March 6th, 2024

Chair Stephenson
MN House Commerce Finance and Policy
Minnesota State Office Building
100 Rev. Dr. Martin Luther King Jr. Blvd.
Saint Paul, MN 55155

Professional Distinction

Personal Dignity

Patient Advocacy

Chair Stephenson and Committee Members,

With 22,000 members, the Minnesota Nurses Association (MNA) is the leading voice for professional nursing in the State of Minnesota. As leaders in labor and health care, we are a voice for frontline hospital nurses around the state who strongly support evidence-based health policy that enables patients to access healthcare, including gender affirming healthcare. Thank you, Representative Finke, for being a strong leader in this vital space of healthcare policy.

Minnesota nurses firmly stand with all transgender, gender non-binary, and gender non-conforming people. We strongly oppose all state and federal legislative efforts that impair the human rights of transgender people, including those that limit transgender people's access to gender-affirming healthcare, school activities, employment, and public facilities. And we fully support creating systems to ensure more access and affordability for these life saving and life changing healthcare services.

Studies show that access to gender affirming care mitigates negative mental health outcomes and reduce the rates of moderate to severe depression. A study published in Jama Network Open by first-author Diana Tordoff found that "having access to hormones and puberty blockers for youth ages 13 to 20 was associated with a 60% lower odds of moderate to severe depression and a 73% lower odds of self-harm or suicidal thoughts compared to youth who did not receive these medications over a 12-month period." This is a huge difference in the lives of Minnesotans and many more studies show additional benefits for providing access to gender affirming care.

Knowing that access to gender affirming care can greatly improve lives and save lives, it's easy to see that everyone should have access to affordable and accessible gender affirming healthcre. HF 2607 is an important step towards this. Now is the time for Minnesota to remove these barriers to care and ensure that we continue to be a leader in providing equitable healthcare, access, and support for those in need. For the health, safety, and economic well-being of patients across the state, we urge you to support HF 2607.

Thank you,

Shannon M. Cunningham

Shannon M. Cunningham
Director of Governmental and Community Relations
Minnesota Nurses Association

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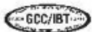


AFL-CIO

March 5, 2024

The Honorable Zack Stephenson
Chair, Commerce Finance and Policy Committee
449 State Office Building
St. Paul, Minnesota 55155

Dear Chair Stephenson and Committee Members:

The Minnesota Section of the American College of Obstetricians and Gynecologists (ACOG) supports HF 2607, ensuring insurance coverage of gender-affirming care.

As practicing OB/GYNs, we are deeply committed to the health and well-being of our patients. We have the privilege of providing healthcare to individuals from diverse backgrounds, including those who identify as transgender or non-binary. It has become increasingly evident that access to gender affirming care is a critical component of comprehensive healthcare for this population. As we strive to uphold the principles of inclusivity and equity, it is imperative that our healthcare system evolves to meet the unique needs of every individual.

The provision of gender affirming care, which may include hormone therapy, gender confirmation surgeries, and related medical interventions, is not merely a matter of personal choice; it is a fundamental aspect of addressing the physical and mental health needs of transgender and non-binary individuals. Numerous medical organizations, including the American Medical Association and the American College of Obstetricians and Gynecologists, recognize the importance of affirming gender diverse identities through appropriate medical interventions.

Despite the medical consensus on the necessity of gender affirming care, many individuals face significant barriers in accessing these essential services due to the lack of insurance coverage. HF 2607 represents a crucial step towards rectifying this disparity and ensuring that transgender and non-binary individuals can access the care they need without facing financial obstacles.

Research consistently demonstrates that gender affirming care contributes to improved mental health outcomes, reduced rates of depression and anxiety, and enhanced overall well-being for transgender and non-binary individuals. By supporting this legislation, you are championing not

only the rights of these individuals but also promoting a healthcare system that aligns with the principles of dignity, respect, and equality.

Sincerely,

Elizabeth Slagle, MD
MN ACOG Chair

Joint Administrative Bulletin 2023-1

Date: November 1, 2023

To: All insurance companies, fraternal benefit societies, hospital service corporations, non-ERISA employer group plans, managed care organizations, health maintenance organizations, county-based purchasers, medical service corporations, and health care centers that deliver or issue individual and group health insurance policies in Minnesota

Subject: The Availability of Health Insurance Coverage and the Provision of Health Insurance Benefits for Medically Necessary Gender Affirming Health Care Services

This Bulletin will supersede Administrative Bulletin 2021-3, issued jointly by the Minnesota Department of Health ("MDH") and the Minnesota Department of Commerce ("Commerce").

The purpose of this Bulletin is to advise health plan companies delivering or issuing individual and group health insurance policies in Minnesota that discriminating against an individual because of the individual's gender identity or gender expression is prohibited. This prohibition extends to the availability of health insurance coverage and the provision of health insurance benefits. For purposes of this bulletin, gender affirming health care services means all medical, surgical, counseling, or referral services, including telehealth services that an individual may receive to support and affirm that individual's gender identity or gender expression and that are legal under the laws of the State of Minnesota.

