

CORE BRIEF

Gender-Affirming Hormone Therapy in Wisconsin:
Opportunity to Expand Access by Enabling
Family Planning Providers to Bill Medicaid

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Update April 2022: Family planning clinics in Wisconsin are now able to bill state Medicaid for gender-affirming hormone therapy services provided Medicaid-enrolled patients.

Executive Summary

The accessible, competent, and respectful provision of gender-affirming hormone therapy (GAHT) is a necessary part of healthcare and overall wellbeing for many transgender people. In 2019, a federal judge blocked a Wisconsin state policy denying gender-affirming care insurance coverage for transgender people on state-sponsored health insurance, including Medicaid. This injunction expanded access to care for some transgender Wisconsinites.

There is further opportunity to expand access to gender-affirming care for low-income, transgender Wisconsinites. Current state law does not permit family planning clinics to bill state Medicaid for GAHT services. This coverage gap creates a barrier for transgender Medicaid enrollees who need GAHT and may seek care at family planning clinics. Family planning providers have unique capacity to provide GAHT services.

This brief summarizes the current state of publicly-funded family planning services in Wisconsin. We then present an overview of GAHT, its necessity, and its benefits, and how transgender people access treatment. Next, we describe Wisconsin state Medicaid policy about gender-affirming care. Finally, we present evidence for expanding access to gender-affirming care in Wisconsin by permitting family planning clinics to bill Medicaid for GAHT. Specifically: 1) coverage would increase access to GAHT across Wisconsin at little extra cost and 2) GAHT is directly related to the Wisconsin “family planning” definition given its impact on sexual functioning and reproductive capacity. Currently, no other states offer coverage for GAHT services accessed at family planning clinics.

Publicly-Funded Family Planning Services in Wisconsin

The current Wisconsin state definition of “family planning,” detailed in state statute [253.07\(1a\)](#), is the “voluntary action by individuals to prevent or aid contraception.” Clinics

with the official family planning designation (designated as such by state Medicaid¹) are required to bill all services using a primary [family planning diagnosis](#) or a family planning modifier (treatment provided as a part of family planning, but not due to a direct family planning diagnosis).²

In 2018, nearly 150 clinical sites across Wisconsin provided publicly-funded family planning services.³ Among those sites, 59 received funding through the federal [Title X](#) program, and included health department clinics, Planned Parenthood clinics, and other family planning sites.³ For nearly 50 years until 2018, Planned Parenthood of Wisconsin was the sole Title X grantee in the state.³ Following passage of a state law preventing Title X funds from being distributed to organizations that provide or have an affiliate which provides abortion services, Planned Parenthood lost its Title X funding.³ Currently, the Wisconsin Department of Health Services is the sole Title X grantee.³ At present, Planned Parenthood of Wisconsin clinics retain their state designation as family planning providers due to their relationship with the federal 340B Drug Pricing Program,² which enables safety-net providers to obtain discounted prices on outpatient drugs from pharmaceutical companies.⁴

What is Gender-Affirming Hormone Therapy?

GAHT is a form of medical care that may be sought by transgender, nonbinary, two-spirit, gender nonconforming, and other gender diverse people (herein referred to as “trans” or “transgender” people when discussed collectively).^{a,5} Like [other forms of gender-affirming care](#), the purpose of GAHT is to support transgender people in feeling more aligned with their gender identity, namely by reducing sex characteristics that they were born with and inducing sex characteristics that align with their gender identity.⁶

GAHT is typically categorized as “feminizing” or “masculinizing,” referring to the particular sex characteristics that are induced or reduced by the treatment.^{7,8} “Feminizing” GAHT typically includes estrogen or antiandrogen, or a combination of the two plus progestin, while “masculinizing” treatment utilizes testosterone.^{7,8} Not all trans people who seek GAHT have binary gender identities, such as man and woman. Gender nonconforming and other gender diverse people may also seek GAHT to induce and reduce particular sex characteristics so as to feel more aligned with their gender identities.^{9,10} All GAHT should be individually tailored to the patient.^{b,6} GAHT can be administered in numerous ways such as injections, patches, gels, and oral tablets.⁷

