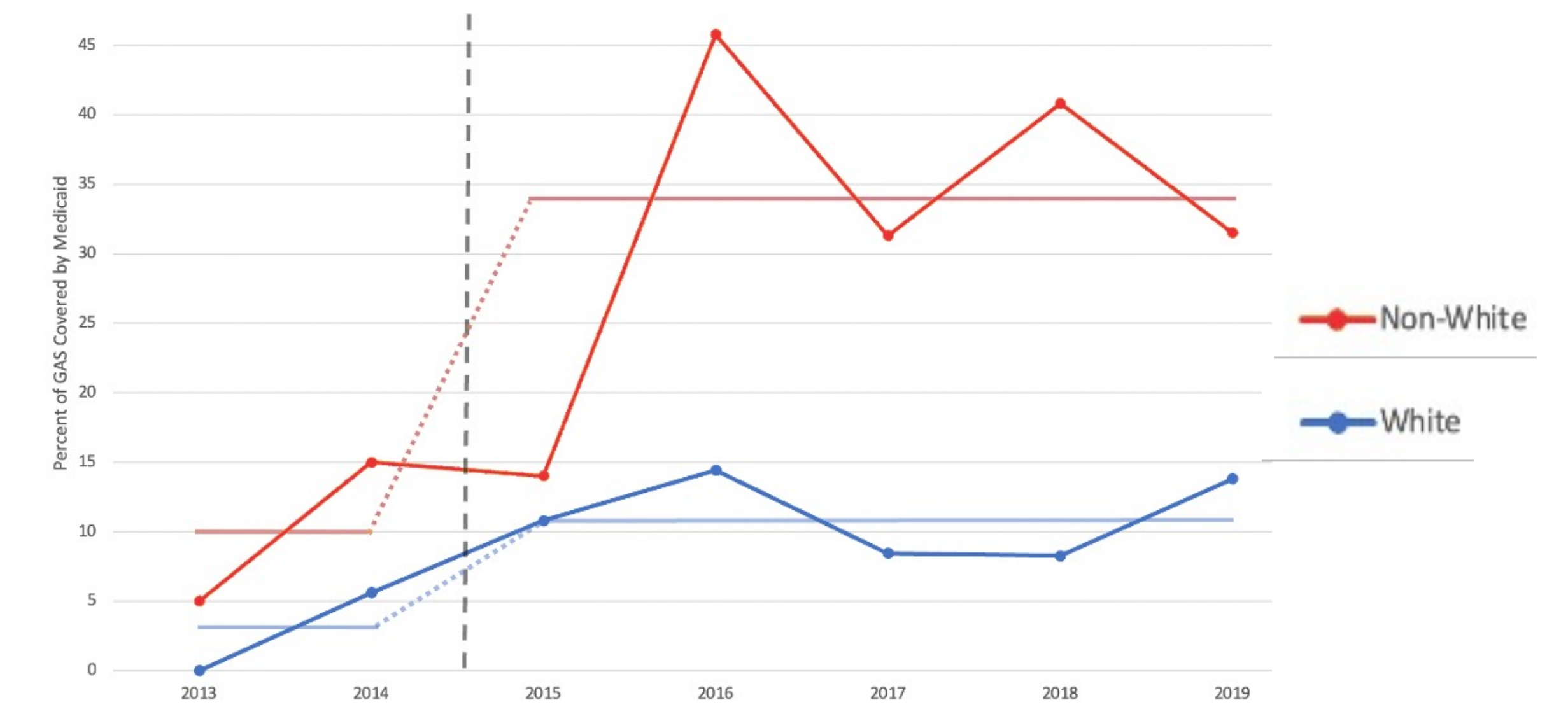


Figure 5. Percentage of GAS covered by Medicaid over time, stratified by race. White patients experienced a +7.9% in Medicaid coverage while Non-White patients had a +23.9% change. P-value was < 0.0001.

DISCUSSION

- Post-legislation, there was a significant decrease in the percentage of patients using self-pay among Whites and Non-Whites and an increase in proportional utilization of Medicaid among TPOC.
- Expansion of publicly funded insurance, in terms of coverage and eligibility, is associated with improved access to GAS, especially for TPOC.
- Although this disparate effect likely holds no legal power to compel broadened eligibility requirements or coverage of GAS under insurance policies, it emphasizes the importance of continued lobbying for Medicaid expansion on both fronts.

LIMITATIONS

- Unable to examine by geographic area in order to more firmly establish a causative effect secondary to overall lower numbers of TOPC undergoing GAS each year.
- Does not account for other barriers to care including lack of trained healthcare resources and lack of resources for recovery including social support, permanent housing, and job security.

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