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To: Insurance and Real Estate Committee

Re: In opposition to H.B. No. 5193, An Act Concerning Health Insurance Coverage for Gender Reassignment Surgery

Toby C. Chai, MD
John W. Colberg, MD
Richard J. Dean, MD
Ralph J. DeVito, MD
Harris E. Foster, Jr., MD
Mary Grey Maher, MD
David G. Hesse, MD
Adam B. Hittelman, MD, PHD
Stanton C. Honig, MD
Patrick A. Kenney, MD
Simon P. Kim, MD, MPH
Thomas V. Martin, MD
Leslie M. Rickey, MD, MPH
James S. Rosoff, MD
Peter G. Schulam, MD, PHD
Brian M. Shuch, MD
Dinesh Singh, MD
Preston C. Sprenkle, MD
Ralph F. Stroup, MD
Charles N. Walker, MD
Robert M. Weiss, MD

Dear Committee Members,

I am writing you to express my strong opposition to HB No.5193, a bill that would enable insurance policies within Connecticut to deny transgender patients coverage for gender reassignment surgery. **As a board-certified urologist with over 22 years of patient care experience and a practitioner who performs gender reassignment surgery, it is my firm belief that gender reassignment surgery constitutes a medically vital part of comprehensive, quality healthcare for transgender patients.**

Many transgender patients experience gender dysphoria, which can be broadly understood as stress create by the incongruence of a patient's deeply felt and expressed gender identity and the sex anatomy with which that individual was born. As defined in the fifth edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, gender dysphoria creates "clinically significant distress and impairment in social, occupational, or other important areas of functioning." Gender reassignment surgery remains a critical aspect of treating gender dysphoria. **In my professional experience, gender reassignment surgery is an essential component of an effective therapeutic approach to gender dysphoria.**

Clear, rigorous standards of care, published by the World Professional Association for Transgender Health (WPATH), exist to guide the

Donna Savino, MSN, APRN



surgical management of gender dysphoria. These standards of care include several components –such as requirements that patients openly live as a member of their internally felt and externally expressed gender prior to surgery-that ensure that gender reassignment surgery is the most appropriate therapeutic modality for surgical candidates. Surgically, the techniques used in gender reassignment surgery are largely identical to those used to treat a range of urological diseases, with very low morbidity. Gender reassignment surgery is thus a safe, well described treatment for gender dysphoria.

As noted by WPATH, medically necessary care may be defined as “health care services that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are: (a) in accordance with generally accepted standards of medical practice; (b) clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient’s illness, injury, or disease; and (c) not primarily for the convenience of the patient, physician, or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient’s illness, injury or disease.¹” **By these criteria, gender reassignment surgery is clearly medically necessary to provide quality healthcare to transgender patients with gender dysphoria.**

Many, if not most, of my transgender patients could not and cannot afford the cost of gender reassignment surgery out of pocket. Indeed, even within my practice, I have clearly seen the positive and powerful impact of health insurance coverage for gender reassignment surgery on my patients. Some of my patients waited over 10 years to receive appropriate surgical care for their gender dysphoria, and were only able to access this care once it was covered by their health insurance plan. **I am proud that the state in which I practice has been among the first to ensure that this care is available to all by requiring its inclusion in health insurance policies.**

¹ WPATH Clarification on Medical Necessity of Treatment, Sex Reassignment, and Insurance Coverage in the U.S.A.

http://www.wpath.org/uploaded_files/140/files/Med%20Nec%20on%202008%20Letterhead.pdf

Gender reassignment surgery is a life-changing, life-saving medical intervention. HB No.5193 would dramatically restrict access to this therapeutic modality, by enabling the exclusion of this treatment from insurance coverage. **I sincerely and strongly urge the Members of this Committee to reject HB No.5193, thereby preserving the accessibility of this vital care.**

Respectfully yours,

A handwritten signature in black ink, appearing to read 'S. Honig', written in a cursive style.

Stanton C. Honig, MD

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