LGBT LEGAL ADVOCATES
GLAD
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GAY & LESBIAN ADVOCATES & DEFENDERS

30 Winter St.
Suite 800
Boston, MA 02108
P: 617.426.1350
F 617.426.3594
www.glad.org

Testimony Opposing
Proposed H.B. 5193: An Act Concerning Health Insurance Coverage for Gender Reassignment Surgery
To the Insurance and Real Estate Committee
Submitted by: Jennifer Levi, GLAD Director of the Transgender Rights Project

February 24, 2015

Co-Chairs Senator Crisco and Representative Megna, and distinguished members of the Insurance and Real Estate Committee:

My name is Jennifer Levi and I am the Director of the Transgender Rights Project at New England's Gay & Lesbian Advocates & Defenders (GLAD). I submit this testimony in opposition to the proposed H.B. 5193, An Act Concerning Health Insurance Coverage for Gender Reassignment Surgery.

Gender Transition-Related Surgery & Insurance Coverage

In December 2013, citing Connecticut's non-discrimination, unfair insurance trade practice and individual and group mental health parity statutes, Insurance Commissioner Thomas B. Leonardi issued a bulletin advising that discrimination against an individual because of the individual's gender identity or expression is prohibited, and directing all health insurers operating in the state to pay for treatment related to a patient's gender transition.

Proposed legislation seeks to unfairly undo these recently announced protections. Oppose a change to Connecticut law that would unfairly deny transgender people insurance coverage for essential medical care relating to gender transition.

What is gender transition?

Gender transition-related care is recognized to be medically necessary care for the treatment of gender dysphoria (GD), a real and serious medical condition marked by a profound and debilitating misalignment of a person's gender identity (one's internalized sense of who that person is as male or female - sometimes referred to as "brain sex") and his or her assigned birth sex[1]. Without treatment, GD predictably leads to clinical depression, loss of self-esteem, serious self-harm including genital self-mutilation and suicide.[2] The established treatment for GD focuses on aligning the person's body with the brain, a process known as gender transition.

Is surgery for gender transition medically necessary?

The medical professional organizations focused on treatment of GD have identified an established course of care that includes, in appropriate cases, hormone therapy and surgeries relating to sex-reassignment.[3] Every court to consider the question has recognized GD and its predecessor diagnosis of gender identity disorder (GID) to be real and serious and affirmed this to be the standard of care.[4]

What do established medical groups say about the need for surgery?

All major expert medical associations[5] have issued public statements affirming the medical need and efficacy of gender transition as treatment for GD, and asserting that the determination of the proper course of treatment for an individual patient properly rests with medical providers, not insurance companies.[6]

Based on medical research demonstrating the necessity and effectiveness of hormone therapy and surgeries for the purpose of sex-reassignment for many individuals diagnosed with GD/GID, the American Medical Association (AMA) has taken a strong stand supporting public and private health insurance coverage for medically necessary treatments and "oppos[ing] categorical exclusions of coverage for treatment of GID when prescribed by a physician." [7]

Isn't such medical care too costly to be included in insurance?

No, in fact where discriminatory exclusions have been removed, the opposite has been proven true[8]. Delaying treatment of GD can often lead to related and expensive health problems, such as depression, stress-related illnesses and substance abuse that further endanger patients' health and strain the health care system. Allowing doctors and patients to pursue the most effective treatment for GD constitutes good public health policy.

Thank you very much for your time and consideration.

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[1] *See* American Psychiatric Association, *Diagnostic and statistical manual of mental disorders*, 5th ed., (American Psychiatric Publishing, 2013); American Medical Association House of Delegates (hereinafter "AMA"), "Removing Financial Barriers to Care for Transgender Patients" (2008), available at http://www.tgender.net/taw/ama_resolutions.pdf; and The World Health Organization's International Statistical Classification of Diseases and Related Health Problems, version 10 (ICD-10) *available at* http://apps.who.int/classifications/icd10/browse/2010/en#/F64.

[2] AMA, *supra* at 1.

[3] World Professional Association for Transgender Health, "Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People," 7th ed., 2011, *accessed at* http://www.wpath.org/documents/Standards%20of%20Care%20V7%20-%202011%20WPATH.pdf.

[4] *See, e.g., Farmer v. Brennan*, 511 U.S. 825 (1994); *Brown v. Zavaras*, 63 F.3d 967 (10th Cir. 1995); *Maggert v. Hanks*, 131 F.3d 670 (7th Cir. 1997); *Cuoco v. Moritsugu*, 222 F.3d 99 (2nd Cir. 2000); *O'Donnabhain v. Commissioner of Internal Revenue Service*, 134 T.C. 34 (U.S. Tax Ct. 2010); *Battista v. Clarke*, 645 F. 3d 449 (1st Cir. 2011); *Fields v. Smith*, 653 F.3d 550 (7th Cir. 2011); *Soneeya v. Spenser*, 851 F. Supp. 2d 228 (D. Mass. 2012); *Kosilek v. Spencer*, No. 00-12455, 2012 U.S. Dist. LEXIS 124758 (D. Mass. Sept. 4, 2012).

[5] These include: the American Medical Association; the American Psychological Association; the American Psychiatric Association; the American Academy of Family Physicians; the American Congress of Obstetricians and Gynecologists; the Endocrine Society; the National Association of Social Workers; and the World Professional Association for Transgender Health.

[6] American Medical Association House of Delegates, "Removing Financial Barriers to Care for Transgender Patients," Resolution 122, A-08 (2008); Anton, B. S. "Proceedings of the American Psychological Association for

the legislative year 2008: Minutes of the annual meeting of the Council of Representatives," *American Psychologist*, 64, 372–453 (2009); Drescher, J., M.D., Ellen Haller, M.D., and APA Caucus of Lesbian, Gay and Bisexual Psychiatrists, American Psychiatric Association, "APA Official Actions: Position Statement on Access to Care for Transgender and Gender Variant Individuals," (2012); American Academy of Family Physicians, "Summary of Actions: 2007 National Conference of Special Constituencies," Resolution 64, 22. (2007); American College of Obstetricians and Gynecologists, "Committee Opinion No. 512: Health care for transgender individuals," Obstet Gynecol; 118: 1454-8 (2011); Hembree WC, Cohen-Kettenis P, Delemarre-van de Waal HA,Gooren LJ, Meyer WJ 3rd, Spack NP, et al. "Endocrine treatment of transsexual persons: an Endocrine Society clinical practice guideline." J Clin Endocrinol Metab;94:3132–54 (2009); Committee on Lesbian, Gay, Bisexual, and Transgender Issues, National Association of Social Workers, "Position Statement: Transgender and Gender Identity Issues, Second Round Policy Panel Revision," (2008); and World Professional Association for Transgender Health, "WPATH Clarification on the Medical Necessity of Treatment, Sex Reassignment, and Insurance Coverage in the U.S.A," (2007).

[7] AMA *supra* at 1.

[8] In 2001, the City of San Francisco became the first U.S. municipality to remove transgender access exclusions in its employee health plans. Due to fears of increased costs, especially given San Francisco's disproportionately large transgender population, the city added a $1.70 monthly subscriber charge, and imposed a one year enrollment requirement and a $50,000 surgical cap. Because those fears never materialized and actual costs were minimal, the city dropped those measures and now treats GD-related medical treatment the same as "other medical procedures such as gall bladder removal or heart surgery." See "San Francisco City and County Transgender Health Benefit," Human Rights Commission, City and County of San Francisco, www.redace.com/thb2006/SanFranciscoTGBenefitUpdateMar3106.pdf.