

**TRANSGENDER, GENDER DIVERSE, OR
INTERSEX WORKING GROUP
RECOMMENDATIONS**

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I. Executive Summary

Senate Bill (SB) 923 (Wiener, Chapter 822, Statutes of 2022), known as the Transgender, Gender Diverse or Intersex (TGI) Inclusive Care Act, established the TGI Working Group (Working Group) tasked with developing a quality standard for patient experience to measure cultural competency related to TGI communities and recommend a training curriculum for health plan and insurer staff in direct contact with TGI enrollees or insureds in the delivery of health care services. The Working Group consisted of representatives from state departments, TGI-serving organizations, individuals who identify as TGI, and health care providers.

The Working Group met nine times from April 2023 to February 2024 and conducted four listening sessions throughout the state to gather valuable insights from TGI communities. The resulting recommendations encapsulated in this report aim to foster a health care environment that is equitable and high-quality but also responsive to the diverse needs of TGI communities, in line with the objectives set forth in SB 923.

Consistent with existing law, the Department of Managed Health Care (DMHC) and the California Department of Insurance (CDI) will consider the Working Group's recommendations in the development of future guidance related to quality standards and training curriculum.

TGI Working Group's Recommendations

The Working Group crafted its recommendations by synthesizing insights from a comprehensive range of sources. These included invaluable perspectives gleaned from the four community listening sessions, the lived experiences of the Working Group members, and the professional expertise of Working Group members.

In addition, the Working Group considered ongoing state and national efforts dedicated to advancing health equity and quality, including the DMHC's Health Equity and Quality Measures and those of state purchasers. By staying informed about and integrating relevant initiatives, the recommendations aim to align with broader trends and progress at larger scales, ensuring a comprehensive and forward-looking approach.

Recommendations – Training Curriculum

The Working Group recommended the following topics for inclusion in the training curriculum for health plan or insurer staff:

1. Introduction to Cultural Competency in Health Care Coverage
2. Effects of Historical, Contemporary, and Present-Day Exclusion, Microaggressions, and Oppression
3. Effective Communication Across Gender Identities
4. Trauma-informed Approaches to Care Delivery

5. Health Inequities and Family/Community Acceptance
6. Perspectives from Diverse Constituency Groups and TGI-Serving Organizations
7. Personal Values and Professional Responsibilities
8. Health Plan or Insurer Considerations for Gender-Affirming Care
9. Ensure Culturally Competent Health Care Services
10. Collaborative Approaches to Enhance TGI Access to Care
11. Continuous Quality Improvement

Additionally, the Working Group recommended including real life experiences and challenges of TGI individuals including:

- Challenges with Accessing Health Care Services
- Lack of Knowledge Among Health Care Staff, including Plan and Insurer staff
- Gaps in Data Collection
- Denials by Health Plans or Insurers – Gender Affirming Care
- Denials by Health Plans or Insurers – Interlapping Health Care Problems
- Effects on Mental Health
- Positive Experiences with Health Care Providers and Health Plans or Insurers

The Working Group also recommended including information on sub-populations and their unique needs in accessing gender affirming care, including but not limited to the following groups:

- Intersex Individuals
- TGI Youth
- Guardians of TGI Individuals
- Elderly TGI Individuals
- Non-Binary Individuals
- Individuals with Physical Health Disabilities
- Individuals with Mental Health Disabilities
- Neurodivergent Individuals
- Reproducing and future reproducing individuals

Recommendations – Quality Standard

The Working Group made three recommendations for future consideration related to the

quality measures and setting a quality standard:

1. Prioritize stratification of the following of DMHC's Health Equity and Quality Measures, by sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC):
 - Breast Cancer Screening
 - Hemoglobin A1c Control for Patients with Diabetes
 - Controlling High Blood Pressure
 - Depression Screening and Follow-Up for Adolescents and Adults
 - Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey: Getting Needed Care
2. Utilize the Working Group's recommended questions and best practices for SOGIESC data collection and reporting.
3. Conduct research and develop TGI quality measures in the following focus areas:
 - Timely access to primary care and specialty preventative care
 - Post gender affirming surgical care for all TGI individuals
 - Access to puberty blockers for TGI youth
 - Reproductive health care, including abortion access
 - Access to organ specific cancer screening
 - Equity in access to care
 - Disparities in rates of denial for health care services for TGI individuals compared to cisgender individuals

II. Introduction

SB 923 required the California Health and Human Services Agency (CalHHS) to convene a Working Group that includes representatives from state departments, TGI-serving organizations, individuals who identify as TGI, and health care providers. The purpose of the Working Group is to develop a quality standard for patient experience to measure cultural competency related to TGI communities and recommend a training curriculum to train health plan or insurer staff in direct contact with TGI enrollees or insureds in the delivery of health care services. The CalHHS delegated the convening and coordination of the Working Group to the DMHC.