Nothing in this bulletin should be construed to change Minnesota law or to require coverage of services that are not considered medically necessary. Instead, this bulletin seeks to emphasize already existing laws to ensure that people in Minnesota do not face discrimination in accessing medically necessary gender affirming health care services.

The Minnesota Department of Human Rights (MDHR), Minnesota Department of Human Services (DHS), the Minnesota Department of Health (MDH), and the Minnesota Department of Commerce (Commerce) (jointly, the Departments) are committed to protecting access to gender affirming care in Minnesota.

MDHR

The Minnesota Human Rights Act prohibits discrimination based on sex and gender identity. This prohibition extends to the availability of health insurance coverage and the provision of health insurance benefits. MDHR will use its powers, authorities, and duties to the fullest extent possible to take all appropriate actions to protect Minnesotans' access to gender affirming health care services. Importantly, MDHR will investigate charges, file complaints or civil actions, and/or seek injunctive relief

when MDHR receives a charge of discrimination or has reason to believe that discrimination is occurring on the basis of a person's sex and/or gender identity.

This bulletin reminds insurance companies and health care providers that Minnesota Statutes Section 363A.17 prohibits discrimination in any business practice, such as providing insurance and/or health care services, based on certain protected classes, including but not limited to sex and gender identity. For example, insurance companies may not lawfully administer plans that exclude medically necessary care based on sex and/or gender identity under the MHRA. Employers and educational institutions that provide health insurance benefits that exclude coverage for gender affirming health care services may also be engaging in discrimination pursuant to Minnesota Statutes Sections 363A.08 and/or 363A.13.

DHS

Minnesota Statutes section 256B.0625, subdivision 3a (2023), states that Medical Assistance covers gender affirming services. In September 2023, DHS advised contracted health plans that the gender-affirming surgery services indicated by the DHS fee-for-service program should be used as the minimum benefit for Medical Assistance and MinnesotaCare enrollees. Health plans may cover additional services determined to be medically necessary.

MDH

MDH is committed to ensuring that Minnesotans receive comprehensive health maintenance services from licensed health maintenance organizations. MDH will use its powers, authorities, and duties to the fullest extent possible to take all appropriate actions to ensure licensed health maintenance organizations provide coverage to Minnesotans for medically necessary gender affirming health care services.

As authorized by its authority under Minnesota Statutes, section 62D.04, 62D.07, and 62D.15, MDH will not allow any health maintenance organization contract or evidence of coverage that discriminates against individuals on the basis of sex or gender identity in violation of Minnesota Statutes, section 363A.17. Pursuant to its authority under Minnesota Statutes, section 62D.11, MDH will investigate and take administrative action on any complaints of unfair or deceptive acts or practices by a health maintenance organization related to the denial of medically necessary gender affirming health care services in violation of Minnesota Statutes, sections 62D.12 and section 72A.19.

Pursuant to its authority under Minnesota Statutes, section 62D.04, MDH requires health maintenance organizations to file an attestation confirming that they do not discriminate on the basis of sex, gender identity or gender expression, that they cannot exclude medically necessary gender affirming care, and that they have processes in place for determinations of medical necessity and prior authorization protocols related to gender affirming care. In the attestation the health maintenance organizations must also specify which published medical standards they apply to determine medical necessity and prior authorizations for gender affirming care and explain how their contracted health providers are informed about how to bill for medically necessary gender affirming health care services for enrollees.

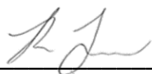
Commerce

Commerce will use its powers, authorities, and duties to the fullest extent possible to ensure that individuals receive support and affirmation of their gender identity or gender expression under the laws of the State of Minnesota. Minnesota Statutes, section 62A.02 authorizes the Commissioner of Commerce to disapprove any policy or insurance contract if it contains a provision that is unjust, unfair, inequitable, misleading, or deceptive. As stated above, Minnesota Statutes, section 363A.17 prohibits discrimination in any business practice, including insurance, if it allows discrimination based on certain protected classes, including sex and gender identity. Commerce currently disapproves policy forms filed by insurers if there are blanket or targeted exclusions of coverage for gender affirming care with no consideration of medical necessity.

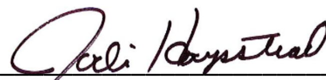
Pursuant to Minnesota Statutes, section 62Q.53, determinations of medical necessity and prior authorization protocols for gender affirming care must be based on generally accepted medical standards set forth by medical experts in the health field of gender affirming care. Pursuant to Commerce's authority under Minnesota Statutes, section 62A.02, health carriers must file an attestation confirming that they have processes in place to ensure that determinations of medical necessity and prior authorization protocols, among their other processes and procedures, ensure access to medically necessary gender affirming health care services and that their contracted health providers are informed about how to bill for medically necessary gender affirming health care services for enrollees.

