

Testimony to the Task Force to Preserve the Patient-Physician Relationship

2024 Interim Meeting of the House of Delegates

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Chair, LGBTQ+ Section

Good morning. I am a board-certified internal medicine physician in Atlanta providing care to transgender and gender diverse populations and current chair of your LGBTQ+ Section.

As mentioned in BOT Report 21, the related policy was amended at I-23 based on a resolution proffered by GLMA: Health Professionals Advancing LGBTQ Equality to address payment and reimbursement issues for gender-affirming care. I appreciate the Task Force turning its attention to these issues through appointment of a subcommittee and making gender-affirming care a primary focus of the upcoming meeting in February 2025.

Continued attention and support of our physician colleagues that provide gender-affirming care means critical. Emphasizing the point, Texas Attorney General Ken Paxton has sued at this point three physicians for allegedly providing gender-affirming care to minors. The report provides a summary of the impressive work of the Litigation Center and advocacy teams in combatting state restrictions and bans on evidence-based gender-affirming care. Our section is deeply appreciative of these ongoing efforts.

Gender-affirming care is evidence-based, medically necessary, and saves lives. While transgender people have disproportionately higher rates of being

uninsured, those who have access to health insurance face an additional barrier of many surgical procedures being considered not medically necessary or elective.

Key procedures to consider include facial gender surgery, hair removal and minimally invasive procedures, breast and chest reconstruction, and genital reconstructive surgery. Multiple reimbursement issues exist in the CPT including non-existent codes for procedures, outdated or inaccurate descriptions, and unhelpful code modifiers. Additionally, the RUC needs to consider multiple miscellaneous codes used in gender-affirming care that are not assigned any work RVUs making reimbursement variable and insufficient to allow a physician to be compensated appropriately. Historically, many of these codes were developed without consideration for gender-affirming care.

While Section 1557 of the Affordable Care Act prohibits discrimination in coverage based on gender identity there is inconsistent enforcement of this rule at the state level, particularly with Medicaid programs. I can attest to the challenges in my home state of Georgia where I often must file appeals through the pharmacy benefit manager when coverage for prescriptions of estradiol and testosterone are denied.

Finally, it is important to broaden the view of care needed for transgender and gender diverse populations. Many trans men need breast cancer screening and related breast imaging. Related reimbursement can be challenging based on gender markers used for filing insurance claims. Coverage and parity for mental health care is particularly important for transgender and gender diverse people. Fertility preservation is medically necessary for these populations like many others, especially prior to initiating gender-affirming medical and/or surgical care.

I urge the co-chairs of the Task Force to ensure every specialty engaged in gender-affirming care is well represented on the subcommittee, including surgical disciplines, none of which is currently represented. Your LGBTQ+ Section looks forward to regular engagement and updates as you continue this vital work.