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Removing Barriers to Care for Transgender Patients

AMA Resolution Supporting Health Insurance Coverage for Treatment of GID

On June 16, 2008, the American Medical Association (AMA) passed a resolution at their annual meeting of the House of Delegates, supporting public and private health insurance coverage for treatment of gender identity disorder as recommended by the patient's physician.

What does this resolution do?

By passing this resolution, the AMA shows its support for public and private health insurance coverage for treatment of Gender Identity Disorder ("GID") and affirms the legitimacy of the GID diagnosis and the appropriateness of its care and treatment.

What is Gender Identity Disorder ("GID")?

A person's gender identity refers to one's self-identification as a man or a woman, as opposed to one's anatomical sex at birth. Usually, people born with the physical characteristics of males identify as men, and those with physical characteristics of females identify as women. However, one's gender identity does not always align with one's anatomical sex. This discordance can sometimes lead to gender dysphoria—i.e. a feeling of stress and discomfort with one's anatomical sex. Such gender dysphoria, if clinically significant and persistent, is diagnosed as Gender Identity Disorder ("GID").

GID is recognized as a serious medical condition in both the International Classification of Diseases-10 (ICD-10) and the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), published by the American Psychiatric Association.[i] It is characterized by a persistent and often intense discomfort with one's assigned sex and with one's primary and secondary sex characteristics. This conflict can create intense emotional pain and suffering that is intractable, severe, and often incapacitating.[ii] If left medically untreated, this condition can result in dysfunction, debilitating depression and, for some people, suicidality and death.

What is the appropriate and accepted treatment for GID?

There is no one course of medical treatment that works for every patient with GID. Instead, the World Professional Association For Transgender Health, Inc. ("WPATH") (formerly known as "The Harry Benjamin International Gender Dysphoria Association, Inc."),[iii] has established internationally accepted Standards of Care ("SOC") for the treatment of people with GID.[iv] The

current SOC recommend an individualized approach, consisting of a medically appropriate combination of mental health care, hormone therapy, and/or sex reassignment surgery.

For many, hormone therapy may be sufficient to treat GID. Others will require a different therapeutic regime, including surgery. The correct course of treatment for any given individual, though, is best decided between the treating physician and the patient, in order for the patient to achieve genuine and lasting comfort with his or her gender. Therefore, such a therapeutic regimen, when prescribed or recommended by qualified practitioners, is always medically necessary.

Have WPATH's Standards of Care ("SOC") been proven to work?

An established body of medical research studies demonstrates the effectiveness and medical necessity of mental health care, hormone therapy and sex reassignment surgery as forms of therapeutic treatment for many people diagnosed with GID.[v] However, without the removal of discriminatory exclusions of GID-related medical care in insurance plans, doctors will be unable to effectively treat their patients. Prohibiting such categorical exclusions of coverage instead places the medical decision-making process back where it should be—between the doctor and patient.

Why shouldn't insurance companies be able to decide for themselves which treatments they choose to cover? How does that constitute discrimination?

Almost all insurance plans categorically exclude coverage for GID-related medical treatment, either through specific exclusions or by deeming GID-related treatments to be cosmetic. Yet, non-transgender patients are often able to secure insurance coverage for these same treatments, including psychotherapy, hormone therapy, breast augmentation and removal, hysterectomy, oophorectomy, orchiectomy, and salpingectomy, for different diagnoses. This fact reveals the discriminatory nature of the exclusions.

Even worse, these exclusions are also often used by insurance companies to deny coverage for general health care for transgender patients, even when the care is not related to gender transition. Because transgender patients often have secondary sex characteristics of both sexes (e.g. a transgender man who has not had a hysterectomy), these exclusions can prevent many transgender patients from receiving coverage for medical care related to their birth sex. For example, one transgender man who identified as male with his insurance company and later developed uterine cancer was denied payment for his cancer treatment, because his insurance plan did not "treat uteruses in men."[vi]

Such exclusionary clauses targeting transgender patients are not simply wrong, but they also invite other forms of discrimination.

Why is an insurance mandate necessary in this instance? Won't it drive up the cost of health insurance?

This resolution does not mandate any additional coverage. It simply supports the removal of health insurance discrimination against transgender people and allows them to receive medically necessary treatment under their insurance plans, just like anyone else. As described already, these different medical treatments are already available to non-transgender patients for different diagnoses other than GID.

