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One in five of Gen Z adults identify as LGBTQ and so for every five people that are walking in to apply for a job at your store or your firm, that's somebody who is a part of the community. What we know about Gen Z is that they also care a lot about the values and ethics of the places that they shop at, that they work for, and so an employer would really do well to have these extensive benefits in order to simply recruit the best.

Ellen Kelsay:

That's Raina Nelson, senior manager of the Workplace Equality Program at the Human Rights Campaign, an organization that strives to end discrimination against LGBTQ+ people and realize a world that achieves fundamental fairness and equality for all. Among the many ways Raina and their team of colleagues do this is through the Human Rights Campaign Foundation's Corporate Equality Index, a benchmarking tool on corporate policies, practices and benefits pertinent to lesbian, gay, bisexual, transgender, and queer employees and a driving force for LGBTQ+ workplace inclusion. That index will be the subject of our conversation today, as well as what it means to employees to work for an inclusive organization.

I'm Ellen Kelsay and this is the Business Group on Health Podcast, conversations with experts on the most relevant health and well-being issues facing employers. Today my guests are Raina Nelson of the Human Rights Campaign, and Joy Wilson, a member of HRC's Parents for Transgender Equality National Council. We discuss what an LGBTQ+ inclusive workplace looks like, the policies and practices that are now table stakes, the ones that are lagging, and real-life perspective on the importance of working for an employer that prioritizes equality.

Today's episode is sponsored by League, the healthcare consumer experience platform trusted by the world's most forward-thinking organizations, including Unilever, Uber, Shopify, and Lush Cosmetics.

Raina and Joy, welcome. I'm delighted to have you both join me today on the podcast.

Raina Nelson:

Thanks for having me.

Joy Wilson:

Thank you so much.

Ellen Kelsay:

Yes, we're thrilled and to our listeners out there, this is a Business Group Podcast first. We are featuring not one but two esteemed guests and it's going to be a great conversation. Let's go ahead and dive right in. Raina, I'd love to start with you and learn a little bit more about the Corporate Equality Index that you and your team at the Human Rights Campaign have developed. Can you share with the audience what it is?

Raina Nelson:

Yes, definitely. Like you said, my name is Raina Nelson. I use they/them pronouns. I'm the senior manager for the Workplace Equality Program at the Human Rights Campaign Foundation. The Corporate Equality Index is the national benchmarking tool for LGBTQ+ inclusive benefits, policies, practices in the workplace. So it's been going on for over 20 years now. We just celebrated our 20<sup>th</sup> year in January. We work really closely with companies to evaluate them and do benchmarking on their policies and practices and how inclusive they are for the community. We also do education and consulting alongside running the survey.

Ellen Kelsay:

It's so impressive and I know it's quite extensive. You evaluate them across a number of different dimensions and, like you said, it's been 20 years running. I'm curious generally how many companies participate and what are some of the criteria and things that you ask them about when they're completing the index?

Raina Nelson:

We're very lucky to increase our number of participants year over year, especially over the past few years by about 10% each year. But the most recent survey had 1,272 active participants. That means that they completed a survey and there were some additional participants that we did independent research for. Over the last 20 years, the survey certainly has changed. We update our criteria every few years, but we generally focus on four distinct kind of buckets, is usually what I call them: workforce protections, that has to do with EEO and non-discrimination policy; inclusive benefits; internal education and best practices there; as well as external engagement in that corporate social responsibility. We evaluate companies across those kind of four buckets.

Ellen Kelsay:

I was so impressed when I was looking at it too, that you not only are doing this for employers in the United States but all around the world. Of those 1,000 plus participants, how many of them are outside the U.S. and is that an increasingly growing area for you as well?

Raina Nelson:

We're growing in a few kind of different ways globally. The Corporate Equality Index primarily looks at the United States, but we have quite a few multinationals. The majority of the Fortune 500 and even larger the Fortune 1000 are on the CEI, and so a lot of those are multinational companies. When it comes to workforce protections, we are evaluating that globally. Then we also have our global workplace program, which does the Equidad surveys, which are primarily focused in South American countries, so we have Mexico, Brazil, Chile, and Argentina. We're always looking to expand further. There are a lot of similar organizations to us in different countries, so we try to see how we can work with them to develop a survey if there isn't already one there.

