Transgender, Gender Diverse, or Intersex (TGI) Health Care Quality Standards and Training Curriculum Working Group
May 23rd, 2023
Meeting Summary

1. TGI Working Group Members in Attendance

In-person attendees:

Bambi Cisneros, Department of Health Care Services (she/her/hers)
Stesha Hodges, California Department of Insurance (she/her/hers)
Evan Johnson, Youth Programs for Trans Family Support Services (they/them/theirs)
Adrian Naidu, California Public Employees' Retirement System (he/him/his)
Taylor Priestly, Covered California (she/her)
Skyler Rosellini, National Health Law Program (he/him)
Dr. Ryan Spielvogel, Sutter Family Medicine Residency Program (he/him/his)
Jason Tescher, California Department of Public Health (he/him/his)

Virtual attendees:

Dannie Ceseña, California LGBTQ Health and Human Services Network (he/him/they/them)
Thomi Clinton, Transgender Health and Wellness Center (she/her/hers)
Bee Curiel, TransLatin@ Coalition (they/them)
J.M. Jaffe, Lyon-Martin Community Health Services (they/them)
Kendra M. Muller, Disability Rights California (she/they)
Dr. Scott Nass, Transgender Health and Wellness Center (he/him/his)
Morey Riordan, Transgender Strategy Center (he/him/his)
Katalina Zambrano, Somos Familia Valle Central (she/her/ella)

Department of Managed Health Care (DMHC) Staff in Attendance:

Mary Watanabe, Director (she/her/hers)
Amanda Levy, Deputy Director, Health Policy and Stakeholder Relations (she/her/hers)
Mary Peterson, Attorney III (she/her/hers)
Latika Sharma, Attorney III (she/her/hers)
Sara Ortiz, Staff Services Manager I (she/her/hers)
Alma Ochoa-Soria, Associate Governmental Program Analyst (she/her/hers)
Leslie Thompson, Associate Governmental Program Analyst (she/her/hers)
Shaini Rodrigo, Staff Services Analyst (she/her/hers)

2. Welcome & Introductions

Director Mary Watanabe called the meeting to order and welcomed the Working Group members and attendees participating virtually and in-person. Director Watanabe reviewed housekeeping items. She announced the Department had finalized the contract with Queer Works and Jacob Rostovsky would facilitate the meetings going forward. Jacob Rostovsky

announced Kimberly Skeete (she/her/hers) as the new working group member who would join at the June meeting.

3. Review of April 12, 2023 Meeting Summary

Jacob Rostovsky asked if there were any changes to the April 12, 2023, meeting summary. There were no changes.

4. Overview of Bagley-Keene Open Meeting Act Requirements

Scott Ostermiller, Attorney in the Office of Legal Services, provided an overview of the Bagley-Keene Open Meeting Act Requirements.

5. Overview of Consumer Participation Program

Ali Thodas, Attorney in the Office of Legal Services, presented an overview of the DMHC's Consumer Participation Program (CPP) and explained how, working group members, members of the public and listening session participants could apply for funding.

6. Review of SB 923 (Wiener) and Scope of Working Group

Jacob Rostovsky provided an overview of SB 923 and clarified the scope and tasks of the working group.

7. DMHC Help Center Information and Current Law Related to TGI Healthcare Rights

Latika Sharma, Attorney in the Office of Legal Services, reviewed current laws related to TGI healthcare rights and services available through the DMHC Help Center.

8. Working Group Members

Dannie Cesena of the California LGBTQ Health and Human Services Network and Skyler Rosellini of the National Health Law Program gave an overview of their respective organizations.

9. Facilitated Discussion

Jacob Rostovsky facilitated a discussion around barriers in accessing TGI healthcare.

In response to the prompt, "Based on your experiences and knowledge, what are some common barriers that TGI individuals face when accessing healthcare services?" , working group members stated:

- There is a perception that unless you're an endocrinologist or specialist, you do not need to know how to provide safe and affirming general care to the TGI community.
- There is lack of safe and accessible affirming care, regardless of specialty.
- Because of the lack of competent care, TGI individuals often do not seek services.

