

**HOUSE OF REPRESENTATIVES
COMPILATION OF PUBLIC COMMENTS**

Submitted to the Committee on Insurance

For HB 3502

Compiled on: Tuesday, April 11, 2023 5:46 PM

Note: Comments received by the committee reflect only the view of the individual(s) submitting the comment, who retain sole responsibility for the content of the comment. Neither the committee nor the Texas House of Representatives takes a position on the views expressed in any comment. The committee compiles the comments received for informational purposes only and does not exercise any editorial control over comments.

Hearing Date: April 11, 2023 8:00 AM

Tracy Shannon

Self and MassResistance TX

Kingwood, TX

I support this bill. This bill is necessary due to the insurance industry's collaboration with health care providers to provide procedures that were onboarded by the medical professionals without proper review to make sure the procedures were medically necessary and based on good quality evidence. The procedures for medically transitioning were rapidly diffused without critical review. This has led to many people being irreversibly harmed. There is no existing medical guidance for detransition because the medical professionals who onboarded these procedures didn't consider the reality that patients would desist at some point for a variety of reasons, but most of them based on the underlying reality that a person cannot change their sex and all attempts to try merely put the person in an unhealthy state. Insurance agencies refuse to cover the reconstruction of female breasts after a double mastectomy due to cancer, but they will cover the costs of a man who wants breast implants. The insurance industry has shown a clear ideological bias when it comes to what it chooses to cover. They will cover the genital surgeries of people wanting to be the opposite sex, but they make doctors go through many hurdles to cover the surgery to correct pelvic floor prolapse which leaves a woman with her uterus protruding out of her vagina, an extremely painful and awkward problem for a woman. The insurance industry allowed the harm and now they must be part of the process of restoring the health and well-being of those who are harmed by the procedures they approved as medically necessary.

Lillian Sheriff

Self

Belton, TX

FIGHTING CPS, MY DAUGHTER WAS TAKEN BECAUSE AS A CHRISTIAN MOM I WOULD NOT AFFIRM HEE
GENDER THIA IS MADNESS

DG Singhal

Self, retired

Dallas, TX

I am a lifelong Texan, and I am a mother. Like many of you parents here, I worry about my kids. I do not worry about their gender expression, how they dress, what color their hair is, if they prefer art, sports, cooking, or dance. Nor do I worry about their sexual preferences. I do worry about their health and that is why I am here supporting HB3502. Not only supporting it, but along with other parents and professionals, was instrumental in drafting it and thankful to Chairman Leach for believing in us enough to carry it.

I am the parent of a trans identified young adult whom I accept and love deeply. My child suffered from anxiety, conflicted with a changing body in puberty and a belief it was caused by being born wrong. My child accessed cross sex hormones at the age of 18 from an online informed consent clinic, then an in person clinic and now with an internist we know and trust.

Does this treatment for gender dysphoria put my child at more health risk than before taking off-label drugs to alter an outward appearance, to create the illusion of the opposite sex? We looked at the medical information out there and believe the answer is "YES". Studies from the Netherlands and Sweden, published in peer reviewed journals, looking back over decades of data post-sex reassignment using cross sex hormones and surgeries, show a mortality rate from a variety of causes consistently at least twice as high for transgender adults. I am happy to provide copies of those journal articles.

Insurance covers the off-label drugs, blood tests and surgeries, but limited health screenings and treatments for other consequences of cross-sex hormones or gender reassignment surgeries. In December, we paid out of pocket for a bone density scan and found our child at 21 is over one standard deviation below normal for their age and birth sex. With the growing number of trans-identified children and young adults medicalizing, a growing body of evidence is emerging on the risks to cardiovascular health, endocrine and metabolic health, immune system health, sexual function, bone density, brain function and mental health. And you have heard the stories of insurance denial for detransition care and reconstructive surgeries. Thankfully, my child is doing okay right now but has decades to live. Please pass this legislation to ensure insurance coverage for the known and unknown results of this treatment.

Anupam Singhal

self, Physician

Dallas, TX

I am a Texan. I have practiced medicine in Texas for decades. Most importantly, I am the father of a 21 year old child who transitioned medically from birth & biologic & chromosomal sex, to the opposite sex. My wife and I love our child beyond words but seeing our child hurting breaks our hearts. At age 21, one should be the epitome of health, but our child's health has declined.

In my practice, I treat transgender patients with the same compassion as all of my patients. One can see great pain in their eyes. Many have had surgeries that cannot be undone. Others suffer blood clots, bloating, metabolic derangements, weakened immune systems and deeper depression.