Ellen Kelsay:

That's great and I imagine that's going to be a continued area of focus and probably a lot of nuance based on where in the world people are responding and what you might be seeing in their answers to the questions on that index. It'll be interesting to see how that continues to evolve. I'm curious what else is on that future roadmap? Are there other things that you're thinking about in the years ahead that you might add or modify within the index?

Raina Nelson:

You're kind of catching us at a good time. At the beginning of this year we announced that we would be updating the CEI criteria for the fifth time, I believe. We really focused on a few areas. One was inclusive benefits, particularly around family formation, so things like adoption, surrogacy, IVF, things like that, as well as expanding our criteria for trans inclusive benefits. That's been a really kind of key focus because we did a lot of work to get companies into the habit of covering these benefits, making sure they were available, but were expanding it even further to serve the community.

Ellen Kelsay:

That's awesome. I want to dive into the family forming benefits and what you're seeing there specifically and what would you say are really kind of table stakes that everybody should be doing. And then what are some areas that maybe are overlooked and aren't being addressed that really should be top of mind for most organizations?

Raina Nelson:

What we really try to do with the criteria is kind of establish baseline best practices. We always tell people it's kind of a floor, not a ceiling. I think what we're going to be requiring reflects that. Essentially companies that have these family formation benefits, so again, things like an adoption benefit, surrogacy funds, IVF, etc., what we are requiring is that there be what we call parity, so if you have a benefit for spouses, for example, it should extend to those employees that have domestic partners as well. If they're available for different sex

partners, for example, then it should also be available for those same sex partners. That's kind of where we're starting. With benefits, I think the kind of key thing is always the generosity of the benefits. It's great if a company is starting with say a few thousand dollars stipend for surrogacy, just for example, surrogacy can be in the six figures, and so we're really encouraging companies to do where they can, make these benefits easier to access and more generous just given that it can cost quite a bit of money for our community to start families.

Ellen Kelsay:

One area in particular that I know just from our own work here at the Business Group that we see a lot of large employers focused on is specifically related to transgender benefits. We do an annual survey and we saw in our survey this year that most large employers are already covering transgender benefits to a certain extent. We actually had 74% of our respondents say that they were already covering transgender benefits with another 13% planning to do so within the next couple of years, which is encouraging, but I know that that's perhaps not as prevalent with smaller employers and there's still a lot of work to be done to truly have fully inclusive benefits for transgender individuals. I would love to hear from you about, as you all think about transgender inclusive benefits, what are the major components from a health and well-being strategy that we should be thinking about and considering?

Raina Nelson:

We really think about benefits at least currently in kind of baseline care and then additional essential services and benefits. When looking at that baseline care we require for companies to get any credit to be offering mental health counseling, pharmaceutical benefits, hormone replacement therapy, puberty blockers, as well as standard medical visits and lab procedures and, of course, medically necessary surgical procedures, particularly those for chest and breast surgeries, as well as genital surgeries. Those are what we call colloquially top and bottom surgeries. That's kind of the baseline as well as ensuring that any sort of short-term leave policy or particularly short-term disability benefit that they have is not exclusionary of folks recovering from gender transition procedures, which we did find to be pretty common even just a few years ago. Beyond that, we're looking at additional essential services that unfortunately are often excluded from basic plans. Things like facial feminization surgeries, Adams apple reduction, hair removal that's necessary often for gender reassignment surgery, as well as things like voice modification therapy and even things like travel and lodging since oftentimes employees may face a very thin network of providers that are experts in their care and may need to travel within their state, outside of their state, in order to access the care that they need.

Ellen Kelsay:

That is an extensive list. I'm sure you hardly covered all of the things that an employer should be considering and that disability one is an important one that I think is probably not top of mind. They might be thinking about the health and medical and mental health aspects, but not the associated benefits that support individuals on this journey. I mentioned our large employer survey, but not all employers are large and even within large employers they might not be doing all of those things. From your perspective, how prevalent are these benefits within organizations and are there certain industries where you see them more or less prevalent?