In response to Executive Order 23-03, Commerce will investigate complaints of unfair or deceptive practices in the business of insurance related to the denial of medically necessary gender affirming healthcare services and pursue violations by any health carrier or agent acting on behalf of a health carrier. Commerce will, to the greatest extent permissible under current law, refuse approval of any health or other insurance plan or policy that discriminates against individuals on the basis of sex, gender identity, or gender expression, in accordance with Minnesota Statues § 62A.02 and 72A.21.

Signed:



Rebecca Lucero
Commissioner
Minnesota Department of Human Rights



Jodi Harpstead
Commissioner
Minnesota Department of Human Services

Brooke Cunningham
Commissioner
Minnesota Department of Health

Grace Arnold
Commissioner
Minnesota Department of Commerce

Administrative Bulletin 2021-3

Date: December 30, 2021

To: All insurance companies, fraternal benefit societies, hospital service corporations, non-ERISA employer group plans, managed care organizations, medical service corporations and health care centers that deliver or issue individual and group health insurance policies in Minnesota

Subject: Gender Identity Nondiscrimination Requirements

This Bulletin will supersede the Administrative Bulletin 2015-5, issued jointly by the Minnesota Department of Health ("MDH") and the Minnesota Department of Commerce ("Commerce") (jointly, the "Departments").

The purpose of this Bulletin is to advise entities delivering or issuing individual and group health insurance policies in Minnesota that discrimination against an individual because of the individual's gender identity or expression is prohibited. This prohibition extends to the availability of health insurance coverage and the provision of health insurance benefits.

The prohibition on discrimination against an individual based on sex, and/or gender identity are found in the following state and federal laws:

- Section 1557(a) under the Affordable Care Act (ACA) prohibits discrimination on the basis of gender identity and sex stereotyping in any health program receiving federal funds or by an entity established under the ACA, including exchanges.
- Minnesota Statutes sections 62A.02 and 62D.07 authorize the Commissioners of Commerce and Health to disapprove any policy of insurance or health maintenance organization contract if it contains a provision that is unjust, unfair, inequitable, misleading or deceptive.
- Minnesota Statutes section 363A.17 prohibits discrimination in any business practice, including insurance, based on certain protected classes, including sex and sexual orientation.
- "Conversion therapy" is defined at paragraph 2.a. of Executive Order 21-25 and refers to any practice by a mental health practitioner or mental health professional that seeks to

> change a person's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward people regardless of gender. Conversion therapy does not include counseling that provides assistance to a person undergoing gender transition. It also does not include counseling that provides acceptance, support, and understanding of a person or facilitates a person's coping, social support, and identity exploration and development, including sexual-orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as the counseling does not seek to change the person's sexual orientation or gender identity.

The Departments are committed to ensuring that Minnesotans do not face discrimination in accessing medically necessary health care benefits, including gender affirming care. The Departments would disapprove policy forms filed by insurers if there are exclusions on coverage for medically necessary treatment for gender dysphoria and related health conditions, including gender confirmation surgery—including medically necessary procedures to conform secondary sex characteristics to a person's gender identity or expression. Likewise, to prevent Minnesotans from facing discrimination with respect to their insurance, the Departments, in response to Executive Order 21-25, have requested that carriers provide attestations that they do not cover conversion therapy.

In order to provide consistent and appropriate care in this field, it is recommended that carriers identify, in their Policy, Certificate or Schedule of Benefits (SCH), a standard of care established by recognized experts in the field, e.g. The World Professional Association for Transgender Health (WPATH) Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People.

The Departments will also continue to conduct independent reviews for denials of coverage on the basis that services are not medically necessary via the Departments' external review programs. Determination of medical necessity and prior authorization protocols for gender dysphoria-related treatment must be based on the most recent, published medical standards set forth by nationally recognized medical experts in the transgender health field.

Questions on this bulletin may be directed to:

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Julie Erickson
Minnesota Department of Health
Health Policy Division
85 East 7th Place, Suite 200
St. Paul, MN 55101
651-201-5174
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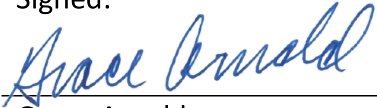
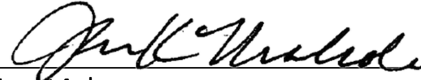
Signed:



Grace Arnold
Commissioner
Minnesota Department of Commerce



Jan Malcom
Commissioner
Minnesota Department of Health

Administrative Bulletin 2015-5

Date: November 24, 2015

To: All insurance companies, fraternal benefit societies, hospital service corporations, non-ERISA employer group plans, managed care organizations, medical service corporations and health care centers that deliver or issue individual and group health insurance policies in Minnesota

Subject: Gender Identity Nondiscrimination Requirements

The purpose of this Bulletin is to advise entities delivering or issuing individual and group health insurance policies in Minnesota that discrimination against an individual because of the individual's gender identity or expression is prohibited. This prohibition extends to the availability of health insurance coverage and the provision of health insurance benefits.

