**Template Letter from You to the Health Plan Administrator Asking for Preauthorization**

**[FOR SELF-FUNDED PLANS WITHOUT EXCLUSIONS]**

**INSTRUCTIONS:**

1. **Only use this template if you have a self-funded plan that DOES NOT have an exclusion. To understand whether you have a self-funded plan, and for resources on approaching your employer, please refer to this page.**
2. Fill in everything in bold with your information.
3. In the section that says “**WHY YOU NEED THE PROCEDURE**,” include a brief description (about one paragraph) describing why this treatment is medically necessary for you. Your doctor’s or health care provider’s letter should discuss the medical necessity of the treatment in more detail, but this is an opportunity to put into your own words why you believe you need this treatment. You can discuss why this procedure is a necessary step in your treatment for gender dysphoria, and why you meet the criteria for the treatment in your insurance plan’s documents or in the World Professional Association for Transgender Health (WPATH) [*Standards of Care*](http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351&pk_association_webpage=4655). Additionally, you can refer to WPATH’s [*Position Statement on Medical Necessity of Treatment, Sex Reassignment, and Insurance Coverage in the U.S.A*](https://www.wpath.org/media/cms/Documents/Web%20Transfer/Policies/WPATH-Position-on-Medical-Necessity-12-21-2016.pdf). You can also discuss the impacts that not receiving the treatment can have on your gender dysphoria or your health overall.

 **[YOUR NAME]**

**[YOUR ADDRESS]**

**[YOUR PHONE NUMBER]**

**[YOUR EMAIL ADDRESS]**

**[DATE]**

**[INSURANCE COMPANY NAME]**

**[INSURANCE COMPANY ADDRESS]**

RE: Request for preauthorization for **[NAME OF TREATMENT/PROCEDURE]**

To Whom It May Concern:

I am enrolled in **[INSURANCE COMPANY NAME, PLAN NAME]**, policy number **[POLICY NUMBER (IF APPLICABLE)]**. I am requesting prior authorization for **[PROCEDURE NAME]** to treat gender dysphoria.

It is the overwhelming consensus among major medical organizations—including the American Medical Association, the American College of Physicians, the American Psychological Association, the American Psychiatric Association, the American Academy of Family Physicians, the Endocrine Society, the American College of Obstetricians and Gynecologists, and the World Professional Association for Transgender Health—that transition-related treatments are safe, effective, and medically necessary when clinically indicated to treat gender dysphoria.[[1]](#footnote-1) Numerous studies have demonstrated the significant benefits of medical treatments for gender dysphoria. Major medical organizations such as those named above therefore support coverage of medically necessary transition-related care in accordance with the World Professional Association for Transgender Health’s most recent *Standards of Care* (available at <https://www.wpath.org/publications/soc>). In particular, WPATH specifically issued guidance on the medical necessity of treatment for gender dysphoria (<https://www.wpath.org/media/cms/Documents/Web%20Transfer/Policies/WPATH-Position-on-Medical-Necessity-12-21-2016.pdf>).

**[WHY YOU NEED THE PROCEDURE: Explain in your own words here]**

In order to comply with federal law, self-funded employer health plans must cover medically necessary treatments for gender dysphoria. Federal courts have determined that Title VII and Title IX’s sex discrimination provisions protect transgender people from discrimination in employment and schools, including in receiving and accessing health care benefits (see, e.g., [*EEOC v. R.G. &. G.R. Harris Funeral Homes, Inc.*](https://www.aclu.org/legal-document/eeoc-v-rg-gr-harris-funeral-homes-ruling), 884 F.3d 560 (6th Cir. 2018); *[Barnes v. City of Cincinnati](http://law.justia.com/cases/federal/appellate-courts/F3/401/729/551549/%22%20%5Ct%20%22_blank)*, 401 F.3d 729 (6th Cir. 2005); *[Smith v. City of Salem](http://caselaw.findlaw.com/us-6th-circuit/1380020.html%22%20%5Ct%20%22_blank)*, 378 F.3d 566 (6th Cir. 2004); *Dodds v. U.S. Dep’t of Educ.*, 845 F.3d 217 (6th Cir. 2016); *Whitaker v. Kenosha Unified Sch. Dist.*, 858 F.3d 1034 (7th Cir. 2017)). Federal courts and the Equal Employment Opportunity Commission have specifically found that exclusions for medically necessary treatment for gender dysphoria in self-funded health plans are discriminatory, in violation of federal protections (see, e.g., *Boyden v. Conlin*, No. 17-cv-264-WMC, 2018 (W.D. Wis. September 18, 2018); Amicus Brief of the Equal Employment Opportunity Commission in Support of Plaintiff and in Opposition to Defendant’s Motion to Dismiss, *Robinson v. Dignity Health*, No. 4:16-cv-03035-YGR (N.D. Cal., *filed* August 22, 2018)).

Courts have similarly found that exclusions of transition-related care can violate Section 1557 of the Affordable Care Act and the Equal Protection Clause of the U.S. Constitution, and that insurers acting as third party administrators can be held liable for enforcing discriminatory exclusions in self-funded plans (see, e.g., *Tovar v. Essentia Health*, No. 16-cv-00100-DWF-LIB (D. Minn. September 20, 2018); *Flack v. Wis. Dep’t of Health Servs.*, No. 3:18-cv-00309-wmc (W.D. Wis. July 25, 2018); *Cruz v. Zucker*, 195 F.Supp.3d 554 (S.D.N.Y. 2016); *Prescott v. Rady Children’s Hosp.-San Diego*, 265 F.Supp.3d 1090 (S.D. Cal. 2017). (See <https://transequality.org/federal-case-law-on-transgender-people-and-discrimination> for a full summary of cases holding that sex discrimination bans under Title VII, Title IX, the Affordable Care Act and other federal laws prohibit anti-transgender discrimination, including in insurance coverage.) Illegal practices under federal law include blanket exclusions of all care related to gender dysphoria; automatic exclusions of specific treatments for gender dysphoria regardless of medical necessity (such as classifying certain treatments as always cosmetic or refusing to cover a treatment for gender dysphoria when a similar treatment is covered for other conditions); and the use of arbitrary and excessive standards for determining medical necessity or eligibility when those standards are not based on accepted medical guidelines.

Please find enclosed a letter from my health care provider, which provides further support and documentation of the medical necessity of this treatment.

**[If your procedure is already scheduled, include the date here, and provide a date by which you need to get a response.]**

Sincerely,

**[YOUR NAME]**

1. For a compilation of statements from major medical associations on this issue, see <https://www.lambdalegal.org/sites/default/files/publications/downloads/ll_trans_professional_statements_17.pdf> and <https://transcendlegal.org/medical-organization-statements> [↑](#footnote-ref-1)