Although it may take many years, most of those who transition realize that they are worse off than they were before they did so. The same counselors and personnel who cajoled and even coerced them into accepting false promises of a happier future are nowhere to be found when these souls have to grapple with their predicament. It is equivalent to post-traumatic stress, except that the road must be traveled both going and returning. These patients, who are also our sons and daughters, our brothers and sisters, are hurting, and we MUST take care of them.

Monetary forces, in addition to a misguided social agenda, are pushing transition medicine. It has been badly misnamed "gender-affirming" when in fact, it should be named health decaying. These children and adults need to take care of their health, and some are brave enough to confront the long & arduous journey back to their biologic sex. Insurance companies must fund their health care, particularly when the same companies eagerly reimbursed for the transition in the first place.

We will always love and take care of our child. We pray for the day that our child decides to detransition. We will be waiting with open, loving arms. We are blessed with the means to support that. We know others may not be.

Please vote for HB 3502 so we can support the health of our children, our brothers and our sisters.

Hailee Harris

Austin chapter of Parents of Rapid Onset Gender Dysphoric Kids

Austin, TX

Hi - my name is Hailee Harris. I represent myself and the Austin chapter for Parents of Rapid Onset Gender Dysphoric kids. I am here in support of HB 3502. I have a trans child and ROGD is real.

Prisha Moseley is a 25 year old lady who has decided to detransition after being on testosterone for 5-6 years while identifying as a male. She started her social transition at 15 years old, testosterone at age 17 and top surgery at age 18.

What did you want to be when you were 15? Was it the same at 25? 35?

Top surgery, reduction mammoplasty surgery, code #19318. Should have a history of headaches & back pain, NSAID use, etc. to prove the need for breast reduction...this code doesn't say for gender affirming care, but they use it for it regardless.

Cost for top surgery is \$6-18,000...but on insurance max would've been \$2100.

Cost of phalloplasty \$20-\$150,000 with lots of complications

Metoidioplasty \$2-\$20,000

Vaginoplasty \$10-\$30,000

And these are considered gender affirming surgeries that Starbucks advertises as paying for.

Now say you want to detransition and from a trans male back to a female.

- Lab work and correct sex hormone replacement therapy.

- Laser hair removal just for the face is \$300 per appointment, every 12 weeks. Needs chest and other areas treated. Whole body around \$5000 and it's painful.

- Hair loss on top of head, "male pattern baldness," Prisha is using supplements. Hair plugs would be a surgical option, but too expensive.

- Breast reconstruction, surgery in 3 phases, \$35,000, involving a saline filled balloon inserted for 6 months to stretch the skin before implants can be placed, followed by a nipple surgery that may or may not work.

- Medialization laryngoplasty, voice surgery, \$8-\$15,000. Insurance will cover this for a male to feminize his trans woman voice, but not for a detransitioner. Aren't both gender affirming surgeries?

- These procedures don't even address anything to be done about reversing bottom surgeries, if that's even possible.

There are no medical codes for detransitioners.

Larissa Bezouchko

Self

Katy, TX

Texas must ban any gender affirming and adverse effects coverage on children, and, especially, children.

Kym Kettler-Paddock

Self- writer

Katy, TX

'Gender modification surgery' is a Frankenstein-like mutilation of the human body that is being recommended far too frequently for people suffering from gender dysphoria and other mental conditions. An increasing number of transitioners regret their decision and wish to undo as much of the transition as possible. While it would be ideal to ban this surgery altogether, insurance companies that provide funding for this barbaric practice should also provide for the reversal (as much as possible) of this surgery along with any side-effects and consequences.

Christopher Hamilton
Texas Health Action
Austin, TX

I'm Christopher Hamilton, I represent myself and Texas Health Action speaking against HB 3502. I am the chief executive officer of Texas Health Action, a community informed non-profit dedicated to providing healthcare in a safe and supportive environment.

This bill appears to be a stealthy attempt to stop healthcare for all transgender Texans, hoping that insurance companies will decide to no longer write policies that will provide for the healthcare needs of transgender Texans. Hoping that insurance companies will think there are a significant number of transgender people that no longer want medical care affirming their gender and are experiencing adverse events and outcomes when in reality the number is extremely low.

It would seem the intended result is for transgender people in Texas to be unable to access healthcare in this state. A state with an estimated 92,000 transgender people who call Texas home.

The requirements imposed cannot be reasonably accomplished with the deadline for plans in calendar year 2024 resulting in plans that will exclude the healthcare transgender Texans of all ages depend on.

