

March 24, 2025



Via Electronic Mail

OREGON HOUSE OF REPRESENTATIVES

The Honorable Pam Bondi
United States Attorney General
Department of Justice
950 Pennsylvania Avenue NW
Washington, D.C. 20530-0001

CC:

The Honorable Donald J. Trump
The Honorable J.D. Vance

Dear Attorney General Bondi,

We, the undersigned members of the Oregon House of Representatives, write with information to assist you in defending President Trump against *Washington v. Trump* and the efforts to block President Trump's Executive Order to protect children from chemical and surgical mutilation. See attached data provided to the legislature last year by the Oregon Health Authority, which proves that these procedures are being performed on children in Oregon.

The lawsuit also raises a broader issue deserving federal investigation, Oregon's use of Medicaid funds for procedures with no sound evidence showing medical benefits.

Recent developments in Oregon underscore the urgency of federal scrutiny into the use of Medicaid funds. The Medicaid-funded Oregon Health Plan now covers abortion, needle exchanges, air conditioners, food, free housing, and so-called "gender-affirming" procedures.

The medical advocacy group Do No Harm's analysis of insurance data indicates that between 2019 and 2023, 26 genital surgeries were performed on minors in Oregon. In response to our legislative inquiries, the Oregon Health Authority admits that "gender-affirming" surgeries are being performed on minors. See attached reports. This data contradicts the claims made in *Washington v. Trump*. The opaqueness of these reports demonstrates the state's unwillingness to disclose the full extent of taxpayer-funded procedures lacking evidence-based justification, even in response to legislative oversight.

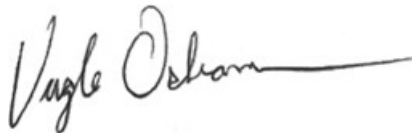
In 2023 the Oregon Health Authority’s Health Evidence Review Commission initially began an assessment of the medical efficacy of these “gender-affirming” procedures, yet their findings—concluding a lack of evidence supporting such treatments—were suppressed. This raises serious concerns, especially given Oregon’s aggressive push to expand Medicaid and introduce a state-run Medicare-for-All-type system. The use of federal funds for unproven medical interventions is a clear violation of federal law, and we urge the Department of Justice to launch an investigation into this matter.

As sponsors of Oregon House Bill 3338 which would require the Health Evidence Review Commission to complete a science-based review of the outcomes of “gender-affirming” procedures and publish these findings, we stand ready to assist in any way necessary to ensure that federal health funding is applied responsibly and that the judicial system is not misled by demonstrably false claims. We look forward to your response and to working together in pursuit of medical integrity and fiscal responsibility.

Sincerely,



Court Boice
State Representative, District 1



Virgle Osborne
State Representative, District 2



Dwayne Yunker
State Representative, District 3



Boomer Wright
State Representative, District 9



Darin Harbick
State Representative, District 12



Ed Diehl
State Representative, District 17



E. Werner Reschke
State Representative, District 55

Memorandum

To: Oregon State Representative Dwayne Yunker

From: Oregon Health Authority, Office of Health Analytics, All Payer All Claims Program

Date: December 16, 2024

Subject: Gender Affirming Care Utilization and Cost to Commercial Insurers in Oregon

Gender Affirming Care in Oregon

Utilization Trends and Costs to Commercial Insurers

Response to Request from Oregon State Representative Dwayne Yunker, December 2024

Overview

This report presents cost and utilization data for gender affirming care in Oregon from 2015-2023. It includes utilization data on individuals with commercial, Medicaid and/or Medicare insurance and a primary diagnosis of gender dysphoria who received gender affirming care procedures (surgery, hair removal and speech therapy), hormone therapy and/or puberty suppression, in summary and segmented by age, race/ethnicity, insurance type and year. The cost of this care is calculated for people with commercial insurance. The costs to Medicare and Medicaid are not calculated for this report.

This report is in response to a request from Oregon State Representative Dwayne Yunker and responds to the following questions:

1. How many patients in Oregon have been diagnosed with/are receiving treatment for gender dysphoria?
 - a. By race/ethnicity and age group
2. How have these numbers changed over time?
 - b. By age group
3. What is the cost to commercial carriers?
 - c. Both aggregated cost and typical cost for individual procedures
 - d. How have these costs changed over time?

