



2.

**HEALTH
CARE**

PRIMARY CARE AND WHOLE HEALTH

Many discussions about transgender health care center on gender-affirming care, such as hormones or surgeries. Our overall health and wellbeing deserves similar focus. Comprehensive health care for transgender and non-binary individuals should include gender-affirming care and primary health care services that offer preventative care and management of general medical conditions – known as “gender-affirming primary care.”

Transgender and non-binary individuals may be deterred from receiving comprehensive health care as a result of past negative experiences with health care systems or individual providers, fear of discrimination or stigma, or limited financial means. Many of us face chronic stressors in several areas of our lives as a result of anti-trans bias, and those stressors negatively impact our physical, social and emotional wellbeing. For example, transgender individuals have a higher tendency to use negative coping responses such as substance use to manage the stresses that result from societal transphobia.

Transgender and non-binary individuals experience significant health disparities as compared to the general population that further affect our ability to seek safe and effective health care. And, when we do seek care, we may encounter barriers that prevent receiving care or result in substandard care. Or, as we seek both primary and gender-affirming care, our options for health care may become segmented, requiring us to maintain relationships with many different providers. And while providers dedicated to serving exclusively or primarily LGBTQ+ individuals may offer a safe and welcoming environment for some trans or non-binary people, many people in our communities experience stigma in, or feel outside of, the larger LGBTQ+ community.

This section of the Guide is intended to provide information and resources about primary and gender-affirming health care, including how to find and choose primary and gender-affirming medical providers and work with health insurance carriers. While trans and non-binary individuals’ relationships with medical systems may have been fraught in the past, many medical providers in the past decade have developed a keener recognition of the diversity of identities in trans communities, the necessity of affirming non-binary identities, and the need to respect and honor the autonomy and decision-making of their trans and non-binary patients.

TRANS HEALTH CARE

Transgender and non-binary individuals, as well as individuals who identify in other ways, may seek gender-affirming medical and/or surgical interventions in order to align their bodies more closely with their gender identity or gender expression. Some people will not seek any medical or surgical interventions, for many reasons. They may not want to change their bodies or undergo medical treatment, or they may not be able to undergo medical treatment because of their health status, finances or life circumstances, including their assessments of personal safety.

For those who are interested in medical and/or surgical interventions, available options range from hormone replacement therapy (HRT), surgery, facial and/or body hair removal (plucking, waxing, laser, electrolysis), interventions for speech and communication (voice surgery or training) and behavioral adjustments, such as genital tucking or packing for transfeminine individuals or chest binding for transmasculine individuals. All of these medical and surgical interventions have been deemed “medically necessary” for trans people and all are available from practitioners and service providers in Wisconsin.

Just as trans-specific medical or surgical interventions may be affirming for some transgender or non-binary individuals, choosing not to undertake such interventions in no way undermines or invalidates a trans or non-binary person’s gender identity. Who we are and how we choose to present ourselves and express our gender are deeply personal and multidimensional choices. We know who we are, and the choices we make about medical treatment do not change that.

Medical and Surgical Interventions Defined

Medical interventions: Gender-affirming hormone therapy is the primary medical intervention sought by some transgender people. Such treatment allows the acquisition of secondary sex characteristics more aligned with an individual’s gender identity.

Surgical interventions: A wide range of gender affirming surgeries are available to transgender people. These include surgeries specific to gender affirmation, as well as procedures that are also commonly performed in non-transgender populations.

(University of California, San Francisco, Center of Excellence for Transgender Health. *Supporting evidence for providing gender affirming treatments and procedures*. Retrieved January 29, 2019, from <http://transhealth.ucsf.edu/trans?page=guidelines-overview>.)

Standards of Care

This Guide honors and affirms the breadth of diversity of identities in transgender and non-binary communities, and emphasizes that decisions about medical or surgical interventions

are highly individualized – not all transgender people seek all medical/surgical interventions, and many will seek none at all.

Developments in standards of care for transgender health over the past decade have profoundly changed the approach used by many medical providers. Standards of care are guidelines created by medical and mental health professionals that set forth how providers should approach their provision of trans-specific health care. Reliance on any particular standard of care is not mandatory, but most medical provider decision-making will be influenced to some degree by one or more sets of standards.

Medical and mental health professionals are recognizing that our society’s traditional reliance on a binary system of gender categorization (with male and female as the only two options) artificially limits the range of human experience and expression of who we are as individuals. As a result, many providers are shifting away from the traditional standards of care originally developed in 1979, and now in its seventh version. The traditional standards of care, developed by the World Professional Association for Transgender Health (WPATH) and formerly known as the Harry Benjamin International Gender Dysphoria Association, largely dictate a particular order to medical/surgical interventions. This order requires psychological readiness assessment first, then hormone replacement therapy, and then surgery(ies). Usually individuals are required to work with a therapist and receive from that therapist a referral or “permission” to access to medical care like HRT or surgery. Although it is slowly changing, the WPATH standards generally reinforce the notion that gender is binary and, therefore, erase non-binary identities – i.e., the standards consider those transitioning as choosing to live as the “opposite” gender.

