



NATIONAL LGBT HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE



Transgender Legal Services and Medical-Legal Partnerships



Featuring TRANSCEND LEGAL, WHITMAN-WALKER HEALTH & NATIONAL
CENTER FOR MEDICAL-LEGAL PARTNERSHIP

Our Roots

Fenway Health

- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBT community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research and advocacy
- Integrated Primary Care Model, including HIV services

The Fenway Institute

- Research, Education, Policy



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Today's Faculty

Noah Lewis, Transcend Legal

Erin Loubier & Amy Nelson, Whitman-Walker Health

Ellen Lawton, National Center for Medical-Legal Partnership

Learning objectives

1. Understand the common civil legal issues facing transgender individuals.
2. Understand the importance of medical-legal partnership in addressing the health disparities facing transgender people.
3. Become aware of existing resources to start or help make a medical-legal partner competent to serve transgender clients.

Today's Agenda

1. Medical-Legal Partnership – Who, What, Where and Why – Ellen Lawton
2. Quick Overview – Anchoring Legal Services in the Health Center Setting – Erin Loubier
3. Addressing Legal Needs of Trans Patients – Amy Nelson
4. Deep Dive – Review of Insurance Appeals – Noah Lewis
5. Q & A – Expert Panel (20 min)

National Center for MLP = National Cooperative Agreement



Helps health centers develop and sustain MLPs with health center specific:

- Tools
- Webinars and trainings
- Research and evidence

<http://medical-legalpartnership.org/healthcenters>



MEDICAL-LEGAL PARTNERSHIP

is an intervention where legal and health care professionals collaborate to help patients resolve

**SOCIAL & ENVIRONMENTAL
FACTORS** that contribute to
HEALTH DISPARITIES

and have a remedy in civil law.

ENTRY POINT

Access To Housing For People With Disabilities — Marilyn Werber Sengels

NARRATING MATTERS

Energy Insecurity & Health — Diana Hernandez

NATIONAL HEALTH EXAMINATIONS

5.5% Annual Growth Projected Through 2026 — Gigi A. Gaskler et al.

AT THE INTERSECTION OF HEALTH, HEALTH CARE, AND POLICY

Health Affairs

Advancing Health Equity

Approaches To Equity

Health In All Policies
Richard L. Hall et Peter D. Jacobson
Medical-Legal Partnerships
Meha Regenstein et al.
Performance Measurement
Andrew C. Anderson et al.

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Oregon's Coordinated Care Organizations Reduce Racial Disparities

K. John McConnell et al.

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Income & Health

Use Of Fringe Banking
Jerry Ellsberg-Guyot et al.
Conditional Cash Transfers In New York City
Emilia Courtois et al.
Prenatal Income Supplements
Hazel Brownell et al.

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The Arc Of History Bends Toward Coverage

James A. Morone & David Blumenthal
Plus: Equity Goals Shape Community Organizing
Michael Foster et al.

Page 351

Gender Minority Medicare Enrollees' High Mental Health & Disability Burden

Ann M. Progovac et al.

Page 413

Immigration Status & Medicaid Enrollment

Michael S. Cohen & William L. Schone
Plus: Parent Mentors Reduce Latine Coverage Disparities
Sloan Flores et al.

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Global Health

Pension Income Has Modest Health Effects In Colombia
Philip Hessel et al.
Growing Chronic Conditions Among Disadvantaged Populations In Ontario
Louise Ravella et al.

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CONSIDERING HEALTH SPENDING

What Is The US Health Spending Problem?

David M. Cutler

National Health Accounts

Daniel Wolfe

WWW.HEALTHAFFAIRS.ORG

Components of an MLP

1

“Lawyer in residence”

2

Formal agreement between health & legal orgs

3

Target population

4

Screen patients for legal needs

5

Legal staffing

6

Training on SDOH






7

Information-sharing

8

Designated resources

How lawyers solve SDOH problems




I-HELP™		How Lawyers Can Help
Income & Insurance		Food stamps, disability benefits, cash assistance, health insurance
Housing & utilities		Eviction, housing conditions, housing vouchers, utility shut off
Education & Employment		Accommodation for disease and disability in education and employment settings
Legal status		Assistance with immigration status (e.g. asylum applications); Veteran discharge status upgrade; Criminal background expungement
Personal & family stability		Domestic violence, guardianship, child support, advanced directives, estate planning



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How lawyers help solve SDOH problems related to gender identity

SDOH		How Lawyers Can Help
Health & Health Care		<ul style="list-style-type: none">• Aid in confusing, onerous appeals process to overcome insurance denials, including those related to sex-specific care.• Draft HC directives & wills to ensure a person's autonomy & gender identity are honored.
Economic Stability		<ul style="list-style-type: none">• Provide services that address name and gender marker change.• Ensure that housing laws prohibiting discrimination on the basis of gender identity are upheld.• Enforce state laws preventing discrimination in public accommodations.
Equal Access to Work & Education		<ul style="list-style-type: none">• Help people understand their rights at work under nondiscrimination laws & seek redress for discrimination.• Report & address discrimination so students can safely stay in school.



