Whereas, The American Medical Association opposes discrimination on the basis of
gender identity \(^1\) and

Whereas, Gender Identity Disorder (GID) is a serious medical condition recognized as
such in both the Diagnostic and Statistical Manual of Mental Disorders (4\(^{\text{th}}\) Ed., Text
Revision) (DSM-IV-TR) and the International Classification of Diseases (10\(^{\text{th}}\) Revision),\(^2\)
and is characterized in the DSM-IV-TR as a persistent discomfort with one’s assigned
sex and with one’s primary and secondary sex characteristics, which causes intense
emotional pain and suffering;\(^3\) and

Whereas, GID, if left untreated, can result in clinically significant psychological distress,
dysfunction, debilitating depression and, for some people without access to appropriate
medical care and treatment, suicidality and death;\(^4\) and

Whereas, The World Professional Association For Transgender Health, Inc. (“WPATH”)
is the leading international, interdisciplinary professional organization devoted to the
understanding and treatment of gender identity disorders,\(^5\) and has established
internationally accepted Standards of Care\(^6\) for providing medical treatment for people
with GID, including mental health care, hormone therapy and sex reassignment surgery,
which are designed to promote the health and welfare of persons with GID and are
recognized within the medical community to be the standard of care for treating people
with GID; and

Whereas, An established body of medical research 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;\(^7\) and

Whereas, Health experts in GID, including WPATH, have rejected the myth that such
treatments are “cosmetic” or “experimental” and have recognized that these treatments
can provide safe and effective treatment for a serious health condition;\(^7\) and

Whereas, Physicians treating persons with GID must be able to provide the correct
treatment necessary for a patient in order to achieve genuine and lasting comfort with
his or her gender, based on the person’s individual needs and medical history;\(^8\) and

Whereas, The AMA opposes limitations placed on patient care by third-party payers
when such care is based upon sound scientific evidence and sound medical opinion;\(^9,10\)
and
Whereas, Many health insurance plans categorically exclude coverage of mental health, medical, and surgical treatments for GID, even though many of these same treatments, such as psychotherapy, hormone therapy, breast augmentation and removal, hysterectomy, oophorectomy, orchiectomy, and salpingectomy, are often covered for other medical conditions; and

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

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

RESOLVED, That the AMA support public and private health insurance coverage for treatment of gender identity disorder (Directive to Take Action); and be it further

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

Fiscal Note: No significant fiscal impact.

References

1. AMA Policy H-65.983, H-65.992, and H-180.980
2. 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.
3. DSM-IV-TR, 575-79
4. Id. at 578-79.
dysphoria (transsexualism).” Texas Medicine. 90(5):68-72. 1994; Gordon E.
"Transsexual healing: Medicaid funding of sex reassignment surgery.” Archives of
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
Selvaggi G, et al. "Gender Identity Disorder: General Overview and Surgical
Treatment for Vaginoplasty in Male-to-Female Transsexuals." Plast Reconstr Surg.
predictors of treatment for adolescent and adult transsexuals.” Psychol Med. 2005
disorders.” Endocr Pract. 9(1):12-21. 2003; Tsoi W. “Follow-up study of
vKesteren 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).
8. The Harry Benjamin International Gender Dysphoria Association’s Standards of
Care for Gender Identity Disorders, at 18.
9. Id.
10. AMA Policy H-120.988

Relevant AMA policy

H-65.983 Nondiscrimination Policy
The AMA opposes the use of the practice of medicine to suppress political dissent
wherever it may occur. (Res. 127, A-83; Reaffirmed: CLRPD Rep. 1, I-93; Reaffirmed:
CEJA Rep. 2, A-05)

H-65.992 Continued Support of Human Rights and Freedom
Our AMA continues (1) to support the dignity of the individual, human rights and the
sanctity of human life, and (2) to oppose any discrimination based on an individual's sex,
sexual orientation, race, religion, disability, ethnic origin, national origin or age and any
other such reprehensible policies. (Sub. Res. 107, A-85; Modified by CLRPD Rep. 2, I-
95; Reaffirmation A-00; Reaffirmation A-05)

H-180.980 Sexual Orientation as Health Insurance Criteria
The AMA opposes the denial of health insurance on the basis of sexual orientation.
(Res. 178, A-88; Reaffirmed: Sub. Res. 101, l-97)

H-120.988 Patient Access to Treatments Prescribed by their Physicians
The AMA confirms its strong support for the autonomous clinical decision-making
authority of a physician and that a physician may lawfully use an FDA approved drug
product or medical device for an unlabeled indication when such use is based upon
sound scientific evidence and sound medical opinion; and affirms the position that, when
the prescription of a drug or use of a device represents safe and effective therapy, third
party payers, including Medicare, should consider the intervention as reasonable and
necessary medical care, irrespective of labeling, should fulfill their obligation to their
beneficiaries by covering such therapy, and be required to cover appropriate "off-label"
uses of drugs on their formulary. (Res. 30, A-88; Reaffirmed: BOT Rep. 53, A-94;
Reaffirmed and Modified by CSA Rep. 3, A-97; Reaffirmed and Modified by Res. 528, A-
99; Reaffirmed: CMS Rep. 8, A-02; Reaffirmed: CMS Rep. 6, A-03; Modified: Res. 517,
A-04)