At the other end of the spectrum are newer sets of standards of care that allow trans, non-binary and gender non-conforming individuals to exercise their own autonomy and decision-making about which interventions, if any, to pursue, and in what order. These types of standards of care, broadly described by the umbrella terms of Informed Consent or Informed Consent for Access to Trans Care, adopt the approach that medical providers use in nearly all other treatment settings. Under this approach, patients are comprehensively informed of benefits and risks of available alternatives and decide for themselves, with their medical provider’s assistance, whether to undertake any particular course of treatment.

NOTE: The current (seventh) version of the WPATH standards does acknowledge a role for informed consent practices in certain cases, which may be useful to remember when discussing protocols with a medical provider who relies on the WPATH standards.

Informed consent standards do not require us to seek “permission” from therapists who are “gatekeeping” our access to medical care. The newer standards of care more readily embrace the reality that many people do not wish to

transition medically, or are not transitioning to the “opposite” gender, and instead will use selected medical/surgical interventions to shape their bodies in a manner that they decide is right for them. These newer informed consent standards more readily uplift individual trans and non-binary persons as active participants in shaping the course of trans-specific medical/surgical treatment they desire.

That being said, some medical providers continue to adhere to the traditional WPATH standards. As a result, trans and non-binary people will want and need to decide whether to seek a WPATH or an informed consent provider, and will potentially need to be prepared to comply with WPATH requirements if the selected provider relies upon them.

In addition, many health insurance carriers rely on the WPATH standards to inform their determinations of whether proposed medical care is “medically necessary” and therefore eligible for insurance coverage. So, even though your medical provider may not require a letter of referral from a therapist attesting that you’ve achieved a level of “readiness” for HRT or surgery, for example, your insurance carrier may still require one letter of referral for HRT or chest (“top”) surgery, and two letters of referral for genital (“bottom”) surgery.

Additional Resources

Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Non-binary People

University of California, San Francisco, Center of Excellence for Transgender Health
<http://transhealth.ucsf.edu/>

Informed Consent for Access to Trans Health
icath.org

Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7th ed.

Comparison of Standards of Care

In the traditional (WPATH) Standards of Care model:

- Transgender, intersex and gender non-conforming people may be required to attend therapy and to spend time living as the “opposite gender” before they are able to access gender-confirming health care.
- Those whose gender identity is non-binary or fluid are not visible in this model and they must either adopt a narrative that is not their own, or be excluded from accessing gender-confirming health care.
- Transgender, intersex and gender non-conforming people may have to get permission from providers to access health care. Health care providers often have the task of assessing “eligibility” for services.

The informed consent (ICATH) model:

- Transgender, intersex and gender non-conforming people are not required to attend therapy to receive desired gender confirming health care. No one should have to go to therapy to prove their true gender, or to get permission to change their bodies.
- Transgender, intersex and gender non-conforming people are able to decide what is best for themselves and their bodies, and when.
- Therapy is an option, not a requirement, for accessing gender confirming health care.

(Informed Consent for Access to Trans Health (ICATH). Retrieved January 30, 2019, from <http://www.icath.org/>.)

World Professional Association for Transgender Health
wpath.org

Finding a Medical Provider

For those seeking primary care and/or gender-affirming care, our options for finding trans-knowledgeable medical providers are ever-increasing.

Primary Care Physician or Nurse Practitioner

Many people have the belief that a specialty medical provider is required to obtain a prescription for or management of hormone replacement therapy (HRT). For the majority of trans and non-binary individuals, this isn't the case. Most of us can access HRT via our primary care provider or nurse practitioner. Any medical provider who can prescribe medication is able to prescribe HRT. Trans and non-binary individuals may wish to research their primary medical provider's experience, training and level of comfort with regard to HRT by checking their credentials online and asking screening questions of the provider prior to or at the first visit.

Endocrinologists

Some individuals, due to their health status, may require the guidance of a specialty provider called an endocrinologist to access HRT. Endocrinologists are experts in hormones in the human body, and, if necessary, your primary care provider or nurse practitioner will provide a referral.

In addition, in some locales, specialty clinics dedicated to serving LGBTQ+ populations may be a good option for obtaining gender-affirming care (and, in some cases, comprehensive care, including primary and behavioral health).

FORGE maintains an online directory of trans-knowledgeable health care providers in Wisconsin, which has been vetted by trans individuals who have used their

SELECTED SPECIALTY CLINICS SERVING LGBTQ+ COMMUNITIES IN

Madison:

- UW Health Gender Services
- UW Health Pediatric and Adolescent Transgender Health (PATH) Clinic

Milwaukee:

- Children's Hospital of Wisconsin Gender Health Clinic
- Froedtert & Medical College of Wisconsin Inclusion Clinic
- Health Connections, Inc. (formerly Greater Milwaukee Center for Health and Wellness)

Chicago:

- Howard-Brown Health

Multiple locations:

- AIDS Resource Center of Wisconsin
- VA Health Care Services for Veterans with LGBT and Related Identities

(See "Additional Resources" at the end of this section for provider websites.)

services. The directory is available on the FORGE website at: <https://forge-wi.org/providers/physicians/>.

