



# Research Week 2023

## Unmet need for gender affirming care for gender diverse Oregon Medicaid beneficiaries

Abby Mulcahy, PhD MPH, Diana Govier, PhD MPH, and Jae Downing, PhD, Oregon Health & Science University/Portland State University School of Public Health

### Keywords

Medicaid, transgender health, gender-affirming care

### Abstract

#### Research Objective

Though Oregon's Medicaid program has provided coverage of gender-affirming hormones and surgeries since 2015, the prevalence of utilization and unmet need for gender-affirming care among gender diverse adults receiving Medicaid is unknown. Compare unmet need for gender-affirming hormones among Medicaid beneficiaries to privately insured and uninsured.

#### Population Studied

The Oregon Trans and Gender Diverse Survey was designed to provide data for advocacy efforts related to better healthcare for the gender diverse community in Oregon. Data was collected using Qualtrics June-December of 2021. Respondents were required to be 18-64 years old, have a primary residence in Oregon, and identify as gender diverse, transgender, or agender that differed from their sex (female/male) assigned at birth and who had completed the survey and provided information about their insurance type (n=1346, 74% female sex-assigned-at-birth, 26% male sex-assigned-at-birth).

#### Principal Findings

713 respondents had private insurance, 475 Medicaid, 106 were uninsured. Among female sex-assigned-at-birth, 47% of Medicaid and privately insured respondents had hormones compared to 30% of uninsured. Among male sex-assigned-at-birth 72% of Medicaid, 70% of privately insured, and 61% of uninsured received hormones. There were no differences in having received gender-affirming hormones between Medicaid and privately insured. Uninsured respondents had a 0.15 lower odds (p=0.04) of having received gender-affirming hormones compared to Medicaid respondents.

#### Conclusions

For gender diverse adults in Oregon, there was no difference in access to gender-affirming care between those with Medicaid and private health insurance. However, those without health insurance were less likely to have access to gender-affirming care.

### **Implications for Policy or Practice**

With legislation designed to end/curtail gender-affirming healthcare gathering national attention, Oregon is ahead of the curve in protecting access to healthcare for gender-diverse adults. While it is not possible with the existing data to draw a causal link between Medicaid expansion and use of gender-affirming hormones, access barriers remain for uninsured gender-diverse adults in Oregon.