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# Transgender and Non-binary Health in Oregon Under a Single-Payer Health System

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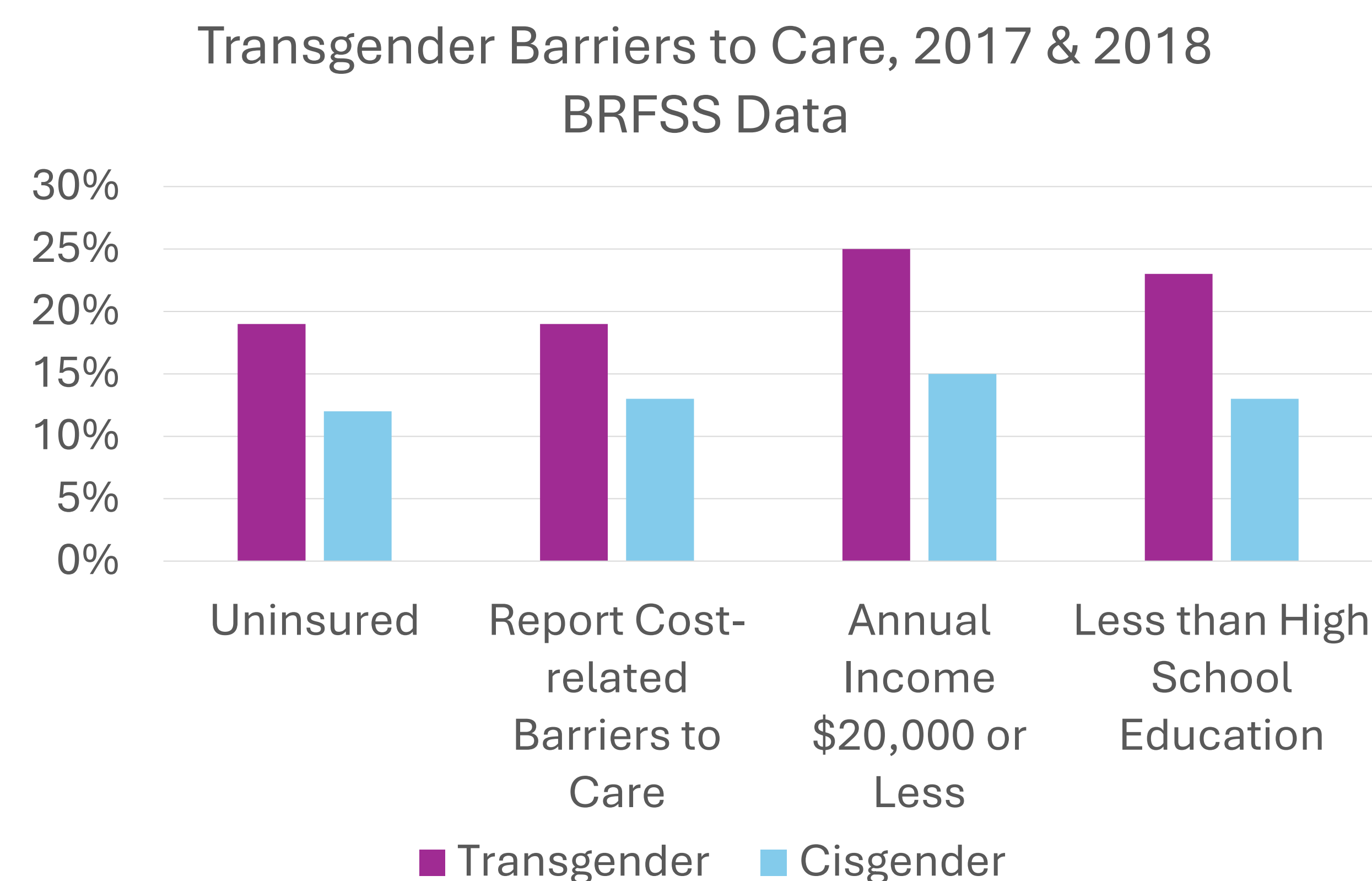


# Transgender and Non-binary Health in Oregon Under a Single-Payer Health System

Amy “Mick” McVeety (they/she), MPH Epidemiology student at OHSU-PSU School of Public Health

## Background

Oregon is the U.S. state with the highest percentage of lesbian, gay, bisexual, transgender, queer, and other non-heterosexual and/or non-cisgender (LGBTQ+) adults (7.8%), totaling 253,300 total people<sup>1</sup>. Despite efforts towards state protections, transgender and non-binary (TGNB) people continue to experience significant disparities in access and outcomes of health care, including higher barriers to health insurance, higher rates of mental illness, and higher rates of cardiovascular disease, asthma, and HIV/AIDs than cisgender peers<sup>2,3</sup>.

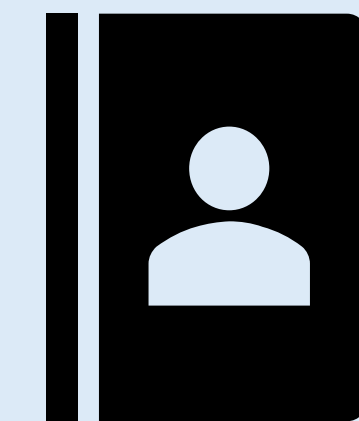


Data Source: KFF; <https://www.kff.org/affordable-care-act/issue-brief/demographics-insurance-coverage-and-access-to-care-among-transgender-adults/>

## Task Force on Universal Health Care

In 2019, the Oregon Legislative Assembly established the Joint Task Force on Universal Health Care, which in 2022 shared their recommendations for a universal health care system that offers equitable, affordable, comprehensive, high quality, publicly funded health care to all Oregon residents<sup>4</sup>. Recommendations were based on extensive research and community input. Expanding on the Task Force’s recommendations would further improve health access and outcomes for TGNB individuals.