Raina Nelson:

I think it really varies. Things like the mental health care, hormone therapy, pharmaceutical benefit, as well as kind of basic doctor's visits and lab procedures are typically covered across most, what we call, fully insured plans. These are these off the shelf plans that large employers may have, but also smaller employers may have as well because it just allows the insurer to take on a lot of the work in that case, which can be helpful for smaller employers. Where it can get a little bit tricky is when it comes to surgical procedures and things like travel and out of network benefits. We often find that there kind of is an idea of what trans health care encompasses that comes from folks who are cisgender and the assumption is that the genital reassignment surgery is the most important and so most plans will cover that, but then when you kind of get past that, it

gets even less and less. It's pretty common for a plan to cover a bilateral mastectomy breast removal for trans-masculine people, but then you get into further things like chest reconstruction or nipple reconstruction that may be less likely, although a little higher up. Then breast augmentation for trans feminine people is often less likely to be covered than mastectomy. Then you kind of go down the line - facial feminization surgery is not as common, other procedures like body contouring or those things that kind of details or really external appearances that often our community will say is key to kind of keeping them safe and feeling comfortable in their bodies, are less likely to be covered in baseline plans. We do largely deal with larger employers and so the vast majority of the employers we deal with are self-insured, so it really is up to them what they choose to cover, but often when they're speaking to their insurers, they maybe are not as knowledgeable about this care and considerate it "cosmetic" or experimental when neither of those things are necessarily the case.

Ellen Kelsay:

It's so important, as you said, really for somebody to feel like these benefits are designed for them and their needs and for them to feel truly supported in an inclusive way, all of these are really important components to an inclusive benefit. I'm so glad that you're illuminating and sharing these examples. I know that often you and your team at HRC spend a lot of time with employers doing myth busting and sharing with them and trying to really work with them to break down some of those myths and shed some light on maybe some, perhaps, misunderstanding. Can you share any examples of what some of those myth busting topics are that you cover with employers?

Raina Nelson:

Oh my gosh, I'd love to. Something that we hear a lot, especially for self-insured plans because that means that the employer is kind of on the hook for paying the claims, is that trans health care is just very, very expensive. Although there is a kernel of truth to that in that some of the procedures can be expensive if you're kind of looking at them as an individual, but some of the myth busting we do are one of them is that there is a difference between paying for a procedure out-of-pocket as an individual and having a procedure negotiated on your behalf by a larger plan. So you think of a very large Fortune 20, Fortune 10 company, they have much more of a power to negotiate better rates on a group level than an individual trans person paying for something out of pocket. That's one thing that kind of reduces cost.

Another thing is that trans people are a relatively small percentage of the population. Right now we know trans people maybe represent somewhere between 1% and 2% of the adult population and only about half of trans people go on to have medical intervention for their transition beyond a social transition of changing names or way of dress or things like that. The utilization ends up being very, very low, and essentially we find talking to employers that the additional cost is quite negligible. That's kind of the first myth. The second question we get a lot, and I'm laughing because it just sounds kind of funny, is particularly when we talk about things like breast augmentation or facial feminization surgery, which I think maybe points to a little bit of a gendered aspect to this, is there's kind of the concern, well everybody is going to get boob jobs and nose jobs just because they feel a little uncomfortable.

It's very easy to bust that myth because insurers have what they call clinical policies or medical guidelines or bulletins that outline the way that care is administered under the plan. For all of these procedures there are, honestly, quite strict set of guidelines compared to care for cisgender individuals that you have to meet in order to get the care. There is basically no way unless a person meets criteria for a different disorder or procedure that's needed, there's really no way for somebody to kind of just go willy-nilly and get a boob job just because they feel like it. Your doctor has to submit the claim, you have to meet quite a few bits of criteria, multiple letters from mental health professionals, and obviously you have to be 18 for the vast majority of these surgical procedures. There's quite an extensive requirement list and basically anybody can find at least what the baseline requirements are by looking at the medical policy for any major insurer. They have it laid out in pretty extensive detail what is required to have this care. The last thing that we get into a lot, which is related, is the idea that trans related care is inherently cosmetic. I think that that kind of belies a general misunderstanding and possibly internalized or unconscious bias or bigotry that people get about trans people,

