

JAN 23 2025

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# A BILL FOR AN ACT

---

RELATING TO INSURANCE.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

1       SECTION 1. The legislature finds that since the enactment  
2 of Act 39, Session Laws in Hawaii 2022, known and cited as the  
3 Gender Affirming Treatment Act, health insurance companies,  
4 health maintenance organizations, and mutual benefit societies  
5 (collectively referred to as "insurance carriers") have been  
6 continuing to deny transgender persons' coverage for gender  
7 transition-related medical care, according to reports of patient  
8 and providers in the State.

9       The legislature further finds that the gender transition-  
10 related medical care being denied by insurance carriers is often  
11 known to be medically necessary, classified as the standard of  
12 care according to the World Professional Association for  
13 Transgender Health ("WPATH") Standards of Care, and supported by  
14 scientific evidence. Moreover, these denials are routinely  
15 being overturned through the external review process.

16       The legislature also finds that since the enactment of the  
17 Gender Affirming Treatment Act, WPATH has released Version 8 of



1 its Standards of Care for the Health of Transgender and Gender  
2 Diverse People ("SOC8") and these updated guidelines have  
3 generally been adopted by insurance carriers across the  
4 continental United States. However, insurance carriers in  
5 Hawai'i have taken varying approaches with adopting SOC8, with  
6 some insurance carriers having reached near full adoption and  
7 others continuing to lag. This has resulted in transgender  
8 persons in Hawai'i experiencing different coverage standards for  
9 gender affirming care.

10 The legislature additionally finds that despite the  
11 enactment of the Gender Affirming Treatment Act and its  
12 transparency requirements, insurance carriers, when denying  
13 gender affirming care on the basis of medical necessity, are not  
14 consistently providing transparent and thorough information  
15 clearly explaining the reason the requested care was deemed not  
16 medically necessary.

17 As well, the legislature finds that the transgender  
18 community faces numerous health disparities, among which include  
19 an alarmingly increased risk for suicide and suicidal ideation.  
20 Research has found that transgender youth are about 4.6 times  
21 more likely to attempt suicide and about 13.4 times more likely



1 to have seriously considered suicide recently than cisgender  
2 youth. Transgender adults have been found to be about 4.4 times  
3 more likely to attempt suicide and about twelve times more  
4 likely to have seriously considered suicide recently than  
5 cisgender adults. Denials of gender transition-related medical  
6 coverage and care contribute to the likelihood of suicide and  
7 suicidal ideations. A 2023 federal directive from the Office of  
8 Personnel Management underscores the importance of aligning  
9 health coverage policies with updated standards of care,  
10 including WPATH's latest guidelines.

11 The legislature therefore finds that the intent of this Act  
12 is to better implement the 2022 Gender Affirming Treatment Act.  
13 Because this Act does not establish new health insurance  
14 requirements, it is not subject to the section 23-51, Hawaii  
15 Revised Statutes, review.

16 Accordingly, the purpose of this Act is to:

17 (1) Prohibit health insurers, mutual benefit societies,  
18 and health maintenance organizations from arbitrarily  
19 denying coverage requests for gender affirming care  
20 services when the requested care is known to be



1           considered a standard of care for which scientific  
2           evidence exists;

3           (2) Improve transparency of medical necessity reviews by  
4           health insurers, mutual benefit societies, and health  
5           maintenance organizations and the relevant  
6           requirements; and

7           (3) Codify reasonable standards, protections, and best  
8           practices to ensure that the State's transgender and  
9           gender diverse population are afforded access to the  
10          health care coverage that they need to live and  
11          thrive.

12          SECTION 2. Section 431:10A-118.3, Hawaii Revised Statutes,  
13          is amended to read as follows:

14          "**§431:10A-118.3 Nondiscrimination on the basis of actual**  
15          **gender identity or perceived gender identity; coverage for**  
16          **services.** (a) No individual or group accident and health or  
17          sickness policy, contract, plan, or agreement that provides  
18          health care coverage shall discriminate with respect to  
19          participation and coverage under the policy, contract, plan, or  
20          agreement against any person on the basis of actual gender  
21          identity or perceived gender identity.



