

2008 to 2017 saw payment, geographical shifts in gender-affirming surgery

May 6 2022



Between 2008 and 2017, there were nationwide increases in gender-

affirming surgery (GAS), with an accompanying payer shift from self-pay to private or government insurance, according to a research letter published online May 4 in *JAMA Surgery*.

Sacha C. Hauc, from the Yale School of Medicine in New Haven, Connecticut, and colleagues examined shifts in GAS by region and insurance use during periods when key antidiscrimination policies took effect. The analysis included 6,627 transgender patients, of whom 603 underwent GAS between 2008 and 2017.

The researchers found that during 2008 to 2013, self-pay was the most common method of GAS payment versus Medicare (odds ratio [OR], 0.02), Medicaid (OR, 0.02), or [private insurance](#) (OR, 0.29). For 2014 to 2015, differences decreased between self-pay and Medicare (OR, 0.27), Medicaid (OR, 0.13), and private insurance (OR, 0.57). By 2016 to 2017, there was no significant difference between methods. GAS was more common in the West before 2013 versus the Northeast (OR, 0.11), Midwest (OR, 0.07), and South (OR, 0.09). Decreases in [geographic variation](#) occurred by 2014 to 2015, and there were further decreases by 2016 to 2017.

"Despite recent improvements, access to GAS remains limited," the authors write. "Policies supporting [insurance coverage](#) for gender-affirming care may have a role in expanding access to GAS."

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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Citation: 2008 to 2017 saw payment, geographical shifts in gender-affirming surgery (2022, May 6) retrieved 9 April 2024 from

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