which is that trans people are kind of not serious, they're getting these procedures because they are vain or just want to look different for a suspicious or silly reason. We know, from now decades of research, this is a key part of both physical and mental health for trans individuals, people who transition experience up to 70%, 80% in some cases, increased quality of life, which of course is mental and physical. Even for youth using puberty blockers or hormone replacement therapy, you'll even find that quality of life among trans folks who have started their transition is even higher than their cisgender youth counterparts. So it's not only that it's not cosmetic, these procedures, particularly the surgical ones, are considered what we would say are reconstructive in that if your nose was broken and you got surgery to fix it, that wouldn't be cosmetic, you needed that done. Similarly for trans individuals, say if someone doesn't have breasts and they're supposed to, that would be a reconstructive surgery, genital ones as well, things like that. We try to explain to companies particularly with the help of resources from places like WPATH and TPATH that these procedures are reconstructive and therefore medically necessary, and of course, that's backed up by quite a lot of high-quality data and analysis.

Ellen Kelsay:

Those are great, thank you. We also know that there are some employers who are creatively demonstrating their transgender inclusive strategies or cultures within the organization. Any examples that you care to share along those lines?

Raina Nelson:

There are a small amount of companies that are covering a lot of things and understanding what I think is very key is that transition care, just like any sort of health care, is individualized. There are companies that we work with that understand, say we're covering this long list of procedures, not every single person is going to use every single one of those, but the key is that it's available so when maybe one or two or a small percentage of people do go to use it, they're not facing what we know a lot of our community does face, which is constant rejections from insurers, months and months of waiting for exception letters and documentation, something that puts a lot of stress and strain on an individual when they feel like they're kind of going up against what are often very, very large corporations, these insurers. Companies that I've worked with that have good practices around this have things like benefits advocates that are well versed in transition care and LGBTQ competency. They may be using concierge services such as Included Health or ones like that do the work kind of for them to look for inclusive plans and negotiate with insurers to be more inclusive as well as just knowing that there may be certain hiccups that folks face, such as the lack of an extensive provider network and having things like stipends to cover things like laser hair removal, which the expertise of which can vary from going to a nail salon all the way to a dermatologist with an advanced degree. Companies that we work with that are doing well, kind of have an extensive set of benefits, have folks that are happy to advocate on behalf of their employees, and have additional things in place such as stipends or wellness care allowances or things like that that can be used to pay for care in the event that it's difficult, it's rejected, or there is a narrow provider network.

Ellen Kelsay:

All right, let's shift gears. I want to ask about Gen Z. We've seen data that indicate that a fairly substantial proportion of Gen Z identifies as LGBTQ. I'm curious from your perspective, why is this so important that employers pay attention to that population and especially relative to their programs and benefit offerings, future workforce or dependence on current workforce's plan, so how should employers be thinking particularly about Gen Z?

Raina Nelson:

Yes, that's a great question. What we know is about one in five of Gen Z adults, so that would be people 25 and younger I believe, who identify as LGBTQ. That means that for every five people that are walking in to apply for a job at your store or your firm, that's somebody who is a part of the community. I guess I want to just take a quick kind of pause to address what that percentage really means. Oftentimes folks will see, wow, like these young people, they're identifying as LGBTQ at much higher rates than adults or things like that, and so something must have happened that is making them identify this way or be so different. What we generally

know is that as LGBTQ+ visibility has increased and folks have become generally more tolerant of the community, it makes people feel like they can come out more. What we're seeing reflected is really the level of comfort that folks feel in society to come out, not necessarily an inherent increase in these identities in any particular group. What we know about Gen Z is that they also care a lot about the values and ethics of the places that they shop at, that they work for, and so an employer would really do well to have these extensive benefits in order to simply recruit the best. You're leaving up to 20% of potential employees or even consumers who are Gen Z on the table if you're not kind of making those investments into LGBTQ+ inclusive benefits and policies and practices. It's both the number of Gen Zers that are identifying this way as well as the fact that we know that both Gen Z and millennials, which are about 10% LGBTQ, really care about the values that a company is putting forward publicly as well as internally.

