Policies Determining Access to Gender Affirming Care for Illinois Residents

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Abstract

Access to gender-affirming care in Illinois and other states is facilitated by a combination of federal and state policies. The Biden Administration repealed the Trump Administration's Final Rule discontinuing non-discrimination protections related to gender identity in Health and Human Services programming. However, federal policy regarding gender-affirming care is only tenuously established through features of other policies, such as the Affordable Care Act and the Civil Rights Act. The Illinois Human Rights Act establishes firmer protections for gender identity in state statutes, resulting in better access to gender-affirming care in Illinois that includes Medicaid coverage of gender-affirming procedures. Although this is a step in the right direction, we recommend further policy actions to improve access to gender-affirming care. A federal mandate, private insurance regulation, and professional training for health care providers are necessary to ensure more equitable access to gender-affirming care nationwide.

Keywords: transgender health, transgender policy, gender-affirming care, health care policy

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Introduction

Despite living in one of the world's richest countries, many Americans face significant barriers to accessing appropriate health care. Even after the passage and implementation of the Patient Protection and Affordable Care Act, lack of health insurance remains a significant barrier to care, with an estimated 28 million Americans still uninsured (Keisler-Starkey & Bunch, 2021). Other common barriers to accessing health care include cost concerns, lack of health care providers in rural locations, and not having an established point of contact to begin accessing care (Centers for Disease Control and Prevention, 2022; Wishner, Solleveld, Rudowitz, Paradise, & Antonisse, 2016).

While many Americans struggle with access to health care, transgender individuals face additional barriers to accessing appropriate health care because of specialized needs related to their transitions, as well as routine health care that may require additional training for physicians (WPATH, n.d). Transgender people, especially those who were assigned female at birth, experience disproportionately elevated rates of neglect within health care settings, which may include vilification, negation of health care resources, and physical aggression by medical practitioners (Shires & Jaffee, 2015; Wingo et al., 2018). Private health insurance often fails to cover necessary procedures, thus resulting in negative financial outcomes when care was sought, and negative health care outcomes when it was not (Bakko & Kattari, 2020; Bakko & Kattari, 2021). In part because of the difficulty and limited availability of high-quality gender-affirming health care, transgender individuals in the country face significant health disparities in comparison to their cisgender counterparts. For example, in a report published by the Center for American Progress (Medina et al., 2021), transgender respondents were twice as likely to report

being diagnosed with a depressive disorder, and 2 in 3 of transgender respondents reported they held concerns that their health evaluations were in some way impacted by their sexual orientation or gender identity. These circumstances are not without ramifications. Because transgender individuals feel as though the medical system does not serve them adequately, many may choose to limit their interaction with medical personnel or restrict and remove themselves from the medical environment altogether (Kattari et al., 2020). This can have dire consequences, as not only does it reinforce aforementioned health disparities, but it prevents transgender individuals from seeking the necessary, affirming care they need to create happy, functional livelihoods (Kattari et al., 2020). The avoidance of medical professionals and systems on the basis of fear over discrimination can prevent transgender individuals from receiving gender affirming services, such as hormone replacement therapy or surgery (Grant et al., 2011).

Given the challenges that transgender Americans face in seeking appropriate health care, what policies and protections exist to facilitate transgender individuals' access to care? Like many aspects of health care in the United States, trans individuals' access to care is typically governed by a patchwork of federal and state policies, meaning that it can vary substantially from state to state. In Illinois, three federal and state policies play a major role in governing access to gender affirming health care for trans: The Patient Protection and Affordable Health Care Act (specifically, its requirements for health insurance plans sold on the federal or state marketplaces); the Illinois Human Rights Act (IHRA); and Medicaid, which operates as a federal/state partnership to provide health care coverage to low-income individuals and families in Illinois. This paper highlights the aspects of these three policies that determine access to appropriate health care for trans individuals, as well as offers suggestions for how these policies might be altered to achieve better access to quality health care for trans Americans.

The Patient Protection and Affordable Care Act

The ability for individuals and families to purchase insurance at more affordable rates outside of employer groups on state and federal online marketplaces is the bedrock of the Patient Protection and Affordable Care Act (ACA). Not only do these insurance marketplaces increase access to insurance for many Americans, but they also provide a key mechanism for the federal government to establish requirements for policies sold on the marketplaces. One of these requirements with particular significance to trans individuals is that any insurance plans offered through the marketplaces must cover preventive care procedures at no cost to the consumer and cannot deny payment for any procedure based on criteria protected by previous civil rights and legal nondiscrimination protections (ACA, 2010). Put simply, insurance plans offered through the Marketplace are not allowed to deny claims even in cases where the procedure code does not match with the person's self-identified gender. For example, a transgender man who has not yet undergone a hysterectomy and needs a pap smear for cervical cancer screening cannot be denied this procedure even if his insurance records and identity documents state he is male. Because the ACA is federal law, this coverage is mandated at the national level and is thus consistently applied no matter where in the United States a transgender individual may live, including Illinois.