1 (b) Discrimination under this section includes the  
2 following:

3 (1) Denying, canceling, limiting, non-renewing or  
4 otherwise refusing to issue or renew an insurance  
5 policy, contract, plan, or agreement on the basis of a  
6 transgender person's or a person's transgender family  
7 member's actual gender identity or perceived gender  
8 identity;

9 (2) Demanding or requiring a payment or premium that is  
10 based on a transgender person's or a person's  
11 transgender family member's actual gender identity or  
12 perceived gender identity;

13 (3) Designating a transgender person's or a person's  
14 transgender family member's actual gender identity or  
15 perceived gender identity as a preexisting condition  
16 to deny, cancel, non-renew or otherwise limit  
17 coverage; and

18 (4) Denying, canceling, or limiting coverage for services  
19 on the basis of actual gender identity or perceived  
20 gender identity, including but not limited to the  
21 following:



1 (A) Health care services related to gender  
2 transition; provided that there is coverage under  
3 the policy, contract, plan, or agreement for the  
4 services when the services are not related to  
5 gender transition; provided further that it shall  
6 not be required that a health care service  
7 covered for gender transition be routinely  
8 available and covered for services not related to  
9 gender transition; and

10 (B) Health care services that are ordinarily or  
11 exclusively available to individuals of any  
12 sex~~[-]~~ or of any gender assigned at birth.

13 (c) The medical necessity of any ~~[treatment]~~ health care  
14 service for a transgender person, or any person, on the basis of  
15 actual gender identity or perceived gender identity shall be  
16 determined pursuant to the insurance policy, contract, plan, or  
17 agreement and shall ~~[be defined in accordance with]~~ take into  
18 account the recommendations in the most recent edition of the  
19 Standards of Care for the Health of Transgender and Gender  
20 Diverse People, issued by the World Professional Association for  
21 Transgender Health, and other applicable law. No health care



1 service shall be deemed not medically necessary on the basis  
2 that the person's actual or perceived gender identity may be  
3 classified as a behavioral health condition.

4 (d) No health care service shall be denied coverage on the  
5 basis that it is cosmetic or not medically necessary unless a  
6 health care provider or mental health professional with current  
7 experience in prescribing or delivering gender affirming care  
8 services first reviews and confirms the appropriateness of the  
9 adverse benefit determination. In the event of a denial of  
10 coverage on the basis that a service is cosmetic or not  
11 medically necessary, unless otherwise prohibited by law, the  
12 denial shall, without requiring a separate request, include the  
13 following:

- 14 (1) The training and expertise held by the individuals who  
15 determined the service to be cosmetic or not medically  
16 necessary; and
- 17 (2) A statement, in plain language, explaining the reason  
18 the service was determined to be cosmetic or not  
19 medically necessary that is specific to the person  
20 requesting the coverage.



1        (e) In the event of an appeal of a claim denied on the  
2 basis of medical necessity of the ~~[treatment, such]~~ service, the  
3 appeal shall be ~~[decided in a manner consistent with applicable~~  
4 ~~law and]~~ reviewed for medical necessity in consultation with a  
5 health care provider or mental health professional with current  
6 experience in prescribing or delivering gender affirming  
7 ~~[treatment who shall provide input on the appropriateness of the~~  
8 ~~denial of the claim.]~~ care services. In the event an appeal  
9 upholds a denial on the basis of medical necessity, unless  
10 otherwise prohibited by law, the appeal determination shall,  
11 without requiring a separate request, include the following:

12        (1) The training and expertise held by the individuals who  
13        determined the service to be cosmetic or not medically  
14        necessary; and

15        (2) A statement, in plain language, explaining the reason  
16        the service was determined to be cosmetic or not  
17        medically necessary that is specific to the person  
18        requesting the coverage.