Section 1557(a) under the Affordable Care Act (ACA) prohibits discrimination on the basis of gender identity and sex stereotyping in any health program receiving federal funds or by an entity established under the ACA, including exchanges. Proposed guidance on this topic has recently been released by the U.S. Department of Health and Human Services and the Centers for Medicare and Medicaid Services.

Minnesota Statutes sections 62A.02 and 62D.07 authorize the Commissioners of Commerce and Health to disapprove any policy of insurance or health maintenance organization contract if it contains a provision that is unjust, unfair, inequitable, misleading or deceptive. Minnesota Statutes section 363A.17 prohibits discrimination in any business practice, including insurance, if it allows discrimination based on certain protected classes, including sex and sexual orientation.

The Minnesota Departments of Commerce and Health are committed to ensuring that Minnesotans do not face discrimination in accessing medically necessary health care benefits, including those based on transsexualism, gender identity disorder, and gender dysphoria. Commerce and Health currently disapprove policy forms filed by insurers if there are exclusions on coverage for medically necessary treatment for gender dysphoria and related health conditions, including gender confirmation surgery (previously known as sex reassignment surgery). Commerce and Health will also continue to conduct independent

reviews for denials of coverage on the basis that services are not medically necessary via the Departments' external review programs. Determination of medical necessity and prior authorization protocols for gender dysphoria-related treatment must be based on the most recent, published medical standards set forth by nationally recognized medical experts in the transgender health field.

Questions

Questions on this bulletin may be directed to:

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Minnesota Department of Commerce
Health Policy Advisor
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Tom Major
Minnesota Department of Health
Acting Director
Managed Care Division
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St. Paul, MN 55101
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Tom.Major@state.mn.us

Signed:

Mike Rothman
Commissioner
Minnesota Department of Commerce

Edward P. Ehlinger, MD, MSPH
Commissioner
Minnesota Department of Health

March 1, 2024

Chair Zack Stephenson
449 State Office Bldg.
St. Paul, MN 55155

Dear Chair Stephenson and Members of the House Commerce Finance & Policy Committee:

OutFront Minnesota writes in support of HF 2607 (Finke) The Gender Affirming Care (GAC) Insurance bill. OutFront Minnesota, founded in 1987, is the state's largest LGBTQ+ advocacy organization that has sought to build power within Minnesota's LGBTQ+ communities and address inequities through intersectional organizing, advocacy, education, and direct support services. We believe that this legislation is important to fostering a Minnesota that protects *all* of its residents.

Today, we support the Gender Affirming Care Insurance bill (HF 2607) which would ensure that Minnesotans have the full access to the health care they need and deserve. While gender affirming care encompasses a range of supportive care services that are governed by the standards of care outlined by the World Professional Association for Transgender Health (WPATH); despite increasing political rhetoric this care is supported by all major medical associations including the American Medical Association, American Psychological Association, American Association of Pediatrics, and others.

This is best practice medical care that should be available to those who need it. As noted in a state review in 2023 "covering medically necessary transition procedures was a cost-effective intervention" and withholding or delaying gender affirming care can have dramatic impacts on the mental health of individuals who need it. Rates of depression, suicide, and substance abuse are dramatically higher in transgender and gender expansive individuals who lack support and access to care. Those who receive care and support have dramatically improved health outcomes; and we believe that the state has an opportunity to clarify existing policy and help reduce cost and insurance barriers to this care.

Minnesota insurers are already prohibited from discriminating against trans Minnesotans by denying Gender Affirming Care, however the regulatory framework and prohibition on discrimination would be clarified for all by adding the requirement to the insurance statutes, and including a definition of Gender Affirming Care as offered in the author amendment.

While existing guidance from the state provides a strong framework for access under state plans and through private insurers, we believe that clarifying these expectations in law will help to

ensure that individuals and their care providers face fewer barriers throughout the process. Minnesota has a long history of ensuring that LGBTQ+ individuals have the full protections and support of our state's laws; and HF 2607 will further Minnesota's leader as a national leader in LGBTQ+ rights and health care access.

OutFront Minnesota seeks to support and empower *all* residents in becoming their best and healthiest selves. The passage HF 2607 will advance those goals; and show our trans and gender expansive communities that they belong here. OutFront Minnesota respectfully urges your support for HF 2607 the Gender Affirming Care Insurance bill.