Second, costs will not increase significantly by removing exclusions. One unpublished research study measured the frequency and cost of GID-related medical treatment from 2001 through 2006. It found that the estimated added cost to an employer to cover GID-related medical treatment was $0.11/insured/ year or less.[vii]

At least one example supports the conclusion that removing exclusions does not significantly increase insurance costs. 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 cost, especially given the disproportionately large transgender population in San Francisco, the city charged employees, retirees, and their enrolled dependents $1.70 per month to meet projected costs, as well as imposed a one-year enrollment requirement and a $50,000 surgical cap. However, after discovering that those fears never materialized and that actual costs were minimal, the city dropped the one year waiting period requirement, increased the surgical cap to $75,000, and eliminated any additional premium cost for coverage. In other words, the city now treats GID-related medical treatment the same "as it does other medical procedures such as gall bladder removal or heart surgery."[viii]

Finally, delaying treatment of GID can often lead to related and expensive health problems, such as depression, stress-related illnesses and substance abuse problems. These health risks due to untreated GID further endanger patients' health and strain the health care system. As such, allowing doctors and patients to pursue the most effective treatment for GID constitutes good public health policy.

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[i] See *Diagnostic and Statistical Manual of Mental Disorders*, America Psychiatric Association, (4th ed. 2000).

[ii] Principles of Transgender Medicine and Surgery, Ettner, Monstrey, & Eyler, Eds (2007).

[iii] WPATH ("World Professional Association for Transgender Health, Inc.") is the leading, international, professional organization devoted to the understanding and treatment of gender identity disorders and is actively involved in supporting, educating, and advocating on behalf of individuals diagnosed with gender identity disorder. The organization's membership includes licensed professionals in the disciplines of medicine, internal medicine, endocrinology, plastic and reconstructive surgery, urology, gynecology, psychiatry, nursing, psychology, neuropsychology, and other disciplines. See generally http://www.wpath.org/About.htm.

[iv] See http://www.wpath.org/soc.htm.

[v] Brown G R: A review of clinical approaches to gender dysphoria. J Clin Psychiatry. 51(2):57-64, 1990. Newfield E, Hart S, Dibble S, Kohler L. Female-to-male transgender quality of life. Qual Life Res. 15(9):1447-57, 2006. Best L, and Stein K. (1998) "Surgical gender reassignment for male to female transsexual people." Wessex Institute DEC report 88; Blanchard R, et al. "Gender dysphoria, gender reorientation, and the clinical management of transsexualism."J Consulting and Clinical Psychology. 53(3):295-304. 1985; Cole C, et al. "Treatment of gender dysphoria (transsexualism)." Texas Medicine. 90(5):68-72. 1994; Gordon E. "Transsexual healing: Medicaid funding of sex reassignment surgery." Archives of Sexual Behavior. 20(1):61-74. 1991; Hunt D, and Hampton J. "Follow-up of 17 biologic male transsexuals after sex-reassignment surgery." Am J Psychiatry. 137(4):432-428. 1980; Kockett G, and Fahrner E. "Transsexuals who have not undergone surgery: A follow-up study." Arch of Sexual Behav. 16(6):511-522. 1987; Pfafflin F and Junge A. "Sex Reassignment. Thirty Years of International Follow-Up Studies after Sex Reassignment Surgery: A Comprehensive Review, 1961-1991." IJT Electronic Books, available at http://www.symposion.com/ijt/pfaefflin/1000.htm; Selvaggi G, et al. "Gender Identity Disorder: General Overview and Surgical Treatment for Vaginoplasty in Male-to-Female Transsexuals." Plast Reconstr Surg. 2005 Nov;116(6):135e-145e; Smith Y, et al. "Sex reassignment: outcomes and predictors of treatment for adolescent and adult transsexuals." Psychol Med. 2005 Jan; 35(1):89-99; Tangpricha V, et al. "Endocrinologic treatment of gender identity disorders. " Endocr Pract. 9(1):12-21. 2003; Tsoi W. "Follow-up study of transsexuals after sex reassignment surgery." Singapore Med J. 34:515-517. 1993; van Kesteren P, et al. "Mortality and morbidity in transsexual subjects treated with cross-sex hormones." Clin Endocrinol (Oxf). 1997 Sep;47(3):337-42; World Professionals Association for Transgender Health Standards of Care for the Treatment of Gender Identity Disorders v.6 (2001). Principles of Trangsnder Medicine and Surgery, Ettner, Monstrey, & Eyler, Eds (2007).

[vi] "Recommendations for Transgender Health Care," Transgender Law Center, http://www.transgenderlaw.org/resources/tlchealth.htm.

[vii] "The Cost of Transgender Health Benefits," Mary Ann Horton, Ph.D., http://www.tgender.net/taw/thbcost.html.

[viii] "San Francisco City and County Transgender Helath Benefit," Human Rights Commission, City and County of San Francisco, http://www.redace.com/thb2006/SanFranciscoTGBenefitUpdateMar3106.pdf.