Models of MLP are emerging

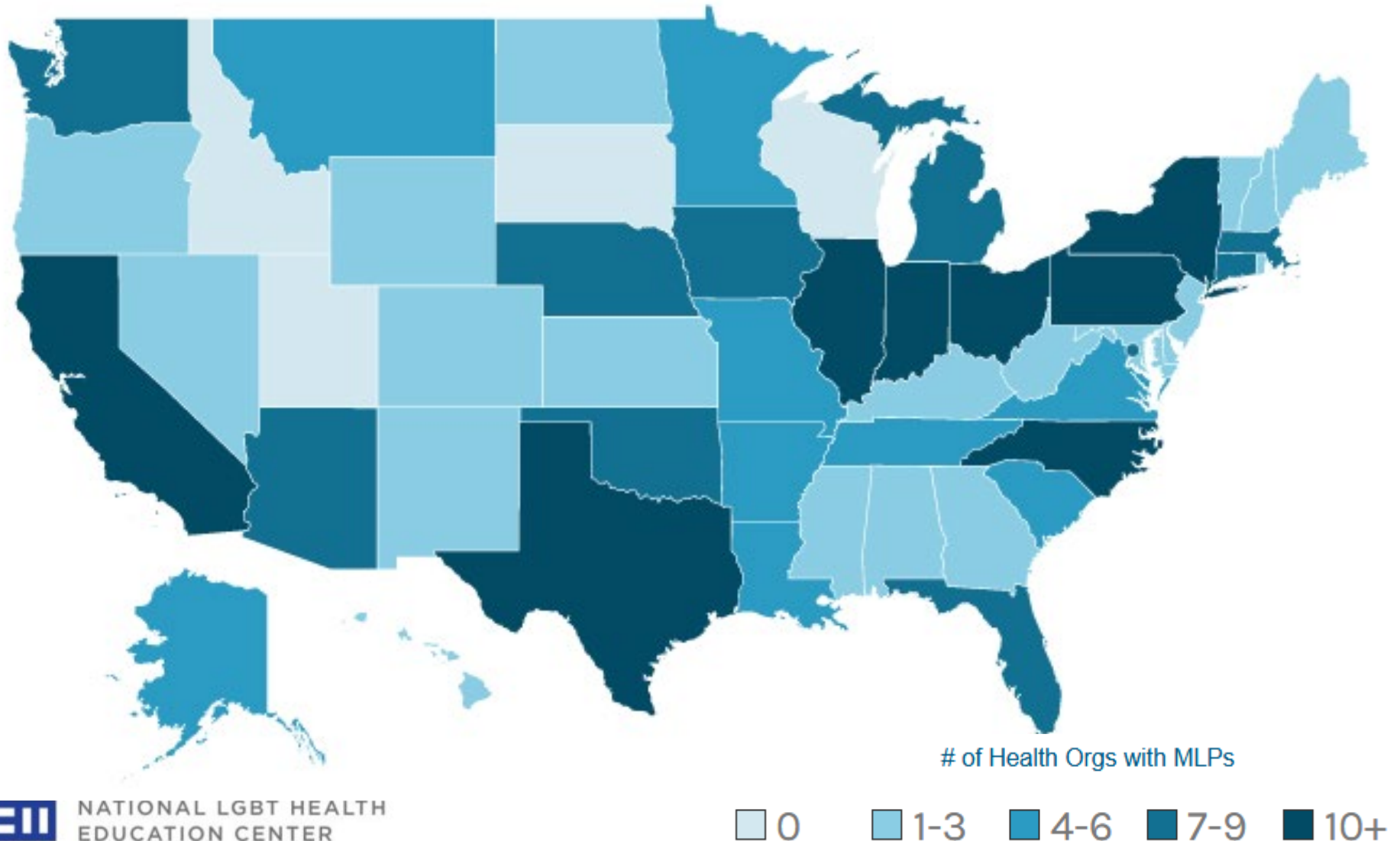
Targeting the Intervention to the Population