^a In this brief, transgender, nonbinary, two-spirit, gender nonconforming, and other gender diverse people are broadly referred to as “transgender” or “trans,” indicating that their gender identity is different from the identity they were thought to have at birth. Importantly, not all transgender people seek GAHT because, as the WPATH Standards of Care states: “Gender identities and expressions are diverse, and hormones and surgery are just two of many options available to assist people with achieving comfort with self and identity.”¹¹

^b GAHT may also include [puberty blockers](#) which transgender children, with parental consent, may use to prevent puberty and prevent the appearance of natal sex characteristics until such time they are able to

GAHT has been found to be safe and effective for adult trans patients when care is supervised by a prescribing provider.¹¹ The World Professional Association for Transgender Health (WPATH) has established best practices for standards of care, including the provision of hormones.¹² According to current WPATH guidelines, in addition to being the age of majority and providing fully informed consent, individuals seeking GAHT must have any medical or mental health conditions “reasonably well-controlled” and demonstrate “persistent, well-documented gender dysphoria.”^{12,c} WPATH recommends that the clinician prescribing the hormones gather this information, if they are competent in psychosocial assessment, or a qualified mental health professional. However, the involvement of mental health professionals in this process has been criticized by both trans people and researchers for adding barriers to treatment and pathologizing the need for hormones.^{14,15,16}

The Need for Gender-Affirming Hormone Therapy

If a trans person is prevented from accessing or continuing GAHT, their risk of psychological distress, including suicidality, increases.¹⁷ Transgender people are already at greater risk of psychological distress because of anti-trans discrimination,¹⁸ which has been found to contribute significantly to depression,¹⁹ anxiety,²⁰ and suicidality.¹⁸ In the 2011 National Transgender Discrimination Survey, the largest and most comprehensive assessment of the trans experience conducted to date, 63% of respondents reported experiencing significant discrimination due to their gender identity including job loss, eviction, peer and teacher bullying in school, physical and sexual assault, homelessness, incarceration, and denial of medical service.²¹ These examinations of transphobia victimization do not include other impactful forms of discrimination such as microaggressions,²² negative portrayals of trans people in the media,²³ and the presentation of anti-trans legislation in one’s state²⁴—all of which have been associated with psychological distress. For transgender people, transphobia and [cissexism](#) disadvantage all five categories of the social determinants of health, including where they live, their social and community context, their economic stability, the quality of their educational experience, and their access to quality healthcare.²⁵

Improving access to competent and respectful gender-affirming care, including GAHT, is one point of intervention can improve the wellbeing of trans people. In addition to mitigating gender dysphoria and other psychological distress, GAHT has been shown to increase one’s overall quality of life,²⁶ as well as one’s confidence and happiness.²⁷ While alleviating gender dysphoria has been the focus of GAHT research and treatment, the transgender community has highlighted the importance of gender *euphoria* as well—“a

begin the types of GAHT described in-text. Further discussions of GAHT and youth are beyond the scope of this brief.

^c Gender dysphoria, which is not experienced by all transgender people, is the psychological distress that a person may experience from the incongruence between their gender identity and their sex assigned at birth.¹³

joyful feeling of rightness” in one’s gender.²⁸ While gender euphoria has been underexamined in the scientific literature, trans people have made it clear that healthcare providers and systems must also consider the way in which gender-affirming care, such as GAHT, enhances their wellbeing rather than only reducing distress.^{29,30}

As the U.S. Census has never included questions about transgender identity,³¹ it is difficult to determine the number of trans people currently residing in the United States or Wisconsin, let alone how many of them may benefit from GAHT. Current estimates likely undercount the total trans population, particularly as greater proportions of younger people identify publicly as transgender or nonbinary.³² In Table 1, using findings from Puckett et al.¹⁷ and a conservative estimate of the total trans population in Wisconsin,³³ we estimate that approximately 15,348 to 21,416 transgender Wisconsinites are currently taking gender-affirming hormones and approximately 7,637 to 10,657 may seek them in the future.

