

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 122
(A-08)

Introduced by: Resident and Fellow Section
Massachusetts Delegation
California Delegation
New York Delegation

Subject: Removing Financial Barriers to Care for Transgender Patients

Referred to: Reference Committee A
(Linda B. Ford, MD, Chair)

1 Whereas, Our American Medical Association opposes discrimination on the basis of gender identityⁱ;
2 and
3

4 Whereas, Gender Identity Disorder (GID) is a serious medical condition recognized as such in both
5 the Diagnostic and Statistical Manual of Mental Disorders (4th Ed., Text Revision) (DSM-IV-TR) and
6 the International Classification of Diseases (10th Revision)ⁱⁱ, and is characterized in the DSM-IV-TR
7 as a persistent discomfort with one's assigned sex and with one's primary and secondary sex
8 characteristics, which causes intense emotional pain and sufferingⁱⁱⁱ; and
9

10 Whereas, GID, if left untreated, can result in clinically significant psychological distress, dysfunction,
11 debilitating depression and, for some people without access to appropriate medical care and
12 treatment, suicidality and death^{iv}; and
13

14 Whereas, The World Professional Association For Transgender Health, Inc. ("WPATH") is the
15 leading international, interdisciplinary professional organization devoted to the understanding and
16 treatment of gender identity disorders^v, and has established internationally accepted Standards of
17 Care^{vi} for providing medical treatment for people with GID, including mental health care, hormone
18 therapy and sex reassignment surgery, which are designed to promote the health and welfare of
19 persons with GID and are recognized within the medical community to be the standard of care for
20 treating people with GID; and
21

22 Whereas, An established body of medical research demonstrates the effectiveness and medical
23 necessity of mental health care, hormone therapy and sex reassignment surgery as forms of
24 therapeutic treatment for many people diagnosed with GID^{vii}; and
25

26 Whereas, Health experts in GID, including WPATH, have rejected the myth that such treatments are
27 "cosmetic" or "experimental" and have recognized that these treatments can provide safe and
28 effective treatment for a serious health condition^{viii}; and
29

30 Whereas, Physicians treating persons with GID must be able to provide the correct treatment
31 necessary for a patient in order to achieve genuine and lasting comfort with his or her gender, based
32 on the person's individual needs and medical history^{ix}; and
33

34 Whereas, Our AMA opposes limitations placed on patient care by third-party payers when such care
35 is based upon sound scientific evidence and sound medical opinion^{x,x}; and
36

37 Whereas, Many health insurance plans categorically exclude coverage of mental health, medical,
38 and surgical treatments for GID, even though many of these same treatments, such as
39 psychotherapy, hormone therapy, breast augmentation and removal, hysterectomy, oophorectomy,
40 orchiectomy, and salpingectomy, are often covered for other medical conditions; and
41

1 Whereas, The denial of these otherwise covered benefits for patients suffering from GID represents
2 discrimination based solely on a patient's gender identity; and
3

4 Whereas, Delaying treatment for GID can cause and/or aggravate additional serious and expensive
5 health problems, such as stress-related physical illnesses, depression, and substance abuse
6 problems, which further endanger patients' health and strain the health care system; therefore be it
7

8 RESOLVED, That our American Medical Association support public and private health insurance
9 coverage for treatment of gender identity disorder (New HOD Policy); and be it further
10

11 RESOLVED, That our AMA oppose categorical exclusions of coverage for treatment of gender
12 identity disorder when prescribed by a physician. (Directive to Take Action)

Fiscal Note: Staff cost estimated at less than \$500 to implement.

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RELEVANT AMA POLICY

H-65.983 Nondiscrimination Policy

H-65.992 Continued Support of Human Rights and Freedom

H-180.980 Sexual Orientation and/or Gender Identity as Health Insurance Criteria

H-120.988 Patient Access to Treatments Prescribed by Their Physicians

ⁱ AMA Policy H-65.983, H-65.992, and H-180.980

ⁱⁱ Diagnostic and Statistical Manual of Mental Disorders (4th ed.. Text revision) (2000) ("DSM-IV-TR"), 576-82, American Psychiatric Association; International Classification of Diseases (10th Revision) ("ICD-10"), F64, World Health Organization. The ICD further defines transsexualism as "[a] desire to live and be accepted as a member of the opposite sex, usually accompanied by a sense of discomfort with, or inappropriateness of, one's anatomic sex, and a wish to have surgery and hormonal treatment to make one's body as congruent as possible with one's preferred sex." ICD-10, F64.0.

ⁱⁱⁱ DSM-IV-TR, 575-79

^{iv} Id. at 578-79.

^v World Professional Association for Transgender Health: <http://www.wpath.org>. Formerly known as The Harry Benjamin International Gender Dysphoria Association.

^{vi} The Harry Benjamin International Gender Dysphoria Association's Standards of Care for Gender Identity Disorders, Sixth Version (February, 2001). Available at <http://wpath.org/Documents2/socv6.pdf>.

^{vii} 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.symposium.com/ijtpfaefflin/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).

^{viii} The Harry Benjamin International Gender Dysphoria Association's Standards of Care for Gender Identity Disorders, at 18.

^{ix} Id.

^x AMA Policy H-120.988