- General, low-income population
- Specialized population or condition (e.g. LGBT, cancer)

Structuring the MLP to be Sustainable and Scalable

- Primary care associations
- Large, integrated health systems (e.g. Kaiser Permanente)
- Partnerships with human services organizations
- New payment arrangements

MLPs at 333 health care orgs in 46 states



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Strategic partnerships with federal agencies



HRSA recognizes legal services as an “enabling service,” allows federal health center dollars to pay for MLP



CMS recognizes “screening for health-harming legal needs” as an Improvement Activity under Medicare’s Merit-based Incentive Payment System



SAMHSA singled out MLP in recent mental health & substance use disorder treatment block grants



U.S. Department
of Veterans Affairs

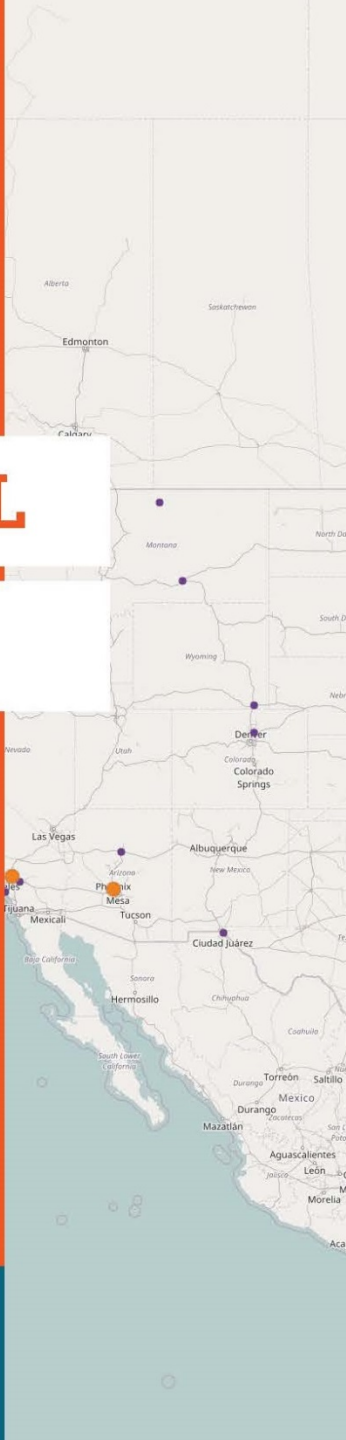
VA encourages its medical centers to provide free space for on-site legal care

HEALTH CENTER-BASED

MEDICAL-LEGAL PARTNERSHIPS

Where They Are, How They Work,
and How They Are Funded

January 2018



Health Center MLP Issue Brief

<http://medical-legalpartnership.org/mlp-resources/health-center-mlps/>

TRANSGENDER HEALTH & MEDICAL-LEGAL PARTNERSHIPS



TRANSGENDER describes people whose gender identity (i.e. the inner sense of one's gender) differs from the sex they were assigned at birth.

CONTACT

For more information about medical-legal partnership:

**National Center for
Medical-Legal Partnership**
www.medical-legalpartnership.org

For more information about LGBTQ+ health:

**National LGBT Health
Education Center**
www.lgbthealtheducation.org

Partnering with Legal Services to Address Social and Structural Issues that Impede Quality Health Care for Transgender People

Discrimination in all sectors of society, including in education, health care, housing, and employment, makes transgender people disproportionately vulnerable to depression, suicidality, post-traumatic stress disorder, substance use disorders, physical and sexual victimization, and HIV infection. Transgender people have a critical need for access to quality, gender-affirming health care, as well as access to legal services that support them in addressing discrimination.^{1,2,3,4,5} To truly meet the complex needs of transgender patients, health care teams benefit from legal expertise to help navigate problems that go well beyond the health center's door. Health centers that serve transgender patients are starting to integrate on-site legal care through **medical-legal partnerships (MLPs)** in order to provide patients with legal services for social and structural issues that are directly affecting their health.