Sincerely,

Kat Rohn
Executive Director
OutFront Minnesota

663 UNIVERSITY AVENUE WEST
SUITE 200
SAINT PAUL, MN 55104
PHONE 651.789.2090

RE: Support for HF2607

March 6, 2024

To Chair Zack Stephenson and members of the Commerce Finance and Policy Committee:

Gender Justice is a legal and policy advocacy organization dedicated to advancing gender equity through the law. We believe that all people, no matter their gender, deserve affordable access to the healthcare they need, and that best practice medical care for transgender people should be no exception as a crucial aspect of transgender people's health and livelihood.

Gender affirming medical care drastically improves quality of life for transgender people, with 98% of transgender people reporting increased life satisfaction after receiving it. Gender affirming care is supported widely by major medical organizations including the American Medical Association and American Academy of Family Physicians.

Since 2015, Minnesota Departments of Commerce and Health have maintained a practice of ensuring coverage of this care for transgender people, and the passage of HF 2607 would codify those practices, increasing predictability for insurers, consumers, and providers. Additionally, the bill adds a definition of Gender Affirming Care in line with medical best practices, to provide clarity and security for patients and providers, and ensure that legislators and insurers don't get between patients and their care team.

This step is needed now to protect healthcare access for trans Minnesotans and trans people from around the midwest seeking care here. Forty-seven percent of transgender people in the US have thought about moving states because of their own state government considering or passing legislation targeting them for unequal treatment according to the new results of the 2022 US Trans Survey. Meanwhile, clinics in Minnesota are reporting surges of new transgender patients seeking care. Last year, the Minnesota legislature passed the Trans Refuge Act to protect Minnesota providers and visiting patients from persecution by other states. To ensure the promise of refuge for new and residing trans Minnesotans, we must ensure trans people can access the care they need.

Please support the Gender Affirming Care Act for the many transgender people who call this state home.

Thank you for your support,

Megan Peterson

663 UNIVERSITY AVENUE WEST
SUITE 200
SAINT PAUL, MN 55104
PHONE 651.789.2090

Megan Peterson
Executive Director, Gender Justice

My name is Camille Kiefel and I represent Detrans Help, a non-profit by detransitioners for detransitioners. I testify today to share my story in hopes of preventing this from happening to others.

Prior to my transition, I had spent 20 years of mental health therapy with conventional modalities. I didn't respond well to medications, saw a gender therapist, and had two rounds of transcranial magnetic stimulation therapy—an intervention reserved for treatment resistant depression. I was diligent, wanting to heal, but nothing my doctors offered helped me—they always saw my issue strictly as a mental one.

I was at the end of my rope when I transitioned. I struggled with severe mental illness and trauma. This should have been a red flag. Yet within a few months of requesting top surgery, it was performed on me—the Oregon Health Plan considered it a medical necessity. I had physical health issues that had been previously overlooked; when those were addressed, my mental health improved. Had that been managed, I would have never gotten the surgery.

I got two letters—one requesting the surgery, and another saying I was psychologically fit to do the surgery. I detransitioned a year and a half later. Even with the safeguards in place, I was still misdiagnosed. Now that the safeguards are gone, I am concerned a higher rate of individuals will be misdiagnosed and harmed.

Individuals with sexual trauma, internalized homophobia, and other mental health comorbidities are transitioning as a coping mechanism. There is going to be a large onslaught of detransitioners in the next few years. We do not know how to treat them. We have no infrastructure to support them. There is so much we don't know, and it is deeply concerning.

Detrans Help helps detransitioners in the US and across the globe. They don't feel safe being open about detransition. Many detransitioners no longer trust the medical field and have struggled getting proper medical care. Part of this is that there is no ICD-10 medical code for detransition, making billing and getting the medical care they need difficult. Would HF2607 mandate detransitioners' coverage as well? I know detransitioners who were denied medical care.

WPATH's SOC 8 should not be the standard of care. It does not look into trauma and comorbidities as a source of transition, and the text acknowledges they know very little about detransition. How can you know who is a good candidate for a procedure if you cannot tell who is not a good candidate? Because of this, I would request that detransitioners need a medical code and be protected as a minority under HF2607.

March 5, 2024

Members of the House Commerce Finance and Policy Committee
Via Electronic Delivery

Re: Letter in Support of House File 2607

Chair Stephenson and Members of the Commerce Finance and Policy Committee:

Planned Parenthood North Central States (PPNCS) provides a full range of sexual and reproductive health care to Iowa, Minnesota, Nebraska, North Dakota, and South Dakota at 25 health centers, serving nearly 100,000 patients in the fiscal year 2023. They are proud to provide gender affirming care – including hormone therapy – at all of their health centers.

Founded in 1992, the Planned Parenthood Minnesota, North Dakota, South Dakota Action Fund is an independent, non-partisan, non-profit organization that advocates for the policy and support needed to make PPNCS's care possible. We work with supporters of all parties to defend and increase access to family planning services, fact based, medically accurate sexuality education, and healthcare abortion access. To that end, we're writing today in support of House File 2607 and insurance coverage for gender-affirming care.