19        ~~[(d)]~~ (f) An insurer shall not apply categorical cosmetic  
20 or blanket exclusions to gender affirming ~~[treatments]~~ care  
21 services or procedures, or any combination of services or





1 procedures or revisions to prior [~~treatments, when determined to~~  
2 ~~be medically necessary pursuant to applicable law, only~~]  
3 services or procedures, if the policy, contract, plan, or  
4 agreement also provides coverage for those services or  
5 procedures when the services or procedures are offered for  
6 purposes other than gender transition. It shall not be required  
7 that a health care service or procedure covered for gender  
8 transition also be routinely available and covered for services  
9 or procedures not related to gender transition. These services  
10 and procedures may include but are not limited to:

- 11 (1) Hormone therapies;
- 12 (2) Hysterectomies;
- 13 (3) Mastectomies;
- 14 (4) Vocal training;
- 15 (5) Feminizing vaginoplasties;
- 16 (6) Masculinizing phalloplasties;
- 17 (7) Metaoidioplasties;
- 18 (8) [~~Breast~~] Feminizing breast surgeries, including  
19 augmentations;
- 20 (9) Masculinizing chest surgeries;



(10) ~~[Facial feminization]~~ Gender affirming facial  
surgeries~~[+]~~, including feminizing and masculinizing  
surgeries;

(11) Reduction thyroid chondroplasties;

(12) Voice surgeries and therapies; and

(13) Electrolysis ~~[ex]~~ and laser hair removal[-], not to be  
limited to pre-surgical hair removal.

~~[(e)]~~ (g) Each individual or group accident and health or  
sickness policy, contract, plan, or agreement shall provide  
applicants and policyholders with clear information about the  
coverage of gender transition services and the requirements for  
determining medically necessary ~~[treatments related to these]~~  
services, including the process for appealing a claim denied on  
the basis of medical necessity. The information required by  
this subsection shall also be made available on a publicly  
accessible website.

~~[(f)]~~ (h) Any coverage provided shall be subject to  
copayment, deductible, and coinsurance provisions of an  
individual or group accident and health or sickness policy,  
contract, plan, or agreement that are no less favorable than the  
copayment, deductible, and coinsurance provisions for



1 substantially all other medical services covered by the policy,  
2 contract, plan, or agreement.

3       ~~[(g)]~~ (i) Nothing in this section shall be construed to  
4 mandate coverage of a service that is determined to be not  
5 medically necessary~~[-]~~; provided that the determination has been  
6 made in accordance with this section.

7       ~~[(h)]~~ (j) As used in this section unless the context  
8 requires otherwise:

9       "Actual gender identity" means a person's internal sense of  
10 being male, female, a gender different from the gender assigned  
11 at birth, a transgender person, or neither male nor female.

12       "Gender transition" means the process of a person changing  
13 the person's outward appearance or sex characteristics to accord  
14 with the person's actual gender identity.

15       "Perceived gender identity" means an observer's impression  
16 of another person's actual gender identity or the observer's own  
17 impression that the person is male, female, a gender different  
18 from the gender assigned at birth, a transgender person, or  
19 neither male nor female.

20       "Transgender person" means a person who has gender  
21 dysphoria, has received health care services related to gender



1 transition, or otherwise identifies as a gender different from  
2 the gender assigned to that person at birth."

3 SECTION 3. Section 432:1-607.3, Hawaii Revised Statutes,  
4 is amended to read as follows:

5 "§432:1-607.3 Nondiscrimination on the basis of actual  
6 gender identity or perceived gender identity; coverage for  
7 services. (a) No individual or group hospital or medical  
8 service policy, contract, plan, or agreement that provides  
9 health care coverage shall discriminate with respect to  
10 participation and coverage under the policy, contract, plan, or  
11 agreement against any person on the basis of actual gender  
12 identity or perceived gender identity.

13 (b) Discrimination under this section includes the  
14 following:

15 (1) Denying, canceling, limiting, non-renewing or  
16 otherwise refusing to issue or renew an insurance  
17 policy, contract, plan, or agreement on the basis of a  
18 transgender person's or a person's transgender family  
19 member's actual gender identity or perceived gender  
20 identity;



(2) Demanding or requiring a payment or premium that is based on a transgender person's or a person's transgender family member's actual gender identity or perceived gender identity;

(3) Designating a transgender person's or a person's transgender family member's actual gender identity or perceived gender identity as a preexisting condition to deny, cancel, non-renew or otherwise limit coverage; and

(4) Denying, canceling, or limiting coverage for services on the basis of actual gender identity or perceived gender identity, including but not limited to the following:

(A) Health care services related to gender transition; provided that there is coverage under the policy, contract, plan, or agreement for the services when the services are not related to gender transition; provided further that it shall not be required that a health care service covered for gender transition be routinely



1                   available and covered for services not related to  
2                   gender transition; and

3           (B) Health care services that are ordinarily or  
4                   exclusively available to individuals of any  
5                   sex~~(-)~~ or of any gender assigned at birth.