The DMHC and CDI will consider the Working Group's recommendations regarding training curriculum and any future guidance related to quality standards for patient experience to measure cultural competency. The DMHC will issue guidance to the

health plans and CDI will issue guidance to insurers by September 1, 2024. Within six months of issuing that guidance, health plans and insurers must implement cultural competency training for their staff with direct enrollee or insured contact for the purpose of providing trans-inclusive health care to TGI individuals. Additionally, consistent with the authority of SB 923, the DMHC and CDI will promulgate regulations regarding TGI cultural competence training by July 1, 2027.

On March 30, 2023, the DMHC announced the selection of nineteen individuals to participate in the Working Group, including fourteen voting members and five non-voting ex officio members (Appendix A). The voting members included representatives from organizations serving TGI communities, people who identify as TGI, and health care providers. The ex-officio members included representatives from state agencies including the California Department of Insurance (CDI), California Department of Public Health (CDPH), California Public Employees' Retirement System (CalPERS), Covered California, and the Department of Health Care Services (DHCS).

During 2023, several Working Group members were unable to continue serving on the Working Group due to the time commitment and travel required to participate in monthly in-person meetings. As a result, there were twelve Working Group members that remained at the end, including seven voting members and five ex-officio members.

The DMHC contracted with a consultant, Jacob Rostovsky of Queer Works, to assist with the facilitation and coordination of the Working Group.

III. Summary of TGI Working Group Meetings

The DMHC convened the Working Group nine times from April 2023 to February 2024. The Working Group meetings were open to the public and subject to the rules and regulations of the Bagley-Keene Act. The initial meetings focused on 10-minute presentations to introduce the organizations and work of its members. Presentations from the Department of Managed Health Care (DMHC) staff outlined expectations and guidelines for the ensuing recommendations.

One of the highlights of the early Working Group meetings was discussing barriers in accessing health care, along with stigmatization of members of the TGI communities. The Working Group contributed to a [resource guide](#) that included national resources and research papers.

Transitioning into early summer, the Working Group undertook tasks such as selecting locations and dates for community listening sessions, drafting guides and questions for these sessions, and initiating the examination of training curricula. They also heard presentations from medical and mental health providers working with the community and a presentation from the National Committee for Quality Assurance (NCQA) on their review of quality measures to eliminate gendered language in some measures.

As the summer progressed into early fall, the Working Group conducted the listening

sessions, engaged in debriefing discussions, and intensified efforts to solidify the training curriculum. Simultaneously, discussions on establishing a quality standard were initiated. By late fall, the group successfully finalized the draft of its training curriculum recommendations, marking a significant milestone in the collaborative process.

In the last two meetings in early 2024, the Working Group finalized the Quality Standard recommendations and provided edits and feedback on the language and concepts in the draft report.

A summary of each meeting and the materials presented at each meeting can be found on the [DMHC TGI Working Group page](#).

Barriers to TGI Health Care Access:

Throughout the Working Group meetings, members engaged in meaningful conversations concerning TGI health care access, barriers, and stigma within the communities, shedding light on the multifaceted challenges and sources of stigma in health care settings.

The Working Group identified several challenges in accessing health care, including a perceived lack of general care competency, absence of safe gender-affirming care, and providers not recognizing the TGI identity of an individual. TGI patients have difficulty in changing their pronouns and names within medical systems and electronic medical records. There is confusion among providers regarding providing preventive care procedures, absence of integrated TGI care, lack of TGI-affirming HIV care, safety concerns and a scarcity of doctors in rural areas. Recent federal United States Drug Enforcement Administration (DEA) rule changes will further reduce access to testosterone for TGI individuals in rural areas. Participants also noted difficulties in finding specialized health care providers, including mental health professionals and physical therapists, who were TGI competent.

Stigma, Discrimination, and Bias Sources:

Regarding the sources of stigma and discrimination, the Working Group highlighted deficiencies in provider education and training standardization for gender-affirming care. They emphasized the impact of sexism in health care and the compounding effect of other prejudices, including racism and ageism. The absence of TGI individuals in the health care field, lack of TGI-affirmative education in medical schools, and ignorance among health care providers were identified as significant barriers. The term "transgender broken arm syndrome" was coined to describe instances where medical issues are unjustly attributed to one's gender identity. The Working Group also noted the difficulty in the accurate collection and reporting of SOGIESC data.