While the ACA did expand access to care for many Americans, including many transgender individuals, it did not solve every problem. Although routine screenings and annual physicals were now required to be covered by policies sold on the marketplaces, other procedures not defined under the law as preventive care were not, thus still leaving insurance companies with the option to decline covering a procedure or test, such as for gender-affirming care not deemed "medically necessary" (Health care.gov, n.d.). Procedures related to transition

rather than preventive care are not mandated to be covered nationwide because transition-related procedures, including hormone replacement therapy and gender affirmation surgeries, may be classed as “elective” surgery by insurance companies. Although some states will cover transition procedures, no federal statutes have established what care is medically necessary for transgender people beyond that what is also considered necessary for cisgender individuals.

Additionally, while subsidies assist with the cost of insurance premiums, many of the more affordable policies carry high deductibles, which can still make medically necessary procedures prohibitively expensive for an individual or family. The fact that insurance companies can opt-in to providing coverage in an area or decide not to do so if there are an insufficient number of applicants, can also still lead to poor health coverage in rural areas, thus still making insurance coverage less accessible in some areas (Rivlin, 2016). Coupled with this, Medicaid expansion to cover a broader range of citizens is a state-by-state decision, which still produces a gap in coverage where those who cannot afford health insurance on the marketplace even with subsidies still lack coverage elsewhere (Matthew, 2018). How do these gaps impact transgender people specifically? Though the Supreme Court decision in Bostock v. Clayton County stated that Title VII protections regarding sex discrimination extended to LGBTQ+ individuals, transgender individuals have historically had a lower rate of employment than cisgender individuals in the United States (Ciprikis et al., 2020), and higher poverty rates as a result (Badgett et al., 2019). Thus, the benefits of the ACA do a poor job of supporting trans individuals. Language changes and recommendations surrounding gender-affirming care have not been updated, and laws that might have provided more comprehensive coverage have stalled in committee or not been passed (Stroumsa, 2014). The policy as it exists is simply not enough.

The Illinois Human Rights Act

In 2020, the Trump administration issued a final ruling on section 1557 of the Affordable Care Act (Musumeci et al., 2020). This section, which prohibited discrimination on the basis of race, color, national origin, sex, age and disability in federal health care programs and activities, was drastically narrowed. The revised section allowed for certain types of discrimination in health care settings, including removal of protections that guarded transgender individuals from gender-identity or sex stereotyping, and protections within health care insurance (Musumeci et al., 2020). In eliminating these valuable protections, the 1.4 million transgender individuals in the United States, of whom nearly 50,000 reside in the state of Illinois, were exposed to discriminatory practices from medical providers, including insurance companies, primary care, and other health care officials (Flores et al. 2016; U.S. Transgender Survey, 2017). While the Biden administration has overturned this ruling since May of 2021, transgender individuals within Illinois continue to have additional protections established by the Illinois Human Rights Act (IHRA). Passed in 1979, the bill ensures individuals are broadly protected from discrimination in a variety of domains, which includes employment, financial credit, public accommodation, housing, and sexual harassment. In the case of discrimination within health care, Article 5, which prohibits discrimination within public accommodations, includes specifically health care, medical providers, and insurers (Illinois Human Rights Act, 1979).

Under the IHRA (1979), individuals covered include anyone who is included under a protected category in Illinois statute, which does include sex and gender identity and thus protects gender minority individuals. Other protected statuses include the following: age (individuals 40 and over), citizenship status, disability, national origin, race, those with

unfavorable military discharge, ancestry, color, familial and marital status, religion, military status, pregnancy, and sexual orientation.

The benefits within the IHRA are largely intangible, as they deal with guarding and maintaining the rights of individuals, specifically with protecting individuals from discrimination based on one of the protected classes. More specifically though, the IHRA makes it illegal for health care professionals to refuse to treat or provide unequal care to an individual on the basis of their gender identity and prohibits discrimination on the basis of actual or perceived gender identity. This includes, but is not limited to, refusing to admit or treat an individual based on their gender identity, refusing to provide counseling, referrals, or other supportive services on the basis of one's gender identity, and attempting to coerce, harass or interfere in any way with an individual's health care due to their gender identity (Illinois Department of Human Rights, 2020).

