

Health insurance and gender affirming treatment

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Last Review Date

May 12, 2025

This guide tells you about laws in Washington that protect against health insurance discrimination based on gender identity and related medical conditions. You will learn about what kinds of care the law protects and what kinds of insurance denials it prohibits.

1. Common questions

A 2025 federal order could impact gender-related care for youth. This information will be updated regularly to include any changes. Washington law **still protects** transgender, nonbinary and gender identity related health care rights for all people **including youth** even with the federal bans and orders in place. There might be more limited options for care providers **but** gender affirming treatment is still protected in Washington.

What is gender affirming treatment?

It is any care prescribed to treat any condition related to gender identity. Gender affirming treatment includes all treatment prescribed by your medical provider to treat gender dysphoria or gender identity related medical conditions.

Who can receive gender affirming treatment?

Gender affirming treatment can be provided to individuals who seek such treatment related to their gender identity. Some people who seek gender affirming medical treatment may identify as two spirit, transgender, nonbinary, intersex, or other gender identities.

Is gender affirming health care protected in Washington?

The Gender Affirming Treatment Act

(<https://app.leg.wa.gov/rcw/default.aspx?cite=74.09.675>) is a Washington law that protects the rights of insured individuals

(<https://app.leg.wa.gov/RCW/default.aspx?cite=48.43.0128>) who are seeking coverage for gender affirming medical treatment.

Insurance companies often try to deny coverage for treatment and medical care related to gender identity by categorizing the care as cosmetic even though it isn't. They will also try to deny coverage by having a blanket ban on coverage for all gender identity related care.

This law:

- Stops insurance companies from classifying the most commonly prescribed gender affirming care under the categories that result in coverage denials
- Stops insurance companies from determining that most gender affirming care is cosmetic
- Prohibits blanket bans on gender identity related care
- Protects reproductive health care rights from automatic denials
- Prohibits cosmetic determination for specific treatments if the treatments are otherwise covered by your plan for other people who don't need the treatments for gender affirming reasons

This law doesn't apply to self-funded insurance plans or groups. If you aren't sure whether your insurance plan is self-funded, ask your employer.

The Washington Law Against Discrimination

(<https://app.leg.wa.gov/RCW/default.aspx?cite=49.60.030>) also provides protection for gender affirming health care. You can't be denied coverage or have your coverage cancelled because of your gender identity or expression. You can't have different rates, standards, or limits applied to you because of your gender identity or expression.

I am under 18. Do these rights apply to me too?

Yes. These rights apply to both youth and adults.

The January 2025 federal ban related to gender affirming care for youth shouldn't impact your care in Washington state. Washington law still protects

certain gender affirming care for people under 18 in Washington state. If you have experienced issues related to your gender affirming care since the federal ban, you can try to get legal help.

P-FLAG (<https://pflag.org/>) is challenging the January 2025 federal order with a lawsuit filed by the ACLU and Lambda Legal. If you need more information about these lawsuits and how they could impact you, you can try to contact:

- The non-emergency Legal Help Desk (<https://lambdalegal.org/helpdesk/>) at Lambda Legal (<https://lambdalegal.org/helpdesk/>).
- The ACLU-WA (<https://www.aclu-wa.org/>) online intake form (<https://intake.aclu-wa.org/>).

I don't use Apple Health. I have a private health insurance provider. Does the law apply to my health insurance too?

Yes, unless your plan is a self-funded plan. The law applies to all insurance carriers who provide health insurance in Washington except self-funded plans. A self-funded plan can choose to offer coverage in accordance with this law but it doesn't have to. Most other types of insurance plans **must** follow this law.

Your health plan carrier **may limit coverage** if it limits coverage for other similar non-gender related treatments. **For example:** If your health plan doesn't otherwise provide coverage for hormones for non-gender related treatments, then your health carrier may also limit coverage for gender related hormone treatment.

But your health carrier can't provide coverage for hormone treatment for non-gender related issues **and then deny coverage** for gender-related hormone

treatments. Treatment coverage **must** match.

2. Protections

What is required for the protections to apply?