Population

This report includes data from individuals in Oregon who have commercial, Medicaid, and/or Medicare insurance. Utilization data is presented for all three types of insurance. Cost is presented only for commercial insurance. **Tables present unique individuals within a given category, not the number of claims.** There are three sections of the report corresponding to three different subpopulations:

Section 1: Individuals with a primary diagnosis of gender dysphoria

Section 2: Individuals with a primary diagnosis of gender dysphoria who had one or more medical claims related to gender affirming care (surgery, hair removal, and/or speech therapy)

Section 3: Individuals with a primary diagnosis of gender dysphoria who had one or more pharmacy claims related to gender affirming care (hormone therapy and/or puberty suppression)

Data

This report uses administrative claims data from the All Payer All Claims (APAC) data warehouse. APAC contains information about health care claims including diagnoses, procedures, services, medications and payments for the majority of people in Oregon.

APAC is an administrative claims database used for billing and payment for health care services and does not represent a clinical record. These data do not represent the prevalence of gender dysphoria among individuals in Oregon, only those who had a primary gender dysphoria diagnosis within an insurance claim within a given year. Not all people who are transgender, non-binary, or those questioning their gender identity seek medical intervention.

Methods

OHA consulted with clinical and pharmacy experts to identify diagnosis, procedure, and pharmacy codes related to gender affirming care. The methods used to extract and summarize APAC data adhere closely to the methods in a similar 2023 report using Medicaid data. The programming code from the 2023 report was directly translated into equivalent code for use in APAC's secure analytic environment.

Gender Dysphoria

This report identifies gender dysphoria through a list of seven diagnosis codes (International Classification of Diseases, Tenth Revision, Clinical Modification¹) and includes only the primary diagnosis. Persons with age missing in the APAC data were excluded. APAC's Unique Person Identifier was used to de-duplicate persons.

Gender affirming care

This report uses the following definition of gender affirming care:

- A person with gender dysphoria
 - Who receives a gender affirming procedure AND/OR
 - Who receives a gender affirming medication

Medical Treatment

The list of gender affirming procedure codes in this report is based on the original list from the 2023 report. This report also incorporated billing guidance from Medicare and several large commercial insurers to augment the list of gender affirming procedure codes to more closely align with the requirements of coverage for gender affirming care in House Bill 2002 (2023). To be considered a gender affirming procedure, a claim must have included a primary diagnosis of gender dysphoria. The medical treatment categories include:

- Hair removal, either as an adjunct to a surgical procedure or for other purposes.
- Speech therapy, to help individuals modify their voice characteristics, such as pitch, resonance, and intonation.
- Surgery, which may include chest and genital masculinization or feminization, face feminization, gonad removal, hysterectomy, phalloplasty, tissue transfer, and vulvoplasty or vaginoplasty.

¹ The International Classification of Diseases (ICD) is revised periodically by the World Health Organization (WHO). While WHO updates the ICD annually, a complete revision of the ICD reflects advances in science and medicine in reporting diseases and health conditions. In May 2019, WHO members, including the United States, approved the adoption of the eleventh revision (ICD-11) to be effective January 2022. In this revision, the term 'gender incongruence' is used in diagnoses to retain access to care while acknowledging that gender diverse identities are not conditions of mental illness. This is a change from the tenth revision (1993) where 'gender dysphoria' is included as a mental disorder. ICD-11 has three conditions related to 'gender incongruence' based on the age of the patient (adolescence/adulthood, childhood or unspecified).

Pharmacy Treatment

The list of hormone therapy and puberty suppression medications in this report is based on the original list from the 2023 report and includes hormone therapy received in a clinic setting. The pharmacy treatment categories include:

- Hormone therapy, which is typically used by people to produce physical changes in the body that are caused by female or male hormones during puberty. This hormone therapy helps better align the body with a person's gender identity.
- Puberty suppression, which is used to delay the changes of puberty in young people who have started puberty. In some cases, people 18 and over may receive puberty suppression medications such as gonadotropin-releasing hormone (GnRH) analogs. In these cases, the medications have other gender affirming effects aside from puberty suppression.

Note: Pharmacy claims do not include primary diagnoses, so a person was categorized as having gender affirming pharmacy treatments if they had at least one relevant pharmacy treatment and a medical claim with a primary diagnosis of gender dysphoria within the study period (2015-2023). This may result in inflated counts, since there are reasons other than gender affirming care that individual may use the listed medications. Some hormone therapies and puberty suppressants are physician-administered, in which case the claim will include a diagnosis.

