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. Without treatment, GD predictably leads to clinical depression, loss of self-esteem, serious self-harm including genital self-mutilation and suicide. 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. 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.
What do established medical groups say about the need for surgery?

All major expert medical associations 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.

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 “opposing categorical exclusions of coverage for treatment of GID when prescribed by a physician.”

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. 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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2 AMA, supra at 1.


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.


*AMA supra at 1.*

*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/ihb2006/SanFranciscoTGBenefitUpdateMar3106.pdf.*