## Expanding the Task Force Recommendations



**Create explicit protections for patient privacy, particularly for youth and TGNB-specific care.** Current patient privacy rules do not have clear guidelines around youth and adolescents who can consent to their own care, so disclosures are left up to provider discretion<sup>5</sup>. This must be updated to include data privacy and clarify both parental and physician roles in receiving and sharing youth patient information, and how data is shared between systems.

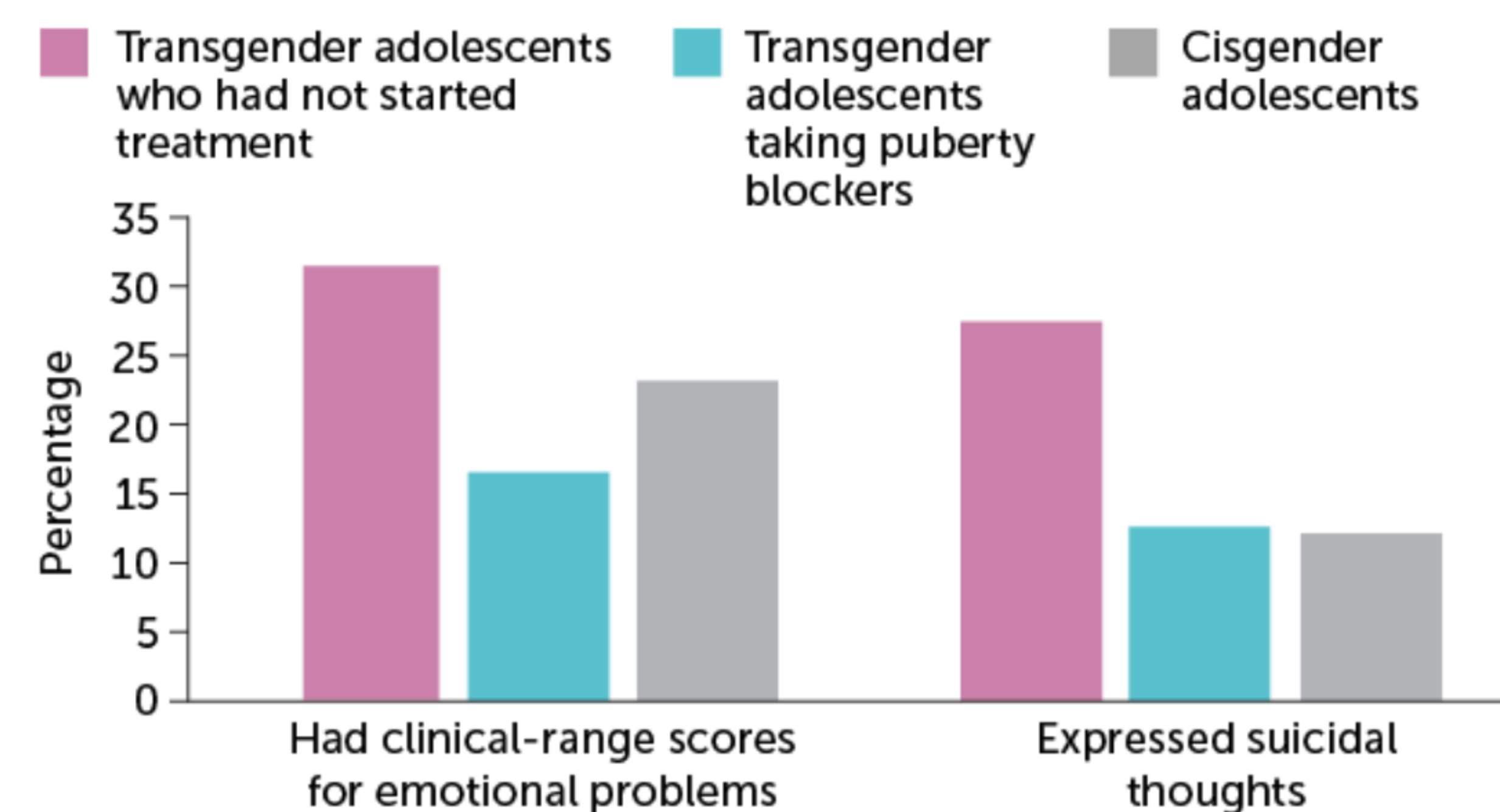


**Expand covered gender-affirming health care services and remove cost-sharing for long term care such as mental health treatment and hormone therapies.** This should include services that are not consistently deemed medically necessary but still improve TGNB wellbeing, as this leads to overall improved health and long-term decreases in costs. All prior authorizations should also be removed, as this creates unnecessary barriers to care without reducing costs or medical waste.



**Increase the availability of TGNB-affirming providers and recruit gender-diverse providers into the workforce by offering training opportunities and incentives to promote affirming care.** Less than 1% of fourth-year medical students in the U.S. and Canada identified as transgender in 2017-2021, and TGNB individuals are underrepresented in medical professions<sup>6</sup>. Additional training and improved education and career pipelines would increase the availability of TGNB providers and other providers capable of confidently providing gender-affirming care.

## Differences in mental health among Dutch adolescents



C. CHANG

Graph source: <https://www.snexplores.org/article/transgender-youth-mental-health-gender-affirming-care-laws>

SOURCE: A.I.R. VAN DER MIESEN ET ALIJ. ADOLESCENT HEALTH 2020

## Conclusions

TGNB-specific care is cost-effective and improves mental & physical health outcomes and lifetime wellbeing. A single-payer system will improve health for everyone in Oregon, and by addressing unique community needs, Oregon can become a national leader in TGNB health.

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