Data Tables

The data tables presented here use the following definitions:

- Persons: count of unique persons within a given category. For tables that include years, a unique person is counted once for each year. For tables that include age group, a unique person was assigned the age at the end of the calendar year to avoid double-counting.
- Diagnosis: primary diagnosis of gender dysphoria from a medical claim.
- Cost: the amount that the commercial insurer paid for the service. This does not include any payments made by the person receiving care, such as deductibles or copays. Please note: these costs do not represent entire episodes of care, which would include, among other things, pre-operative and post-operative care specifically associated with the procedure. While episodes of care reporting is common, APAC does not currently license an episodes of care grouper for gender affirming care.

In alignment with OHA policy, small numbers in the following tables have been suppressed to protect the confidentiality of people in Oregon. Counts of persons less than 50 are shown as < 50. In some cases, the total and mean costs are suppressed and shown as “#” to prevent backward calculation of the count of persons. Data from 2023 are preliminary because the

final 2023 Q4 data collection is pending and 2023 Medicare fee-for-service data is not yet available.

Key Findings

Gender affirming care comprises a small portion of overall healthcare utilization. The percentage of persons with a primary diagnosis of gender dysphoria ranged from 0.03 percent of the overall population in APAC in 2015 to 0.35 percent in 2023. The cost of providing gender affirming care is also a small portion of overall medical and pharmacy costs to commercial insurers. The cost to commercial insurers for gender affirming care ranged from 0.02 percent in 2015 to 0.18 percent in 2023 of total commercial health care costs. The costs to Medicare and Medicaid were not calculated for this report.

The number of people diagnosed with gender dysphoria is similarly small compared with the number of people diagnosed with chronic diseases. For instance, in 2023, there were 204,740 persons with a primary diagnosis of diabetes, accounting for \$522,552,383, or 4.8 percent of total commercial spending, compared with 14,153 individuals with a gender dysphoria diagnosis, accounting for \$19,706,415 or 0.18 percent of total commercial spending.

Section 1: Gender Dysphoria Diagnosis

Tables 1-4 present data on the population of individuals with commercial, Medicaid, and/or Medicare insurance in Oregon who have a medical claim that includes a primary diagnosis of gender dysphoria. This does not represent the total prevalence of gender dysphoria in Oregon, only the count of individuals with an insurance claim that includes this diagnosis.

Table 1: Gender Dysphoria Primary Diagnosis for People with Commercial, Medicaid, and Medicare in Oregon and Cost to Commercial Insurers from 2015-2023

	Individuals with Commercial, Medicaid, and/or Medicare Insurance			Cost to Commercial Insurers Only		
	Persons with Gender Dysphoria Diagnosis	All Persons in APAC	% of All Persons	Medical + Pharmacy Cost for Gender Affirming Care	All Medical + Pharmacy Costs for Commercial Insurers	% of All Medical + Pharmacy Costs
2015	1,964	3,897,226	0.05%	\$1,034,527	\$6,287,779,877	0.02%
2016	2,929	3,667,125	0.08%	\$2,006,886	\$5,311,632,725	0.04%
2017	4,003	3,708,162	0.11%	\$3,639,412	\$5,710,611,491	0.06%
2018	5,030	3,814,428	0.13%	\$4,616,457	\$5,964,447,185	0.08%
2019	6,337	3,885,317	0.16%	\$5,764,751	\$6,671,721,557	0.09%
2020	7,498	3,982,844	0.19%	\$7,215,425	\$6,554,411,877	0.11%
2021	9,813	4,065,956	0.24%	\$9,684,754	\$7,265,268,291	0.13%
2022	12,322	4,129,071	0.30%	\$12,646,183	\$7,653,507,482	0.17%
2023*	14,149	3,919,868	0.36%	\$14,100,581	\$7,991,332,740	0.18%

Data Source: APAC Release 21

* 2023 data are preliminary.

Table 2: Gender Dysphoria Primary Diagnosis by Race/Ethnicity for People with Commercial, Medicaid, and Medicare in Oregon from 2015-2023*

	Persons with Gender Dysphoria Diagnosis, 2015-2023	All Persons in APAC, 2015-2023	% of All Persons
Asian	303	96,327	0.31%
Black or African American	625	151,391	0.41%
Hispanic or Latino	1,081	332,816	0.32%
American Indian or Alaska Native	381	55,291	0.69%
Native Hawaiian or Pacific Islander	61	19,079	0.32%
Other	931	251,416	0.37%
White	11,688	2,328,857	0.50%
Missing**	12,133	3,659,286	0.33%

Data source: APAC Release 21

APAC data is not yet aligned with REALD SOGI data collection standards.