Medical-legal partnerships working with transgender people

LOS ANGELES CALIFORNIA

HEALTH CARE ORG

Los Angeles LGBT Center's Transgender Health Program

LEGAL PARTNER

Bet Tzedek
Legal Services

YEARS IN OPERATION

1

NEW YORK NEW YORK

HEALTH CARE ORG

Callen-Lorde Community Health Center

LEGAL PARTNER

Legal Services NYC

YEARS IN OPERATION

8

WASHINGTON DISTRICT OF COLUMBIA

HEALTH CARE ORG

Whitman-Walker Health

LEGAL PARTNER

Lawyers employed
by health center

YEARS IN OPERATION

32

LEGAL SERVICES OFFERED BY ALL THREE MEDICAL-LEGAL PARTNERSHIPS:

- Name and gender marker updates, including advocating with local offices for inclusive practices
- Health insurance eligibility and coverage appeals, including for gender affirming surgery
- Fighting discrimination and harassment based on gender identity in employment, housing, and public accommodations
- Advanced directive preparation
- Immigration support

The medical-legal partnership approach



**TRAIN &
IDENTIFY
NEED**

**TREAT
PATIENTS**

**TRANSFORM
CLINIC
PRACTICE**

**IMPROVE
POPULATION
HEALTH**

**Individual patient interventions are
pathways to finding policy interventions
for improving population health.**



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Three Sectors Address Social Determinants of Health in Silos

HEALTHCARE

treats illnesses
caused or
exacerbated by
SDOH

LEGAL AID

ensures access to
benefits & services,
enforces laws that
keep people
healthy

PUBLIC HEALTH

tracks diseases on
population level,
addresses laws &
education aimed at
prevention



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MLPs embed lawyers as members of the healthcare team



- Resolve patients' problems
- Consult with clinical & non-clinical staff
- Leverage expertise to advance local & state policies



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Designing Service Delivery to Address Disparities

Integrated Care Team:

Medical provider, behavioral health specialist, adherence nurse care manager, insurance navigator, referral coordinator, lawyer, community health worker/retention specialist, nutritionist, etc.



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MLP services have positive
IMPACT on patients' lives and
clinical care

Transgender Legal Services ROADMAP

- **Health and Health Care**
 - Insurance coverage
 - Medical decision-making
- **Equal Access to Work and Education**
 - Employment discrimination
 - Education discrimination
- **Economic stability**
 - Legal name and gender marker change
 - Housing and shelter discrimination
 - Public accommodation discrimination



Health and Health care

INSURANCE COVERAGE

WHAT DOES MY PLAN COVER

Insurance should cover trans-related care.

There are many legal protections
available to challenge denials.

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STEP 1: GET PLAN BOOKLET

- Can have many names:
 - Certificate of Coverage
 - Summary Plan Description
 - Member Handbook
 - Benefits Certificate
 - Certificate of Insurance
- NOT Summary of Benefits and Coverage



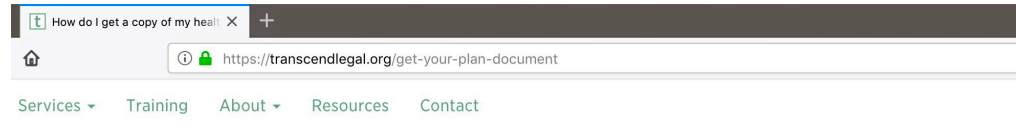
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STEP 1: GET PLAN BOOKLET



How do I get a copy of my health insurance policy?

What is an insurance plan document?

A health insurance plan document governs the terms of coverage for your specific health plan. A plan document can have many names such as Summary Plan Description, Member Handbook, Certificate of Coverage, Certificate of Insurance, or Exclusive Provider Organization Policy. It is a long document, 70 pages or more, and it will have a section listing services that are not covered (exclusions and limitations). Most are available as PDFs, but some are paper-only.

How do I get my insurance plan document?

Common ways to get your plan document include the following:

- **Online** - Login to your insurance company's website or your employer's benefits website and search there.
- **Phone** - Call the number on the back of your card and ask for it. Specify that you want the full plan that lists all of the exclusions, not just the Summary of Benefits and Coverage. They may tell you only your employer can give you the booklet.
- **Write** - Email human resources and request the Summary Plan Description.

Is this my plan document?

The following things are **not** your plan document:

Generic clinical guidelines. Insurance companies have general criteria for when they will cover gender reassignment surgery. Those are known by many names such as a medical policy, clinical guideline, or clinical review criteria. Although it is not your plan document, you will need this document. You can search for your insurance company's policy on the list we've compiled of [gender reassignment coverage policies](#).

Summary of Benefits and Coverage. This is a [chart](#) that all health plans are required to provide. It lists things such as copays, co-insurance, and deductibles. It will give you an idea of how much you will have to pay out of pocket for care and the date on which out-of-pocket maximum resets.

Benefits overview. Employers may provide a colorful document that describes the various benefits offered by the company. This will often include things other than health benefits, such as short-term disability benefits, life insurance, or dental benefits. If it lists multiple health plans to choose from, it is probably not your plan document.