LGBTQ+ community centers and college and university LGBTQ+ campus resource centers often maintain similar referral lists or directories of providers. We may also want to inquire of other trans or non-binary individuals what their recommendations are and what their own experiences have been with various providers. Online directories of trans-knowledgeable medical providers are also growing increasingly available. Any of these can serve as a starting point for your search for local providers.

Expert Transgender Health Consultation Available

If you find that your primary care provider or nurse practitioner could benefit from consultation with a provider experienced in trans health care, consider sharing this online resource which provides both general information and individualized case consultation to support providers serving trans and non-binary populations.

Project Health, Transline

<http://project-health.org/transline/>

HORMONE REPLACEMENT THERAPY

What are Hormones?

Hormones are messenger molecules produced by various glands throughout the body. Hormones travel via the circulatory system to deliver instructions to tissues and organs in order to regulate an individual's physiology and behaviors such as sleep, digestion, metabolism, reproduction, and emotional response, as well as growth and development.

Hormones affect cells through specific receptors on or in the cell. By binding to these receptors, hormones signal the cell, which activates certain cellular actions.

Hormone Replacement Therapy (HRT)

Introducing “sex hormones” into our body (typically testosterone for transmasculine individuals and estrogens for transfeminine people) brings about changes in secondary sex characteristics, in order to align those characteristics with one's gender identity. While we often think of estrogen as a “female hormone” and testosterone as a “male hormone”, everyone has varying amounts of estrogen and testosterone occurring naturally in their body.

HRT will not undo all of the effects of puberty on the body, and some individuals may seek to make additional changes to their bodies or appearance through, for example, surgery, epilation (the removal of hair) or prosthetics or shapewear to achieve the results they wish.

Feminizing Hormones

Estrogen. Estrogen is the primary female sex hormone. Estrogen use helps individuals develop feminine secondary sex characteristics such as breasts and finer body hair. Estrogens affect fat distribution throughout the body and help regulate menstrual cycles. Estrogens may be injected, taken orally either in pill form or sublingually (dissolved in the mouth rather than swallowed) or in sprays, gels or transdermal patches applied to the skin.

Progestogen. Progestogens are another type of feminizing hormone. Progestogens fall into two categories: progesterones or progestins. Progesterone is naturally occurring progestogen, while progestin is synthetic. Progestogens may be taken orally, sublingually, by suppository or in gel or injectable form.

Masculinizing Hormones

Testosterone. Testosterone (often referred to as “T”) is the primary male sex hormone. It is responsible for promotion of masculine secondary sex characteristics such as increased muscle and bone mass, thickening of the vocal cords, and growth of body hair.

Intramuscular self-injection is the most popular method for administration of testosterone, but it may also be taken orally either in pill form or sublingually (dissolved in the mouth rather than swallowed), or in gels, creams or transdermal patches applied to the skin.

Hormone “Blockers”

Anti-androgens. Often called “testosterone blockers,” anti-androgens prevent the formation of testosterone in the body as well as its effects on the body.

Spirolactone and **Cyproterone acetate** are the two most commonly prescribed types of anti-androgens. Spirolactone (or “Spiro”) is used to treat edema hypertension and low potassium levels. People with kidney problems and those taking blood pressure medications need to take extra care while taking Spirolactone. Spirolactone can raise potassium levels in the blood, including to dangerously high levels, and its use should therefore be monitored carefully. Spirolactone is prescribed more commonly in the United States due to its relative safety and low cost. Cyproterone acetate is more commonly used outside of the U.S. It has been used to treat prostate cancer.

Puberty Blockers. Also known as “puberty inhibitors,” “puberty suppressors, or “hormone suppressants,” puberty blockers are a group of medications used to delay the onset of the hormonal changes that occur during puberty. They allow transgender and gender non-conforming youth further time to explore their identities before development of secondary sex characteristics. The medications used to delay puberty are administered as an intramuscular injection (**Leuprorelin**) or as an implant (**Histrelin**). We have a lack of data on the long-term effects of puberty blockers,

although the two potential side effects that may occur are adverse effects on bone mineralization, and compromised fertility.