Race/ethnicity was calculated using the rarest race methodology.

* 2023 data are preliminary.

**A high percentage people in APAC have missing values for race/ethnicity. Missingness varies by insurance type – in 2022, race/ethnicity was missing for three percent of people with Medicare, 18 percent of people with Medicaid, and 50 percent of people with commercial insurance. Use caution when interpreting this data.

Table 3: Gender Dysphoria Primary Diagnosis by Age Group and Year for People with Commercial, Medicaid, and Medicare in Oregon from 2015-2023

	Age Group^	Persons with Gender Dysphoria Diagnosis	All Persons in APAC	% of All Persons
2015	Age 9 to 14	76	282,754	0.03%
	Age 15 to 17	144	142,315	0.10%
	Age 18 +	1,744	3,052,679	0.06%
2016	Age 9 to 14	101	259,212	0.04%
	Age 15 to 17	218	128,824	0.17%
	Age 18 +	2,610	2,897,123	0.09%
2017	Age 9 to 14	152	264,166	0.06%
	Age 15 to 17	325	128,596	0.25%
	Age 18 +	3,526	2,934,845	0.12%
2018	Age 9 to 14	235	277,659	0.08%
	Age 15 to 17	409	135,246	0.30%
	Age 18 +	4,386	3,013,466	0.15%
2019	Age 9 to 14	332	280,685	0.12%
	Age 15 to 17	546	136,192	0.40%
	Age 18 +	5,459	3,084,206	0.18%
2020	Age 9 to 14	354	282,045	0.13%
	Age 15 to 17	569	137,468	0.41%
	Age 18 +	6,575	3,187,609	0.21%
2021	Age 9 to 14	603	281,188	0.21%
	Age 15 to 17	882	140,708	0.63%
	Age 18 +	8,328	3,273,400	0.25%
2022	Age 9 to 14	694	278,384	0.25%
	Age 15 to 17	1,157	144,232	0.80%
	Age 18 +	10,471	3,341,803	0.31%
2023*	Age 9 to 14	611	273,419	0.22%
	Age 15 to 17	1,226	145,951	0.84%
	Age 18 +	12,312	3,148,362	0.39%

Data source: APAC Release 21

* 2023 data are preliminary.

Table 4: Gender Dysphoria Primary Diagnosis by Insurance Type (Medicare, Medicaid, and Commercial) in Oregon from 2015-2023

	Year	Persons with Gender Dysphoria Diagnosis	All Persons in APAC**	% of All Persons
Medicare	2015	158	819,813	0.02%
	2016	235	845,471	0.03%
	2017	296	879,751	0.03%
	2018	355	912,941	0.04%
	2019	414	941,076	0.04%
	2020	453	961,553	0.05%
	2021	510	968,020	0.05%
	2022	532	988,122	0.05%
	2023*	323	734,676	0.04%
Medicaid	2015	1,173	1,369,364	0.09%
	2016	1,825	1,397,534	0.13%
	2017	2,380	1,340,189	0.18%
	2018	2,936	1,283,179	0.23%
	2019	3,647	1,289,544	0.28%
	2020	4,493	1,320,226	0.34%
	2021	5,783	1,439,777	0.40%
	2022	7,257	1,545,886	0.47%
	2023*	8,436	1,646,657	0.51%
Commercial	2015	740	2,306,717	0.03%
	2016	1,036	1,870,918	0.06%
	2017	1,552	1,910,082	0.08%
	2018	2,014	2,088,543	0.10%
	2019	2,601	2,251,240	0.12%
	2020	2,970	2,728,299	0.11%
	2021	3,997	2,767,729	0.14%
	2022	5,176	2,747,052	0.19%
	2023*	6,048	2,649,815	0.23%

Data Source: APAC Release 21

* 2023 data are preliminary.

** People can have more than one insurance type per year and some people cycle in and out of coverage within a given year. The total number of unique persons per year is not equal to the sum of the persons in Medicare, Medicaid and Commercial.

Section 2: Medical Treatment

Tables 5 and 6 present data on the population of individuals with commercial, Medicaid, and/or Medicare insurance in Oregon who have a medical claim with a primary diagnosis of gender dysphoria and at least one procedure related to gender affirming care. The cost of medical treatment is calculated for people with commercial insurance. The costs to Medicare and Medicaid are not calculated for this report.