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STEP 2: LOOK FOR AN EXCLUSION

11. Manipulative Treatment to treat a condition unrelated to spinal manipulation and ancillary physiologic treatment rendered to restore/improve motion, reduce pain and improve function, such as asthma or allergies;
12. physiological modalities and procedures that result in similar or redundant therapeutic effects when performed on the same body region during the same visit or office encounter;
13. sex transformation operations and related services;
14. the following treatments for obesity:
 - non-surgical treatment, even if for morbid obesity; and
 - surgical treatment of obesity unless there is a diagnosis of morbid obesity as described under *Obesity Surgery* in Section 6, *Additional Coverage Details*;
15. medical and surgical treatment of hyperhidrosis (excessive sweating);
16. the following services for the diagnosis and treatment of TMJ: surface electromyography; Doppler analysis; vibration analysis; computerized mandibular scan or jaw tracking; cranosacral therapy; orthodontics; occlusal adjustment and dental restorations; and
17. breast reduction surgery that is determined to be a Cosmetic Procedure.

This exclusion does not apply to breast reduction surgery which the Claims Administrator determines is requested to treat a physiologic functional impairment or to coverage required by the Women's Health and Cancer Rights Act of 1998 for which Benefits are described under *Reconstructive Procedures* in Section 6, *Additional Coverage Details*.

CHOOSING A PLAN

- <https://out2enroll.org/2018-cocs>



TRANSGENDER HEALTH INSURANCE GUIDE TO THE MARKETPLACE

OHIO
2018



Marketplace plans sold through HealthCare.gov CAN NO LONGER:

- REFUSE TO INSURE transgender people
- HAVE EXCLUSIONS that deny all transition-related care
- DENY COVERAGE solely because you are transgender
- LIMIT ACCESS to "sex-specific" services (like hysterectomies or prostate exams) based on sex assigned at birth, gender identity, or gender marker

These new protections are key, but you may still have to fight for your right to health care.

CLEAR COVERAGE*



Paramount Insurance Co.

Plans explicitly cover some or all medically necessary transition-related care if you meet plan-specific requirements. Check the plan documents for more information.

SILENT COVERAGE*



AultCare
Ambetter

Plans may cover transition-related care but the plan documents are silent. Call the insurer or contact an assister.

PARTIAL COVERAGE*



CareSource
Molina

Plans explicitly exclude some transition-related care even if medically necessary. Check the plan documents for more information.

NO COVERAGE*



Oscar

Plans explicitly exclude all transition-related care and may result in denials even if care is medically necessary. Check the plan documents for more information.

*THIS INFORMATION APPLIES TO TRANSGENDER AND COSMETIC EXCLUSIONS ONLY.

You should carefully review each plan (including plans that offer clear coverage) to ensure it meets your needs.

This Guide is provided solely for informational purposes and should not be used as a substitute for a full review of each plan.

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INFORMATION UNAVAILABLE - CONTACT AN ASSISTER OR CALL THE INSURER

CHOOSING A PLAN



TRANSGENDER HEALTH INSURANCE GUIDE TO THE MARKETPLACE



Looking for health insurance for 2018 through HealthCare.gov? We've created new state-specific Transgender Health Insurance Guides to help you better understand your options and select a plan that meets your needs and fits your budget.

- To see our analysis of **transgender exclusions** in silver plans sold through HealthCare.gov, check out: [Transgender Health Insurance Guide for 2018: Pennsylvania](#). These ratings were compiled by Out2Enroll through a review of silver marketplace plans only. Out2Enroll did not contact insurance companies to verify this information. In addition, plans may have other exclusions (such as cosmetic exclusions) that may impact your coverage so you should carefully review each plan to ensure it meets your needs. Not all insurers offer coverage in all areas of the state so carefully review the options in your area.
- To see more **detailed information about each silver plan**, check out the documents below. Insurance companies are listed in **bold** and we have included links to each plan's specific **Summary of Benefits & Coverage** (a summary of plan features and out-of-pocket costs) and **Evidence of Coverage** (detailed plan information that includes coverage exclusions and limitations). Transgender and cosmetic exclusions will only be found in the Evidence of Coverage documents. We strongly recommend that you review both of these documents before selecting a 2018 marketplace plan.

If you still have questions about choosing a plan, we can help. Make an appointment with an [LGBT-friendly expert](#) who can help you consider your options and enroll for free.