6           (c) The medical necessity of any ~~[treatment]~~ health care  
7 service for a transgender person, or any person, on the basis of  
8 actual gender identity or perceived gender identity shall be  
9 determined pursuant to the hospital or medical service policy,  
10 contract, plan, or agreement and shall ~~[be defined in accordance~~  
11 ~~with]~~ take into account the recommendations in the most recent  
12 edition of the Standards of Care for the Health of Transgender  
13 and Gender Diverse People, issued by the World Professional  
14 Association for Transgender Health, and other applicable law.  
15 No health care service shall be deemed not medically necessary  
16 on the basis that the person's actual or perceived gender  
17 identity may be classified as a behavioral health condition.

18           (d) No health care service shall be denied coverage on the  
19 basis that it is cosmetic or not medically necessary unless a  
20 health care provider or mental health professional with current  
21 experience in prescribing or delivering gender affirming care



1 services first reviews and confirms the appropriateness of the  
2 adverse benefit determination. In the event of a denial of  
3 coverage on the basis that a service is cosmetic or not  
4 medically necessary, unless otherwise prohibited by law, the  
5 denial shall, without requiring a separate request, include the  
6 following:

7 (1) The training and expertise held by the individuals who  
8 determined the service to be cosmetic or not medically  
9 necessary; and

10 (2) A statement, in plain language, explaining the reason  
11 the service was determined to be cosmetic or not  
12 medically necessary that is specific to the person  
13 requesting the coverage.

14 (e) In the event of an appeal of a claim denied on the  
15 basis of medical necessity of the ~~[treatment, such]~~ service, the  
16 appeal shall be ~~[decided in a manner consistent with applicable~~  
17 ~~law and]~~ reviewed for medical necessity in consultation with a  
18 health care provider or mental health professional with current  
19 experience in prescribing or delivering gender affirming  
20 ~~[treatment who shall provide input on the appropriateness of the~~  
21 ~~denial of the claim.]~~ care services. In the event an appeal



1 upholds a denial on the basis of medical necessity, unless  
2 otherwise prohibited by law, the appeal determination shall,  
3 without requiring a separate request, include the following:

4       (1) The training and expertise held by the individuals who  
5           determined the service to be cosmetic or not medically  
6           necessary; and

7       (2) A statement, in plain language, explaining the reason  
8           the service was determined to be cosmetic or not  
9           medically necessary that is specific to the person  
10          requesting the coverage.

11       ~~[(d)]~~ (f) A mutual benefit society shall not apply  
12 categorical cosmetic or blanket exclusions to gender affirming  
13 ~~[treatments]~~ care services or procedures, or any combination of  
14 services or procedures or revisions to prior ~~[treatments, when~~  
15 ~~determined to be medically necessary pursuant to applicable law,~~  
16 ~~only]~~ services or procedures, if the policy, contract, plan, or  
17 agreement also provides coverage for those services or  
18 procedures when the services or procedures are offered for  
19 purposes other than gender transition. Is shall not be required  
20 that a health care service or procedure covered for gender  
21 transition also be routinely available and covered for services





1 or procedures not related to gender transition. These services  
2 and procedures may include but are not limited to:

3 (1) Hormone therapies;

4 (2) Hysterectomies;

5 (3) Mastectomies;

6 (4) Vocal training;

7 (5) Feminizing vaginoplasties;

8 (6) Masculinizing phalloplasties;

9 (7) Metaoidioplasties;

10 (8) ~~[Breast]~~ Feminizing breast surgeries, including  
11 augmentations;

12 (9) Masculinizing chest surgeries;

13 (10) ~~[Facial feminization]~~ Gender affirming facial  
14 surgeries[+], including feminizing and masculinizing  
15 surgeries;

16 (11) Reduction thyroid chondroplasties;

17 (12) Voice surgeries and therapies; and

18 (13) Electrolysis ~~[or]~~ and laser hair removal~~[-]~~, not to be  
19 limited to pre-surgical hair removal.