Table 5: Gender Affirming Medical Treatment and Cost to Commercial Insurers in Oregon from 2015-2023

	Treatment Category^^	Persons with treatment	Persons in Commercial with treatment	Total Cost to Commercial Insurers	Mean Cost to Commercial Insurers
2015	Hair removal	<50	<50	#	#
	Speech therapy	<50	<50	#	#
	Surgery	123	<50	#	#
2016	Hair removal	<50	<50	#	#
	Speech therapy	<50	<50	#	#
	Surgery	311	112	\$1,613,526	\$14,406
2017	Hair removal	108	<50	#	#
	Speech therapy	<50	<50	#	#
	Surgery	464	175	\$2,845,043	\$16,257
2018	Hair removal	112	<50	#	#
	Speech therapy	<50	<50	#	#
	Surgery	567	248	\$3,564,811	\$14,374
2019	Hair removal	111	<50	#	#
	Speech therapy	<50	<50	#	#
	Surgery	676	311	\$4,061,367	\$13,059
2020	Hair removal	123	55	\$96,983	\$1,763
	Speech therapy	<50	<50	#	#
	Surgery	738	355	\$4,827,697	\$13,599
2021	Hair removal	205	85	\$218,363	\$2,569
	Speech therapy	<50	<50	#	#
	Surgery	952	482	\$6,523,801	\$13,535
2022	Hair removal	196	88	\$205,321	\$2,333
	Speech therapy	93	<50	#	#
	Surgery	1,197	595	\$8,591,544	\$14,440
2023*	Hair removal	208	108	\$236,137	\$2,186
	Speech therapy	117	66	\$30,831	\$467
	Surgery	1,324	671	\$9,498,162	\$14,155

Data Source: APAC Release 21

Number was suppressed to prevent backward calculation of value < 50.

* 2023 data are preliminary.

^^ A person can receive more than one type of treatment (such as hair removal and surgery) per year, so the treatment categories are not mutually exclusive and the number of unique persons per year is not equal to the sum of persons in each category.

Table 6: Gender Affirming Medical Treatment by Age Group[^], and Cost to Commercial Insurers in Oregon from 2015-2023

	Persons in Commercial with Treatment			Total Cost to Commercial Insurers			Mean Cost to Commercial Insurers		
	Age 9 to 14 [^]	Age 15 to 17	Age 18 and up	Age 9 to 14	Age 15 to 17	Age 18 and up	Age 9 to 14	Age 15 to 17	Age 18 and up
2015	Hair removal	<50	<50	<50	#	#	#	#	#
	Speech therapy	<50	<50	<50	#	#	#	#	#
	Surgery	<50	<50	<50	#	#	#	#	#
2016	Hair removal	<50	<50	<50	#	#	#	#	#
	Speech therapy	<50	<50	<50	#	#	#	#	#
	Surgery	<50	<50	108	#	\$1,587,938	#	#	\$14,703
2017	Hair removal	<50	<50	<50	#	#	#	#	#
	Speech therapy	<50	<50	<50	#	#	#	#	#
	Surgery	<50	<50	171	#	\$2,804,740	#	#	\$16,402
2018	Hair removal	<50	<50	<50	#	#	#	#	#
	Speech therapy	<50	<50	<50	#	#	#	#	#
	Surgery	<50	<50	238	#	\$3,478,159	#	#	\$14,614
2019	Hair removal	<50	<50	<50	#	#	#	#	#
	Speech therapy	<50	<50	<50	#	#	#	#	#
	Surgery	<50	<50	287	#	\$3,886,134	#	#	\$13,541
2020	Hair removal	<50	<50	53	#	\$96,259	#	#	\$1,816
	Speech therapy	<50	<50	<50	#	#	#	#	#
	Surgery	<50	<50	321	#	\$4,586,233	#	#	\$14,287
2021	Hair removal	<50	<50	84	#	\$216,923	#	#	\$2,582
	Speech therapy	<50	<50	<50	#	#	#	#	#
	Surgery	<50	<50	442	#	\$6,348,295	#	#	\$14,363
2022	Hair removal	<50	<50	85	#	\$199,915	#	#	\$2,352

	<50	<50	<50	#	#	#	#	#	#	#
Speech therapy	<50	<50	<50	#	#	#	#	#	#	#
Surgery	<50	<50	<50	#	#	#	#	#	#	\$15,143
Hair removal	<50	<50	<50	#	#	#	#	#	#	\$2,272
Speech therapy	<50	<50	<50	#	#	#	#	#	#	\$487
Surgery	<50	<50	<50	#	#	#	#	#	#	\$16,248

2023*

Data Source: APAC Release 21

Number was suppressed to prevent backward calculation of value < 50.