UPMC Health Plan

Silver \$0/\$50 - Select Network	Summary of Benefits & Coverage	Evidence of Coverage
Silver \$1,750/\$50 - Select Network	Summary of Benefits & Coverage	Evidence of Coverage
Silver \$3,500/\$25 - Select Network	Summary of Benefits & Coverage	Evidence of Coverage
Silver \$0/\$50 - Partner Network	Summary of Benefits & Coverage	Evidence of Coverage
Silver \$1,750/\$50 - Partner Network	Summary of Benefits & Coverage	Evidence of Coverage
Silver \$3,500/\$25 - Partner Network	Summary of Benefits & Coverage	Evidence of Coverage
Silver \$3,500/\$30 - Select Network	Summary of Benefits & Coverage	Evidence of Coverage
Silver \$3,500/\$30 - Partner Network	Summary of Benefits & Coverage	Evidence of Coverage

DISCLAIMER: The information in each Transgender Health Insurance Guide only applies to transgender exclusions. These ratings were compiled by Out2Enroll through a review of silver marketplace plans only. Out2Enroll did not contact insurance companies to verify this information. In addition, plans may have other exclusions (such as cosmetic exclusions) that may impact your coverage so you should carefully review each plan to ensure it meets your needs. Not all insurers offer coverage in all areas of the state so carefully review the options in your area. **If you have questions or concerns about this information, please email info@Out2Enroll.org. If your coverage is denied, appeal with your health insurer – visit <http://bit.ly/2hGFuWn>. If you face discrimination by an insurer or health provider, file a complaint with your state insurance department or contact a legal organization at <http://bit.ly/2hHKLxi>.**

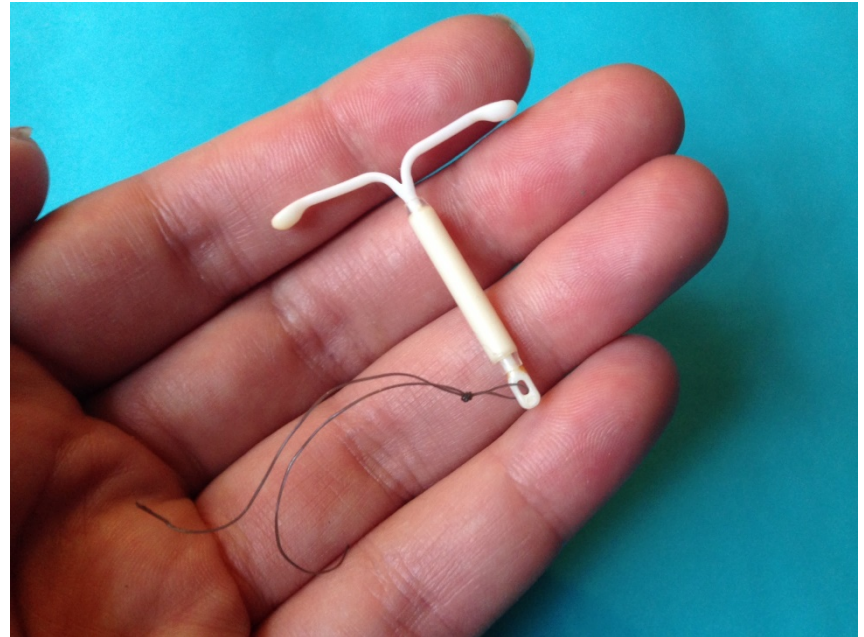
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TYPES OF DENIALS

- Sex-specific care
- Blanket exclusions for “sex change” surgery
- Medical necessity denials

TYPES OF DENIALS - SEX-SPECIFIC CARE

- DO change gender marker with insurance
- Submit claims with the correct sex
- Medicare modifiers
 - Condition code 45
 - Modifier -KX
- Patient can call insurance company



TWO TYPES OF HEALTH PLANS

Self-funded

- Large employers
- Governed by ERISA, which preempts state law

Insured

- State insurance law applies
- State where issued governs

TYPES OF DENIALS – BLANKET EXCLUSIONS

GEICO CORPORATION MEDICAL CHOICE PLUS/IN & OUT-OF-NETWORK PLAN

programs usually include intensive psychological support, behavior modification techniques, and medications to control cravings;

- chelation therapy, except to treat heavy metal poisoning;
- manipulative treatment to treat a condition unrelated to spinal manipulation and ancillary physiologic treatment rendered to restore/improve motion, reduce pain, and improve function, such as asthma or allergies;
- physiological modalities and procedures that result in similar or redundant therapeutic effects when performed on the same body region during the same visit or office encounter;
- sex transformation operations and related services, including reversal of a sex transformation operation;
- the following treatments for obesity:
 - non-surgical treatment, even if for morbid obesity; and
 - surgical treatment of obesity unless there is a diagnosis of morbid obesity as described under *Morbid Obesity Surgery* in Section 4, *Additional Coverage Details*;
- medical and surgical treatment of hyperhidrosis (excessive sweating);

