

Chapter 127 of the Acts of 2022: Information Session #3 on Thursday, November 3, 2022 at 1PM – Gender-Affirming Care

According to Section 1 of Chapter 127, the following are new definitions:

“Gender-affirming health care services”, all supplies, care and services of a medical, behavioral health, mental health, surgical, psychiatric, therapeutic, diagnostic, preventative, rehabilitative or supportive nature relating to the treatment of gender dysphoria.

Bulletins 2021-11 (<https://www.mass.gov/doc/bulletin-2021-11-prohibited-discrimination-on-the-basis-of-gender-identity-or-gender-dysphoria-including-medically-necessary-gender-affirming-care-and-related-services-issued-september-9-2021/download>), which superseded Bulletin 2014-03, instructed insured health plan carriers regarding coverage for gender-affirming care and related services.

- 1) Is the definition for “gender-affirming health care services” understood or do certain terms in the definition need clarification? Is there anything that the Division should consider clarifying regarding access to reproductive health care services within an insured health plan? Is there any specific training or licensing that is appropriate for any of the noted services? Are there parts of Bulletin 2021-11 that need further clarification to ensure appropriate access to medically necessary gender-affirming health care services?
- 2) Does there need to be clarity about how to bill carriers for gender-affirming health care services? Could reimbursement be part of a bundled rate of reimbursement?
- 3) The law applies as insured policies are issued or renewed in the commonwealth. Is this clear or would it be helpful to do a Q&A with examples of what this means? How will covered persons and providers know whether or not the law applies to them?
- 4) The law does not make any reference to cost-sharing which means that this may apply to certain gender-affirming care. Is this clear or would it be helpful to do a Q&A with examples of when cost-sharing may or may not apply.?
- 5) Is it clear that medical necessity reviews may apply to gender-affirming care, and that, if care is denied based on medical necessity, a covered person may appeal any denials through a plan’s internal appeal systems and also through the external review panels coordinated through the Office of Patient Protection?
- 6) What types of provider and member education is helpful to educate providers and members about the availability and scope of covered services, as well as a clarification about which types of plans are required to make these services available? What types of Q&As, weblinks and consumer groups sponsored by plans are available to assist members to understand how to access gender-affirming care?
- 7) Are there any barriers or privacy concerns that should be considered regarding information about gender-affirming care? Are there things that should be considered about sharing data among providers about gender-affirming care?