Ellen Kelsay:

Yes, I'm so glad you drew that distinction about the comfort and people just feeling more supported in their ability to come forth as they truly are. We know, and certainly I wanted to ask you about, that gender affirming care is not only life changing, but more importantly, life saving for transgender and non-binary youth. Can you speak to that, speak to the life-saving aspect of the care and services for this population, and why that is so critically important to not just being life changing but life saving for them?

Raina Nelson:

Yes, absolutely. I think that's a really great way to put it as both life changing and life saving. We know that LGBTQ youth, and particularly trans and non-binary youth, have an increased risk of suicidality, suicide attempts, depression, anxiety and trauma that a lot of which stems from transphobic rhetoric and abuse that they're facing often from the people closest to them, their family, their friends, classmates, coworkers. What we know is that when folks are able to transition and able to get the care that they need, which I'll reiterate among youth is primarily social and mental health kind of care, so changing names, changing pronouns, working out their feelings with an experienced therapist or psychologist. These things increase the quality of life significantly and it really has downstream effects on performance at schools and at relationships with other individuals. It's also an equity issue across race.

We know that trans people are disproportionately people of color, also disproportionately poor, unemployed, those sorts of things. A lot of that, again, has to deal with transphobic violence and harassment. When folks have access to this care, which is often affirming in a social and mental health way, it just makes such a huge difference. I believe the numbers of suicidality and depression anxiety among LGBTQ youth, particularly trans and non-binary youth, is somewhere north of 70%. It's really increased and become very acute in our current moment where we have this kind of contradictory thing happening where there's increased visibility for the community, but without kind of systemic change. We've seen that it's kind of led to a backlash, that's culminated in quite a bit of not just social change, but legislative and legal change that is having a disproportionate impact on trans and non-binary youth.

Ellen Kelsay:

I'm speaking with Raina Nelson of the Human Rights Campaign. When we return, we'll be joined by Joy Wilson, who's part of HRC's Parents for Transgender Equality National Council.

League

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Ellen Kelsay:

At this point, I would love to bring in our second guest on the podcast. One of the wonderful things right now that you and your team at HRC does is that you bring together a council of parents of transgender children. We're fortunate to have Joy, who is one of those parents, with us today. Joy, let's bring you into the conversation and I'd love to get your perspective on many of these topics, but first, if you're willing to share your family's story, I think that might be helpful for some context for the audience as well.

Joy Wilson:

Yes, thank you so much for having me. As you said, my name's Joy Wilson. I use she/her pronouns and I am, as you also mentioned, on Parents for Transgender Equality Council with HRC. That began with my daughter basically at 2½ telling us who she was and stating she was a girl. That was a very complicated concept to wrap our heads around as parents thinking that we had a son. It ultimately took six years for us to grasp it. Our daughter was patient and persistent, so kudos to her. She publicly transitioned at the age of eight and I can tell you prior to that there was many behavioral problems and concerns that we had and spent a lot of time trying to get support and not knowing where to go and we had so many different concerns thinking maybe she had ticks and maybe this is Tourettes. She was self-harming. To see a young child, a young child, 4, 5, 6 years old with these behaviors is pretty hard to watch as a parent. We started by seeking mental health support for gender expansive kids. We sort of could center it around gender related and I didn't have much more knowledge than that at the time. We, at the time, had a large, well-known HMO for my family's health insurance and there were no in-network specialists, they didn't provide a referral to an out-of-network specialist that I had requested. So we went to the only option that they provided, and long story short, CPS was called on us. When Child Protective Services is called on you when you are trying to seek support for your child, it's pretty traumatic. Ultimately, there was no report, there was nothing, there was no wrongdoing and that ultimately was not an issue. But as you can imagine, it was really traumatic for our family. Ultimately, they realized their error, and by they I mean this HMO, and they also recognized that they were clearly ill-equipped for this care. What I'm really happy to say that even though we went through a difficult time with that, that three years later that same company had opened up the first of two health clinics specializing in transgender health care here in Oregon. Our mistakes are how we learn and I'm grateful that we were able to pave the way in some ways for things to be easier for other families. I can tell you that as soon as we were getting the care that our child needed, all of the behavioral problems disappeared. This isn't hyperbole. I mean, the next day, the day she socially transitioned, started living as herself, it was night and day.