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TYPES OF DENIALS – MEDICAL NECESSITY

- Facial gender reassignment surgery
- Chest reassignment surgery for trans women
- Minors
 - Top surgery for trans men
 - Vaginoplasty for trans women
- Nonbinary individuals
- Medical transition without social transition
- Voice surgery, voice therapy
- Hair removal

CLINICAL CRITERIA



Medical Coverage Policy

Effective Date..... 4/15/2018
Next Review Date..... 3/15/2019
Coverage Policy Number 0266

Treatment of Gender Dysphoria

Table of Contents

Coverage Policy	1
Overview.....	4
General Background	5
Coding/Billing Information	7
References	12

Related Coverage Resources

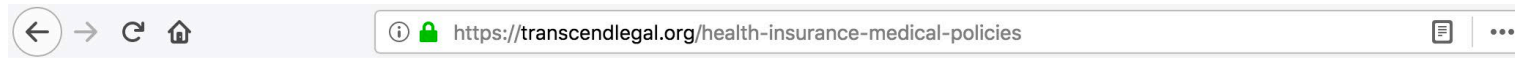
[Blepharoplasty, Reconstructive Eyelid Surgery, and Brow Lift](#)
[Breast Reconstruction Following Mastectomy or Lumpectomy](#)
[Dermabrasion and Chemical Peels](#)
[Endometrial Ablation](#)
[Infertility Services](#)
[Male Sexual Dysfunction Treatment: Non- pharmacologic](#)
[Panniculectomy and Abdominoplasty](#)
[Preventive Care Services](#)
[Reduction Mammoplasty](#)
[Rhinoplasty, Vestibular Stenosis Repair, and Septoplasty](#)
[Redundant Skin Surgery](#)
[Speech Therapy](#)

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Transgender Insurance Medical Policies

Virtually all major insurance companies recognize that transgender-related medical care is medically necessary and have a written policy describing their criteria for when plans they administer will cover it. Below is a list of such policies.

The fact that an insurance company is listed below *does not* mean that your particular plan will follow these guidelines. You must look to your individual policy to determine if transgender care is covered or excluded. Only if it is covered will the policies below apply.

Items per page

Policy Issued By: [Aetna](#)
Medical Policy Title: [Gonadotropin-Releasing Hormone Analogs and Antagonists](#)

Policy Issued By: [Aetna](#)
Medical Policy Title: [Gender Reassignment Surgery](#)

Policy Issued By: [Amerigroup](#)
Medical Policy Title: [Gonadotropin Releasing Hormone Analogs for the Treatment of Non-Oncologic Indic...](#)



CLINICAL CRITERIA - EXAMPLE

- Two referral letters from qualified mental health professionals, one in a purely evaluative role (see appendix); and
- Persistent, well-documented gender dysphoria (see Appendix); and
- Capacity to make a fully informed decision and to consent for treatment; and
- Age of majority (age 18 years and older); and
- If significant medical or mental health concerns are present, they must be reasonably well controlled; and
- Twelve months of continuous hormone therapy as appropriate to the member's gender goals (unless the member has a medical contraindication or is otherwise unable or unwilling to take hormones); and
- Twelve months of living in a gender role that is congruent with their gender identity (real life experience).

CLINICAL CRITERIA



Table 4: Cosmetic and/or Not Medically Necessary

Procedure	CPT/HCPCS Code
Abdominoplasty	15847
Blepharoplasty	15820, 15821, 15822, 15823
Breast augmentation with implants	19324, 19325, 19340, 19342, C1789
Calf implants	17999
Cheek/malar implants	17999
Chin/nose implants	21210, 21270, 30400, 30410, 30420, 30430, 30435, 30450
Collagen injections	11950, 11951, 11952, 11954
Electrolysis	17380
Face/forehead lift	15824, 21137, 15825, 15826, 15828, 15829
Facial bone reduction (osteoplasty)	21209
Hair removal/hair transplantation	15775, 15776, 17380
Insertion of testicular prosthesis	54660
Jaw reduction	21120, 21121, 21122, 21223, 21125, 21127
Laryngoplasty	31599
Mastopexy	19316
Neck tightening	15825
Nipple/areola reconstruction (unrelated to mastectomy or post mastectomy reconstruction)	19350
Pectoral Implants	L8600, 17999
Removal of redundant skin	15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839
Replacement of tissue expander with permanent prosthesis testicular insertion	11970
Rhinoplasty	21210, 21270, 30400, 30410, 30420, 30430, 30435, 30450
Scrotoplasty	55175, 55180
Skin resurfacing (e.g., dermabrasion, chemical peels)	15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793
Suction assisted lipoplasty, lipofilling, and/or liposuction	15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 15877, 15878, 15879
Testicular expanders, including replacement with prosthesis, testicular prosthesis	11960, 11970, 11971, 54660
Thyroid reduction chondroplasty	31750
Voice modification surgery	31599, 31899
Voice therapy/voice lessons	92507