Additionally, these protections extend to both individual and group insurance coverage. Under the IHRA, health insurance companies are prohibited from discrimination in offering and maintaining health care coverage based on one's gender identity, and no health insurer may refuse or decline to renew a health insurance contract on the same basis, nor may a company establish different conditions, benefits, or policy limits based on gender identity. These protections also extend to the state's Medicaid program, and under the IHRA individuals who receive Medicaid are provided reimbursement for gender-affirming services given prior authorization (Illinois Department of Human Rights, 2020). The coverage of gender-affirming care and limitations under Illinois Medicaid specifically will be covered in greater detail later in this paper.

The Illinois Department of Human Rights (IDHR) and the Illinois Human Rights Commission oversee enforcement of the act, and thus are involved in scenarios in which individuals' rights have been violated under the act. Individuals who feel as though they have been discriminated against on the basis of one of the protected identity categories may file an IDHR Complaint Information Sheet and deliver it to the IDHR via email, mail, or fax within 300 days of the incident (Illinois Department of Human Rights, n.d.). Additionally, as mentioned prior, individuals who receive Medicaid care and seek gender-affirming services can be reimbursed for said services, which is overseen and done by the Illinois Department of Health care and Family Services (Illinois Department of Human Rights, 2020).

Under the IHRA, the nearly 50,000 gender minority individuals in Illinois are given clearly outlined protections that give them legal grounds to guard against discrimination on the basis of their protected identity, joining the ranks of many other protected classes. With regards to equality, the IHRA ensures that all individuals covered under the act are not only given the same protections, but they are all able to report acts of discrimination and seek the same compensation. With regards to adequacy, under the IHRA, health professionals such as doctors, nurses, etc., cannot discriminate against an individual on the basis of their gender identity, protecting them from direct discrimination and ensuring that they are not only able to access the same level of care as any other Illinois citizen, but that they are met with a baseline level of decency and respect in their interactions with health care professionals.

However, while the IHRA does have strong points, it also lacks sufficiency in the same areas of adequacy, equality, and equity. Currently, one of the primary issues encountered is in the case of insurance, because while Medicaid users are ensured proper reimbursement for gender-affirming services, only 14.4 % of Illinois residents are on Medicaid (Kaiser Family

Foundation, 2019). Although the ACA mandates that all insurance policies, whether through employers or sold on the marketplaces, cover certain essential benefits, many employer-based plans are not subject to all the requirements of policies sold directly through the marketplaces. The majority of Illinois residents, 54%, receive their insurance through their employer. For up to 68% of Illinois residents, this type of insurance is typically either fully or partially self-funded, and is not covered under the IHRA (Schencker, 2019). As noted earlier, insurance companies can deny their transgender patient's coverage for important transition related care, such as hormones, gender affirming surgeries, and counseling by deeming them as "elective" procedures. Thus, while the more frequent interactions with medical providers may not pose a threat, the bureaucracy and overarching systems that manage a transgender person's medical care can work against them. By preventing them from accessing important transition related care vital for their overall wellbeing, many trans people may be left bogged down by the expensive costs of gender transition services rather than being assisted through their insurance.

Another part of the IHRA that lacks equality and adequacy is more structural in nature, but inherently it creates wide disparities in health services, and that is medical education itself. Under the IHRA, it is illegal to provide unequal treatment to a gender minority person compared to their cisgender counterpart, and while health care professionals may intend the best for patients and seek the same standard for care, ultimately the education system that built their knowledge and practice may inadvertently lead to an unequal standard of care due to lack of knowledge on transgender specific issues. In a study done by Nowaskie & Sowinski (2018), researchers surveyed a sample of 127 medical professionals and found that while a majority were comfortable treating sexual and gender minority patients, they felt uninformed on what specific treatments, clinical management, and referrals these patients may need. Furthermore, clinicians

who had negative biases were less likely to know about specific LGBT+ health needs and more likely to deliver substandard care to this population. Thus, while the IHRA may prohibit unequal treatment, the structural issues that lie underneath are able to maneuver their way around this safeguard, and even clinicians with the best of intentions may be unintentionally discriminating against their gender minority patients due to a lack of knowledge that renders them unable to provide equivocal care.

