

From: Levine, Rachel (HHS/OASH)
Sent: Mon, 13 Jun 2022 12:22:28 +0000
To: Ulrey, Ingrid (HHS/IEA); Fisher, Megan (HHS/OASH); Calsyn, Maura (HHS/OASH); Sarvana, Adam (HHS/OASH); Broido, Tara (HHS/OASH)
Cc: Bouvion, Renee (HHS/OASH); Boateng, Sarah (HHS/OASH); Smith, Jessica (HHS/IEA); Stevens, Lee (OS/IEA)
Subject: RE: Alaska LGBTQ+ Listening Session - Read-Out

Ingrid, Good morning. Thank you so much for your email and the information. It is very interesting and valuable.

RLL

Rachel L. Levine, M.D.

ADM, United States Public Health Service

Assistant Secretary for Health
Office of the Assistant Secretary for Health

Email: rachel.levine@hhs.gov
hhs.gov/ash

x]

From: Ulrey, Ingrid (HHS/IEA) <Ingrid.Ulrey@hhs.gov>
Sent: Sunday, June 12, 2022 7:58 PM
To: Levine, Rachel (HHS/OASH) <Rachel.Levine@hhs.gov>; Fisher, Megan (HHS/OASH) <Megan.Fisher@hhs.gov>; Calsyn, Maura (HHS/OASH) <Maura.Calsyn@hhs.gov>; Sarvana, Adam (HHS/OASH) <Adam.Sarvana@hhs.gov>; Broido, Tara (HHS/OASH) <Tara.Broido@hhs.gov>
Cc: Bouvion, Renee (HHS/OASH) <Renee.Bouvion@hhs.gov>; Boateng, Sarah (HHS/OASH) <Sarah.Boateng@hhs.gov>; Smith, Jessica (HHS/IEA) <Jessica.Smith@hhs.gov>; Stevens, Lee (OS/IEA) <Lee.Stevens@hhs.gov>
Subject: Alaska LGBTQ+ Listening Session - Read-Out

Dear Admiral Levine and Team OASH,

I did site visits this week in Anchorage, Alaska. One of my many visits was an LGBTQ+ listening session.

The LGBTQ+ community in Alaska is facing big challenges – overall the state has the 2nd highest rate of suicide in the nation, rising homelessness and a health care system that is not LGBTQ+ welcoming. Gender affirming care is covered under Medicaid but access is very, very limited.

To complement what I learned in this listening session, I am reaching out to tribal members and tribal health providers who are actively engaged with this community who have been recommended to me. In separate conversation with Providence Health system, they reported that a growing number of youth participating in their residential treatment programs are LGBTQ+, that they are working on placing mental health counselors in schools and that they are concerned about opposition from parents rights advocates.

I will follow up with Renée Bouvion here in Region 10 to schedule a follow up meeting with the right people on your team to de-brief on this listening session and the one I did the previous week in Idaho. I welcome input from your office on planned follow up.

Thank you,

Ingrid Ulrey

Ingrid Ulrey (*she/her*)

Regional Director

HHS Region 10 (AK, ID, OR, WA, & 272 Federally Recognized Tribes)

Mobile: (b)(6)

Read Out – LGBTQ Roundtable in Anchorage, Alaska June 7, 2022

Top-Line: LGBTQ+ civil rights are not protected in Alaska, very limited data is available to capture their experience/disparities, community see high rates of homelessness, mental health and SUD challenges. Health providers generally have low competency in knowing how to be welcoming. Gender affirming care is paid for under Medicaid but there is very limited access.

Participants:

Robin Lutz, ED, AK Assistance Association (Anchorage)

James, AK Assistance Association (Juneau)

Que, Identity, Inc.

Julia Terry (Nuuniq) , ED, Choosing Our Roots

Laura Reijns Choosing Our Roots

HIV Care / Harm Reduction

- 4As serves low-income people living with HIV includes who have many co-occurring conditions including SUD, and struggle with basic needs (housing, food). During the pandemic many in this population lost connection to care.
- 4As operates needle exchange programs in Anchorage and Juneau, has strong partnership with IHS. They are disappointed that they did not receive SAMHSA grant, are frustrated in general about how high barrier federal funding is (requires them to collect data from recipients that they don't have, such as ID, mailing address, many have name changes that are not documented, leading to confusion).