She went from a very unhappy child with a lot of behavioral issues to just a kid going to school, playing with friends, learning lessons in class. It was a beautiful thing. As Reina mentioned, it's largely just a social transition. This was a matter of changing pronouns, different name, some new clothes. It's pretty simple at the beginning. I think that when you talk about myth busting, that's a large misunderstanding that there's this influx of hormones and medical procedures. With trans youth it can be pretty simple in a social transition. But my work professionally is HR, and so I've been able to experience the benefits, the employee benefits from both the employer side and the employee side. That has largely influenced a lot of my perspective and expanded my perspective and I'm really grateful for that.

Ellen Kelsay:

Thank you so much for sharing your personal story and your family's journey. It brings it home. Some of us in the field talk about it from a theoretical perspective and we know how important it is theoretically and in practice to do these things, but when you are a family living this and are on this journey, how equally heartbreaking but heartwarming to hear your story it can be, but also equally difficult and fulfilling and liberating.

Joy Wilson:

Well, I've had a difficult time navigating insurance. I really want to speak less to our family's specific experience, but what I learned and then applied from my personal experience to my professional work and because the personal story of navigating health insurance and care for our child has been rather difficult. But

on the flip side, being able to apply positive changes and make improvements in my employers and other employers that I've worked with throughout the years, that's the part that I'd like to focus on, because that's the positive aspect. We all know that when employers invest in their employees, you see returns in the form of company loyalty or quality of work, ultimately bottom line, so it pays to invest in employees and that also includes employees' families. When we're looking at benefits for employees and their trans family members, I would say the key takeaway, the key important thing, is to just do preemptive research, because it's not if, it's when you're going to have an employee with questions about transforming care coverage.

I recommend proactively surveying employee resource groups to gather employee needs and seek out LGBTQ consultants to review your policies for inclusive and affirming coverage. There's an example, a very specific example I'd like to give. Several years ago, a large global company known for its progressive and innovative culture had a "baptism by fire" in supporting an employee who transitioned in the workplace. This was a first-time experience for this company. To their credit, they went above and beyond in their commitment to educate themselves and create a supportive environment for this employee. First and foremost, we can take away that they cultivated a workplace in which this employee first felt safe, that they were able to come to HR for support. That's the first thing the company should be striving for. Secondly, the company listened attentively and learned from this employee, which benefited future trans and non-binary employees too, and it ultimately expands the overall employee experience with company-wide education and awareness. So inclusive workplaces attract more diverse talent pool, which translates to more ideas, problem solving, innovation, growth, etc. In addition to public-facing changes such as installing new non-gendered signage for dozens of single-cell bathrooms, this company also wanted to make certain that their health benefits were trans-inclusive. Reina had mentioned baseline care, that there's this kind of large focus on gender confirmation surgery and that's something that people associate with trans affirming care. As I had mentioned before, a lot of it is very social oriented and just for mental health and that focus is just as important, if not more, to many. This company did so many things right, but it's worth noting that this example and in many cases these changes are reactionary, not proactive.

I come in later and I reviewed the company's benefits coverage for trans affirming care from the lens of a parent with a transgender child. Unbeknownst to this company, they're progressive and supposedly inclusive policy actually carved out an omitted coverage for transgender children. This wasn't an intentional omission by the company, it was just simply not part of the limited scope that they were looking into because it gets very sensitive when people think about medical care for youth and that assumption that there is medical intervention with youth. As mentioned, social is the focus, but there are some things like puberty blockers and cross hormones eventually, but so much of it is just about pausing and buying time as a child develops. This plan actually carved out that it had a specific language that the care was available to anyone 18 over. Well, puberty blockers are not valuable or effective when someone is 18. It was just a simple thing, but the company just didn't have awareness of that. This is where I like to just say that there's such an importance to hire LGBTQIA consultants to cover all the bases and proactively dig into policies and look at it from a broad lens, seek out employee feedback before the employees and their families come to you with these needs.