Additional Resources

Fenway Health, Gender Affirming Hormone Therapy For Adults

<https://fenwayhealth.org/wp-content/uploads/TH-39-Gender-Affirming-Hormone-Therapy-for-Adults-Brochure-Final-Web.pdf>

Fenway Health, Affirming Care for Gender Diverse Youth

<https://fenwayhealth.org/wp-content/uploads/TH-38-Affirming-Care-for-Gender-Diverse-Youth-Brochure-Final-Web.pdf>

Froedtert & Medical College of Wisconsin, Transgender Hormone Therapy

<https://www.froedtert.com/endocrinology/transgender-hormonal-therapy>

University of California, San Francisco, Center of Excellence for Transgender Health, Gender Affirmation for Genderqueer, Gender Non-Conforming, and Gender Non-Binary People

<http://transhealth.ucsf.edu/trans?page=guidelines-gender-nonconforming>

University of California, San Francisco, Center of Excellence for Transgender Health, Health Considerations for Gender Non-Conforming Children and Transgender Adolescents

<http://transhealth.ucsf.edu/trans?page=guidelines-youth>

University of California, San Francisco, Center of Excellence for Transgender Health, Hormone Therapy

<https://transcare.ucsf.edu/hormone-therapy>

Videos and written materials about feminizing and masculinizing HRT, expected physical developments, potential health risks and side effects.

GENDER-AFFIRMING SURGERIES

Gender-affirming surgical interventions, known in the past as sex reassignment surgery (SRS) or gender reassignment surgery (GRS), are another available intervention for aligning our bodies with our gender identity or gender expression. Because of changes to the standards of care, and the movement in some medical communities to shift away from the more restrictive WPATH standards of care, trans and non-binary individuals currently have more access to surgical procedures that they decide are right for them. Some may not seek any surgical interventions, while others may seek to obtain several procedures over time to effect more comprehensive changes to their bodies. Some may select one or a few procedures that they most desire. There is no one way or correct way to make use of surgical interventions, and choosing to undergo surgery, or not, in no way defines who we are or either validates or invalidates our gender.

Surgeries specific to transgender populations:

- Feminizing vaginoplasty: construction of vaginal cavity.
- Masculinizing phalloplasty/scrotoplasty: construction of penis and/or scrotum.
- Metaoidioplasty: clitoral release/enlargement.
- Masculinizing chest surgery: “top” surgery.
- Reduction thyrochondroplasty: tracheal cartilage “shave.”
- Facial feminization procedures.
- Voice surgery.

Surgeries not specific to transgender populations:

- Augmentation mammoplasty: breast augmentation.
- Hysterectomy/Oophorectomy: removal of uterus and/or one or both ovaries.
- Orchiectomy: removal of one or both testicles.
- Vaginectomy: removal of all or part of vagina.

For comprehensive information about specific gender-affirming surgical procedures, visit:

Healthline

<https://www.healthline.com/>

Enter surgical procedure into the “search” box in upper right-hand corner to receive description, preparation and recovery tips, and risks and side effects.

University of California, San Francisco, Center of Excellence for Transgender Health, Overview of Gender Affirming Treatments and Procedures

<http://transhealth.ucsf.edu/trans?page=guidelines-overview>

Description, post-surgical considerations and risks and side effects of surgical procedures.

Finding a Surgeon

Finding and choosing a surgeon for your gender-affirming procedures can admittedly be challenging, as comprehensive resources are somewhat limited, and surgeons (or the

Did You Know?

A 2017 study of individuals who had gender-affirming surgical interventions found postoperative rates of satisfaction in the range of 94% - 100%, depending on the surgery performed. Six percent of study participants expressed dissatisfaction and/or regret associated with preoperative psychological symptoms or self-reported surgical complications.

(van de Grift, T.C., Elaut, E., Cerwenka S., et al. (June 12, 2017). Surgical Satisfaction, Quality of Life, and Their Association After Gender-Affirming Surgery: A Follow-up Study. Retrieved on January 30, 2019, from <https://www.tandfonline.com/doi/full/10.1080/0092623X.2017.1326190>.)

medical systems with which they are affiliated) do not always clearly publicly state that they perform gender-affirming surgeries.

There are resources available, however, for locating a surgeon (see below). In addition to learning which surgeons are available to you locally, note that some trans or non-binary people will opt to travel to a particular surgeon in a distant location in order to complete gender-affirming surgeries with a professional that they believe offers the best services or is the best fit for them. Choosing a distant surgeon shouldn't be done without some consideration, however.

You may be required or want to travel to consult with the surgeon either or both pre- and post-operatively, requiring multiple trips. Your out-of-pocket costs will increase as private insurance carriers will not cover travel costs. Also, should you need post-operative care, your surgeon obviously will not be in the vicinity. (Those using Medicare or Medicaid (called BadgerCare in Wisconsin) programs may have travel coverage.) Such considerations should be weighed along with the benefits the distant surgeon provides.

Another primary consideration when selecting a surgeon is whether the surgeon performs gender-affirming surgical procedures exclusively, or is a mainstream provider. Each has their respective benefits. Many people are more comfortable with a surgeon who specializes in working with trans/non-binary patients, believing that their focus and volume of work yields the best results. Others may find that working with a mainstream surgeon is a more accessible, convenient and integrated experience, particularly if the surgeon is within the health care system that the individual is already using. Regardless, any surgeon should be able to provide photographs of prior patients to demonstrate the end result of their work. Most trans-specific surgeons maintain archival collections of “before & after” patient photographs on their websites. Such collections provide you with the opportunity to judge the surgeon’s handiwork for yourself.