Gender Affirming Care

- Identity, Inc. is a small clinic in Anchorage, it is the only clinic in Alaska specifically focused on the LGBTQ population. They provide on-site care and telehealth. LGBTQ (particularly youth) say they are not comfortable going anywhere else, that this clinic that understands their needs, feels welcoming, respects pro-nouns, name changes. All participants reported that providers in AK are generally not welcoming or affirming.
- Identity, Inc. provides gender affirming care -social/emotional and hormone treatments. People go to Canada or lower 48 for anything surgical. Planned Parenthood clinics also provide GAC including hormones. No other known / official access for GAC in AK.
- Medicaid covers gender affirming care but there are signs of retreat, such as higher bars being set for approval. Coverage developed as a result of a lawsuit during Gov Walker era, trans state employees sued and as a result of that ruling, coverage was established.
- People travel long distances to access GAC, but there is no after care, some get care in Anchorage and then sleep on the streets or go back to their village where there is only a Village Health Aide with no knowledge about the hormonal treatments.

Civil Rights / data

- LGBTQ+ are not protected by statewide non-discrimination ordinances (are called out in Anchorage and Juneau NDOs – not sure, need to check).
- Anti-trans bill to ban trans girls from competing in school sports did not pass but will likely be re-introduced, very likely to pass at local level (Matsu Valley).
- We cannot show that LGBTQ+ are overdosing more, no data.
- It is harder for us to make the case with national data, people assert that AK is totally different and unique, that national data does not reflect trends in our state.

Housing

- SOGI data historically was not collected by the homeless management information system, this just started which is good, but there is fear and shame so not sure how accurate, there is no accurate record of prevalence among the LGBTQ+ population.
- Trans do not want to use shelters such as the Sullivan Area set up during COVID because they don't feel safe there. (Catholic Community Services Shelter visited later in this trip sounds like they are doing better job)

- Many Trans live in hidden encampments, move around frequently. We know of 13 trans women in Anchorage who are living in these types of hidden encampments. You will not see them in the streets or the parks, they are hiding.
- Julia - Choosing Our Roots has program to identify host families for homeless LGBTQ youth, they work with Volunteers of America.

Ingrid Ulrey (*she/her*)

Regional Director

HHS Region 10 (AK, ID, OR, WA, & 272 Federally Recognized Tribes)

Ingrid.Ulrey@hhs.gov

Mobile: (b)(6)

From: Levine, Rachel (HHS/OASH) <Rachel.Levine@hhs.gov>

Sent: Sunday, June 5, 2022 4:18 AM

To: Ulrey, Ingrid (HHS/IEA) <Ingrid.Ulrey@hhs.gov>; Fisher, Megan (HHS/OASH) <Megan.Fisher@hhs.gov>; Calsyn, Maura (HHS/OASH) <Maura.Calsyn@hhs.gov>; Sarvana, Adam (HHS/OASH) <Adam.Sarvana@hhs.gov>; Broido, Tara (HHS/OASH) <Tara.Broido@hhs.gov>

Cc: Bouvion, Renee (HHS/OASH) <Renee.Bouvion@hhs.gov>; Boateng, Sarah (HHS/OASH) <Sarah.Boateng@hhs.gov>; Smith, Jessica (HHS/IEA) <Jessica.Smith@hhs.gov>

Subject: RE: Gender Affirming Care - Read out on meeting with Idaho providers

Ingrid, Good morning. Thank you for your email and the information. I share your heartfelt concern for our LGBTI+ community in Idaho. We are continuing to push this issue nationally and will keep you up to date with our plans. Please take care, Best, RLL

Rachel L. Levine, M.D.