Challenges in Accessing Gender-Affirming Treatments:

Concerning gender-affirming treatments and procedures, challenges were noted in decision-making around medical necessity and high rates of denials for critical gender-affirming procedures. Further, TGI individuals experienced significant challenges accessing procedures historically considered cosmetic, such as implants, facial

feminization surgery (FFS), and hair removal.

Enrollees frequently encounter criteria set by either health plans or providers that do not conform to current standards of care (e.g. unnecessary mental health evaluations, requiring gender-affirming hormone therapy prior to surgeries, losing weight prior to being considered for surgery, etc.) Workgroup members also noted many instances of health plans and individual providers setting additional requirements for access to gender-affirming services that conflicted with accepted standards of care, and which violated current California law (Senate Bill 855).

Challenges in Accessing Medication and Proper Medical Equipment:

Another historical barrier involved TGI individuals resorting to finding medications outside of their health plan due to the difficulty in accessing gender-affirming care. Some individuals face challenges accessing needles and gender-affirming care medicines, resorting to unconventional methods, such as acquiring veterinary needles or obtaining medications online without proper medical supervision.

Intersectional Barriers:

In discussing intersectional barriers, the Working Group highlighted issues related to race, socioeconomic status, age, disability, body size, and immigration status. They further noted that a lack of care coordination, transportation affordability, the absence of trauma-informed care, the lack of peer navigator support, and endosex supremacy (discrimination against those not exhibiting certain sexual characteristics) compounded existing barriers for TGI individuals. Despite voluminous evidence that delaying access to gender-affirming health services exacerbates mental health issues, it was noted that health plans often paradoxically deny or withhold access to gender-affirming services due to poor mental health.

Consistent themes of discrimination based on age, socioeconomic status, race or ethnicity, and geography emerged from the Working Group's extensive discussions. These insights underscore the importance of addressing the diverse barriers faced by TGI individuals and integrating intersectional considerations in health care training and service provisions. Addressing these diverse barriers will require continued active engagement by DMHC as well as advocacy groups, research organizations, and legislative bodies.

IV. Summary of Listening Sessions

The Process

The Working Group was instrumental in recommending the format, content, and locations for the four statewide listening sessions.

The Working Group decided on four locations—Sacramento, Oakland, Modesto, and Los Angeles—and proceeded to conduct the listening sessions in these areas throughout the early fall. Each session included two American Sign Language (ASL)

interpreters and Spanish language translation assistance. There were also virtual attendance options for all sessions where attendees could attend and give feedback by name or anonymously.

Attendance for the Sacramento and Oakland sessions was low, but the number of attendees grew for the Los Angeles and Modesto sessions. The Working Group members speculated the public nature of the meetings (all sessions were subject to the Bagley-Keene Act) and holding them at locations other than LGBTQ+ Centers may have suppressed attendance.

The Working Group also decided to hold provider-specific listening sessions following the community listening sessions in Oakland and Los Angeles to gain insight on the challenges the medical community experiences in providing gender-affirming care to their patients. While advertised on a variety of listservs and online platforms, there was little to no attendance of providers at these sessions.

While attendance was not as robust as the Working Group expected, the value of the sessions was immeasurable. Participants were very appreciative of a state entity coming to their community to listen to their stories in order to make changes. The valuable insights gained from these listening sessions have played a pivotal role in shaping the training curriculum and quality standard recommendations, ensuring a more informed and responsive approach to health care for members of TGI communities.

Key Themes

The listening session discussions explored the diverse challenges TGI individuals experience in accessing gender-affirming care and other health care services. The discussion highlighted the need for open dialogue, bolstering the voices of TGI Communities, and recognizing the discussion's vital role in saving lives and improving health care systems.

The key themes expressed during the listening sessions include:

Barriers to Gender Affirming Care:

- Difficulty with navigation to begin gender-affirming care.
- The feeling from the community that many doctors just didn't "care" about them.
- There is systemic discrimination and consistent misgendering of people seeking services.
- There were reports of doctors setting requirements before TGI individuals can receive gender affirming care that are more stringent or inconsistent with the current standards of care (i.e. requiring more letters for surgery than necessary).
- There is a lack of follow-up on referrals made to fellow practitioners.
- Enrollees and insureds are hesitant to seek services due to a history of high

denial levels.

- Lack of insurance coverage of needed prescriptions and proper equipment (i.e., hormones and syringes of the correct gauge and length).
- Lack of adequate and competent in-network providers for referrals to care.
- The assumptions of femininity and masculinity are reflected in denials of surgical procedures (i.e., breast augmentation or facial feminization).
- Insurance coverage does not include financial support for recovery from surgical procedures.

