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August 15, 2017

Roger Severino, JD, MPP
Director, Office of Civil Rights
U.S. Department of Health and Human Services (HHS)
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Dear Director Severino:

Thank you for your consideration in reading this letter.

The World Professional Association for Transgender Health (WPATH) is the only medical association dedicated to the study, care, and treatment of transgender and gender-nonconforming people. Founded in 1979, ours is a non-profit, interdisciplinary association of over 1400 physicians, mental health professionals, legal professionals, and academic and clinical researchers whose work directly impacts the health of transgender people. We are based near Chicago, and while we are an international association, the majority of our members practice in the U.S. As such, we have a firm stake in the provisions of § 1557 of the Affordable Care Act, and we were grateful for the opportunity to submit our comments during the prior review of § 1557 last year. We are the source of the internationally accepted *Standards of Care for the Health of Transsexual, Transgender, and Gender-nonconforming People* which is referenced extensively in medical education, research, and policy statements.

We are concerned that the Trump administration has adopted an antagonistic position with regard to transgender people. It may be helpful to HHS to know that transgender people are not a modern invention, but they have been part of the human family in every race, class, and culture since the start of recorded history. The term "transgender," though, is relatively new, as both science and culture have struggled for centuries to define people whose gender and sex do not correspond, or may be seen as untypical. Regardless of terminology, our research and clinical experience has shown that being a transgender person does not in itself constitute mental illness (this is confirmed by the American Psychiatric Association). However, being transgender can lead to experiences of ridicule, intolerance, adverse discrimination in workplaces and even when accessing basic medical and emergency care, and various forms of abuse, both



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psychological and physical. No one should have to experience adverse discrimination when they are in need of health care. Such discrimination is known to lead to worse health outcomes for anyone, not just transgender people. We unequivocally support nondiscrimination protections for transgender people, and also for others with marginalizing characteristics such as race, age, disability, national origin, etc.

We also attest to the fact that medical and mental health treatments related to gender transition have been demonstrated to be beneficial and medically necessary for many transgender patients. Treatments are cost-effective and, when averaged into a large pool of covered individuals, are typically less expensive than many common, routine procedures, such as appendectomy or childbirth. We oppose health insurance exclusions targeting transition-related care. Accordingly, we support the gender identity nondiscrimination provisions of the § 1557 final rule and oppose reopening the rule. To the extent that HHS seeks to clarify the application of § 1557 and the final rule in certain respects and to address issues raised in litigation, we urge HHS to do so through issuing interpretive guidance. However, if HHS chooses to reopen the rule, we ask HHS to first seek input from stakeholders through a Request for Information and public comment period prior to issuing a proposed rule. This is appropriate given the importance and scope of the rule, and the fact that the rule was originally developed using this process.

Please do not hesitate to contact us should you require further information.

Sincerely,

Gail Knudson, M.D.
President, WPATH