ADM, United States Public Health Service

Assistant Secretary for Health

Office of the Assistant Secretary for Health

Email: rachel.levine@hhs.gov

[hhs.gov/ash](https://www.hhs.gov/ash)

x]

From: Ulrey, Ingrid (HHS/IEA) <>
Sent: Friday, June 3, 2022 8:22 PM
To: Levine, Rachel (HHS/OASH) <Rachel.Levine@hhs.gov>
Cc: Bouvion, Renee (HHS/OASH) <Renee.Bouvion@hhs.gov>; Boateng, Sarah (HHS/OASH) <Sarah.Boateng@hhs.gov>; Smith, Jessica (HHS/IEA) <Jessica.Smith@hhs.gov>
Subject: Gender Affirming Care - Read out on meeting with Idaho providers

Dear Admiral Levine,

Yesterday I met in person with a group of gender affirming care providers in Idaho. Below is a read out. I am also sharing with IEA, CMS and SAMHSA.

I will communicate with your staff regarding follow up with this group – and also wanted to share this with you directly. I welcome your suggestions.

My heart goes out to our LGBTQ brothers and sisters in Idaho and their health care providers. It's rough for them and many fear for their safety.

Ingrid Ulrey

Ingrid Ulrey *(she/her)*

Regional Director

US Department of Health and Human Services

Region 10 (AK, ID, OR, WA, & 272 Federally Recognized Tribes)

701 5th Avenue, Seattle, WA 98104

Ingrid.Ulrey@hhs.gov

Mobile: (b)(6)

Stay connected with HHS Region 10:

[Click Here](#) to sign up for the Region 10 Weekly Newsletter.

<< OLE Object: Picture (Device Independent Bitmap) >> << OLE Object: Picture (Device Independent Bitmap) >>

Listening Session with Gender Affirming Care Providers in Idaho, June 2, 2022

Participants:

- (b)(6)
-
-
-
-
-
-
-
-

Top lines:

On March 4, the Idaho State House approved H.675 that would have made it a felony for a doctor to provide gender affirming care to children under the age of 18. Republican leaders in the Senate halted the advancement of this bill. Now, post-primary, the balanced of power has changed, the backstop voting bloc in the Senate is no longer there. There is a high likelihood that this bill could be reintroduced in 2023 and pass. It is unclear if Governor Little would consider a veto.

At present, the Idaho Medicaid program covers Gender Affirming Care (GAC) including social-emotion, mental health, hormone, surgical. However, there are signs of retreat.

A surgeon who performs top surgery at the dominant health system, St Lukes, reported that just recently the Medicaid program is saying that there is “no payment plan” for top surgery, there is a billing code but no payment plan. Out of pocket, the surgery cost is 30k. If Medicaid won’t pay patients will not have access. Blue Cross of Idaho is also showing signs of rescinding coverage.

All providers identified the shortage of mental health providers with skills / ability to work with LGBTQ+ and specifical trans population is a major challenge for them.

These providers are collectively serving nearly 1000 adults and children, all have long wait lists. One provider is providing GAC to large state prison population.

There are a small number of other providers, some also wanted to come to this meeting but felt too intimidated, want to remain below the radar.

How do you define GAC?

- Preventive – mental health supports, plans in place to prevent bullying.
- Social – welcoming environment, use of new pro-nouns, names, all gender bathrooms, gender accommodations at school

- Legal – Remove barriers. Parental consent is currently required from 1 parent, or 2 parents if divorced.
- Medication – Hormone blockers
- Surgical – Top surgery currently available in Idaho (but payment issues). Bottom surgery requests referred to out of state.

What are your recommendations / asks to HHS?

- Idaho GAC providers need support, state regulations are tightening, we need federal cover.
- Can Medicaid require all states to cover any evidence-based care? Require GAC as a condition of participation?
- Can you help us document/ communicate the evidence base for GAC and the negative health impacts for patients unable to access it?
- Can standard mental health provider training include LGBTQ+ / GAC training in standard curricula?
- Will HHS be participating in the World Professional Association for Transgender Health? Can you share the guidelines we expect them to publish with State leaders?
- If state bans GAC, would it be permissible in any type of prison setting?