There are high rates of adverse events and outcomes from other procedures like knee and hip replacements, and even in cancer treatment. The specific focus on transgender people is clearly discriminatory. The committee could expand coverage regardless of treatment and regardless of specific populations and seek to protect all healthcare consumers in the State.

Brian Klosterboer
ACLU Foundation of Texas
Houston, TX

We write on behalf of the ACLU of Texas to express concerns about HB 3502 and request that you vote against this bill. Although we support expanding health insurance coverage for all Texans, this bill is yet another attempt to discriminate against and marginalize transgender Texans. If passed into law, HB 3502 could make it more difficult for health insurers to provide full and comprehensive coverage by imposing unique and potentially burdensome restrictions solely on one type of healthcare.

This bill seeks to require any "health benefit plan that provides coverage for an enrollee's gender transition procedure or treatment" to also provide coverage for "all possible adverse consequences related to the enrollee's gender transition procedure or treatment, including any short- or long-term side effects of the procedure or treatment; (2) any testing or screening necessary to monitor the mental and physical health of the enrollee on at least an annual basis; and (3) any procedure or treatment necessary to reverse the enrollee's gender transition procedure or treatment."

Because this bill does not define these adverse consequences or contain any requirement that covered treatments of procedures be "medically necessary," HB 3502 is vague and does not give clear notice to insurance companies regarding the coverage they provide. While this bill seemingly does not change a patient's deductible or other insurance coverage requirements, it also imposes no limit on what kind of consequences might be "related" to an enrollee's "gender transition procedure or treatment." So if someone wants a cosmetic plastic surgery that is "related" to a prior "gender transition procedure," an insurance company could be forced to pay the full cost of the surgery if a patient has already hit their out-of-pocket maximum.

Because this bill expands this health care coverage only for "gender transition procedure[s]" in a vague and unclear way, it could result in some insurance companies not wanting to take the risk of exposing themselves to these additional costs and red tape. As a result, some insurance companies might choose to cancel coverage for "gender transition" care or decline from covering this care in the first place, thereby harming people who need this treatment.

Transgender Texans already face significant discrimination in access to health care. Approximately 15 states, including Texas, still provide state employee insurance plans that categorically deny or restrict access to care for transgender people. By singling out this type of care for unique treatment under Texas law, HB 3502 could make it even more difficult for transgender Texans to access the care that they need.

Moreover, this bill also contains inaccurate and misleading statements about "biological sex" that have the effect of erasing and marginalizing intersex Texans.

Diana Richards

Self / Retired

Sherman, TX

I am a former Texas Insurance Agent and am FOR HB 3502. The one-sided approach seen happening in medicine now is alarming, especially since gender “medicine” is experimental and not well studied. I have met detransitioners who have been repeatedly denied coverage for health problems caused by the past gender transitioning protocols. Transitioning males-to-females can quickly receive breast augmentation, but biological females cannot get reconstructive surgeries just as easily after scarring trans mastectomies (even if they were due to breast cancer.) Please Pass this bill unanimously and put on the Local and Consent Calendar.

Tom Nobis

The Republican Party of Texas and Self

Houston, TX

I support this bill. If insurance can pay to mess up the child, they certainly should pay to restore and correct the issues.

Steven Wu

Woori Juntos

Houston, TX

Vote no!

Quynh-Huong Nguyen

Woori Juntos

Houston, TX

While I believe in the importance of providing comprehensive healthcare to all individuals, this bill is deeply concerning from a healthcare perspective.

Firstly, this bill reinforces harmful stereotypes about the transgender community by implying that gender transition is something that is frequently regretted or reversed. This could contribute to further stigmatization and discrimination against transgender individuals, who already face significant challenges in accessing healthcare, education, and employment.

Furthermore, this bill would disproportionately impact marginalized communities, including people of color, those with disabilities, low-income individuals, and non-English speakers. These communities already face significant barriers to accessing quality healthcare, and requiring health benefit plans to cover gender transition adverse effects and reversals could divert resources away from other critical healthcare needs.

As a Texan, I believe in dismantling systems of oppression and creating new structures that prioritize equity, justice, and collective well-being. This bill, however, perpetuates harmful narratives and reinforces a narrow understanding of healthcare that fails to address the complex and intersectional needs of diverse communities.

In addition, this bill could have a chilling effect on healthcare providers, who may be hesitant to provide gender-affirming care for fear of liability or other consequences. This could further limit access to critical healthcare for transgender individuals, who already face significant barriers to accessing affirming and culturally competent care.