Medicaid

Despite the U.S. Department of Health and Human Services' retracted protections against discrimination on the basis of sexual orientation and gender-identity, referred to as the 2020 Final Rule, the Illinois Department of Health care and Family Services declared that within the state of Illinois, Medicaid would now cover gender-affirming services to fulfill its obligations under the IHRA (Illinois Department of Human Rights, 2020).

For transgender individuals in Illinois to access gender-affirming care under Illinois Medicaid, they must first meet the general requirements of the Illinois Medicaid program. Adults aged 19 to 64 with an income under 133% of the federal poverty line; individuals who are blind, have other disabilities, or are over the age of 65, and who have an income of 100% of the federal poverty level; and individuals who are pregnant and meet income limits are eligible to enroll in Illinois' Medicaid program (Illinois Legal Aid Online, n.d.). In addition, low-income families and individuals must also be U.S. citizens or must be either a refugee or an individual lawfully present in the United States for more than five years (Illinois Legal Aid Online, n.d.).

Illinois Medicaid, per the Illinois Human Rights Act, will cover gender-affirming surgeries, services, and procedures for eligible individuals. Various qualified gender-affirming surgeries, services, and procedures can be covered, including breast or chest surgeries (i.e.,

breast augmentation or masculine chest reconstruction) and genital surgeries (e.g., hysterectomies, oophorectomies, orchiectomies, and vaginoplasties) (American Psychiatric Association, n.d.; Ill. Admin. Code tit. 89, § 140.413, 2020). Additionally, related therapies, such as counseling and hormone therapy, are covered by Medicaid (American Psychiatric Association, n.d.; Ill. Admin. Code tit. 89, § 140.413, 2020). Medicaid recipients are eligible to receive gender-affirming services so long as they meet the distinct requirements for such services. Individuals seeking gender-affirming procedures or services must be 21 years old or older (Ill. Admin. Code tit. 89, § 140.413, 2020). A prior approval process is required for both genital and non-genital surgeries in order to be covered by Illinois' Medicaid.

Prior approvals for non-genital surgeries must be obtained through the submission of one letter from either the individual's primary care provider or the practitioner overseeing the individual's gender-related health care, underscoring that the individual has been assessed and is being referred for gender-affirming services, not including genital gender-affirming surgery (Ill. Admin. Code tit. 89, § 140.413, 2020). In essence, the letters must clearly indicate that the individual has a formal diagnosis of gender dysphoria (Ill. Admin. Code tit. 89, § 140.413, 2020), which can be best conceptualized as the psychological distress one endures induced by an incompatibility between one's sex assigned to them at birth and one's gender identification (American Psychiatric Association, n.d.). The individual must have also acquired the adequate and appropriate hormonal therapy and treatment needed to achieve the individual's preferred gender goals for a minimum of 12 months if keen on pursuing genital surgery, unless the hormonal therapy or treatment is considered inadvisable given that it is detrimental to the individual's health or if the individual is unable to undergo gender-affirming hormone treatment (Ill. Admin. Code tit. 89, § 140.413, 2020).

Prior approvals for genital surgeries must be acquired through the submission of letters from two qualified medical providers (Ill. Admin. Code tit. 89, § 140.413, 2020). One letter must be retrieved from the individual's primary care provider or from the practitioner presiding over the individual's gender-related health care, disclosing that the individual has been assessed and is being referred for gender-affirming services, which would include surgery (Ill. Admin. Code tit. 89, § 140.413, 2020). The other letter must be obtained from a Licensed Practitioner of the Healing Arts (LPHA), indicating that the individual has been assessed and is being referred for gender-affirming services, which would include surgery (Ill. Admin. Code tit. 89, § 140.413, 2020). Furthermore, individuals striving to undergo genital surgery must also have lived unceasingly for a minimum of 12 months in the gender role corresponding to the individual's gender identity (Ill. Admin. Code tit. 89, § 140.413, 2020). The letter must also confirm that the individual completed an adequate assessment by an LPHA and have received sufficient counseling and education on the diverse procedures and treatment options, implications, and, if recommended, psychotherapy (Ill. Admin. Code tit. 89, § 140.413, 2020). If a notable medical or mental health condition exists that would preclude the gender-affirming surgery, service, or procedure from being performed, it is critical that it be prudently managed (Ill. Admin. Code tit. 89, § 140.413, 2020). The individual must also have the capacity to make fully informed, knowledgeable decisions and assent to treatment (Ill. Admin. Code tit. 89, § 140.413, 2020). It is also imperative that the medical practitioner has collaboratively deliberated and communicated the prospective surgery, service, or procedure, and that they provide clear and convincing evidence regarding the medical necessity of the surgery, service, or procedure the individual is seeking (Ill. Admin. Code tit. 89, § 140.413, 2020). Finally, the letter must include post-operative care instructions (Ill. Admin. Code tit. 89, § 140.413, 2020). If an individual pursuing

gender-affirming surgeries, services, and procedures does not meet the minimum age requirement but medical necessity is evidenced and prior authorization is granted, then payment will be provided (Ill. Admin. Code tit. 89, § 140.413, 2020).