Testimony from providers

“My panel includes 400 adult patients, 100 in the prison system and 40 kids. The wait period for my patients was 3 months, now I have more support so it is 1-2 months. I operate in Boise but my clients come from all over Idaho, some traveling hundreds of miles. My biggest concern is the need for more mental health counselors, there are very few that accept Medicaid, who are trained in LGTBQ and gender affirming care.” - Marvin

“I provide care to 240 patients in Pocatello, in SE Idaho. I work for an FQHC, the system that we are part of recently pulled back coverage for hormones I prescribe. I feel an ethical challenge. I know my patients need this so I am continuing to prescribe, but I don't have backing.” – Anonymous

“In Idaho, there is a push to get rid of licensure for health professionals altogether. There are religious and other entities who want more freedom. Parents rights are also subject based. They want barriers to disallow kids from doing things they don't believe in and freedom for kids to things that they do.” - Chelsea

“Providers and systems who are doing GAC, are concerned about being punished for it with de-funding, for example, losing residency slots, funding for Medical education through WAMI. We are trying to depoliticize this by working within the Medical Association to publish white papers on the value of GAC, outside of session.” - Sara

“There are other GAC providers who are really happy you are hear today but they didn’t come because they don’t want to be known, they are terrified, worried about their safety.” – Many

Next Steps / Follow-up

- Share with CMS, any levers re Medicaid?
- Share with OASH for guidance
- Share with SAMHSA - standard LGBTQ+ curricula for BH providers?
- DHW - Follow up with Elke Shaw, Public Health Division, regarding BRFS data module.
- DHW – Follow up with Juliet Charron, Medicaid Director and Dr. Christin Hahn, DHW
- Circle with Pride Foundation
- Send thank you, follow up information and resources to participants
- Invite participants to Region 10 LGBTQ Regional convening in September.

America First Legal Foundation

From: Levine, Rachel (HHS/OASH)
Sent: Sun, 5 Jun 2022 12:18:05 +0000
To: Ulrey, Ingrid (HHS/IEA); 'Megan Fisher'; Calsyn, Maura (HHS/OASH); Sarvana, Adam (HHS/OASH); Broido, Tara (HHS/OASH)
Cc: Bouvion, Renee (HHS/OASH); Boateng, Sarah (HHS/OASH); Smith, Jessica (HHS/IEA)
Subject: RE: Gender Affirming Care - Read out on meeting with Idaho providers

Ingrid, Good morning. Thank you for your email and the information. I share your heartfelt concern for our LGBTI+ community in Idaho. We are continuing to push this issue nationally and will keep you up to date with our plans. Please take care, Best, RLL

Rachel L. Levine, M.D.

ADM, United States Public Health Service

Assistant Secretary for Health
Office of the Assistant Secretary for Health

Email: rachel.levine@hhs.gov
hhs.gov/ash

x]

From: Ulrey, Ingrid (HHS/IEA) <Ingrid.Ulrey@hhs.gov>
Sent: Friday, June 3, 2022 8:22 PM
To: Levine, Rachel (HHS/OASH) <Rachel.Levine@hhs.gov>
Cc: Bouvion, Renee (HHS/OASH) <Renee.Bouvion@hhs.gov>; Boateng, Sarah (HHS/OASH) <Sarah.Boateng@hhs.gov>; Smith, Jessica (HHS/IEA) <Jessica.Smith@hhs.gov>
Subject: Gender Affirming Care - Read out on meeting with Idaho providers

Dear Admiral Levine,

Yesterday I met in person with a group of gender affirming care providers in Idaho. Below is a read out. I am also sharing with IEA, CMS and SAMHSA.

I will communicate with your staff regarding follow up with this group – and also wanted to share this with you directly. I welcome your suggestions.

My heart goes out to our LGBTQ brothers and sisters in Idaho and their health care providers. It's rough for them and many fear for their safety.

Ingrid Ulrey

Ingrid Ulrey *(she/her)*

Regional Director

US Department of Health and Human Services

Region 10 (AK, ID, OR, WA, & 272 Federally Recognized Tribes)

701 5th Avenue, Seattle, WA 98104

Mobile:

Stay connected with HHS Region 10:

[Click Here](#) to sign up for the Region 10 Weekly Newsletter.