Your health insurance carrier **can't deny or limit coverage** through cosmetic or blanket coverage bans for gender affirming treatment if **all** of these are true:

- The treatment is related to your gender identity.
- Your doctor says the treatment is medically necessary.
- The treatment is a recognized and accepted treatment in the medical community.

What specific treatments should be covered under the law?

Coverage **details** (including covered providers, timelines, deductibles, and coverage rates) will be specific to each insurer and to your individual health plan. But there are some treatments that are supposed to be **universally** covered under the law.

These are some of the treatments that **should be covered** under the law:

- Facial feminization surgeries
- Gender affirming facial procedures
- Tracheal shaves
- Hair electrolysis and hair removal procedures

- Mastectomies
- Breast reductions
- Breast implants
- Chest reconstruction
- Breast augmentation
- Gender affirming genital surgery
- Hormone therapy
- Counseling services
- Any combination of gender affirming procedures
- Revisions to prior gender affirming treatment, procedures or surgeries

Health insurers generally can't exclude, deny or limit medically necessary gender affirming treatment through claiming that treatments are "cosmetic" or through "blanket" coverage bans on all gender affirming treatments.

3. Denials and exclusions

Is there any reason my gender affirming treatment can be denied by my health insurance carrier?

Yes. A health insurance carrier **can** deny or limit access to gender affirming services if both of these are true:

- A health care provider who has experience with gender affirming treatment reviews your request.
- That provider determines that it is not medically necessary or medically accepted to treat your gender identity related condition with **that** treatment.

If your coverage request for gender affirming treatment is denied and you believe it should have been covered, **try to appeal the denial as soon as you receive it.**

My health plan has a policy that excludes all gender affirming treatment from being covered. Is this allowed?

No. Under the law, your health insurance carrier **can't** have a policy that excludes all gender affirming treatment from coverage. The law protects against these kind of blanket exclusions. Coverage details and specifics will be unique to your health insurance carrier and health plan. Self-funded insurance plans and groups **aren't covered by this law** and **could** still include these kind of blanket exclusions.

What if my health insurance carrier says that my gender affirming treatment is cosmetic and won't be covered?

Your health insurance carrier **can't refuse** to cover gender affirming treatment by claiming that the treatment is cosmetic.

If your doctor prescribes the treatment as medically necessary related to your gender identity and it is a standard accepted kind of care, a health insurance carrier **must** cover your gender affirming treatment.

If your coverage request was denied, you can appeal the decision (<https://www.insurance.wa.gov/appealing-health-insurance-denial>) with your insurance.

4. Problems getting care

What if I live somewhere where there is no health care provider in my network to provide gender affirming treatment?

Under the law (RCW 74.09.675) (<https://app.leg.wa.gov/rcw/default.aspx?cite=74.09.675>), no matter where you live, your health insurance carrier is responsible for making timely and geographically accessible treatment available to you.

This includes providing case management services to secure out-of-network gender affirming treatment options if none are available in your area.

You shouldn't have to pay any more for out-of-network options than the same cost sharing that you would pay for the same covered services received if there was an in-network provider available.

What if my healthcare provider or insurance provider misgenders me repeatedly?

The Washington Law Against Discrimination (<https://app.leg.wa.gov/RCW/default.aspx?cite=49.60.010>) requires fairness

and equity related to sex, gender, gender identity, and gender expression (<https://app.leg.wa.gov/RCW/default.aspx?cite=49.60.040>) during health care business interactions in Washington. Your health care provider should respect your gender identity and expression needs. Your provider **shouldn't** discriminate against you. But it is important to understand how the sex identification on your Social Security record can impact how you might be identified during healthcare.

The sex that is listed on your Social Security record **can have impacts related to medical insurance care, records, coverage and billing**. The Social Security Administration has paused issuing any sex identification changes to Social Security records currently. If your sex that is listed on your Social Security record differs from your gender expression or the sex that is listed on your photo ID, it can cause impacts to your medical care and billing processes.

For example:

When you were born, you were assigned a "F" on your Social Security record. You later changed your Social Security record to say "M". After changing your SSA record to "M", you try to access medical treatments that can usually only be billed to people with "F" on their Social Security record. You might be told that you can't be covered for or receive "female specific treatments" like a mammogram, pap smear or prenatal care. This can cause issues depending on your provider and insurance plan.

