

Letter 39

From: [Hall, Alexandra](#)
To: [Walk, Sharon - ETF](#); [ETF SMB GIB Feedback](#)
Subject: Comments about exclusions for treatment of gender dysphoria / gender identity disorder
Date: Friday, January 6, 2017 2:33:53 PM

Dear Group Insurance Board:

I am a physician, who in the course of my practice provides care to transgender persons, and I was extremely dismayed to hear of your recent decision to reinstate exclusion of treatment for gender identity disorder / gender dyphoria in the state employee insurance plan. Such treatment is medically necessary, as it improves (and often saves) people's lives and prevents harm; this is endorsed by all major medical organizations, including the American Psychological Association, the American Medical Association, the Endocrine Society, and the American Academy of Pediatrics. It is not fringe or experimental medicine. To not provide coverage for such services is discriminatory. It also does not reduce costs; the costs of not providing treatment are actually much higher, in terms of depression, anxiety, suicidality, and lost productivity. The City of San Francisco, which has been providing full coverage of services to its employees for almost a decade now, has seen no increase in premiums due to coverage of trans-related care. Many insurance companies have also been providing fully inclusive plans for years, and if they were transparent and honest about it, they would have to also confess that overall costs do not increase due to provisions for trans-related care; in fact, per the estimate provided to your office, there would be no reduction in premium with reinstatement of the exclusions.

I am also a state employee, working at the University of Wisconsin – Stout. While these exclusions would not affect me personally, they may someday negatively impact a colleague or peer of mine. At a time when it is difficult to enough to attract and retain talented faculty and staff, I am more than loathe to see yet another reason for us to lose more good people.

Your decision to reinstate these exclusions is, at best, misguided. Just as someone who is themselves a Jehovah's Witness (and for whom blood transfusions are forbidden) should not exclude coverage of blood transfusions for others, you should not allow religious, political, or personal beliefs to justify restricting access to medically necessary care for a group of people who rely on you. To do so is discrimination against citizens and employees of our State, is harmful to their health, wellbeing, and productivity, and does not save the state any money. There is no benefit here, only injustice. You must not reinstate these exclusions.

Sincerely,
Dr. Hall

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