Table 1: Estimate of the Wisconsin transgender population needing GAHT

	% of the total transgender population ¹⁷	Number of transgender people*
Not currently taking hormones; would like to take hormones in the future	17%	4,207 to 5,870
Not currently taking hormones; unsure if they would like to in the future	14%	3,431 to 4,787
Currently taking hormones	61%	15,348 to 21,416
Total	92%**	22,986 to 32,073

* The U.S. Census estimated the total Wisconsin population to be 5,822,434 as of July 1st, 2019.³⁴ Using population estimates of .43 to .6%,³³ we estimate that the total Wisconsin transgender population was approximately 25,037 to 34,935 that year.

**The remaining 8% of transgender people are those who are not currently taking hormones and would not like to take them in the future.

How Do People Access Gender-Affirming Hormone Therapy?

Currently, GAHT seekers access GAHT in three primary ways: through a primary care provider, through a specialty clinic, and outside the formal healthcare system. Access to GAHT differs greatly by both income and health insurance coverage, such that those with income under \$25,000 and without health insurance are less likely to ever have accessed GAHT.²¹ No studies currently exist on how Medicaid-enrolled transgender people access GAHT. In addition, private health insurers [vary widely](#) on the extent to which they cover this care.^{2,35}

Of transgender people who currently receive GAHT, approximately 65% access this care through a primary care provider.¹⁷ Additionally, approximately 30% of transgender people currently receiving GAHT access them through a specialty clinic,¹⁷ such as the [UW Gender Services program](#). As these clinics tend to be located in metropolitan areas or municipalities with a major university, they likely offer greater access for urban, rather than rural, trans people.

When obtaining GAHT from a medical provider, the person seeking GAHT has a visit with a clinician who orders any needed tests and prescribes the hormones. The patient then goes to a local pharmacy to pick up the prescription and administers the hormones in a location of their choice, such as at home.

Researchers and clinicians *do not* recommend that trans people access GAHT outside the formal healthcare system given the various risks.^{12,36} For example, purchasing unregulated hormones, without requisite blood work, could result in consuming an incorrect amount of the active ingredient, which could be dangerous for one's health.³⁷ Despite these risks, many trans people rely on online pharmacies located outside of the United States to access the care they need.³⁷ Researchers estimate that 3 to 10% of transgender people currently taking hormones access them outside of the formal healthcare system, without a prescription.^{17,38} Available research indicates that moving outside the formal healthcare system for treatment likely results from lack of insurance as well as lack of insurance coverage of GAHT, although concerns about provider access and discrimination can also play a role.^{17,36,38}

Online pharmacies which provide controlled substances, like hormones, without a prescription operate outside the bounds of United States law.³⁷ While prosecution in such cases is unlikely, major shipping companies such as FedEx have been fined for "conspiring to deliver prescription drugs from illicit online pharmacies to patients without a prescription."³⁷ Should these companies decide to crack down on shipping medications purchased without a prescription from online pharmacies, the trans people who rely on them could suddenly be without necessary GAHT and could face subsequent psychological distress.^{17,18,19,20}

Overall, given the risk of accessing hormones without a prescription, as well as the challenges to accessing care through existing systems of care (primary care providers and specialty clinics), **there is reason to expand access to GAHT through other medical services, such as family planning providers, particularly to serve uninsured and low-income trans people as well as those residing in rural areas.**

Wisconsin State Policy Regarding Gender-Affirming Hormone Therapy

Although there are not any state-specific studies on the topic, there is no reason to believe that transgender people in Wisconsin access care differently or experience different barriers. Trans Wisconsinites are likely to access GAHT through primary care providers, specialty clinics, and outside the formal healthcare system—all with the same barriers and limitations documented above, such as income and insurance coverage, provider access and discrimination, and rurality. Rurality may be of particular concern for Wisconsin as nearly one in three (30%) Wisconsinites live in a rural area.³⁹ However, given the absence of Wisconsin-specific research, we lack information on how Medicaid-enrolled, transgender Wisconsinites in particular access GAHT.