Considerations for Quality Measures and Training Curriculum:

- Emphasize inclusive language in health care policies and language of health plan and insurer staff.
- Address the intersectionality of mental health challenges while an enrollee or insured is navigating the health care system.
- Include the diverse spectrum of transness.
- Prioritize the informed consent of a patient.
- Address personal bias and systemic oppression in training.
- Include members of TGI Communities as trainers.
- Ensure training is ongoing and revisited at regular intervals.
- Privacy concerns specific to TGI community members.

Considerations for Sub-Populations:

- **Intersex Community Concerns:**
 - Enrollees or insureds experience challenges getting intersex conditions properly diagnosed.
 - There are high costs associated with intersex testing and treatment.
 - There needs to be more attention paid to frequent complications associated with intersex surgeries, such as urinary tract infections.
- **Elder (65+) Community Issues:**
 - Enrollees or insureds report complications accessing hormone replacement therapy (HRT) and surgeries for older community members.
 - Review data related to denials of treatments/interventions based on advanced age.
- **Non-binary Health Care Challenges:**

- Enrollees or insureds shared there are many binary assumptions held by insurance companies that result in difficulties accessing hormones and gender-affirming care for non-binary individuals.

V. Training Curriculum

Process

The process of developing the training curriculum recommendations was a comprehensive and collaborative effort within the Working Group. In June, focused discussions began with an overview of SB 923 training requirements and exploring core curriculum concepts. Emphasis was placed on practicality, ensuring relevance across diverse roles within plans and insurers, rooted in evidence-based health care practices. The importance of community-based practices emerged, advocating for engagement with organizations experienced in training, incorporating a transformative justice lens.

The envisioned curriculum was intended to be concise, regularly updated, and accessible, with a focus on minimizing barriers to engagement. Humility and humanization were emphasized, utilizing storytelling and community experiences. A crucial element was the incorporation of feedback from the listening sessions, ensuring that insights gleaned from these sessions were integrated into the curriculum.

Training Curriculum Recommendation

Based on the Working Group's discussions regarding health disparities and barriers, and feedback in the listening sessions, the Working Group recommended the following information for inclusion in the training curriculum for health plan or insurer staff only, as there are separate statutory requirements for health care providers:

WELCOME/INTRODUCTION

1. **Introduction:** Warmly welcome participants to the training program and emphasize the significance of the content.
2. **Important Terms:** Explain who TGI individuals are and review the most updated common terms and definitions. Explain the difference between gender identity and sexual orientation and explain how both work on a spectrum.
3. **Intended Use:** Clarify the target audience and purpose of the training, focusing on health care professionals, health plan and insured staff with direct contact with covered persons, and administrators.
4. **Evidence-Based Practices:** Emphasize the evidence-based cultural competency training requirements and practices that underpin the curriculum.
5. **Importance of Gender Diversity, Sensitivity, and Inclusivity Training:** Emphasize the importance of training for health care staff, including the need for

clear coding information, improved communication between providers and health care plan staff, and addressing misinformation and unreliable resources.

6. **Facilitation by TGI-Serving Organizations:** Collaborate with TGI-serving organizations to facilitate training sessions, leveraging their expertise.

TOPICS OF INCLUSION – TRAINING CURRICULUM

1. **Introduction to Cultural Competency in Health Care Coverage:** Explain the significance of cultural competency in the context of a TGI individual's health care needs.
2. **Effects of Historical, Contemporary, and Present-Day Exclusion, Microaggressions, and Oppression:** Examine the lasting impact of historical and contemporary exclusion, microaggressions, and oppression on TGI communities and TGI individuals and their health outcomes.
3. **Effective Communication Across Gender Identities:** Provide guidelines for respectful and inclusive communication with TGI individuals, emphasizing the use of inclusive language and correct names and pronouns, and avoiding assumptions about gender identity or that all individuals are heterosexual, gender conforming, or non-intersex.
4. **Trauma-informed approaches to care delivery:** Review the basic tenets of trauma-informed care and how to use a trauma-informed approach when discussing gender-identity and sexual or gender-related health care needs with members of the TGI community.
5. **Health Inequities and Family/Community Acceptance:** Explain the health disparities within the TGI communities and the role of family and community acceptance in health outcomes.
6. **Perspectives from Diverse Constituency Groups and TGI-Serving Organizations:** Incorporate the experiences of local TGI-serving community groups and incorporate best practices and insights.
7. **Personal Values and Professional Responsibilities:** Explore the distinction between personal values and professional responsibilities, highlighting the importance of unbiased care delivery and engagement.
8. **Health Plan or Insurer Considerations for Gender-Affirming Care:** Inform health plan or insurer staff by providing examples about the impact of burdensome administrative processes that create barriers to members receiving needed care.
9. **Ensure Culturally Competent Health Care Services:** Discuss how to embed cultural competency in the health care delivery system, including training staff, incorporating TGI-inclusive language, providing ongoing education, and addressing complaints of discrimination on the basis of gender identity or failures of staff to provide trans-inclusive care.