For those seeking a surgeon, FORGE maintains an online directory of trans-knowledgeable health care providers in Wisconsin, which has been vetted by trans individuals who have used their services. The directory is available on the

SELECTED TRANS HEALTH CARE PROVIDER DIRECTORIES

**FORGE Medical
Providers Directory**
<https://forge-wi.org/providers/physicians/>
Directory of trans-knowledgeable medical providers in Wisconsin.

RAD Remedy
<http://www.radremedy.org/>
Filter/sort directory of trans-knowledgeable medical providers nationwide.

Web searches
Many referral lists and directories are available online, particularly on a nationwide scale.

FORGE website at: <https://forge-wi.org/providers/physicians/>.

LGBTQ+ community centers and college and university LGBTQ+ campus resource centers often maintain similar referral lists or directories of providers. We may also want to inquire of other trans or non-binary individuals what their recommendations are and what their own experiences have been with various providers. Online directories of trans-knowledgeable medical providers are also growing increasingly available. Any of these can serve as a starting point for your search for local providers.

Medical Considerations for Youth

Gender-expansive youth and their parents and caregivers also have increasingly more options for competent, affirming pediatric and adolescent health care in Wisconsin. Whether a gender-expansive child will identify as transgender later in life cannot reliably be predicted. Regardless, social scientists have found significant positive mental health outcomes for gender-expansive children whose gender identity or gender expression is affirmed by parents, caregivers and others. (Russell, S.T., Pollitt, A.M., Li, G., et al. (Oct. 2018). Chosen Name Use Is Linked to Reduced Depressive Symptoms, Suicidal Ideation, and Suicidal Behavior Among Transgender Youth. Retrieved on May 26 30, 2019, from http://www.suarakita.org/wp-content/uploads/2018/04/Journal-of-Adolescent-Health-Volume-issue-2018-doi-10.1016_j.jadohealth.2018.02.003-Russell-Stephen-T.-Pollitt-Amanda-M.-Li-Gu-Grossman-Arnol-Chosen-Name-Use-Is-Linked-to-Reduced-Depress.pdf)

As such, caregivers and parents may wish to consult with experienced, trans-knowledgeable medical and/or mental health providers for assistance in determining what their child is expressing, what needs the child is articulating, and what course of action is appropriate for the child. For many children, particularly young, pre-pubescent children, simple-seeming changes, akin to social transitioning, may immediately relieve feelings of gender dysphoria, depression or anxiety, and contribute to other positive physical, emotional and social developments and outcomes.

Some pre-pubescent adolescents may wish to pursue hormone therapies, including therapy commonly known as “puberty blockers.” Puberty blockers, whose function is implied in the name, delay the onset of development of secondary sex characteristics, allowing the adolescent additional time to develop emotionally and to consider available options for medical treatment, such as HRT. (See Hormones, above, in this section for discussion of puberty blockers.)

It should be noted that social transition is the most common intervention for very young children and pre-pubescent children. Adjustments to aspects of a child’s life or gender presentation, like clothing, haircut, activities, friends, name and pronouns, are reversible. Older teens may be considered eligible by medical professionals for HRT. Gender-affirming surgeries generally will not be performed on individuals under 18 years of age.

With some limited exceptions, in the state of Wisconsin, a parent’s or guardian’s consent is required for medical treatment of a child under 18 years of age. For gender-expansive youth

whose parents or guardians are affirming of their gender identity or gender expression, the inability of a minor to consent to their own medical treatment may not present a barrier to accessing care. For those youth who are not affirmed in their gender, the inability to make their own medical treatment decisions can feel devastating. Until a youth is able to pursue medical care that they feel is necessary to modify their gender expression, they will benefit from ongoing social support and affirmation of their gender in ways that are easy for others to provide, such as honoring the name and pronouns the youth uses.

Standards of Care for Children and Adolescents

The WPATH standards of care include guidelines for gender-affirming care for gender-expansive children and adolescents. The standards of care heavily emphasize the role of mental health providers, and reinforce the necessity of affirming children and supporting

New Pediatric Guidelines for Gender-Affirming Care

The American Academy of Pediatrics in October 2018 issued a policy statement that provides suggestions for providers who are focused on promoting the health and positive development of youth that identify as transgender or gender-expansive. These guidelines are the first developed in this country to focus exclusively on gender-affirming care for children or adolescents. (AAP (Oct. 2018) Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents. Retrieved on January 31, 2019 from <http://pediatrics.aappublications.org/content/142/4/e20182162>.)

them, their parents or caregivers and their families as they develop and explore their gender identity or gender expression. The guidelines place primary importance on the therapeutic relationship, and further support social transition for children and adolescents.