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SOURCE OF DENIAL

Clinical criteria

- Not binding, can be overcome
- Can demonstrate medical necessity
- Use definition of medical necessity from the plan document

Plan document

- Legal action needed
- Will still be denied even if medical necessity proven
- Lack of individualized assessment is discrimination

TYPES OF APPEALS

- Peer-to-Peer
- Internal appeals
 - First level
 - Second level
- External appeal
- Fair hearing

LEGAL PROTECTIONS – Health plans

- Title VII (employer-based plans)
- Americans with Disabilities Act
- Title IX (education-based plans)
- OFCCP - federal contractors
- State insurance law & bulletins
- State nondiscrimination law
- Constitution (government-based plans)

GOOD PROVIDER LETTERS

- Sample letters
- List qualifications and trans-specific experience
- Get insurance company's criteria and hit all of them
- In accordance with WPATH Standards of Care
- Explain deviations from Standards of Care or clinical criteria
- Say “medically necessary” not simply
 - Is ready for
 - Is the next step in their transition
- Will alleviate gender dysphoria

GOOD PROVIDER LETTERS

- **Mental health provider:**
 - provide details of the symptoms and limitations
- **Hormone provider:**
 - Date started hormones
 - Hasn't changed body sufficiently to alleviate gender dysphoria
- **Surgeon:**
 - Purpose is to treat gender dysphoria (not improve appearance)
 - FFS & breast augmentation – that the characteristics will be changed from male to female

MEDICAL DECISION-MAKING

- Minors
 - Generally must be 18
 - Exceptions
- When parents disagree
 - Risk of custody disputes
 - Court intervention

EMPLOYMENT DISCRIMINATION

- Equal Employment Opportunity Commission
 - 180 day deadline to file
 - 300 days in some states
 - 45 days for federal employees
- State human rights commissions
 - Be aware of deadlines
 - Dual filing

EMPLOYMENT DISCRIMINATION

- Title VII
- Americans with Disability Act
- Rehabilitation Act
- State and local laws

EDUCATION DISCRIMINATION

- Title IX
- State public accommodations or education law
- Americans with Disabilities Act
- Rehabilitation Act
- Individualized Education Plan (IEP)
- Family Educational Rights and Privacy Act (FERPA)

LEGAL NAME CHANGE

- Common law name change
 - OK if not fraudulent
 - Can't change ID documents
- As soon as you decide on a name (and ready to come out)
 - It is reversible

SAMPLE PETITIONS

- transequality.org
- court website
- In person at court
- lawhelp.org
- Google “name change” [COUNTY] County

GENERAL OVERVIEW OF NAME CHANGE

- File petition in court
- Possible hearing before judge
- Judge decides
- Publish in newspaper
- Get certified copies of the name change order

LEGAL SEX

- No one legal sex
- Even if you get a court order
- Must change on each document
 - Letter from and MD or DO for federal
 - Self-attestation for some states

HOUSING DISCRIMINATION

- Fair Housing Act – HUD
- State and local nondiscrimination laws

PUBLIC ACCOMMODATIONS DISCRIMINATION

- No federal public accommodations law for sex
- Americans with Disabilities Act
- State and local nondiscrimination laws





For many of our transgender patients, their first point of contact is often our Name and Gender Change Legal Clinic to update identity documents. Helping to navigate this process can open the door for the patient to seek care and address other health issues. At Whitman-Walker Health, we see lawyers as vital members of our care team.



THOMAS COUGHLIN

Director of Gender Affirming Services, Whitman-Walker Health

Since launching Washington, D.C.'s only name and gender change clinic in June 2012, Whitman-Walker Health has helped nearly

1,500 

**TRANSGENDER CLIENTS
WITH IDENTITY DOCUMENTS.**



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Thank you!

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