10. **Collaborative Approaches to Enhance TGI Access to Care:** Encourage partnerships between health plans and insurers, health care professionals, and TGI-serving organizations to improve access to gender-affirming care and promote transparency in health care coverage. Discuss strategies for appropriate oversight of delegated entities.
11. **Continuous Quality Improvement:** Discuss the importance of feedback mechanisms and ongoing quality improvement efforts to ensure equitable coverage and services for TGI individuals.

REAL-LIFE EXPERIENCES AND CHALLENGES OF TGI INDIVIDUALS

1. **Challenges with Accessing Health Care Services:** Address barriers faced by TGI individuals, such as limited in-network providers, geographical constraints, timely access to care, and difficulties in navigating the health care system.
2. **Lack of Knowledge Among Health Plan or Insurer Staff:** Recognize the low level of knowledge and training among health care providers about the TGI community.
3. **Gaps in Data Collection:** Discuss the importance of collecting SOGIESC data.
4. **Denials in Plans – Gender Affirming Care:** Discuss common denials in gender affirming care and the reason for these denials.
5. **Denials in Plans – Interlapping Health Care Problems:** Discuss common denials in interlapping health care problems and the reason for these denials.
6. **Effects on Mental Health:** Discuss how interactions between patients and the health care system can exacerbate a mental health crisis. Recognize that delaying treatment of gender dysphoria can exacerbate mental health crises, and that adequate mental health treatment often necessitates timely access to gender-affirming care.
7. **Privacy Considerations:** Discuss privacy and its importance. Educate and inform staff about heightened legal protections that attach to sensitive services, including gender affirming care.
8. **Positive Experiences with Health Care Providers and Health Plans or Insurers:** Share positive experiences, emphasizing the importance of informed consent models and obtaining Hormone Replacement Therapy (HRT) without difficulty.

SUB-POPULATIONS IN GENDER AFFIRMING HEALTH CARE

Considerations of Sub-Populations

Recognize that within the TGI communities, there are populations with unique needs, including intersex individuals, TGI youth, elders, non-binary individuals, disabled individuals, and neurodivergent individuals.

1. **Intersex Individuals:** Explore the specific challenges faced by intersex individuals, such as expensive testing, coverage denials, and the impact of intersex surgeries.
2. **TGI Youth:** Recognize that TGI youth may have varying sensitivities, privacy concerns, communication styles, and processing differences, which can impact their health care experiences and interactions with insurance providers. Further recognize that TGI youth are uniquely vulnerable to their home environments and experience higher rates of physical and emotional abuse. This leads to higher rates of mental health crises, homelessness, and conflicts with guardians — all of which can complicate interactions with health care and insurance providers.
3. **Elderly TGI Individuals:** Address the unique complications faced by elderly TGI individuals in accessing care, including HRT and surgeries.
4. **Non-Binary Individuals:** Discuss the challenges that non-binary individuals encounter, such as binary assumptions, hormone therapy barriers, and difficulties accessing medical care.
5. **Physical Health Disabilities:** Highlight the unique needs and challenges faced by those with physical disabilities.
6. **Mental Health Disabilities:** Highlight the unique needs and challenges faced by those with mental health disabilities.
7. **Neurodivergence:** Highlight the unique needs and challenges faced by those with neurodivergence, and how this differs from mental health disabilities.
8. **Guardians:** Highlight how considering potential conflict between TGI individuals and their guardians is essential for tailoring interventions and support services. Health care providers and support organizations should address and mitigate guardian conflicts to create safer environments that promote mental health and reduce suicidality risks.
9. **The Spectrum of Reproductive Health Care for TGI individuals:** Highlight the needs and challenges faced by reproducing and future reproducing TGI individuals. Ensure that family planning is included in the spectrum, including a discussion of methods of birth control, abortion access, and sexual health.

VI. Quality Standard

Process

In the early summer sessions, the Working Group deliberated on strategies including a statewide needs assessment, referral and denial rate analysis, transparency in data, incorporation of Healthcare Effectiveness Data and Information Set (HEDIS) measures, and the utilization of a model considering interactions, experiences, and outcomes.

In early fall, the Working Group considered three options for the quality standards:

- Adapt existing quality measures to include gender-inclusive and TGI-specific

criteria.

- Define TGI-specific quality domains.
- Recommend further research and collaboration.