The WPATH standards also provide guidelines for medical and surgical interventions for youth, but stress the necessity and primacy of comprehensive mental health care to explore thoroughly relevant psychological, family and social issues. For medical or surgical interventions, the WPATH standards recommend staging interventions

to allow sufficient time for children or adolescents and their families to adjust to the effects of those interventions, and to delay use of irreversible interventions (surgeries) in order to maintain a child's or adolescent's options. Suggested order and staging of interventions ranges from suppression of hormone production and onset of secondary sex characteristics at puberty (reversible treatment), to use of hormone replacement therapy (HRT) (partially reversible) to surgeries (irreversible).

Roles of Mental Health Professionals Working with Children and Adolescents

1. Directly assess gender dysphoria in children and adolescents.
2. Provide family counseling and supportive psychotherapy to assist children and adolescents with exploring their gender identity, alleviating distress related to their gender dysphoria, and ameliorating any other psychosocial difficulties.
3. Assess and treat any co-existing mental health concerns of children or adolescents (or refer to another mental health professional for treatment).
4. Refer adolescents for additional physical interventions (such as puberty suppressing hormones) to alleviate gender dysphoria. The referral should include documentation of an assessment of gender dysphoria and mental health, the adolescent's eligibility for physical interventions (outlined below), the mental health professional's relevant expertise, and any other information pertinent to the youth's health and referral for specific treatments.
5. Educate and advocate on behalf of gender dysphoric children, adolescents, and their families in their community (e.g., day care centers, schools, camps, other organizations).
6. Provide children, youth, and their families with information and referral for peer support, such as support groups for parents of gender nonconforming and transgender children.

(World Professional Association for Transgender Health. (2012, 7th ed.). Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, 14-21. Retrieved from wpath.org.)

SELECTED SPECIALTY CLINICS SERVING GENDER- EXPANSIVE CHILDREN & ADOLESCENTS IN WISCONSIN

Madison:

UW Health Pediatric and Adolescent Transgender Health (PATH) Clinic

Milwaukee:

Children's Hospital of Wisconsin Gender Health Clinic

(See "Additional Resources" at the end of this section for provider websites.)

MEDICAL SELF-ADVOCACY

As most transgender and non-binary individuals are aware, we often are required to engage in self-advocacy to ensure that providers and professionals work to meet our needs appropriately and respectfully.

Engaging in self-advocacy can be central to finding and receiving the quality services to which we are entitled. Self-advocacy is making your own decisions about your health and

health care, learning how to speak up for yourself when you have needs to be met, and learning how to find needed information so that you can understand any health care issues or needs. Self-advocacy includes knowing your rights (and responsibilities), problem-solving, listening and learning, and seeking help when you need it.

Picking up this Guide and reviewing sections relevant to your needs is part of the first step of medical self-advocacy. Understanding your primary and specialty health care needs, learning how to find trans-knowledgeable practitioners and how to screen them, and familiarizing yourself with the standards of care for transgender health all go a long way to increasing your likelihood for developing positive, successful relationships with your health care providers.

Armed with knowledge about your health care needs, and information to help you find trans-knowledgeable providers, there are many steps you can take proactively to further ensure that your needs are met. Many trans or non-binary individuals have less-than-positive experiences in health care settings, including being denied services. Those past experiences may make us reticent to seek care going forward, or may contribute to concerns, fears or anxieties about working with medical providers.

Consider any fears or concerns that you have and give thought to any proactive strategies that you can use to alleviate those concerns. For example, if you are visiting a medical provider for the first time to discuss hormone replacement therapy (HRT), make sure that you've located a medical provider who is competent in prescribing hormones and who is experienced in working with transgender individuals. Their prior experience and training will likely yield greater comfort and familiarity in working with people with non-conforming gender identities and in prescribing hormone therapy.

If you experience anxiety about discussing certain matters with your health care provider, consider using available alternate methods of communication. Are you able to send your provider an email or message online prior to your appointment? If so, you can write down the issues you'd like to address at the appointment. Similarly, consider preparing notes or checklists to take with you to your appointment, so that you can refer to them if feelings of anxiety make it difficult to focus or remember them. Some individuals may rehearse what they'd like to discuss with their provider in advance of their appointment. Practicing what you'd like to say makes it more likely that you'll remember everything and that you'll be able to communicate in a calm and organized manner.

Tools like pronoun cards – which inform people what pronouns you use – or body parts lists or diagrams are widely available online and may help relieve concerns about communicating certain topics to your provider.

Remember that you can always take a support person (or two) to health care appointments with you. A second set of eyes and ears increases the likelihood that you'll retain the pertinent information from the appointment. It also gives you someone to discuss your responses to and feelings about what was discussed with your provider, and it means you have a supportive presence in the room with you when working with your provider, which can be especially helpful if advocacy is needed.

If you are in conflict with your provider about denial of services, determine whether a patient liaison or ombudsperson is available to speak with you and potentially help resolve the conflict. Health care systems will generally also maintain complaint and appeals processes to review decisions and resolve conflicts. Check their website or call their main number to try to locate these resources.

