



Trans Healthcare Rights

- Right to compassionate and competent healthcare free from discrimination.
- Right to room assignment, bathroom, or other facilities consistent with your gender identity
- Right to be free from harassment based on your gender identity by staff or other patients
- Right for your insurance company to cover medically necessary care regardless of your gender identity, gender marker, or diagnosis.

AM I COVERED?

In general, your insurance is required to cover medically-necessary transition-related care. The Affordable Care Act makes it unlawful for most insurance plans to deny you coverage for medically-necessary care because of your gender identity, gender marker, or diagnosis.

Categorical exclusions

Your insurance coverage cannot have an exclusion for all care related to gender transition or exclude particular procedures associated with transition-related care.

Non-discrimination in coverage

If your insurance covers a procedure for non-transgender individuals, it cannot exclude you from coverage because you're seeking the procedure to treat gender dysphoria.

Plan discrimination

Your insurance company cannot refuse to enroll you, cancel your plan, or raise your rates because you are transgender.

Gender marker denials:

Your insurance company cannot deny you coverage because your gender marker does not match the gender a certain treatment you need is stereotypically associated with. For example, coverage for a prostate exam because your gender marker is female.

INDIANA MEDICAID

Indiana Legal Services has gotten Indiana Medicaid to provide the following services:

- Hormone Replacement Therapy
- Puberty Blockers
- Masculinizing chest surgery (top surgery)
- Orchiectomy
- Hysterectomy
- Feminizing vaginoplasty
- Voice Therapy

Indiana Legal Services also believes the following services should be covered:

- Facial Feminization
- Masculinizing phalloplasty
- Metaoidioplasty
- Reduction thyrochondroplasty (tracheal shave)

What is coverage is denied?

Even with these protections, many insurance plans will still deny medically necessary care because of ignorance, animus, or outdated myths. If you're denied coverage, you should:

Get a copy of your policy

Get a copy of your health insurance policy to see if there is any discriminatory exclusion language.

Appeal the Denial

There is often a short amount of time to appeal.

Gather Evidence

Get written documentation from your doctor that this treatment is deemed medically necessary for you. Use official statements from the following medical organizations to show that transition-related care is not cosmetic and should be covered:

American Academy of Family Physicians

American College of Obstetricians and Gynecologists

American Medical Association

American Psychological Association

American Psychiatric Association

National Association of Social Workers

World Professional Association for Transgender Health

Contact the LGBT Law Project

For a free confidential intake, contact the LGBT Law project at 317-829-3180 or lgbtgroup@ilsil.net or fill out our on-line intake [here](#).

What laws protect me?

The Affordable Care Act (ACA)

The ACA prohibits sex discrimination in healthcare and applies to most health care providers and insurance companies.

Medicaid

Medicaid laws and regulations require the state to give you the same access to medically necessary care as any other Medicaid recipient under your plan. It is unlawful to deny coverage or provide lesser benefits because of a someone's diagnosis.

Printed: March 9, 2021

<http://www.indianalegalservices.org/node/1045/trans-healthcare-rights>

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