* 2023 data are preliminary.

^ A person can belong to more than one age group per year. The number of unique persons per age group per year is different than the sum of the persons in each age group.

^^ A person can receive more than one type of treatment (such as hair removal and surgery) per year, so the treatment categories are not mutually exclusive and the number of unique persons per year is not equal to the sum of persons in each category.

Section 3: Pharmacy Treatment

Tables 7 and 8 present data on the population of individuals with commercial, Medicaid, and/or Medicare insurance in Oregon who have at least one medical claim that includes a primary diagnosis of gender dysphoria within the study period (2015-2023) and have at least one pharmacy claim related to gender affirming care. The cost of pharmacy treatment is calculated for people with commercial insurance. The costs to Medicare and Medicaid are not calculated for this report.

Table 7: Gender Affirming Pharmacy Treatment and Cost to Commercial Insurers in Oregon from 2015-2023

	Treatment Category	Persons with treatment	Persons in Commercial with Treatment	Total Cost to Commercial Insurers	Mean Cost to Commercial Insurers
2015	Hormone therapy	1,237	528	\$73,619	\$139
	Puberty suppression	<50	<50	#	#
2016	Hormone therapy	1,930	731	\$93,256	\$128
	Puberty suppression	65	<50	#	#
2017	Hormone therapy	2,658	1,058	\$183,954	\$174
	Puberty suppression	87	<50	#	#
2018	Hormone therapy	3,583	1,428	\$261,547	\$183
	Puberty suppression	124	59	\$741,576	\$12,569
2019	Hormone therapy	4,462	1,887	\$342,122	\$181
	Puberty suppression	159	82	\$1,310,325	\$15,980
2020	Hormone therapy	5,580	3,006	\$675,850	\$225
	Puberty suppression	178	97	\$1,611,707	\$16,616
2021	Hormone therapy	6,960	3,707	\$897,046	\$242
	Puberty suppression	242	148	\$2,037,445	\$13,767
2022	Hormone therapy	8,863	4,931	\$1,180,919	\$239
	Puberty suppression	325	198	\$2,650,368	\$13,386
2023*	Hormone therapy	10,857	6,683	\$1,463,739	\$219
	Puberty suppression	370	243	\$2,871,712	\$11,818

Data Source: APAC Release 21

Number was suppressed to prevent backward calculation of value < 50.

* 2023 data are preliminary.

^^ A person can receive more than one type of treatment (such as hormone therapy and puberty suppression) per year, so the treatment categories are not mutually exclusive and the number of unique persons per year is not equal to the sum of persons in each category.

Table 8: Gender Affirming Pharmacy Treatment by Age Group^, and Cost to Commercial Insurers in Oregon, 2015-2023

	Treatment Category^^	Persons in Commercial with Treatment			Total Cost to Commercial Insurers			Mean Cost to Commercial Insurers		
		Age 9 to 14^	Age 15 to 17	Age 18 and up	Age 9 to 14	Age 15 to 17	Age 18 and up	Age 9 to 14	Age 15 to 17	Age 18 and up
2015	Hormone therapy	<50	<50	505	#	#	\$70,200	#	#	\$139
	Puberty suppression	<50	<50	<50	#	#	#	#	#	#
2016	Hormone therapy	<50	<50	694	#	#	\$87,912	#	#	\$127
	Puberty suppression	<50	<50	<50	#	#	#	#	#	#
2017	Hormone therapy	<50	<50	1,010	#	#	\$178,168	#	#	\$176
	Puberty suppression	<50	<50	<50	#	#	#	#	#	#
2018	Hormone therapy	<50	67	1,353	#	\$5,132	\$255,227	#	\$77	\$189
	Puberty suppression	<50	<50	<50	#	#	#	#	#	#
2019	Hormone therapy	<50	95	1,779	#	\$7,341	\$332,652	#	\$77	\$187
	Puberty suppression	<50	<50	<50	#	#	#	#	#	#
2020	Hormone therapy	<50	142	2,832	#	\$19,971	\$650,761	#	\$141	\$230
	Puberty suppression	51	<50	<50	\$937,608	#	#	\$18,384	#	#
2021	Hormone therapy	56	201	3,450	\$10,331	\$55,683	\$831,033	\$184	\$277	\$241
	Puberty suppression	78	<50	<50	\$959,098	#	#	\$12,296	#	#
2022	Hormone therapy	56	287	4,588	\$10,989	\$67,466	\$1,102,464	\$196	\$235	\$240
	Puberty suppression	93	75	<50	\$1,283,124	\$979,875	#	\$13,797	\$13,065	#
2023*	Hormone therapy	78	372	6,233	\$10,966	\$70,434	\$1,382,339	\$141	\$189	\$222
	Puberty suppression	118	90	<50	\$1,633,783	\$773,592	#	\$13,846	\$8,595	#

