

TITLE: Gender Diverse Oregon Medicaid Beneficiaries: Unmet Need for Gender Affirming Care

AUTHOR(S): Jae Downing & Abby Mulcahy

PRESENTER(S): Abby Mulcahy

STUDENT SUBMISSION: No

TOPIC/TARGET AUDIENCE: Researchers, providers, administrators, policy makers

ABSTRACT: Statement of Problem: Though Oregon's Medicaid program has provided coverage of gender-affirming hormones (GAH) and surgeries since 2015, the prevalence of utilization and unmet need for gender-affirming care among gender diverse adults (GDA) receiving Medicaid is unknown. Study Aim: Compare unmet need for GAH among Medicaid beneficiaries to privately insured and uninsured. Methods: 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 a gender that differed from their sex (F/M) assigned at birth (SAB) and who had completed the survey and provided information about their insurance type (n=1346, 74% F/SAB, 26% M/SAB). Conclusions: 713 respondents had private insurance, 475 Medicaid, 106 were uninsured. Among F/SAB, 47% of Medicaid and privately insured respondents had hormones compared to 30% of uninsured. Among M/SAB, 72% of Medicaid, 70% of privately insured, and 61% of uninsured received hormones. There were no differences in having received GAH between Medicaid and privately insured. Uninsured respondents had a 0.15 lower odds (p=0.04) of having received GAH compared to Medicaid respondents. Implications: Expansion of Medicaid to include GAH has improved access to care for GDA in Oregon.

OBJECTIVE(S): Define gender-affirming healthcare. Describe differences in access to healthcare for privately insured, publicly insured, and uninsured adults.