Gender affirming care is just that – affirming and supportive of each patient's goals. It is also lifesaving. Comprehensive, gender-affirming care, and supportive social and family environments lead to health outcomes for gender diverse teens that are similar to their cisgender peers. With proven critical health outcomes, its crucial insurance providers cover gender affirming care.

We know transgender and gender expansive people share the same fundamental need for quality health care as all Minnesotans, and the promise of access cannot be fulfilled unless all people can afford care. Minnesotans need to be able to make decisions knowing that they are not going to be stuck with out-of-pocket payments they cannot afford. Insurance coverage is essential for real access and health equity.

Now is the time to expand access and reduce barriers to health care. Please support House File 2607.

Sincerely,

Tim Stanley
Executive Director

671 Vandalia Street • Saint Paul, MN 55114

Monday, March 4, 2024

Representative Zack Stephenson, Chair
Committee on Commerce Finance and Policy
449 State Office Building
St. Paul, Minnesota 55155

RE: Support the Gender Affirming Care Coverage Act (HF 2607)

Dear Chair Stephenson and Committee Members:

On behalf of Pro-Choice Minnesota, I am writing to express our strong support for The Gender Affirming Care Coverage Act and to urge the Commerce Finance and Policy Committee to advance this bill out of Committee.

In Minnesota, we have a chance to stand up for trans folks' health by making sure insurance covers gender affirming services in both public and private plans. Gender affirming care is a crucial part of healthcare, and everyone should have fair access to it, no matter their income, background, or zip code.

It's time to ensure that everyone in Minnesota can get the reproductive healthcare they need.

Sincerely,

maggie meyer

Maggie Meyer
Executive Director

Written Testimony in Opposition to HF 2607
Minnesota House Commerce Finance and Policy Committee
March 6, 2024

Dear Chair Stephenson and Members of the Commerce Finance and Policy Committee:

I oppose requiring health insurance plans to cover medical transition treatments (called "gender-affirming care" in HF2607), particularly in regard to minors because the evidence base for these treatments is so poor.

Even the medical associations that endorse medical transition treatments acknowledge there is paltry research supporting their endorsements In their 2022 Standards of Care, the World Professional Association for Transgender Health (WPATH) conceded that the number of studies of pediatric transition treatments is low, and that few outcome studies have followed youth into adulthood. In regard to puberty blockers, the Standards of Care state that:

- "…the long-term effects on bone mass have not been well established." (page S114)
- "The potential neurodevelopmental impact of extended pubertal suppression in gender diverse youth has been specifically identified as an area in need of continued study." (page S65)
- Providers should discuss with families, "…the future unknowns related to surgical and sexual health outcomes." (page S64)

The Endocrine Society documented in its 2017 clinical practice guidelines for the endocrine treatment of gender dysphoric persons that all but one of its recommendations regarding the treatment of adolescents are based on low or very low-quality evidence. [i]

WPATH, the American Academy of Pediatrics (AAP), and the Endocrine Society all acknowledge that following puberty blockers with cross sex hormones, a common treatment pathway, threatens patients' fertility. This is because children begin blockers in very early puberty[ii] before gametes (i.e. sperm or ova) have matured.[iii] For cross sex hormones to be effective, patients must continue to suppress their own endogenous hormones after stopping puberty blockers.[iv] [v] [vi] Under these conditions, the gametes will not mature, with a likely future consequence of sterility.[vii] [viii] What WPATH, the AAP and the Endocrine Society fail to acknowledge is that almost all children who take puberty blockers (between 93% and 98%) go on to take cross-sex hormones (CSHs) [ix] [x] [xi] Effectively, children and their families are making choices about future fertility during the very early stages of puberty.

In the last several years, health authorities in Finland, Sweden, and England have performed systematic reviews of the research literature to determine the safety and efficacy of pediatric medical transition treatments. They are rethinking the use of puberty blockers and cross-sex hormones as a result. Finland's 2020 treatment recommendations warn that "…gender reassignment of minors is an experimental practice," and recommend psychosocial support, therapy and treatment of comorbid psychiatric disorders as "the first-line intervention".[xii]

Swedish health authorities say the risks of treatment likely outweigh possible benefits,[xiii] and along with England's NHS now recommend that puberty blockers and cross sex hormones be given only in the context of research programs. [xiv] [xv]

The media often report that pediatric transition treatments are needed to prevent suicide. The evidence does not support this claim. A Systematic review of the literature published by the Endocrine Society could not find sufficient evidence to "…draw a conclusion about the effect of hormone therapy on death by suicide." Finnish researchers published a large study just last month that found,

- Gender dysphoria does not seem predictive of suicide deaths.
- Medical gender reassignment does not have an impact on suicide risk.
- The main predictor of mortality in the gender dysphoric population is psychiatric morbidity…." When researchers controlled for psychiatric treatment needs, subjects in the control group versus the gender dysphoric group did not have statistically significant different levels of death by suicide.

