



OFFICE OF
INSURANCE COMMISSIONER

December 1, 2024

Rep. Marcus Riccelli, Chair, House Health Care and Wellness Comm.

Rep. Joe Schmick, Ranking Minority Member, House Health Care and Wellness Comm.

Sen. Annette Cleveland, Chair, Senate Health and Long-Term Care Comm.

Sen. Ann Rivers, Ranking Member, Senate Health and Long-Term Care Comm.

Washington State Legislature

Olympia, WA 98504

Dear Chairman Riccelli, Ranking Minority Member Schmick, Madame Chair Cleveland, Ranking Member Rivers, and members of the House and Senate health committees:

The 2021 Gender Affirming Treatment Act, [2SSB 5313](#), directs the Office of the Insurance Commissioner (OIC), in consultation with the Health Care Authority (HCA) and the Department of Health (DOH), to issue a biannual report on geographical access to gender affirming treatment (GAT) across Washington state. In January 2022, the OIC sent a letter to the chairs and ranking minority members of the respective health policy committees, stating OIC would produce the report on a biennial basis, rather than biannually. The OIC noted that a biannual report likely would be too frequent to display trends in access to care and that the OIC did not have funding to prepare the report that frequently. The OIC did not receive any objections from the members related to filing the report on a biennial basis.

The [initial 2SSB 5313 GAT report](#) was submitted to the legislature in November 2022. The OIC contracted with OnPoint Health Data (OnPoint), which completed the 2022 GAT report, to produce an updated report using more recent claims data for calendar years 2022 and 2023. The Washington state All-Payer Claims Database (APCD) is the source for the data analyzed in this report. The APCD contains administrative claims data submitted by Washington state health plans, including data from commercial, Medicaid and Medicare sources. Public Employee Benefits Board and School Employee Benefits Board health plans and claims are included in the commercial claims data.

OnPoint used the data obtained from the APCD to:

- Identify transgender patients based on diagnoses;
- Identify gender affirming procedures and drugs;
- Analyze claims for gender affirming procedures and drugs; and

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- Identify gender affirming treatment providers, regions of care, and carriers.

The report includes the number of providers that offered GAT services in each county, the carriers and Medicaid managed care organizations with which those providers have active contracts, and the types of services provided by each provider in each region. The full report from OnPoint is attached for your review.

Key findings from the report:

- The transgender population was concentrated in those younger than 40 years of age.
- In 2023, 16,818 patients received GAT either in Washington state (Washington residents and non-residents) or in other states (Washington state residents only).
- Patients received care from 8,445 providers and retail pharmacies. This included 7,424 providers within Washington state, 448 providers in Oregon, and 733 providers in other states (see **Table 8** of the report).
- Twenty-one commercial plans paid for GAT in 2023. The highest numbers of claims were paid by Kaiser Foundation Health Plan of Washington (18,146) and Regence BlueShield (16,997).
- Seven Medicaid managed care plans paid for GAT, with Caremark paying the highest number of claims (23,994). (See **Table 10** of the report for detailed data regarding the carriers that paid for GAT.)
- The highest volume of GAT services were provided in the King County rating area.
- For each category of service, the King County rating area had the highest number of providers offering GAT, with 2,914 providers across all service categories (See **Figure 7** of the report).
- The Southeast rating area had the lowest number of providers with claims for GAT services across almost all service categories.
- For each rating area, office visits were provided by the highest number of distinct providers compared to other service categories, followed by behavioral health visits and retail pharmacies. The number of distinct providers billing for pharmacy in medical claims or for procedures was much lower.
- Transgender patients received most of their GAT within Washington state but were more likely to travel out of state for GAT-related procedures than for other types of GAT services.

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Nine percent traveled to Oregon for GAT procedures and two percent traveled to other states.

Key Trends from 2021 to 2023:

- The number of transgender patients with primary coverage under a commercial or Medicaid plan increased from 14,562 in 2021 to 21,180 in 2023.
- The number of patients who received GAT services in Washington state (residents and non-residents) or in other states (Washington state residents only) increased from 11,723 in 2021 to 16,818 in 2023. This increase could reflect more individuals coming to Washington for care, more Washington state residents accessing care, more affordable care or other reasons.
- The total number of claims billed to commercial or Medicaid plans for GAT services increased from 110,437 in 2021 to 169,564 in 2023.
- The percentage of in-network GAT claims for Medicaid Managed Care Organizations (MCOs) went from 69% in 2021 to 79% in 2023. The percentage of in-network GAT claims for commercial plans remained the same at 98%.
- The total number of claims for GAT services provided out-of-state decreased from 15,816 in 2021 to 4,166 in 2023.
- The number of providers and retail pharmacies providing care increased from 6,895 in 2022 to 8,445 in 2024.

Issues to consider for future reports:

- The report focuses on transgender individuals because many services that encompass GAT may be performed for other reasons (e.g. mastectomies for breast cancer). However, two spirit, nonbinary, intersex, and other gender diverse individuals also access GAT services. The focus of upcoming reports may need to be expanded.
- [National best practice guidelines](#) issued by the National LGBTQIA+ Health Education Center explain that Sexual Orientation and Gender Identity (SOGI) data should be self-reported by patients. Individuals who receive services under the ICD codes discussed in the report may not identify or self-report as gender diverse.
- Telehealth can be an important factor when considering treatment, especially for patients who live in geographic areas with limited options. Indicating whether a service was accessed through telehealth providers in upcoming reports could provide more insights into geographic access to GAT services across the state.

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The OIC collaborated closely with HCA in development of the report through their clinical consultation. The HCA and the DOH have had the opportunity to review the report. The report is the product of OIC's collaboration with these agencies.

We look forward to further discussion regarding this report. Please feel free to reach out with any questions.

Best,

Jane Beyer

Senior Health Policy Advisor

Washington State Office of the Insurance Commissioner