- It may require you to have to advocate for yourself to get equitable coverage for treatments that are gender specific.
- You may have to advocate for yourself to be able to get the treatments **even given** to you if your sex on the record doesn't match the "usual"

sex to receive such treatment.

- Depending on the records and billing system being used, you could be forced to use the sex assigned to your Social Security record at times you don't want to like on hospital ID arm bands in an emergency room.
- Other situations can happen too. Like the lab at your medical provider uses the sex that is on your photo ID but the ER uses the sex that is on your Social Security record. The two sexes don't match between your 2 IDs so you are treated as having 2 different genders from the same provider during the same visit to one facility.

Does the sex identification that is on my Social Security record affect my health benefits? What if I previously changed the sex identification on my record?

Generally, changing your sex identification on your Social Security record won't affect private health insurance in Washington.

For some insurance plans, you could experience coverage approval or denial issues due to a mismatch of sex identifiers that are listed on your medical records and Social security records. You may have to work with your insurance provider to fix this problem. These things **could help**:

- Ask your provider to **add a specific billing code** that will cover your treatment.
- Contact your plan to request **a formal coverage determination** about the treatment.
- Contact your provider or insurer **before** you get treatment to make a plan for the specific treatment you are going to get.

I believe I was unfairly denied medical coverage due to my sex, gender, gender identity, or gender expression. What can I do?

What if I was mistreated because my Social Security gender doesn't match my photo ID?

Washington state law requires equity in treatment and coverage (<https://app.leg.wa.gov/RCW/default.aspx?cite=49.60.030>) related to gender and gender identity. If you think your insurance or medical provider treated you unfairly because of your sex or gender identity, you can try to file a complaint about the treatment. If you need to file a complaint, **do it as soon as you can after the incident**. There are strict timelines for these complaints. You can file a complaint with either (or both):

- Washington State Human Rights Commission
(https://wahum.my.site.com/FileaComplaintOnline/s/?language=en_US)
- Office of the Insurance Commissioner for Washington State
(<https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>)

Washington has legal protections for gender affirming care and treatment. If you experienced discrimination during healthcare, get legal help (<https://www.qlawfoundation.org/legal-clinics/>).

Here are other things you can do to respond to unfair treatment from your provider or insurance company:

- **File a complaint.** The Office of the Insurance Commissioner will investigate complaints related to gender discrimination in medical coverage denials. You can make a complaint online (<https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>).
- **File an appeal with your insurance carrier.** You can appeal a denial of a request for coverage. Ask your insurance carrier how to appeal the denial. Learn more about how to appeal a denial (<https://www.insurance.wa.gov/appealing-health-insurance-denial>).

You can also file a grievance with your insurance or health care provider. You might have to file a grievance first **before** you can appeal the unfair decision.

- **You can try to** contact a lawyer (<https://www.qlawfoundation.org/referrals/>). A lawyer may be able to tell you more about your rights and protections under this law. If you have a low income, you might be able to get free legal help (<https://www.nwjustice.org/get-legal-help>).

You can respond to unfair treatment from your provider or insurance company:

- **You can file a complaint.** You can file the complaint online (<https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>) with the Office of the Insurance Commissioner. It will investigate complaints related to gender discrimination medical coverage denials.

- **You can file an appeal with your insurance carrier.** You can appeal a denial (<https://www.insurance.wa.gov/appealing-health-insurance-denial>) of a request for coverage. You can ask your insurance carrier about how to appeal the denial. You can also file a grievance with your insurance or health care provider. You might be required to file a grievance first **before** you can appeal the unfair decision.
- **You can try to contact a lawyer.** A lawyer experienced in LGBTQ+ issues (<https://www.qlawfoundation.org/legal-clinics/>) may be able to give you more information about your rights and protections under this law. If you have a low income, you might be able to get legal help for free.

WashingtonLawHelp.org gives general information. It is not legal advice. Find organizations that provide free legal help on our Get legal help page.