The expansion of Medicaid coverage for gender-affirming care in Illinois provides Medicaid recipients who may not have the resources to afford gender-affirming care on their own (Zaliznyak et al., 2021). Prior to January 1, 2020, gender affirming surgery was included in the physician list of services excluded from coverage and payment (Illinois Department of Health Care and Family Services, 2020). Nevertheless, on January 1, 2020, it was enforced that gender-affirming procedures will be reimbursed by the Department of HFS if medical need and prior authorization are established (Illinois Department of Health Care and Family Services, 2020). Given these provisions, providers may be more willing to accept Medicaid for individuals seeking gender-affirming care, especially providers working in larger health care facilities. However, it does not ensure that all providers will accept Medicaid.

There are a few identifiable weaknesses associated with the current provisions. For instance, Medicaid covers only a portion of the fees required for health care surgeries, services, and procedures. A second weakness is that although the Department of HFS will reimburse providers who provide gender-affirming services, providers at smaller health care facilities will be taking a financial risk as Medicaid provides lower reimbursement rates compared to the standard market cost for such services (Checkpoint EHR, 2021). Because of this, facilities that have a large Medicaid patient base are at risk of reduced revenue (Checkpoint EHR, 2021).

Another significant weakness is that the age requirement does not take into consideration that there are individuals prior to the age of 21 who can make informed and knowledgeable decisions regarding gender-affirming surgeries or procedures. The age requirement could be

more flexible to take this into account and to not hinder one's ability to seek the procedure(s) that will positively impact their life and overall psychological welfare (Almazan & Keuroghlian, 2021). They no longer have to feel trapped in a body that they are not comfortable with and to have to prove that gender-affirming is medically necessary. Finally, the process to qualify for gender-affirming services is a daunting one. It does not account for the fact that many individuals face barriers navigating the health care system and may still combat implicit prejudicial bias from their practitioners (Zaliznyak et al., 2021).

Discussion and Policy Recommendations

Access to health care in the United States is governed by a patchwork of federal, state, and local policies, as well as by the private health care industry. Access to specialized health care for transgender people is no exception. Little federal policy directly addresses the health needs of trans people, resulting in a reliance on state and local policies to determine if, how, and to what extent gender-affirming health care will be made accessible to transgender residents. Because of this, national policy regarding specialized care for trans individuals is especially fragmented and varies widely across state lines. All trans Americans are protected by the nondiscrimination clauses of the Patient Protection and Affordable Care Act following repeal of the 2020 "Final Rule," and this paper has described additional protections available to transgender individuals living in Illinois. While transgender residents of Illinois may have more opportunities to access gender-affirming care with insurance coverage, there are still significant limitations to those opportunities as noted throughout this paper. We as authors now offer a range of policy recommendations to revise, build on, and expand the rights of transgender individuals to access appropriate health care in Illinois and nationwide.

Federal Policy Recommendations

Perhaps the most critical action to establish a national threshold for access to gender-affirming care is to issue a federal mandate that insurance policies must cover transition-related care as needed for each individual, and as defined by the World Professional Association of Transgender Health (WPATH) Standards of Care. A similar policy has already been proposed in Congress and died in committee (Stroumsa, 2014), but could easily be reintroduced, perhaps with modifications. WPATH is currently in the process of updating their Standards of Care, and with this document already lined out, it would not be difficult to encode these standards into existing laws regarding what care is medically necessary.

Updates to both federal and state Medicaid policies could also play a significant role in improving transgender individuals' access to appropriate health care. If the federal government were to find a legal way to mandate the expansion of Medicaid according to the option provided within in the ACA, requiring states to do so would narrow an important disparity in access for transgender people. Because so many transgender individuals do fall into the lower end of the socioeconomic range, this would increase their access to health insurance coverage and their ability to obtain appropriate, gender affirming care. Even if private insurance companies could not be required to cover transition-related health care in all states, Medicaid could be required to do so nationwide, which would make access to care more equitable for this population. By extension, having access to this care and allowing them to physically transition as well as socially, we could reduce the stigma and systemic barriers they face in day-to-day life. This would likely increase access to employment, thus also helping to raise tax revenues paying into the program and lifting more trans people out of poverty.