<< [OLE Object: Picture \(Device Independent Bitmap\)](#) >> << [OLE Object: Picture \(Device Independent Bitmap\)](#) >>

Listening Session with Gender Affirming Care Providers in Idaho, June 2, 2022

Participants:

-
-
-
-
-
-
-
-
-

Top lines:

On March 4, the Idaho State House approved H.675 that would have made it a felony for a doctor to provide gender affirming care to children under the age of 18. Republican leaders in the Senate halted the advancement of this bill. Now, post-primary, the balanced of power has changed, the backstop voting bloc in the Senate is no longer there. There is a high likelihood that this bill could be reintroduced in 2023 and pass. It is unclear if Governor Little would consider a veto.

At present, the Idaho Medicaid program covers Gender Affirming Care (GAC) including social-emotion, mental health, hormone, surgical. However, there are signs of retreat.

A surgeon who performs top surgery at the dominant health system, St Lukes, reported that just recently the Medicaid program is saying that there is “no payment plan” for top surgery, there is a billing code but no payment plan. Out of pocket, the surgery cost is 30k. If Medicaid won't pay patients will not have access. Blue Cross of Idaho is also showing signs of rescinding coverage.

All providers identified the shortage of mental health providers with skills / ability to work with LGBTQ+ and specific trans population is a major challenge for them.

These providers are collectively serving nearly 1000 adults and children, all have long wait lists. One provider is providing GAC to large state prison population.

There are a small number of other providers, some also wanted to come to this meeting but felt too intimidated, want to remain below the radar.

How do you define GAC?

- Preventive – mental health supports, plans in place to prevent bullying.
- Social – welcoming environment, use of new pro-nouns, names, all gender bathrooms, gender accommodations at school
- Legal – Remove barriers. Parental consent is currently required from 1 parent, or 2 parents if divorced.
- Medication – Hormone blockers
- Surgical – Top surgery currently available in Idaho (but payment issues). Bottom surgery requests referred to out of state.

What are your recommendations / asks to HHS?

- Idaho GAC providers need support, state regulations are tightening, we need federal cover.
- Can Medicaid require all states to cover any evidence-based care? Require GAC as a condition of participation?
- Can you help us document/ communicate the evidence base for GAC and the negative health impacts for patients unable to access it?
- Can standard mental health provider training include LGBTQ+ / GAC training in standard curricula?

- Will HHS be participating in the World Professional Association for Transgender Health? Can you share the guidelines we expect them to publish with State leaders?
- If state bans GAC, would it be permissible in any type of prison setting?

Testimony from providers

“My panel includes 400 adult patients, 100 in the prison system and 40 kids. The wait period for my patients was 3 months, now I have more support so it is 1-2 months. I operate in Boise but my clients come from all over Idaho, some traveling hundreds of miles. My biggest concern is the need for more mental health counselors, there are very few that accept Medicaid, who are trained in LGBTQ and gender affirming care.” - Marvin

“I provide care to 240 patients in Pocatello, in SE Idaho. I work for an FQHC, the system that we are part of recently pulled back coverage for hormones I prescribe. I feel an ethical challenge. I know my patients need this so I am continuing to prescribe, but I don't have backing.” – Anonymous

“In Idaho, there is a push to get rid of licensure for health professionals altogether. There are religious and other entities who want more freedom. Parents rights are also subject based. They want barriers to disallow kids from doing things they don't believe in and freedom for kids to things that they do.” - Chelsea

“Providers and systems who are doing GAC, are concerned about being punished for it with de-funding, for example, losing residency slots, funding for Medical education through WAMI. We are trying to depoliticize this by working within the Medical Association to publish white papers on the value of GAC, outside of session.” - Sara

“There are other GAC providers who are really happy you are hear today but they didn't come because they don't want to be known, they are terrified, worried about their safety.” – Many

Next Steps / Follow-up

- Share with CMS, any levers re Medicaid?
- Share with OASH for guidance
- Share with SAMHSA - standard LGBTQ+ curricula for BH providers?
- DHW - Follow up with Elke Shaw, Public Health Division, regarding BRFS data module.
- DHW – Follow up with Juliet Charron, Medicaid Director and Dr. Christin Hahn, DHW
- Circle with Pride Foundation
- Send thank you, follow up information and resources to participants
- Invite participants to Region 10 LGBTQ Regional convening in September.