There are many uncertainties regarding medical transition treatments. Before approving legislation like HF 2607, Minnesota should commission a systematic review of the literature by an independent party regarding the safety and efficacy of these treatments. We should know that people benefit from treatments before requiring health plans to cover them.

Respectfully submitted,

Susan Illg
1243 James Avenue
Saint Paul, MN 55105

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[i] Hembree, Wylie C, et al. "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline." *The Journal of Clinical Endocrinology & Metabolism*, vol. 102, no. 11, 13 Sept. 2017, pp. 3869–3903, https://academic.oup.com/jcem/article/102/11/3869/4157558 (pages 3871-3872). A description of the evidence grading system is found on page 3872 in the section titled, *Method of Development of Evidence-Based Clinical Practice Guidelines*. Recommendations and suggestions for treating adolescents may be found on page 3871: sections 1.4, 1.5 and sections 2.1 through 2.6; and page 3872: sections 5.5 & 5.6. At the end of each recommendation or suggestion, the supporting evidence is graded. The supporting evidence for seven recommendations has a grade of "low quality," and the supporting evidence for three recommendations has a grade of "very low quality." The evidence for one recommendation to give adolescents information on options for fertility preservation has a grade
of "moderate quality."

[ii] Coleman, E., et al. "Standards of Care for the Health of Transgender and Gender Diverse People, Version 8." *International Journal of Transgender Health*, 2022, pp. S1 – S258, Standards of Care - WPATH World Professional Association for Transgender Health (page S112). *Note*: WPATH provides the following guidance for determining when to start puberty blockers, "When a child reaches an age where pubertal development would normally begin (typically from 7-8 to 13 years for those with ovaries and from 9 to 14 years for those with testes),

it would be appropriate to screen the child more frequently, perhaps at 4-month intervals, for signs of pubertal development (breast budding or testicular volume > 4 cc)."

[iii] Finlayson, Courtney, et al. "Proceedings of the Working Group Session on Fertility Preservation for Individuals with Gender and Sex Diversity." *Transgender Health*, vol. 1, no. 1, 2016, pp. 99–107, https://www.liebertpub.com/doi/10.1089/trgh.2016.0008 (page 100). *Quote:* "Pubertal suppression treatment, prescribed to youth with gender dysphoria as early as Tanner state 2 of puberty, pauses the development of undesired puberty, including some irreversible secondary sexual characteristics, but also prevents maturation of primary oocytes and spermatogonia to mature oocytes and sperm."

[iv] Coleman, E., et al. "Standards of Care for the Health of Transgender and Gender Diverse People, Version 8." *International Journal of Transgender Health*, 2022, pp. S1 – S258, Standards of Care - WPATH World Professional Association for Transgender Health (page S115, Statement 12.6). *Quote:* "We recommend health care professionals measure hormone levels during gender-affirming treatment to ensure endogenous sex steroids are lowered and administered sex steroids are maintained at a level appropriate for the treatment goals for transgender and gender diverse people…."

[v] Hembree, Wylie C, et al. "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline." *The Journal of Clinical Endocrinology & Metabolism*, vol. 102, no. 11, 13 Sept. 2017, pp. 3869–3903, https://academic.oup.com/jcem/article/102/11/3869/4157558 (pages 3885-3886). The Endocrine Society Guidelines state that one of the major goals of cross sex hormone therapy is "…to reduce endogenous sex hormone levels, and thus reduce the secondary sex characteristics of the individual's designated gender…."

[vi] Coleman, E., et al. "Standards of Care for the Health of Transgender and Gender Diverse People, Version 8." *International Journal of Transgender Health*, 2022, pp. S1 – S258, Standards of Care - WPATH World Professional Association for Transgender Health (page S115). *Note:* This page in the SOC explains that in addition to taking estrogen to develop female secondary sex characteristics, natal males must also take medication to block endogenous testosterone production to prevent development of male secondary sex characteristics. Testosterone both blocks the production of endogenous estrogen and develops male secondary sex characteristics, so natal females do not need a second medication to block estrogen production.

[vii] Mayhew, Allison C, and Veronica Gomez-Lobo. "Fertility Options for the Transgender and Gender Nonbinary Patient." *The Journal of Clinical Endocrinology & Metabolism*, vol. 105, no. 10, 14 Aug. 2020, pp. 3335–3345, https://academic.oup.com/jcem/article/105/10/3335/5892794?login=false (page 3337). *Quote:* "….significant concerns have been raised regarding the viability of fertility options for gonads that have not undergone puberty."