If you have experienced discrimination in a health care setting or been denied services because of your gender identity, see the next section, “Health Insurance Coverage & Financing Health Care,” for your options.

HEALTH INSURANCE COVERAGE & FINANCING HEALTH CARE

Transgender and non-binary individuals are protected from discrimination by medical providers and private and public health insurance plans by federal and state laws. The primary source of protection of our rights is the Affordable Care Act, which prohibits sex discrimination, including anti-trans discrimination, by the majority of providers and insurance carriers. While trans and non-binary individuals may still face discrimination or denial of services, non-discrimination laws do provide an option for avoiding or resolving conflicts with providers and insurance companies.

If you believe that you have been denied services or discriminated against by a provider or insurance company, you may:

- 1. Appeal Insurance Denials.** If your insurance carrier denies coverage for medically necessary gender-affirming care or denies coverage for other care because of your gender identity, you may appeal the decision through the insurance company’s internal appeals process. Contact your insurance carrier to learn about the internal appeals process, and work with your provider to provide all information necessary to establish medical necessity for the proposed care.
- 2. Seek Help.** Many laws, including the Affordable Care Act, protect trans and non-binary individuals from discrimination. Talk to a lawyer, legal organization or transgender advocate to secure assistance in resolving a conflict.
- 3. File a Complaint.** The Office for Civil Rights of the U.S. Department of Health and Human Services (HHS) is responsible for investigating violations of many federal health care laws, including violations of the Affordable Care Act’s nondiscrimination protections and HIPPA privacy protections. At the time of publication, HHS has stated that it will not investigate complaints about anti-transgender discrimination, but it might investigate a complaint about other discrimination or privacy violations.

Private Insurance Carrier Coverage

Most private insurance companies are prohibited from denying services or discriminating against individuals because of their gender identity by the Affordable Care Act. Regardless, navigating your insurance carrier's procedures and requirements for establishing the medical necessity of gender-affirming interventions can be a challenge. For some trans and non-binary people, issues around name or gender marker changes may mean that their insurance carrier uses their former name or wrong pronouns in communications with them or denies coverage of a claim initially because of name or pronoun mismatches with the medical provider. We may also encounter company representatives who are not familiar or comfortable with the medical procedures or body parts that we are discussing with them.

Under the Affordable Care Act, private insurance carriers should not have complete or blanket exclusions of coverage for gender-affirming care. Instead, decisions about coverage should be made on an individual case-by-case basis, based on information provided by your medical provider about why any particular course of treatment (HRT or surgery) is medically necessary for you, and, therefore, should be covered.

As a trans or non-binary individual seeking gender-affirming care, you should be prepared for the likelihood that you may need to communicate with representatives of your insurance carrier to help explain proposed medical treatment and why it is necessary.

Before you seek care, you can try to verify coverage eligibility for specific procedures with your insurance company. You can do this by reviewing plan information, which could be a daunting task, given the length and complexity of some such documents. You may have more success by speaking with a representative over the phone and asking them to verify whether planned procedures will be covered (and how much) by your specific insurance plan. Because representatives do not always understand our medical needs or the procedures we are asking about, it is strongly recommended that you request from your medical provider the billing code(s) for each procedure you are considering. Providing your insurance carrier with the billing code maximizes the likelihood that you will obtain accurate, responsive information.

If you are denied coverage of a claim, work with your medical provider to obtain information necessary to challenge the company's initial determination. Insurance carriers will reverse erroneous decisions through their internal appeals processes when additional pertinent information makes clear the medical necessity of the procedure. See above in this section for options for resolving complaints of discrimination or denials of service.

State Employee Health Insurance Coverage

Beginning with the 2019 plan year, the state of Wisconsin has eliminated a blanket exclusion for coverage of medically necessary gender-affirming medical care. State

Surgery Grants / Scholarships:

- A. Trans Assistance Project (transassistance.org)
 - funds for ID changes
 - support for undocumented individuals
 - support for incarcerated individuals
- B. Trans Relief Project (transrelief.com)
 - help with passports
 - other name changes
- C. Jim Collins Foundation (jimcollinsfoundation.org)
(General Fund or the Krysallis Anne Hembrough Legacy Fund)
 - surgery grants
- D. Community Kinship Life (cklife.org)
 - surgery scholarship
- E. Point of Pride (pointofpride.org)
 - surgery fund
- F. Trans United With Family and Friends (tufforg.wixsite.com/tuffnew/about)
 - surgery funding
- G. Black Trans Advocacy – FTM Trans Health Fund (blacktrans.org)
 - surgery funding
- H. Genderbands (genderbands.com)
 - surgery funding
- I. Rizi Timane (rizitimane.com)
 - surgery funding

employees are therefore eligible for coverage of care, dependent on the specifics of their individual insurance plan.

NOTE: The state has eliminated and reinstated the blanket exclusion several times. State employees should be aware of the unlikely but possible risk that the blanket exclusion could be reinstated following the 2019 plan year. If you are seeking gender-affirming care, consider whether you want to do so during the 2019 plan year.