The Working Group emphasized the importance of standardization, inclusivity, confidentiality, language justice, and cultural sensitivity in SOGIESC data collection. It is important to note that there is no current “standard” around SOGIESC data collection, further emphasizing the importance of data standardization in the development of a comprehensive framework for quality standards in TGI health care.

What is SOGIESC?

SOGIESC data, which stands for Sexual Orientation, Gender Identity, Gender Expression, and Sexual Characteristics data, refers to information collected to understand and account for the diversity of individuals' sexual orientations and gender identities. This type of data collection is aimed at recognizing and respecting the unique experiences and needs of various groups within the LGBTQ+ community. Gathering SOGIESC data allows institutions, organizations, and policymakers to address disparities, tailor services, and ensure inclusivity in various fields, including health care, education, and employment. It plays a crucial role in promoting equality and creating environments that acknowledge the diverse identities within the broader spectrum of human experiences.

The data elements included in SOGIESC, in most cases, requires specific questions about the client's sexual orientation, whether they are transgender and/or gender non-binary, and their sex characteristics. These questions help to pinpoint one's sexual orientation, gender identity and sexual characteristics (or sex assigned at birth/current secondary sex characteristics).

In a healthcare setting, SOGIESC data are vital for providing inclusive and culturally competent care. By collecting information on patients' sexual orientations, gender identities, and sexual characteristics, healthcare providers can better understand their unique health needs. This enables medical professionals to offer personalized and sensitive care that considers the diverse backgrounds and experiences of individuals within the LGBTQ+ community.

While additional work is needed to standardize the collection and assessment of SOGIESC data, current efforts by health plans to collect SOGIESC data contributes to research efforts aimed at identifying health disparities and developing targeted interventions. It helps in the creation of policies and practices that address the specific health care challenges faced by different segments of the LGBTQ+ population. Moreover, by fostering an environment of openness and acceptance, healthcare institutions can build trust with patients, leading to improved patient-doctor communication and overall health outcomes.

Quality Standard Recommendations

The Working Group recommended the following next steps for future consideration in the development of quality measures and setting a quality standard.

1. Prioritize stratification of the following DMHC's Health Equity and Quality: Measures by SOGIESC:
 - Breast cancer screening
 - Hemoglobin A1c Control for Patients with Diabetes
 - Controlling High Blood Pressure
 - Depression Screening and Follow-Up for Adolescents and Adults
 - CAHPS Health Plan Survey: Getting Needed Care

2. Utilize the following recommended questions, best practices, and research for collecting and reporting SOGIESC data that will not cause harm to enrollees:
 - Questions should include intersex individuals
 - Questions should include non-harmful approaches to asking about gender identity
 - Questions should include non-harmful approaches to asking about sex characteristics and be able to differentiate between gender identity
 - Explain why it is important to collect SOGIESC data
 - Identify the intent for collecting the data and how it will be used, including a disclaimer that the data is confidential and protected
 - Include sex characteristics in data collection and allow for self-attestation
 - Language justice and the ability to add other languages and ensure that trainings are offered to those who work with Spanish speaking communities
 - Standardize the questions that are asked and how the data is displayed
 - Allow enrollees or insureds to check multiple boxes/categories and recognize that the responses may change over time
 - Make clear to enrollees or insureds that providing this information is purely voluntary
 - Determine regular cadence for reviewing the SOGIESC categories
 - Instead of using the term "health disparities", consider a different message such as "to better understand your health needs and concerns" or "to help your doctor provide the best possible care"
 - Recognize cultural identities and how they differ from SOGIESC data

3. Conduct research and develop TGI quality measures in the following focus areas:
 - Timely access to primary and specialty preventative care
 - Post gender affirming surgical care for all TGI individuals
 - Access to puberty blockers
 - Reproductive health care, including abortion access
 - Access to organ-specific cancer screenings
 - Equity in accessing care
 - Disparities in rates of denials for health care services for TGI individuals compared to cisgender individuals

VII. Looking Forward

As we reflect on the progress made in addressing the health care disparities faced by TGI individuals through SB 923, it is crucial to consider the road ahead. This is the beginning of the work related to improving TGI access and equity in healthcare. There is a need for continued efforts to expand and refine policies dedicated to TGI health care and ongoing research is critical to the development of quality measures to address emerging challenges within the community. Efforts should also focus on refining data collection and reporting practices to better capture TGI health care experiences and enhance transparency. Policies promoting public awareness and community outreach can further help to reduce stigma and discrimination. It is also imperative that all California agencies continue to work together to standardize TGI care and collection of SOGIESC data.