In July 2018, a federal judge blocked a Wisconsin state policy ([Wis. Admin. Code 107.03\(23\)-\(24\)](#)) that denied coverage of gender-affirming care for transgender people enrolled in state-sponsored health insurance programs, including State of Wisconsin employee health insurance and BadgerCare Plus (Medicaid healthcare coverage for low-income state residents, commonly referred to as BadgerCare).⁴⁰ The judge issued preliminary and permanent injunctions in April and October 2019, respectively.⁴¹ ForwardHealth, the Wisconsin Department of Health Services division that oversees BadgerCare and other state healthcare programs, summarized the impact of the change this way:

“In response to the preliminary injunction 18-cv-309-wmc by the United States District Court for the Western District of Wisconsin, effective April 23, 2019, providers may no longer exclude transgender services based on the Wisconsin Administrative Code’s current enjoined exclusion of ‘Drugs, including hormone therapy, associated with transsexual surgery or medically unnecessary alteration of sexual anatomy or characteristics’ and ‘Transsexual surgery.’ Services previously considered non-covered under these exclusions are currently allowable under ForwardHealth with an approved authorization (PA) request.”⁴¹

In a document providing further updates and guidance about this change,⁴² ForwardHealth committed to following guidelines for “medical necessity” detailed in state policy ([Wis. Admin. Code 101.03\(96m\)](#)), as well as adhering to the standards of care established by WPATH.¹² While the expansion of gender-affirming care coverage was a major victory for both BadgerCare-enrolled and state-employed transgender Wisconsinites, the ruling did not allow family planning clinics that provide GAHT to bill state Medicaid for that service. At present, Planned Parenthood of Wisconsin, which began offering GAHT at two (La Crosse and Eau Claire) of their 24 clinics in November 2020, is the only Medicaid-designated family planning provider currently offering GAHT.²

Gender-affirming care does not fall under the current interpretation of the Wisconsin state definition of “family planning” described in state statute [253.07\(1a\)](#)—“voluntary action by individuals to prevent or aid contraception.” Recall that clinics with the official family planning designation are required to bill all services with a primary family planning diagnosis or a family planning modifier.² Because GAHT is not considered a family planning service according to the state definition, these clinics cannot use such codes or modifiers to bill for GAHT services and, thus, their claims are denied by state Medicaid.

Specifically, for BadgerCare-enrolled individuals seeking GAHT at a family planning clinic, BadgerCare does not cover GAHT office visits and lab handling fees because they are not defined as family planning services. However, BadgerCare does cover outsourced lab work and hormones received at a pharmacy under the 2019 injunction because these services occur outside of designated family planning clinics—thus, these claims are not denied² (Table 2). Notably, to date, Planned Parenthood of Wisconsin clinics have assumed the costs of GAHT office visits and lab handling fees.²

Table 2: Wisconsin state Medicaid (BadgerCare) coverage for GAHT services*

GAHT Service	State Medicaid Coverage		Rationale for Medicaid Coverage or Denial	
	Family Planning Clinic	Non-Family Planning Clinic	Family Planning Clinic	Non-Family Planning Clinic
Office visit	No	Yes	Not billable (not a family planning service)	2019 injunction
Lab handling fee	No	Yes	Not billable (not a family planning service)	2019 injunction
Lab work	Yes (outsourced**)	Yes	2019 injunction	2019 injunction
GAHT dispensed by pharmacy	Yes (outsourced**)	Yes	2019 injunction	2019 injunction

*This table was constructed following examination of April 2020 ForwardHealth Update, “Clarification of Prior Authorization Criteria for Transgender Services”⁴² and consultation with the Planned Parenthood of Wisconsin Director of Business Operations, Susan Odegaard.² These resources clarified the boundaries of Medicaid coverage for GAHT in Wisconsin.

**Services that do not occur at a family planning clinic are not required to have a primary family planning diagnosis or family planning modifier.

Expanding Access to GAHT through Family Planning Clinics

The evidence presented above documents the benefits of GAHT in improving the wellbeing of transgender people. Should the state seek to expand access to GAHT in Wisconsin, allowing family planning clinics to bill state Medicaid for GAHT provided to BadgerCare-enrolled patients would be an efficient way to do so, for two primary reasons.

1. Expanding Medicaid coverage to include GAHT services provided at family planning clinics would be of minimal cost to the state of Wisconsin.

