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Coding, Coverage, and Care: The Infrastructure of Transgender Health Inequities

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Abstract

Transgender healthcare in the U.S. is a product of evolving medical standards, transient legal protections, and systemic disparities. Shortcomings in medical documentation and coding systems concurrent with political shifts and geographic divides further complicate access, leaving many without essential services. Meaningful change requires more than policy tweaks; it demands systemic reform, from provider training to equitable insurance coverage. Without recognition of these issues and sustained investment in inclusive healthcare policies, disparities will persist, underscoring the urgent need for systemic change to ensure equitable care for all.

Keywords: Transgender Healthcare; Gender-Affirming Care; Healthcare Access; American Psychiatric Association; DSM-5, ICD-10

Abbrevations

APA: American Psychiatric Association; ACA**:** Affordable Care Act**.**

Introduction

Transgender healthcare in the United States exists at the crossroads of shifting medical standards, evolving legal protections, and persistent systemic discrimination. For decades, transgender individuals have faced formidable challenges in accessing appropriate, affirming, and affordable healthcare services.

These challenges span from outdated diagnostic coding systems to the political volatility surrounding healthcare rights.

Overview of the State of Transgender Healthcare

The American Psychiatric Association (APA) first classified transgender individuals as mentally ill in 1980 [1] It took over three decades for the APA to change their classification from a disorder to a dysphoria [2]. This diagnostic framework initially required labels such as “gender identity disorder” for individuals to access care, placing control over transgender people’s autonomy in the hands of often untrained providers [3]. Despite the DSM-5’s 2013 shift toward depathologization, systemic inequities continue to shape the healthcare experiences of transgender individuals [2].

The legal and political landscape surrounding transgender healthcare has fluctuated significantly across presidential administrations. Under the Trump

administration, over 75 anti-trans laws were enacted or reinforced. This severely limited access to gender-affirming care. It also reversed protections previously ensured under the Affordable Care Act (ACA).

Changes under the Trump administration included the elimination of gender identity protections, restrictions on Medicaid and Medicare coverage, and bans on gender-affirming care for minors [4,5]. Such policies disproportionately affected transgender individuals in conservative states. This widened existing healthcare disparities [6].

The Biden administration, in contrast, reinstated many protections and reduced the number of active anti-trans laws to 18.7 Federal efforts were made to restore ACA protections, improve documentation for gender identity, and expand coverage for gender-affirming services. However, progress remains uneven, particularly in states that continue to resist federal guidelines or where implementation of these protections remains weak.

Medical Documentation and Coding Challenges

One of the most pressing structural challenges in transgender healthcare is the inadequacy of medical documentation and coding systems. The absence of specific ICD-10 codes for transgender pregnancies, gender-affirming surgeries (e.g., penile transplants), and reproductive procedures presents a significant barrier to effective care. These coding gaps prevent accurate documentation, impede insurance reimbursement, and limit the ability of healthcare institutions to assess care quality through audit mechanisms [8,9]. This systemic erasure hinders research, data collection, and policy development aimed at addressing disparities [10]. The persistence of the outdated "transsexualism" classification further illustrates how the medical establishment has failed to evolve in step with contemporary understandings of gender identity [11].

Carceral and Rural Healthcare Exclusions

Healthcare access within correctional facilities remains one of the most marginalized and neglected areas of transgender medical care. Incarcerated transgender individuals, as legal wards of the state, are entitled to constitutionally protected healthcare under the Eighth Amendment. Yet, they often encounter systemic neglect, with limited or denied access to hormone therapy, gender-affirming surgeries, and even basic medical services. The landmark case Gamble IV [12] established that deliberate indifference to the serious medical needs of incarcerated individuals constitutes cruel and unusual punishment, underscoring the state's obligation to provide adequate care [12].

While a few jurisdictions have recognized the medical necessity of gender-affirming care, many others deny such treatments, citing budgetary and security concerns [13]. These denials are not only ethically problematic but also exacerbate psychological distress and reinforce health disparities. Incarcerated transgender individuals are also often placed in facilities that do not align with their gender identity, increasing their exposure to violence and trauma [14,15]. These intersecting vulnerabilities contribute to disproportionately poor health outcomes in this population, further highlighting the need for explicit federal protections within carceral healthcare systems.

Geographic disparities further exacerbate inequities in transgender healthcare. Rural areas lack not only gender-affirming medical providers but also general practitioners trained in transgender health issues [16].

This scarcity forces many transgender individuals to travel significant distances or entirely forgo care, especially for specialized services such as hormone therapy or reproductive assistance [16]. Mistrust of the medical system is amplified in these contexts, where healthcare professionals may be undertrained, discriminatory, or entirely unfamiliar with the unique healthcare needs of transgender patients [17].