Data Source: APAC Release 21

Number was suppressed to prevent backward calculation of value < 50.

* 2023 data are preliminary.

^ A person can belong to more than one age group per year. The number of unique persons per age group per year is not equal to the sum of the persons in each age group.

^^ A person can receive more than one type of treatment (such as hormone therapy and puberty suppression) per year, so the treatment categories are not mutually exclusive and the number of unique persons per year is not equal to the sum of persons in each category.

Gender Affirming Care for OHP Members with Gender Dysphoria Diagnosis – Response to request; June 16, 2023

This brief provides Calendar Year 2015-2022 data on Oregon Health Plan (OHP) members with a primary gender dysphoria diagnosis who received Gender Affirming Care services; and includes information on Gender Affirming Care services (i.e., surgical procedures, hair removal, and speech therapy) costs and number of members receiving services, segmented by age groups.

Oregon's Medicaid program, the Oregon Health Plan, began covering Gender Affirming Care services for members with gender dysphoria diagnoses in 2015, thus the data presented here are from 2015-2022. (For more information about OHP coverage, see: <https://www.oregon.gov/oha/HPA/DSI-HERC/FactSheets/Gender-dysphoria.pdf>)

Population: These tables include OHP members who had one or more OHP medical services claims for Gender Affirming Care services, with a primary diagnosis of gender dysphoria on that claim, during 2015-2022. The tables provide unique individuals, not number of services.

Please note, OHA's primary source for Medicaid member data is the administrative claims and encounter data used for billing/payment for health care services and does not represent a clinical record. Thus, these data do not represent the prevalence of gender dysphoria across all OHP members, only those OHP members for whom a gender dysphoria or related diagnoses was present on any medical services claim in the time frame reported. Also, not all people who are transgender or gender diverse seek medical intervention.

Small numbers in the following tables have been suppressed as OHA has responsibility to protect the confidentiality of people in Oregon while reporting reliable data. We do not report breakouts where the underlying population is less than 50, and we do not report (non-zero) numbers less than 5. We report numbers between 5 and 12 but they may be statistically unreliable and should be interpreted with caution. In some cases, additional values must be suppressed to prevent backward calculation of a suppressed number. All other values are reported.

Services: The tables below show the following Gender Affirming Care services provided for OHP members with a primary diagnosis of gender dysphoria on the service claim:

- Surgical procedures, which include chest and genital masculinization/feminization, face feminization, gonad removal, hysterectomy, phalloplasty, tissue transfer, and vulvoplasty/vaginoplasty.
- Hair removal, where a subsequent surgical procedure is performed (hair removal is only covered as part of pre-surgical preparation for other Gender Affirming care surgical procedures) and no co-occurring diagnosis of warts (as the same procedure code is used for both hair and wart removal).
- Speech therapy
- Same day facility and anesthesia costs

Please note, procedure and billing codes for Gender Affirming Care surgical procedures involve multiple procedures as steps in the larger surgery, many of which are nonspecific to body parts and fall under multiple surgery types.

Costs: The tables include the professional fees specific to the listed procedures with and without same-day facility charges. We also added anesthesia costs to the procedure costs. Please note, Medicaid rates are generally considerably lower than self-pay or commercial rates for surgical services.

Please note, these costs do not represent entire episodes of care which would include pre-operative and post-operative care specifically associated with the procedure. While episodes of care reporting is common, OHA's procedure and episode grouper tools are limited to certain situations, and do not include an episodes of care grouper for Gender Affirming Care. OHA is not aware of any grouper available that groups episodes of care related to Gender Affirming Care. Creating one that contained these episodes of care would be complex. It would require extensive external clinical consultation and substantial time and cost.

