

OFFERED BY COUNCILORS MICHELLE WU AND AYANNA PRESSLEY



CITY OF BOSTON IN CITY COUNCIL

AN ORDINANCE REGARDING GENDER IDENTITY NONDISCRIMINATION IN HEALTH CARE COVERAGE FOR CITY OF BOSTON EMPLOYEES

WHEREAS, Many transgender people have been diagnosed with a medical condition known as Gender Dysphoria (GD), a well-recognized medical condition. In 2008, the American Medical Association (AMA) adopted a resolution that recognizes Gender Dysphoria as a “serious medical condition” which can result in severe psychological impacts if untreated – including increased risk of suicide and death; and,

WHEREAS, The AMA further recognized that an established body of medical research demonstrates the effectiveness and medical necessity of gender affirmation surgery as a treatment for many people diagnosed with GD, and that “health experts in GD, including the World Professional Association for Transgender Health (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;” and,

WHEREAS, There is consensus among leading medical associations regarding the medical necessity of treating GD appropriately, including gender affirmation surgery where medically indicated. These organizations 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, and the National Association of Social Workers; and,

WHEREAS, For many people diagnosed with GD, pursuing transition-related care is the only safe and effective medical treatment option. This may include mental health services, hormones, surgery, and other services. Therefore, it should not be excluded from coverage when it is medically necessary; and,

WHEREAS, The City of Seattle, the City of San Francisco, and the government of the District of Columbia all provide coverage for transition-related care for their employees, and Portland, Oregon experienced a mere 0.08% increase in costs after removing

exclusions on coverage of transition-related care for city employees. In San Francisco, where coverage began in 2001, in the first five years, the City averaged only 7.4 claims for gender affirmation surgery per year -- and dropped a premium surcharge that it had wrongly thought would be necessary to cover the services; and,

WHEREAS, Covering transition-related surgeries improves the health of transgender people, which may save money in the long run. Studies have found that offering this coverage improves outcomes for some of the most significant health problems facing the transgender population, including reduced suicide risk, lower rates of substance abuse, improved mental health outcomes, and increased adherence to HIV treatment regimens; and,

WHEREAS, Refusing to cover transition-related care also costs lives. As the AMA recognized, failing to provide appropriate treatments for GD leads to a higher risk of suicide or death. Offering coverage for transition-related care improves the ability of many transgender people to live healthy and authentic lives; and,

WHEREAS, The second largest employer in the country, the state of California, provides coverage for surgeries related to gender transition, and more than 200 private employers across the country provide gender affirmation surgery coverage in their health plans for workers. These employers have reported little to no impact on premiums when offering this coverage; and

WHEREAS, In the last two years, insurance Commissioners in California, Oregon, Colorado, Vermont, Connecticut, and the District of Columbia have all taken steps to prohibit discrimination against transgender people in health care plans; *NOW THEREFORE BE IT ORDERED*

That the following shall take effect immediately upon passage:

CBC Chapter V, Section 5 is hereby amended to add the following language:

SECTION 5-5.42

The City of Boston, to the extent permissible by federal and state law after this ordinance is in force, shall not contract with any health insurance company that refuses to insure any person or that discriminates in the amount of premium, policy fees, or rates charged for any policy or contract of insurance, or in the benefits payable thereunder, or in any of the terms or conditions of such contract, because of gender identity or expression.

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