Ellen Kelsay:

Those were great examples and I've got a question that I'd like to pose to each of you. It's really a little bit of a gear shift here, but we're starting to see that there are some legal challenges cropping up within various states at various levels and various components of that that potentially put at risk or jeopardize services of transition care for youth. I imagine within the communities that some of these laws or looming laws are creating some level of fear and anxiety and uncertainty within these families. From your perspective, what are some things that employers can do that would demonstrate their allyship and support to transgender families in the face of some of these emerging laws at the state level? Reina, let's start with you.

Reina Nelson:

I've had a lot of these conversations recently with companies being legitimately concerned about whether or not they will end up breaking some sort of law. For example, in Florida, your listeners may or may not know,

essentially their Department of Health has started the process of putting in place a rule that would ban gender affirming care for youth, period - puberty blockers, cross hormones, but also if you kind of read closely, they also are very skeptical of even mental health care and social transition interventions. When I talk to these companies, they're often very concerned that, oh, we're just not going to be able to cover this anymore, that sort of thing. It's a little bit complicated because some of the purpose of these laws and bills is to create confusion and a chilling effect. So a lot of them are not super specific about what they're targeting, very few mention insurance providers. But you know, as a legal protection, it's likely that some of these providers may stop offering this care preemptively. What we told employers is now is not a time to back out and back down because things are looking a little bit scary. LGBTQ+ people deal with scary times constantly. It's really time for employers to step up, whether it be making their voices heard, HRC and many other LGBTQ+ organizations have been trying to engage the business community on these issues to make their voices heard, to let folks know this is bad for business. But we've also been encouraging employers to speak to their insurers and understand where they're at and try to expand care even in the face of these issues because what we know is that simply kind of giving way to one demand when it comes to extremists or those who are bigoted, very rarely stops them from making additional demands. It often makes them feel emboldened to make more. You see this with Florida, for example, the panic has all been around trans kids, but more and more states are kind of sneaking in, oh, you need to wait till you're 21, you need to wait until you're 25, there needs to be a waiting period. We tell employers now is not the time to back down on this, but to stand up for their employees. Many employers have it in their values - inclusion, diversity, acceptance, tolerance - and your values really matter most when things get hard. When the going gets tough, that's when you kind of show your allyship, and so now is really a time for employers to be speaking up and speaking out even more. Some have but a lot have not, and we could really use their support.

Ellen Kelsay:

Incredibly well said. All right, thank you. Joy, same question to you.

Joy Wilson:

As you mentioned, yes, in the last year there've been more anti-trans bills introduced to state legislatures than like over the last 10 years combined. Companies need to acknowledge, I think first and foremost, just need to acknowledge anti-trans legislation exists and to publicly share support for their transgender employees and families. That is zero cost right there. That's just creating culture and commitment to their employees. That would be my first thing. And pay attention to who your company interacts with, whether that's vendors and clients, etc., and their stance on transgender rights and how that may affect your employees who interface with them. Mostly it's an awareness, and then, of course, building a culture that proactively supports transgender rights in the workplace. You can't necessarily control what's going out and going on statewide. What goes on in the walls of your company, you can, but companies need to be public and take a stance about their support for LGBTQ in this case, our specific conversation about trans employees.

Ellen Kelsay:

All right, great. I'd like to maybe round up here with a couple last questions for each of you. The first one is, if there's one thing that you would like employers to take away from this conversation, what would it be? Joy, I'll start with you on this one.