20 ~~[-e-]~~ (g) Each individual or group hospital or medical  
21 service policy, contract, plan, or agreement shall provide



1 applicants and members with clear information about the coverage  
2 of gender transition services and the requirements for  
3 determining medically necessary [~~treatments related to these~~]  
4 services, including the process for appealing a claim denied on  
5 the basis of medical necessity. The information required by  
6 this subsection shall also be made available on a publicly  
7 accessible website.

8       [~~(f)~~] (h) Any coverage provided shall be subject to  
9 copayment, deductible, and coinsurance provisions of an  
10 individual or group hospital or medical service policy,  
11 contract, plan, or agreement that are no less favorable than the  
12 copayment, deductible, and coinsurance provisions for  
13 substantially all other medical services covered by the policy,  
14 contract, plan, or agreement.

15       [~~(g)~~] (i) Nothing in this section shall be construed to  
16 mandate coverage of a service that is determined to be not  
17 medically necessary[-]; provided that the determination has been  
18 made in accordance with this section.

19       [~~(h)~~] (j) As used in this section unless the context  
20 requires otherwise:



1 "Actual gender identity" means a person's internal sense of  
2 being male, female, a gender different from the gender assigned  
3 at birth, a transgender person, or neither male nor female.

4 "Gender transition" means the process of a person changing  
5 the person's outward appearance or sex characteristics to accord  
6 with the person's actual gender identity.

7 "Perceived gender identity" means an observer's impression  
8 of another person's actual gender identity or the observer's own  
9 impression that the person is male, female, a gender different  
10 from the gender assigned at birth, a transgender person, or  
11 neither male nor female.

12 "Transgender person" means a person who has gender  
13 dysphoria, has received health care services related to gender  
14 transition, or otherwise identifies as a gender different from  
15 the gender assigned to that person at birth."

16 SECTION 4. Section 432D-26.3, Hawaii Revised Statutes, is  
17 amended to read as follows:

18 **"§432D-26.3 Nondiscrimination on the basis of actual**  
19 **gender identity or perceived gender identity; coverage for**  
20 **services.** (a) No health maintenance organization policy,  
21 contract, plan, or agreement shall discriminate with respect to



1 participation and coverage under the policy, contract, plan, or  
2 agreement against any person on the basis of actual gender  
3 identity or perceived gender identity.

4 (b) Discrimination under this section includes the  
5 following:

- 6 (1) Denying, canceling, limiting, non-renewing or  
7 otherwise refusing to issue or renew an insurance  
8 policy, contract, plan, or agreement on the basis of a  
9 transgender person's or a person's transgender family  
10 member's actual gender identity or perceived gender  
11 identity;
- 12 (2) Demanding or requiring a payment or premium that is  
13 based on a transgender person's or a person's  
14 transgender family member's actual gender identity or  
15 perceived gender identity;
- 16 (3) Designating a transgender person's or a person's  
17 transgender family member's actual gender identity or  
18 perceived gender identity as a preexisting condition  
19 to deny, cancel, non-renew or otherwise limit  
20 coverage; and



1 (4) Denying, canceling, or limiting coverage for services  
2 on the basis of actual gender identity or perceived  
3 gender identity, including but not limited to the  
4 following:

5 (A) Health care services related to gender  
6 transition; provided that there is coverage under  
7 the policy, contract, plan, or agreement for the  
8 services when the services are not related to  
9 gender transition; provided further that it shall  
10 not be required that a health care service  
11 covered for gender transition be routinely  
12 available and covered for services not related to  
13 gender transition; and

14 (B) Health care services that are ordinarily or  
15 exclusively available to individuals of any  
16 sex~~[-]~~ or of any gender assigned at birth.

17 (c) The medical necessity of any ~~[treatment]~~ health care  
18 service for a transgender person, or any person, on the basis of  
19 actual gender identity or perceived gender identity shall ~~[be~~  
20 ~~defined in accordance with]~~ take into account the  
21 recommendations in the most recent edition of the Standards of



1 Care for the Health of Transgender and Gender Diverse People,  
2 issued by the World Professional Association for Transgender  
3 Health, and other applicable law. No health care service shall  
4 be deemed not medically necessary on the basis that the person's  
5 actual or perceived gender identity may be classified as a  
6 behavioral health condition.

