

Statement Concerning Continued Coverage of Services for Gender Identity and Gender Transition under the Connecticut Medicaid and CHIP Programs

The State of Connecticut Department of Social Services (DSS) was one of the first Medicaid programs in the United States to add comprehensive coverage of treatment and services for gender transition to its Medicaid program. DSS wishes to clarify that a recently finalized federal regulation concerning discrimination based on gender identity does not affect or alter coverage of treatment for gender transition for Connecticut Medical Assistance program members.

In 2015, Connecticut Medicaid amended its regulations to eliminate all references to gender reassignment as an “experimental” or “unproven treatment.” In 2017, coverage was added to HUSKY B, Connecticut’s Children’s Health Insurance Program. The addition of this coverage was in recognition of the clear clinical evidence that such services were not experimental and should be covered as part of the Medical Assistance programs. Over the past several years, DSS has developed coverage guidelines for gender reassignment surgery and related gender transition services that are based on the best clinical knowledge available. All decisions are based upon the medical necessity of a particular service and a person-centered assessment of the treatment needs of the specific Medicaid member.

On June 12, 2020, the U.S. Department of Health and Human Services (HHS) finalized a federal regulation that repeals a provision related to Section 1557 of the Affordable Care Act (ACA), which banned health care discrimination on the basis of sex and required that individuals “must be treated consistent with their gender identity, including access to facilities.” Prior to HHS’ recent repeal of this regulation under the ACA, providers and insurers that accepted federal funding were prohibited from denying health care services based on an individual's gender identity.

This recent change in federal regulation does not impact Connecticut’s continued coverage of gender transition services under the HUSKY program. The coverage for these services remains the same in HUSKY Medicaid (HUSKY A, C and D) and Connecticut’s Children’s Health Insurance (CHIP) program (HUSKY B). Additionally, in 2013, the Connecticut Insurance Department issued a bulletin that interpreted Connecticut law to prohibit insurers from using an exclusion based solely on gender identity or expression or otherwise discriminating against insured individuals with gender dysphoria. See Ins. Dept. Bulletin, IC-34 (Dec. 19, 2013).

The Department of Social Services continues its strong support for the comprehensive coverage of treatment and services for gender transition as sound clinical practice and consistent with Connecticut public policy. [June 18, 2020]