Finally, it is worth noting that the evidence around gender transition adverse effects and reversals is limited, and there is significant debate within the medical community around the efficacy and safety of these interventions. Requiring health benefit plans to cover these interventions could therefore be premature and potentially harmful to patients.

In summary, I urge you to reject HB 3502 and instead prioritize policies that promote comprehensive, culturally competent, and affirming healthcare for all individuals, regardless of their gender identity. Let us work together to create a healthcare system that is rooted in equity, justice, and liberation for all.

Thank you for your time and consideration.

Martha Shoultz

Partners for Ethical Care

DALLAS, TX

This bill is necessary to cover the known and unknown serious health complications that arise from "gender affirming care" (high doses of cross-sex hormones and/or hormone blockers) that are used off-label and for which there is no evidence of any long-term benefit for treating gender dysphoria, confusion or any other mental illness. Thousands of children and vulnerable young adults across the country are being prescribed dangerous levels of cross-sex hormones to line the pockets of gender industry players such as the mail-order hormone companies like Plume and Folx. The young people receiving these treatments can usually get insurance to pay for the experimental cross-sex treatments, but often they get no help from insurance companies when they have serious long-term health damage, or when they realize "gender affirming care" did not help them, and they want to try to detransition to their natal sex. Please ensure that insurance companies who will de-sex children and young adults also pay to treat the serious damage caused by these treatments. I'm a parent of a trans-identified child who is being de-sexed against my wishes, and I also serve on the board of Partners for Ethical Care, a nonpartisan, secular organization dedicated to stopping the de-sexing of kids in the name of "gender." At PEC, we see far too many young adults who are damaged by these experimental treatments, and we know that the only way to stop the industry from exploiting the young is to make someone pay for the damage. Insurance companies should be more careful and should cover only treatments that have been proven safe and effective, and not just what is politically expedient and profitable for their friends in Pharma.

Blair Bevis

self

Katy, TX

I urge you to support this bill. It goes along with the Legislative Priorities passed in the Republican State Convention. Please talk to Dade Phelan so that he doesn't put it aside.

Blair Bevis

Hearing Date: April 11, 2023 8:00 AM

Denise Ray

Self

Round Rock, TX

We know many individuals, particularly minors, who undergo gender transitioning treatment (hormones, drugs, surgical procedures) are doing so at their peril. We know this treatment is widely being marketed to an incredibly vulnerable population with promises of ultimate happiness and fulfillment. The long-term results of such treatment, however, are known to have adverse physical and psychological effects. And in many cases, these individuals experience severe regret, desire to reverse their decisions, and suffer high rates of suicidal ideation due to the permanence of such decision. Supporting their decision to undergo treatment (which may include surgeries) to detransition is essential to the mental and physical well-being of this vulnerable population. Many providers and insurance companies are willing to cover the cost to transition them but will not cover these expenses to support detransitioning as they are not deemed "medically necessary." Because of the high cost, financially, mentally, physically, and psychologically, associated with reversing this process, patients find themselves in an impossible predicament and need utmost compassion and support.

I support the bill that will require insurance companies who cover transition related drugs and surgeries to cover the short- and long-term consequences of the treatments, including detransition care and reconstructive surgeries. Please vote "yes" to move the bill out of committee and to the House floor. HB3502 should have bi-partisan support as it protects healthcare for a vulnerable population, as it applies to the care for all, not just minors. I urge you to consider the impact on humanity of such a vital decision.

Jeffrey Ray

Self

Round Rock, TX

Patients who undergo gender transitioning should not be excluded from medical coverage if they decide to reverse this process. Insurance companies must be required and compelled to cover the adverse effects of gender transitions and any procedure involved in the reversals. I vote YES to support HB 3502.

Hang Le

self

Round Rock, TX

I vote to support HB 3502. I believe insurance companies should be required to cover the cost of adverse effects and reversals associated with gender transition procedures.

Hung Le

Self

Round Rock, TX

Yes on HB 3502. Health insurance plans must cover the cost of adverse effects, any surgeries and procedures involved in gender transitioning. This includes any reversal procedures related to gender transitioning.

Alan Higginbotham

Self

Reklaw, TX

I urge you to support this Bill, HB 3502

Alan Higginbotham

Self

Reklaw, TX

I urge you to support this Bill, HB 3502

Maria Eugenia Prado

Self

Katy, TX

Please deny coverage of any and all “gender modification” treatments.