Joy Wilson:

One thing, that is so hard, I'm going to take it in a very simple anecdotal example because I think it's the human stories that really affect people and touch people's hearts. One of the things that has been the most meaningful for me is just the principles and colleagues paying attention to headlines that may not affect their family, but deeply affect mine. Again, this doesn't have to do with policies and any big costs, but I do think companies should put their money where the mouth is, but just one day my principal suggesting I take a day off after I spend a tough day dealing with anti-trans state legislators or our facilities director one time sent me a celebratory text when he read a headline about our Senator endorsing the Equality Act. One of the most touching moments, which is such a simple thing, was a condolence text that an employee sent me when Amy

Stevens died, she's the Michigan woman at the center of the transgender civil rights case with the Supreme Court. Just that my coworkers and people in my company acknowledged things that were important to my family. Could they change anything or do anything in that moment? No, but just being seen, and I've heard that message from so many LGBTQ folks because, of course, I'm speaking from a lens as a white, cisgender straight woman. I am not speaking for the trans community at all, but I have heard echoed again and again, a theme of being seen and when we see trans people, we pay attention to laws and workplaces and all the things that affect trans people in their day-to-day living. That is my very long winded one thing.

Ellen Kelsay:

Great. Really unbelievably compelling and important and meaningful clearly just to hear you speak about it, how much that meant to you. Thank you for sharing that. Reina, your turn. What's the one thing you'd like employers to take away from the conversation today?

Reina Nelson:

Yes, absolutely. I really, really appreciate your story, Joy, and just hearing your background as well. I think for me, with all the conversations I've had with companies is that trans and non-binary people are people. We are just normal human beings. We go to work, we pay our taxes, we feed our cats, you know, all these sorts of things, and just like everybody else, we need care and that care is just as medically necessary as getting a hip replacement or getting heart attack medication. It's literally just as important. It's not a separate type of care all the way over there. It's not something that we can kind of waffle on or make a debate about. These are people's lives, my life, the life of Joy's child, of people's children and regular people all over the country and around the world. It's not a debate, it's not an abstract intellectual conversation. Like we mentioned before, it's very much life or death and it's very, very simple, especially for larger companies to put these benefits in place. It is incredibly difficult as an individual trans person, even with somebody who had pretty decent health care, it is very difficult to deal with the brunt of an insurer as an individual - constant denials, paying for things out-of-pocket, dealing with folks who are frankly not competent to speak to you about your care, kind of lording that over you. So employers at this point, we've done this for a long time. Transcare is necessary, you should cover it, we have Section 1557. A lot of baseline care covers it, so do the work to get it covered. That's definitely what I would leave companies with.

Ellen Kelsay:

All right, great. One last question for each of you. As you look to the future, what gives you hope?

Joy Wilson:

I get so much hope from the younger generation. The younger generation employees, this whole great resignation that everyone's talking about, this wave of employees quitting, but I really see it as this new wave of candidate and employee behavior that we can pay attention to and learn from. I've heard it said before as the great realization, and I like that better. No longer are employees willing to work for companies that don't do the authentic work or walk the walk with their values. This goes beyond policies on paper and statement posters on the wall and in the break room. Employees today want company actions that they can see and feel and that wanting is turning into expecting and that is forcing employers to really take a hard look at what they need to keep employees around. I am given so much hope by the younger generation of employees and the "great realization."

Ellen Kelsay:

Great. Reina last word to you on this one. What gives you hope?

Reina Nelson:

Yes, I mean, I think I might have to steal Joy's answer, young people getting into the workforce gives me a lot of hope. I have a sibling who's 10 years younger than me, so she's 17, and she demands so much more than I did at her age. She has learned to know herself so much more than I did at my age. Between that and seeing so many workers take back their power in things like union drives and the great realization, as Joy said, that just

makes me very, very hopeful that people aren't standing idly by and won't stand idly by as many of the most powerful people in our country kind of attack our community. That gives me a lot of hope, especially on difficult days.

Ellen Kelsay:

Well, Joy and Reina, gosh what a compelling and important conversation. The work you're both doing is vital. It's critically important. We greatly appreciate you sharing your stories with us today. Thank you so much.

Joy Wilson:

Thank you.

Reina Nelson:

Thank you for having us. Thank you so much.

Ellen Kelsay:

I've been speaking with Reina Nelson of the Human Rights Campaign, and Joy Wilson, a member of HRC's Parents for Transgender Equality National Council, about the importance of LGBTQ+ inclusive workplaces. For more information on the Corporate Equality Index, visit <https://www.hrc.org/>

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