The TGI Working Group identified multiple additional areas of concern related to access and the provision of health care that continue to impact TGI communities but were not covered by the mandate afforded by SB 923. These concerns are outlined in Section III of this document. Addressing these issues and others related to the accessibility and affordability of gender-affirming treatments and procedures must be a priority in order to ensure the health and wellness of some of California's most vulnerable residents. In embracing these forward-looking topics, we aim to create an environment that continually advances TGI health care, beyond the current legislation. Achieving parity of care will ultimately need to address the wide range of inequities identified throughout Sections III and IV through further research, advocacy and legislative efforts in order to meet the evolving needs of TGI communities.

VIII. Conclusion

The culmination of extensive discussions and collaborative efforts within the Working Group meetings has produced a comprehensive set of recommendations related to the future development of quality standards and the training curriculum for health plan or

insurer staff for consideration by the DMHC Director and the Insurance Commissioner. The collaborative process by the Working Group reflects a commitment to advancing inclusivity, cultural competence, and equitable health care access for TGI individuals in California.

Consistent with existing law, DMHC and CDI will consider the Working Group's recommendations in establishing and enforcing the training curriculum and quality standards. Further action beyond the scope of this Working Group will be crucial to adequately address the issues listed in Sections III and IV and safeguard the healthcare of California's TGI communities.

Appendix A: Working Group Members

Voting Members

Dannie Ceseña (he/him/they/them)

Dannie Ceseña is the first Two-Spirit, Indigenous, Director of the California LGBTQ Health and Human Services Network. Dannie has over 15 years of experience working with non-profits in program development and advocacy. Dannie has become a trusted leader in LGBTQ health among partners in the California Tobacco Control Program. He is responsible for building We Breathe: Supporting Tobacco-Free LGBTQ Communities from the ground-up. Dannie is a founding member of the Transgender Health Research Ethics and Advocacy (THREAT) Team which includes members from TGI-led organizations, trans-identified mental providers, and academic researchers. He is a graduate of California State University, Long Beach with bachelor's degrees in English and political science and is a graduate of National University with a master's degree in public health.

Bee Curiel (they/them)

Bee Curiel is a non-binary Chican@ educator born and raised in the East Bay by a working-class immigrant family. Bee graduated from the University of California, Davis with a bachelor's degree in Chicana/o Studies and worked in student life and outreach in community colleges across Sacramento for five years before moving to Los Angeles. Bee is currently pursuing a master's degree in social work at California State University, Northridge and serves as a training coordinator at The TransLatin@ Coalition. Bee believes there is power in our community's collective truths, and deeply values transformation, (re)learning, and healing as critical components to their advocacy work.

Evan Johnson (they/them/theirs)

Evan Johnson is the director of Youth Programs for Trans Family Support Services (TFSS). They've fostered connection and understanding over the past six years by sharing their own journey as a nonbinary youth, student, and young professional with many audiences, from national conferences to local organizations. Evan has a bachelor's degree in social work and helps train people—in health care, legal, education, and other environments—on gender diversity and policy. They are dedicated to educating, advocating, learning, and listening to create a safer world for all trans and gender non-conforming youth.

Kendra J. Muller (she/they)

Kendra J. Muller (she/they) is a disabled, queer attorney employed at Disability Rights California (DRC), the nation's largest non-profit disability rights firm. As a part of the Civil Rights Practice Group, Muller challenges civil rights violations by assisting in

impact litigation, providing direct services to provide justice for historically marginalized and underserved communities, including LGBTQIA+ individuals, veterans, unhoused persons, people of color, multilingual individuals, seniors, and low-income communities. Muller has worked directly within the community as the previous chair of the University of San Diego's Name and Gender Change Clinic serving indigent clientele through the process of modifying state and federal identity documents. Muller serves as a board member for the San Diego County Bar Association's Diversity, Equity, and Inclusion Division, and a member of the California Name and Gender Marker Coalition.

Skyler Rosellini (he/him)

Skyler Rosellini is a senior attorney at the National Health Law Program in Los Angeles. He comes with 20 years of experience in LGBTQIA+ activism. Before joining NHeLP, Skyler was a senior attorney at Bay Area Legal Aid's (BayLegal) Health Consumer Center (HCC), where he advocated for Bay Area residents' health access rights across eight counties. At BayLegal, Skyler also served as outreach coordinator for the HCC. In this role, he provided training and education on health access to the community. He also supervised name and gender marker clinics with health access screenings for TGI communities. Prior to that, Skyler was in private practice and served on the board of directors for Bay Area Lawyers for Individual Freedom (BALIF) from 2015 to 2019. Skyler received his bachelor's degree from Saint Mary's College of California and a Juris Doctor degree from University of La Verne, College of Law.

