FIVE RECOMMENDATIONS TO IMPROVE TRANSGENDER SEXUAL AND REPRODUCTIVE HEALTH CARE

1. There is a durable biological underpinning to gender identity that should be considered in policy determinations.

2. Medical care providers and health insurance companies should not discriminate against or deny coverage to individuals based on their gender identity.

3. Medical intervention for transgender individuals—including both hormone therapy and medically indicated surgery—is effective, relatively safe (when appropriately monitored), and has been established as the standard of care.

4. The treatment of gender dysphoria/incongruence is medically necessary and should be covered by insurance.

5. Increased funding for national research programs is needed to close the gaps in knowledge regarding transgender medical care and should be made a priority.

KEY STATISTICS

19% of transgender people are uninsured

50% reported teaching their medical providers about transgender care

19% to 27% were refused care due to transgender or gender nonconforming status

28% postponed necessary medical care when sick or injured due to discrimination by healthcare providers

33% delayed or did not try to get preventive healthcare due to discrimination by healthcare providers

85% of transgender people either had or hoped to have hormonal treatment

75% of transgender women and more than 90% of transgender men either had or wanted to have surgical treatment

WHAT YOU NEED TO KNOW
TRANSGENDER GLOSSARY OF TERMS

GENDER IDENTITY: This refers to one’s internal, deeply held sense of gender. For transgender people, their gender identity does not match their sex designated at birth. Most people have a gender identity of man or woman (or boy or girl). For some people, their gender identity does not fit neatly into one of those two choices. Unlike gender expression (see below), gender identity is not visible to others.

GENDER EXPRESSION: This refers to external manifestations of gender, expressed through one’s name, pronouns, clothing, haircut, behavior, voice, or body characteristics. Typically, transgender people seek to make their gender expression affirm their gender identity.

GENDER ROLE: This refers to behaviors, attitudes, and personality traits that a society (in a given culture and historical period) designates as masculine or feminine and/or that society associates with or considers typical of the social role of men or women.

TRANSGENDER: This is an umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with their sex designated at birth. Not all transgender individuals seek treatment.

TRANSGENDER MALE (ALSO TRANS MAN, FEMALE-TO-MALE): This refers to individuals recorded female at birth but who identify and live as men.

TRANSGENDER FEMALE (ALSO TRANS WOMAN, MALE-TO-FEMALE): This refers to individuals recorded male at birth but who identify and live as women.

SEX DESIGNATED AT BIRTH: This refers to sex or gender recorded at birth, usually based on genital anatomy.

GENDER DYSPHORIA: This is distress and unease experienced if gender identity and gender recorded at birth are not completely congruent.

GENDER INCONGRUENCE: This is an umbrella term used when the gender identity differs from what is typically associated with the gender recorded at birth. Gender incongruence is also the proposed name of the gender identity–related diagnoses in the planned revisions to the diagnostic code manual, ICD-11. Not all individuals with gender incongruence have gender dysphoria or seek treatment.

SEXUAL ORIENTATION: This term describes an individual’s enduring physical and emotional attraction to another person. Gender identity and sexual orientation are not the same.

CISGENDER: A term for an individual whose recorded gender at birth and gender identity are in alignment. An alternative way to describe individuals who are not transgender is “non-transgender people.”