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Fulfilling Gov. Pritzker's commitment to healthcare equity, Medicaid to provide for gender affirming surgery

Shown to be cost-effective in other states, coverage will advance inclusion and access for LGBTQ community

Springfield, Illinois – Fostering healthcare equity and inclusion, the state's Medicaid program will begin covering gender affirming surgeries for members under new policies being established, the Illinois Department of Healthcare and Family Services announced today.

“Healthcare is a right, not a privilege, and I’m committed to ensuring our LGBTQ community and all Illinoisans have access to that right,” said **Governor Pritzker**. “Expanding Medicaid to cover gender affirming surgeries is cost effective, helps avoid long term health consequences, and most importantly is the right thing to do. With continued attacks coming from Washington, this administration will always stand with our transgender community and their right to lead safe and healthy lives.”

The Department has begun developing administrative rules to offer this coverage. Input from stakeholders and the public will be considered during the public comment period. The Department anticipates coverage will become available to Medicaid members upon adoption of the administrative rule, which is likely to be this summer.

Under the proposed coverage rules, Medicaid members age 21 and older who are diagnosed with gender dysphoria will now be eligible for genital and breast-related surgeries.

In studying other state policies, the Department found that in addition to addressing the struggles associated with gender dysphoria, gender affirming surgery is also cost-effective. HFS determined that the policies of the State of Vermont particularly offer a comprehensive and appropriate approach and has been using these as a model.

Coverage for these procedures serve to prevent negative health impacts – such as depression and suicide. Seventeen states and the District of Columbia offer these services and have not reported significant cost increases. The most recent data available shows that 1,400 of the state's 3.1 million Medicaid members are diagnosed with gender dysphoria, and last year around 2,500 prescriptions for hormone therapy were covered.

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GENDER AFFIRMING/AD 1

“For those facing gender dysphoria, every day can be a painful challenge,” said **Theresa Eagleson, director of HFS**. “Helping these individuals overcome their struggles through compassionate and comprehensive treatment is the right approach for them and for Illinois. They may not be a major portion of our total Medicaid membership, but the coverage can be so vital for everyone confronting this.”

The Department’s announcement comes during the week of International Transgender Day of Visibility, which is observed on March 31 every year.

The U.S. Department of Health and Human Services in 2016 set rules to require access to gender transition services. However, the previous administration in Illinois did not create the policies and coverage requirements to accomplish this.

The new policy will include Medicaid members in HealthChoice Illinois, the state’s managed care program, as well as those receiving their care through traditional fee-for-service.

When the policy is finalized, the Department will reach out to medical providers, stakeholders, and the LGBTQ community to promote awareness of the new coverage.

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