2022-2015 Summary: Gender Affirming Care Services for OHP Members with Primary Diagnosis of Gender Dysphoria

	Individuals						Total Costs
	Surgical Procedures	Hair Removal	Speech Therapy	Total Unique Individuals	Total Medicaid Population	% Medicaid Population	
2022	569	74	44	655	1,444,999	0.05%	\$6,087,383
2021	438	87	22	517	1,344,804	0.04%	\$4,896,467
2020	362	51	16	417	1,222,715	0.03%	\$3,324,116
2019	333	69	< 5	371	1,059,445	0.04%	\$2,990,167
2018	291	83	< 5	340	1,035,115	0.03%	\$2,672,208
2017	268	91	< 5	324	1,032,325	0.03%	\$2,240,916
2016	188	39	0	213	1,037,766	0.02%	\$1,400,336
2015	75	< 5	0	77	1,111,672	0.01%	\$412,317

Data Source: MMIS/DSSURS

6/16/2023

2022-2015: Gender Affirming Care Services for OHP Members with Primary Diagnosis of Gender Dysphoria

Year	Service	Individuals				Total Costs				Average Costs					
		Total unique individuals†	Age (12-14)‡	Age (15-17)	Age (18+)	Service Costs (OHP Paid)	Same Day Facility & Anesthesia Costs^		Third Party Paid	Medicare Paid	Total Costs	Average Service Costs (OHP Paid)	Average Costs		Average Total Costs
							(OHP Paid)						Average Third Party Paid	Average Medicare Paid	
2022	TOTAL	655	**	**	**	\$3,379,699	\$2,426,916	\$155,485	\$125,283	\$6,087,383	\$5,511	\$486	\$170	\$6,167	
2021	TOTAL	517	**	**	**	\$2,703,864	\$1,890,195	\$212,675	\$89,733	\$4,896,467	\$3,253	\$0	\$164	\$3,418	
2020	TOTAL	417	**	**	**	\$2,123,897	\$1,059,163	\$46,254	\$94,802	\$3,324,116	\$5,317	\$128	\$215	\$5,660	
2019	TOTAL	371	**	**	**	\$1,562,835	\$1,250,695	\$56,207	\$120,430	\$2,990,167	\$3,840	\$126	\$256	\$4,222	
2018	TOTAL	340	**	**	**	\$1,388,087	\$1,134,985	\$40,501	\$108,635	\$2,672,208	\$3,261	\$47	\$408	\$3,715	
2017	TOTAL	324	**	**	**	\$1,246,682	\$893,740	\$10,213	\$90,281	\$2,240,916	\$2,165	\$0	\$0	\$2,440	
	Surgical Procedures*	188	0	< 5	^^	\$727,312	\$3,016	\$47,092	\$777,420	\$3,869	\$16	\$250	\$4,135		
	Hair Removal	39	**	**	**	\$33,587	\$98	\$323	\$34,008	\$861	\$3	\$8	\$872		
	Speech Therapy	0	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
	TOTAL	213	0	< 5	^^	\$760,899	\$3,114	\$47,414	\$1,400,336	\$2,550	\$0	\$519	\$3,049		
	Surgical Procedures*	75	0	< 5	^^	\$189,772	\$0	\$38,919	\$228,691	\$2,550	\$0	\$519	\$3,049		
	Hair Removal	< 5	**	**	**	\$849	\$0	\$0	\$849	^^	\$0	\$0	^^		
	Speech Therapy	0	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
	TOTAL	77	0	0	0	\$190,620	\$182,778	\$0	\$38,919	\$412,317	\$0	\$0	\$0		

* Surgical procedures include chest and genital masculinization/feminization, face feminization, gonad removal, hysterectomy, phalloplasty, tissue transfer, and vulvoplasty/vaginoplasty. These involve multiple procedures as steps in the larger surgery, many of which are nonspecific to body parts and fall under multiple surgery types and cannot be reliably assigned to one surgery type without complex episode of care grouping.

† Because individuals can receive more than one type of service, the number of unique individuals in each service category do not add up to the total unique individuals for that year

‡ No services were provided for individuals under 12 years of age in the timeframe specified.

^ Facility and anesthesia costs cannot be attributed to specific services when more than one service was provided on the same day. Only totals are reported for these costs.

< 5 Estimate suppressed due to small numbers; statistically unreliable.

** Value suppressed to protect confidentiality. Denominator less than 50.

^^ Value suppressed to prevent backward calculation of other suppressed value(s).

\$ May be statistically unreliable due to small numbers; interpret with caution.