Although telehealth offers a promising avenue to close some gaps, access to broadband, state-level regulatory barriers, and lack of provider availability still limit its full potential.

Reproductive and Telehealth Barriers

Reproductive healthcare access is another critically underexamined aspect of transgender medical care. Transgender men and non-binary individuals capable of becoming pregnant often face unique and compounding barriers when seeking reproductive services, including abortion. Medical systems, historically designed for cisgender patients, frequently misgender these individuals or fail to provide adequate support [18,19].

The lack of inclusive diagnostic codes for transgender pregnancies makes it difficult to collect data or allocate resources for appropriate care [20]. Despite federal abortion protections, state-level policies vary widely in their inclusivity and access. Some states such as California, New York, Illinois, Oregon, and Rhode Island have explicitly extended reproductive rights to transgender individuals, including legal protections for providers and gender-affirming coverage under public health plans [19]. Conversely, in states with strict abortion laws, transgender individuals often face additional challenges due to gender-

exclusive language in statutes, provider discrimination, and the scarcity of inclusive reproductive services [20–22].

The overturning of Roe v. Wade intensified these challenges. In states where abortion access is now heavily restricted, transgender individuals have been pushed further to the margins. Reports indicate an increase in self-managed abortions among this population, often using medications sourced online or through informal networks. These practices introduces significant medical risks, especially without supervision [20,22]. The intersection of reproductive injustice and transphobia creates compounded vulnerabilities.

Despite progress in select regions, there remains a national deficiency in institutional preparedness to address transgender health needs. Advocacy groups and researchers consistently call for the integration of transgender-specific diagnostic codes, equitable insurance coverage, and mandatory education for healthcare professionals on gender-affirming care [23]. Empirical research demonstrates that when providers receive adequate training in transgender health, both health outcomes and patient satisfaction improve.9 Moreover, systemic improvements in medical education and health policy planning must include transgender perspectives to avoid perpetuating exclusion [17]. Longitudinal studies on gender-affirming treatment outcomes and structural barriers are also critical for guiding effective and inclusive healthcare policies [24].

Looking ahead, it is essential that efforts to improve transgender healthcare are not limited to symbolic gestures or superficial policy changes. Meaningful reform must include structural upgrades to electronic health records, uniform federal protections for gender-affirming procedures, and the expansion of inclusive reproductive services. The lack of medical coding alone has ripple effects that hinder everything from insurance coverage to patient safety audits and public health planning [16,25]. Moreover, policy implementation must ensure that coverage for gender-affirming treatments under Medicaid and Medicare is consistent across all states. Failure to address these infrastructural and legal shortcomings leaves healthcare inequities not only unresolved but entrenched.

Actionable Recommendations

To achieve equity in transgender health, reforms must address legal, administrative, clinical, and educational infrastructure simultaneously. Federal policymakers should scale up sanctuary laws modeled on progressive states like New York, California and Vermont [26,27]. while updating national diagnostic coding systems to account for transgender-specific procedures and reproductive experiences [28]. Addressing rural and incarcerated populations also demands federally mandated access to gender-affirming care in prisons and the creation or regional hubs, such as UMass's TRANScend Clinic, to serve as outreach centers for the underserved [29]. Insurance reforms should enforce ACA Section 1557 nondiscrimination provisions and require insurers to cover medically necessary services aligned with WPATH standards, as demonstrated by Maryland's Trans Health Equity Act [30].

Medical education should incorporate mandatory transgender health modules following UCLA's example of integrating gender-affirming care into physician training [31]. Health systems should offer comprehensive, embedded care and culturally competent staff. Finally, robust data infrastructure is long overdue; public health agencies must fund longitudinal studies on gender-affirming interventions and require the collection and reporting of transgender-specific health metrics using updated coding [32].

Concusion

In conclusion, transgender healthcare in the United States remains a landscape marked by disparity, despite recent legislative progress. From the erasure embedded in medical coding systems to the systemic neglect of incarcerated and rural transgender individuals, the challenges are deeply structural. Policy shifts at the federal level have yielded some improvements, but many barriers persist at the state level and within medical institutions themselves. Without a coordinated effort to reform documentation systems, expand access to gender-affirming services, and ensure inclusive reproductive care, healthcare inequities for transgender individuals will continue to widen. Future progress depends not merely on political will but on sustained structural investment in a healthcare system that affirms and protects all gender identities.

Take Home Message: The paper offers an overview of the current infrastructure of transgender health, the gaps in care related to coding and documentation, and the recommendations for improvement.

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