- Providers often fail to acknowledge TGI identity.
- There is often confusion around accessing preventive care, such as mammograms, pap smears, or cancer screenings. Many health plans are confused about how to process claims for preventive services when gender markers do not align with the tests.
- Health plans and/or providers often assign gender to services which creates confusion and negative patient experiences.
- There is a lack of integrative TGI care and inclusive conversations.
- Lack of TGI affirming HIV care.
- Lack of safety within care.
- Lack of doctors in rural areas.
- Stigmatization and discrimination are prevalent.
- Lack of affirming care for those with chronic conditions and disabilities.
- Difficulty in finding medical specialists when referred and often met with “I don’t work with trans patients”.
- Difficulty in finding mental health providers who understand the differences between gender identity and sexual orientation.
- Fear of being shamed (i.e., this problem is *because* you are TGI).
- Difficulty in finding physical therapists who are affirming.
- Lack of standards in electronic health records and how data is shared which leads to having to answer questions multiple times rather than helping individuals be seen authentically throughout their healthcare journey.

In response to the prompt, “In your opinion, what are the primary sources of stigma, discrimination, and bias faced by TGI individuals in healthcare settings? How do these barriers manifest, and what impact do they have?”, working group members stated:

- Primary sources of discrimination come from lack of standardization in education and training and definitions for what gender affirming care means. If policies were more standardized, there would be less room for personal bias.
- Standardization is rooted in sexism. Gender is tied to certain bodies.
- Other “isms” play into advocacy, stigma, discrimination. Providers are using other factors to play into transphobia and discrimination.
- Lack of TGI individuals in health care field contributes to discrimination.
- TGI affirmative care is not taught in medical schools; mandated curriculum is needed.
- Ignorance from health care providers is a huge barrier to care, especially related to hormones.
- TGI individuals are often getting improper medical advice due to stigma.
- “Transgender broken arm syndrome” which means this must be happening because of your identity.

In response to the prompt, “When it comes to gender-affirming treatments and procedures, what are the main challenges TGI individuals encounter in terms of access? Are there specific treatments that are particularly difficult to access?”, working group members stated:

- Individuals making decisions around medical necessity don’t often realize what is medically necessary.

- Procedures that impact lives more than “genital surgery” are often denied treatments because health plans are able to say “this is normal, you don’t need it”.
- Accessing tracheal shaves.
- Anything historically cosmetic such as implants, facial feminization surgery (FFS), and hair removal (for surgery or not).

In response to the prompt, “Can you discuss any intersectional barriers that TGI individuals may face, such as those related to race, socioeconomic status, age, or disability? How do these intersecting factors compound the barriers to care?”, working group members stated:

- Lack of care coordination prohibits treatment and creates an assumption you cannot get services.
- There is a lot of racism, ageism, fatphobia in accessing TGI care.
- Medicare often denies services.
- Immigration status can provide a lot of barriers.
- Socioeconomic status is a huge barrier, especially when someone is in-between jobs and without insurance coverage.
- Unable to afford transportation or getting to services.
- Lack of trauma informed care prohibits seeking out treatment.
- In rural areas, many individuals can’t afford gas/bus fare, have to travel far to get care and many can’t afford to miss work.
- There is no peer navigator support, so individuals do not feel seen.
- Endosex supremacy, which means sexual characteristics always present or look a certain way. This adds an extra layer of discrimination and patients don’t know how to advocate for themselves.
- Those with lower resources don’t have the ability to navigate or advocate for care on their own. Some have to pay up front and seek reimbursement but not everyone can afford to do that.

The working group raised several consistent themes, including ageism, socioeconomic status, racism, and living in rural areas. These themes should be considered during curriculum building and the creation of quality standards.

10. Public Comment

Jacob Rostovsky asked for comments from the public. There was one question regarding a reimbursement issue. Director Watanabe asked the member of the public to submit the question in writing and the Department would follow-up.

11. Closing Remarks

Jacob Rostovsky thanked everyone for their time and participation and announced the next meeting would take place on June 27, 2023.