Developing a more detailed and inclusive comprehensive list of the gender-affirming surgeries, services, and procedures that can be covered by Medicaid would better facilitate access to appropriate care for trans individuals. Doing so allows for providers and individuals seeking gender-affirming care to be knowledgeable on the multitude of genital and non-genital surgeries, services, and procedures that are covered by Medicaid. Providers should be well-informed about the gender-affirming services they are providing to best assist patients or refer them to another competent provider. Furthermore, producing and disseminating a more comprehensive and detailed list of gender-affirming surgeries, services, and procedures that Medicaid may cover can help make the process to confirm coverage less time-consuming and frustrating for patients (Zaliznyak et al., 2021).

Requiring better medical education on gender-affirming health care and practice with transgender people is another way to improve access to appropriate care across federal and state levels. A lack of appropriately educated providers is an identified weakness within all three policies covered in this paper. Stroumsa (2014) has written extensively about the need for medical professionals to be trained on, if not WPATH's Standards of Care exactly, then at least related care for transgender individuals that includes understanding what bodily systems are impacted by hormones and surgical intervention, and which systems are not, as well as respectful and affirming communication skills. It is imperative to consider the lack of proper training and cultural humility within health care (Sabin et al., 2015). Therefore, we recommend that professional education for health care practitioners and providers providing services to gender non-conforming, non- binary, and transgender patients should include the essential tools and knowledge necessary to adequately care and support the distinct desires and needs of gender non-conforming, non-binary, and transgender patients in a culturally competent holistic and

equitable manner (Shires & Jaffee, 2015). For health care providers who have already completed their professional training, continuing medical education (CME) requirements for medical license renewal should require education on current standards and practices for high-quality, gender-affirming care that are rooted in cultural competence and equity. By providing education on the unique needs of transgender patients during both professional training and as a condition of continued licensure, more providers will have the skills and cultural competence necessary to offer high-quality, gender-affirming care to transgender people.

Recommendations for Illinois Policy

Within Illinois, an important recommendation to make regarding the IHRA is to expand its language to explicitly include self-funded insurance policies as well as establishing gender affirming care as a medically necessary right that transgender patients should be entitled to under any type of health insurance coverage. According to Drydakis (2020), transgender individuals who are able to transition experience a considerable increase in self-esteem, life-positivity, body image, social relations, and more compared to their pre-transition selves. Thus, much like procedures that can improve quality of life, well-being, and safety, such as preventative double-mastectomies for individuals at high risk for breast cancer, gender affirming procedures should be considered as something vital to the health and wellbeing of gender minority individuals. This in fact may be on the path to change, as the Illinois Department of Insurance is seeking to expand protections and add gender identity as a protected category to employer insurance plans (Illinois Department of Human Rights, 2020). This could then expand adequacy and equity by allowing transition related services to be considered a vital part to one’s personal health and allow for gender minority individuals to pursue procedures that are able to suit and improve their lives.

In Illinois, partial funding from the IHRA could be used to fund professional education programs like those described earlier. Funds from IHRA could be used to enrich medical education curricula and continuing education credits regarding the unique needs of gender minority patients. By addressing the structural issues creating such gaps in the first place, the unintended discrimination that lies underneath can be significantly diminished or even removed. This would improve equality by allowing gender minority individuals to be treated akin to cisgender patients as doctors would have the knowledge to treat this population, and adequacy by giving gender minority patients the minimum standard of care and decency.

Conclusion

The patchwork of federal and state policies that regulate access to gender affirming care for trans individuals results in significant inequities between states. At the federal level, many of the policies that protect access to gender affirming care do so implicitly, making such protections tenuous and subject to interpretation. Explicitly stating protections for trans Americans and their rights to appropriate health care would significantly strengthen the power of existing policies and reduce inequities across state lines. Although Illinois has already taken important steps to protect trans people's access to appropriate health care through antidiscrimination policies in the Illinois Human Rights Act and expanding Medicaid to include coverage for gender-affirming care, there is still room to do more. By expanding the types of health insurance subject to antidiscrimination rules and providing professional education on gender-affirming care, Illinois can continue to lead in facilitating access to high-quality gender-affirming care for trans individuals.

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