[viii] Joyce, Helen. *Trans: When Ideology Meets Reality*, Oneworld Publications, London, 2021 (page 91). *Quote:* "But there is no doubt about an indirect harm that will be suffered by any children who start taking them [puberty blockers] young enough to avoid puberty altogether: sterility. Cross-sex hormones cause the secondary sex characteristics of the desired sex to develop – breasts, beards, and so on – but only a person's own sex's hormones can cause their ovaries or testicles to mature."

[ix] "The Cass Review Independent Review of Gender Identity Services for Children and Young People: Interim Report." NHS England and NHS Improvement, Feb. 2022, The Cass Review - Independent review of gender identity services for children and young people: Interim Report (page 38. section 3.31). *Quote:* "The most difficult question is whether puberty blockers do indeed provide valuable time for children and young people to consider their options, or whether they effectively 'lock in' children and young people to a treatment pathway which culminate in progression to feminising/masculinising hormones by impeding the usual process of sexual orientation and gender identity development. Data from both the Netherlands and the study conducted by GIDS demonstrated that almost all children and young people who are put on puberty blockers go on to sex hormone treatment (96.5% and 98% respectively)."

[x] Biggs, Michael. "The Dutch Protocol for Juvenile Transsexuals: Origins and Evidence." *Journal of Sex & Marital Therapy*, 19 Sept. 2022, pp. 1–21, https://www.tandfonline.com/doi/full/10.1080/0092623X.2022.2121238 (page 5). *Quote:* "Subsequent experience in the Netherlands and other countries confirms the fact that 96%-98% of children who undergo puberty suppression continue to cross-sex hormones."

[xi] Van der Loos, Maria ATC, et al. "Children and adolescents in the Amsterdam Cohort of Gender Dysphoria: trends in diagnostic and treatment trajectories during the first 20 years of the Dutch Protocol." *The Journal of Sexual*

Medicine, vol. 20, Issue 3, March 2023, pp. 398-409, https://academic.oup.com/jsm/article/20/3/398/7005631?login=false (page 407). *Note:* In this document, the Dutch researchers who popularized the use of puberty blockers acknowledge that most children who take puberty blockers continue to cross sex hormones. *Quote:* "The majority of adolescents (93%) using GnRHa go on to start with GAH [gender-affirming hormones]. This finding may imply that GnRHa treatment is used as a start of transition rather than an extension of the diagnostic phase."

[xii] *Recommendation of the Council for Choices in Health Care in Finland (PALKO/COHERE Finland) Medical Treatment Methods for Dysphoria Related to Gender Variance in Minors* – unofficial translation. Palveluvalikoima Tjänsteutbudet, 2020, pp 1-11 https://segm.org/sites/default/files/Finnish_Guidelines_2020_Minors_Unofficial%20Translation.pdf (page 8). *Note*: I found the link for this report at the bottom of this webpage: https://segm.org/Finland_deviates_from_WPATH_prioritizing_psychotherapy_no_surgery_for_minors

[xiii] *Care of Children and Adolescents with Gender Dysphoria Summary of National Guidelines*. Socialstyrelsen The National Board of Health and Welfare, Dec. 2022, pp. 1-6 https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/artikelkatalog/kunskapsstod/2023-1-8330.pdf (page 3). *Quote:* "At group level (i.e. for the group of adolescents with gender dysphoria, as a whole), the National Board of Health and Welfare currently assesses that the risks of puberty blockers and gender-affirming treatment are likely to outweigh the expected benefits of these treatments."

[xiv] *Interim Service Specification: Specialist Service for Children and Young People with Gender Dysphoria (Phase 1 Providers) Publication Reference: PR1937_i*. NHS England, 20 Oct. 2022, pp. 1-26, https://www.engage.england.nhs.uk/specialised-commissioning/gender-dysphoria-services/user_uploads/b1937-ii-specialist-service-for-children-and-young-people-with-gender-dysphoria-1.pdf (page 16). *Quote:* "Consistent with advice from the Cass Review highlighting the uncertainties surrounding the use of hormone treatments, NHS England is in the process of forming proposals for prospectively enrolling children and young people being considered for hormone treatment into a formal research programme with adequate follow up into adulthood, with a more immediate focus on the questions regarding GnRHa. On this basis NHS England will only commission GnRHa in the context of a formal research protocol."

[xv] *Care of Children and Adolescents with Gender Dysphoria Summary of National Guidelines*. Socialstyrelsen The National Board of Health and Welfare, Dec. 2022, pp. 1-6, https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/artikelkatalog/kunskapsstod/2023-1-8330.pdf (page 4). *Quote:* "The Swedish Agency for Health Technology Assessment and Assessment of Social Services (SBU) concludes that existing scientific evidence is insufficient for assessing the effects of puberty suppressing and gender-affirming hormone therapy on gender dysphoria, psychosocial health and quality of life of adolescents with gender dysphoria [2]. Knowledge gaps need to be addressed and the National Board of Health and Welfare recommends that these treatments be provided in the context of research."