Utilizing the conservative estimate of transgender Wisconsinites who are currently taking hormones or who may need to in the future (i.e. 22,986 to 32,073, Table 1),¹⁷ and national estimates of Medicaid participation among transgender people (11 to 13%),⁴³ we estimate the number of transgender BadgerCare enrollees needing hormones to be 2,529 to 4,170 people.

To estimate costs of providing GAHT services to this population at family planning clinics, we applied state Medicaid reimbursement rates to GAHT healthcare services recommended by practice guidelines. Specifically, clinicians recommend monitoring a patient every three months in their first year of GAHT, then shifting to check-ups every six months.⁴⁴ Thus, we calculated costs over a range of two to four office visits and lab handling fees per patient per year. Planned Parenthood of Wisconsin confirmed that this is their current model of care.⁴⁵

Table 3 shows that the resulting estimated cost to Wisconsin Medicaid to cover GAHT healthcare services at family planning clinics ranges from **\$151,000 to \$1,650,000 per year**. These costs are likely an overestimate as not all transgender people enrolled in BadgerCare would seek GAHT at family planning clinics. This estimate does not include the costs of lab work and hormones dispensed by pharmacies, which are out of scope of this brief.

Table 3: Estimate of cost to Wisconsin Medicaid to cover GAHT services provided to BadgerCare enrollees at family planning clinics, per year*

Billed Service	Reimbursement by State Medicaid per service ^{2,46}	# of services per year per patient	Cost
Office Visit	\$26.47 - \$95.46	2-4	\$133,885 to \$1,592,273
Lab Handling Fee	\$3.47	2-4	\$17,551 to \$57,880
Total			\$151,437 to \$1,650,152

*Based on the estimate of 2,529 to 4,170 transgender BadgerCare enrollees currently taking hormones, or who may need to in the future.

It is important to note that expanding state Medicaid coverage to include GAHT provided at family planning clinics could encourage the other 22 Planned Parenthood family planning clinics⁴⁷ and nearly 80 other non-Planned Parenthood family planning clinics to offer GAHT as well²—**extending service to 60 of the 72 counties in Wisconsin, including many rural counties.**³⁹

2. GAHT is directly related to the Wisconsin “family planning” definition given its impact on sexual functioning and reproductive capacity.

Family planning clinics are ideally positioned to provide GAHT since it impacts both [sexual functioning](#) and [reproductive capacity](#). For example, individuals taking “feminizing” hormones like estrogen may experience a reduction in their sexual desire, while those taking “masculinizing” hormones like testosterone may experience an increase.^{7,8,12} Transgender patients may benefit from discussing this information with a family planning provider, who would be well-equipped to discuss libido, safer sex, pregnancy goals, and other relevant topics.

Additionally, myths about the fertility-related effects of GAHT may inadvertently contribute to transgender people’s disproportionately high rates of unintended pregnancy compared with cisgender people.⁴⁸ Both “feminizing” and “masculinizing” therapies reduce people’s ability to experience pregnancy.¹² However, GAHT should not be treated as a form of contraception.⁴⁹ By providing GAHT in family planning clinics, discussions of pregnancy prevention can be readily and expertly included in gender-affirming care appointments. Without clinical guidelines or evidence on contraceptive use in trans people, providers must rely on clinical judgement in discussions about contraception.^{12,50} Family planning clinic providers have unique expertise in contraceptive counseling. With “family planning” defined by Wis. Stat. [253.07\(1a\)](#) as “voluntary action by individuals to prevent or aid contraception,” it is clear that trans people are strong candidates for family planning care so that their reproductive goals can be better achieved.

While family planning is a mandatory benefit under Medicaid, the federal government does not dictate how states define these services.⁵¹ Each state can determine for itself what constitutes family planning and, by extension, what services can be covered.⁵¹ Wisconsin has the ability to expand the interpretation of its family planning definition, or redefine it. To the best of our knowledge, no states currently offer coverage for GAHT services accessed at family planning clinics—including states, such as Wisconsin, in which state Medicaid covers GAHT services accessed elsewhere.

Summary

Research shows that GAHT can improve the health and wellbeing of transgender people. **Wisconsin could efficiently expand access to GAHT by permitting family planning clinics to bill state Medicaid for GAHT services provided in their clinics.**

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