Dr. Ryan Spielvogel, MD, MS (he/him)

Dr. Ryan Spielvogel is a family physician and faculty at the Sutter Family Medicine Residency Program in Sacramento, where he specializes in adult and adolescent transgender medicine. His focus as faculty and as medical director for the Gender Health Center of Sacramento has been on educating the next generation of physicians in providing quality gender-affirming care.

Katalina Zambrano (she/her/ella)

Katalina Zambrano is the dedicated and passionate executive director of Somos Familia Valle Central, a Latino-based LGBTQ resource center located in Merced, California. With a background in the local adult and juvenile criminal justice and child welfare systems, Katalina has leveraged her lived experiences to advocate for and create safe spaces for LGBTQ individuals in the community. Since 2015, she has been conducting cultural humility and competence workshops in Merced and Stanislaus counties, providing training to homeless shelters, local police departments, the Stanislaus County Sheriff's Department, public health, and local school districts. Katalina's tireless efforts and dedication to the LGBTQ community have earned her widespread recognition and respect within the Merced area and beyond.

Ex-Officio Members (Non-Voting)

Bambi Cisneros (she/her)

Bambi Cisneros has over nine years of experience with the Department of Health Care Services (DHCS) and currently serves as the assistant deputy director - managed care, health care delivery systems (ADD-MC, HCDS). In this role, Bambi assists the HCDS deputy director to oversee the planning, implementation, coordination, and management of the program and policies associated with California's Medi-Cal managed care plans (MCPs) and the managed care delivery system to ensure that Medi-Cal beneficiaries have access to high quality care. Prior to becoming the ADD-MC, Bambi served as the program monitoring and compliance branch chief in the managed care quality and monitoring division. Bambi earned a bachelor's degree in government from California State University, Sacramento.

Stesha Hodges (she/her)

Stesha Hodges is an assistant chief counsel at the California Department of Insurance (CDI) and chief of CDI's Health Equity and Access Office (HEAO). Stesha joined CDI as an attorney in 2008. Since 2010, she has worked to improve access to, and equity in, health coverage and care through work implementing the Affordable Care Act and health reform in California's health insurance markets. Stesha represents CDI and the Insurance Commissioner on health issues in proceedings of the National Association of Insurance Commissioners, and with a wide range of external stakeholders. Prior to joining CDI, Stesha worked as an attorney at the California Department of Social Services, as well as in private law practice. She holds a bachelor's degree in criminal justice from California State University, Sacramento, and a Juris Doctor degree from the University of the Pacific, McGeorge School of Law.

Adrian Naidu (he/him)

Adrian Naidu serves as the health equity officer for the California Public Employees' Retirement System (CalPERS) and is charged with advancing health equity. Prior to joining CalPERS, he worked for DHCS on improving and advancing health care quality and equity provided at California's public hospitals. Adrian is passionate about improving access to high quality, affordable and equitable care for all and has also previously worked as a Covered California Certified Enrollment Counselor helping individuals and families enroll in health plans through Covered California and Medi-Cal. He earned his bachelor's degree at the University of California, Berkeley and master's degree in health policy and law at University of California, San Francisco and UC Law SF.

Taylor Priestly (she/her)

Taylor Priestly is the deputy director of the health equity and quality transformation division at Covered California, the state's health benefit marketplace. In this role, she

leads health equity policy development and oversees implementation of Covered California's health equity and quality transformation initiatives. She has served as Covered California's health equity officer since 2018. Taylor started with Covered California in November 2012 and helped launch Qualified Health Plan selection and certification, plan contracting, and standard health and dental benefit plan designs. Taylor joined Covered California after extensive work in health and intervention programs for low-income and vulnerable populations at CommuniCare Health Centers, Sacramento Employment and Training Agency (SETA) Head Start, and the YWCA of Sonoma County. She holds master's degrees in social welfare and public health from the University of California, Berkeley, where she researched pediatric oral health disparities with a focus on access to care.

Jason Tescher (he/him)

Jason Tescher is manager of the gender health equity section in the California Department of Public Health's (CDPH) Office of Health Equity. Prior to joining CDPH, Jason worked as the grassroots and political organizing specialist for Planned Parenthood Affiliates of California and served as the Transgender Law Center's first health policy director. Jason's state service began at the California Department of Insurance as part of the team tasked with implementing the Affordable Care Act where his specialty was health coverage issues impacting vulnerable communities including and especially LGBTQ Californians. In 2011, Jason led efforts to promulgate and implement first-in-the-nation regulations banning discrimination against transgender people in health insurance and produced groundbreaking analyses used by other states and the federal government to eliminate these discriminatory practices. Jason is a proud queer person with a strong commitment to his community and public service.