Medicaid/BadgerCare Coverage

BadgerCare, the name for Wisconsin's Medicaid program, insures families and single adults without the financial means to afford private health insurance. BadgerCare will provide coverage for medically necessary Hormone Replacement Therapy (HRT). A recent court case also made coverage of surgeries possible, assuming your provider is able to successfully demonstrate that you need that care.

Medicare Coverage

Since 2014, Medicare has determined whether to provide coverage of gender-affirming interventions on an individual claim basis, meaning that Medicare may cover HRT and surgeries that your medical provider attests are medically necessary. Medicare recipients seeking gender-affirming care should work with their provider and any resource staff who are available, like a social worker, to obtain coverage of specific procedures.

Other Funding Sources

For those without private health insurance who are not BadgerCare- or Medicare-eligible, some alternative sources of funding for gender-affirming medical care are available.

Some trans and non-binary individuals have had success with crowdfunding their procedures, using sites like GoFundMe or Facebook or others. Individuals without cash resources will sometimes borrow funds to finance procedures. Consider low-rate credit cards, bank loans (or credit unions, which may offer lower interest rates) or medical financing companies.

Finally, some LGBTQ+ and trans-focused groups and organizations around the country offer stipends or fellowships – funds for which you may apply that are not required to be paid back. Many of these stipends are awarded only once or twice per year. This may be a bit of a longshot for securing funds, but your chances of success will improve by planning ahead and familiarizing yourself with funding cycles and application deadlines.

ADDITIONAL RESOURCES

FORGE Medical Providers Directory

<https://forge-wi.org/providers/physicians/>

Directory of trans-knowledgeable medical providers in Wisconsin.

AIDS Resource Center of Wisconsin

<https://www.arcw.org/about-us/locations/>

Wisconsin's largest HIV health care provider with 10 locations in the state; offers medical, dental and mental health clinics, pharmacy, dedicated social services, including food pantries, legal representation and case management.

Children's Hospital of Wisconsin Gender Health Clinic

<https://www.chw.org/medical-care/endocrine/gender-health-clinic>

Provides medical care, behavioral health care, education and support to gender-expansive youth under age 17 and their families.

Froedtert & Medical College of Wisconsin Inclusion Clinic

<https://www.froedtert.com/locations/clinic/inclusion-clinic-sargeant-health-center>

Medical care specifically designed to comprehensively meet the health care needs of the LGBTQ+ community, including primary and specialty care, behavioral health and gender-affirming care.

Health Connections, Inc. (formerly Greater Milwaukee Center for Health and Wellness)

<https://www.healthconnectmke.org>

Provides trans-knowledgeable primary care, HIV and STI prevention care and gender-affirming care as well as health-related social services care coordination.

Howard-Brown Health (Chicago), Trans and Gender Nonconforming Health

<https://howardbrown.org/programs-services/transgender-health/>

Offers primary care, specialty care, behavioral health care, pharmacy and case management staff who are sensitive to transgender and non-binary patient needs.

Project Health, Transline

<http://project-health.org/transline/>

Transgender health consultation service for health care providers (national). Offers providers up-to-date clinical information and individualized case consultation.

University of California, San Francisco, Center of Excellence for Transgender Health

<http://transhealth.ucsf.edu/>

Transgender Health Learning Center offers a wide range of information and resources for individuals and service providers specific to primary and gender-affirming care; publishes the Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Non-binary People.

UW Health Gender Services

<https://www.uwhealth.org/gender-transgender-services/gender-services/51499>

Provides trans-knowledgeable primary, behavioral health and gender-affirming care to adults.

UW Health Pediatric and Adolescent Transgender Health (PATH) Clinic

<https://www.uwhealthkids.org/pediatric-diabetes/pediatric-and-adolescent-transgender-health-path-clinic/41750>

Provides medical care, education and resources to gender-expansive and transgender children and families about medically supporting gender affirmation or transition in youth.

University of Wisconsin System

<https://www.wisconsin.edu/lgbtq-resources/lgbtq-directors/>

Statewide directory of campus LGBTQ+ resource centers.

U.S. Department of Health and Human Services, Office of Civil Rights

<https://www.hhs.gov/civil-rights/index.html>

Where to go to get more information on your health care rights, and to file a complaint.

VA Health Care Services for Veterans with LGBT and Related Identities

<https://www.patientcare.va.gov/LGBT/index.asp>

Medical care for all Veterans, regardless of sexual orientation or gender identity; offers gender-affirming care, including hormone replacement therapy; does not perform gender-affirming surgeries, but offers pre- and post-surgical care; social supports for LGBTQ+ Veterans; LGBT Veteran care coordinator at all facilities.

Wisconsin Transgender Health Coalition

witranshealth.org

Working for equitable access to health and health care for transgender, intersex, non-binary, and gender nonconforming (TING) people. Directory of trans-knowledgeable medical providers and therapists in Wisconsin.