7 (d) No health care service shall be denied coverage on the  
8 basis that it is cosmetic or not medically necessary unless a  
9 health care provider or mental health professional with current  
10 experience in prescribing or delivering gender affirming care  
11 services first reviews and confirms the appropriateness of the  
12 adverse benefit determination. In the event of a denial of  
13 coverage on the basis that a service is cosmetic or not  
14 medically necessary, unless otherwise prohibited by law, the  
15 denial shall, without requiring a separate request, include the  
16 following:

- 17 (1) The training and expertise held by the individuals who  
18 determined the service to be cosmetic or not medically  
19 necessary; and  
20 (2) A statement, in plain language, explaining the reason  
21 the service was determined to be cosmetic or not



1           medically necessary that is specific to the person  
2           requesting the coverage.

3           (e) In the event of an appeal of a claim denied on the  
4 basis of medical necessity of the [~~treatment, such~~] service, the  
5 appeal shall be [~~decided in a manner consistent with applicable~~  
6 ~~law and~~] reviewed for medical necessity in consultation with a  
7 health care provider or mental health professional with current  
8 experience in prescribing or delivering gender affirming  
9 [~~treatment who shall provide input on the appropriateness of the~~  
10 ~~denial of the claim.~~] care services. In the event an appeal  
11 upholds a denial on the basis of medical necessity, unless  
12 otherwise prohibited by law, the appeal determination shall,  
13 without requiring a separate request, include the following:

- 14           (1) The training and expertise held by the individuals who  
15           determined the service to be cosmetic or not medically  
16           necessary; and  
17           (2) A statement, in plain language, explaining the reason  
18           the service was determined to be cosmetic or not  
19           medically necessary that is specific to the person  
20           requesting the coverage.



1        ~~[(d)]~~ (f) A health maintenance organization shall not  
2        apply categorical cosmetic or blanket exclusions to gender  
3        affirming ~~[treatments]~~ care services or procedures, or any  
4        combination of services or procedures or revisions to prior  
5        ~~[treatments, when determined to be medically necessary pursuant~~  
6        ~~to applicable law, only]~~ services or procedures, if the policy,  
7        contract, plan, or agreement also provides coverage for those  
8        services or procedures when the services or procedures are  
9        offered for purposes other than gender transition. It shall not  
10       be required that a health care service or procedure covered for  
11       gender transition also be routinely available and covered for  
12       services or procedures not related to gender transition. These  
13       services and procedures may include but are not limited to:

- 14        (1) Hormone therapies;
- 15        (2) Hysterectomies;
- 16        (3) Mastectomies;
- 17        (4) Vocal training;
- 18        (5) Feminizing vaginoplasties;
- 19        (6) Masculinizing phalloplasties;
- 20        (7) Metaoidioplasties;





- 1           (8)   ~~[Breast]~~ Feminizing breast surgeries, including  
2                    augmentations;  
3           (9)   Masculinizing chest surgeries;  
4           (10)  ~~[Facial feminization]~~ Gender affirming facial  
5                    surgeries~~[+]~~, including feminizing and masculinizing  
6                    surgeries;  
7           (11)  Reduction thyroid chondroplasties;  
8           (12)  Voice surgeries and therapies; and  
9           (13)  Electrolysis ~~[or]~~ and laser hair removal~~[+]~~, not to be  
10                   limited to pre-surgical hair removal.

11           ~~[(e)]~~ (g) Each health maintenance organization policy,  
12 contract, plan, or agreement shall provide applicants and  
13 subscribers with clear information about the coverage of gender  
14 transition services and the requirements for determining  
15 medically necessary ~~[treatments related to these]~~ services,  
16 including the process for appealing a claim denied on the basis  
17 of medical necessity. The information required by this  
18 subsection shall be made available on a publicly accessible  
19 website.

20           ~~[(f)]~~ (h) Any coverage provided shall be subject to  
21 copayment, deductible, and coinsurance provisions of a health



1 maintenance organization policy, contract, plan, or agreement  
2 that are no less favorable than the copayment, deductible, and  
3 coinsurance provisions for substantially all other medical  
4 services covered by the policy, contract, plan, or agreement.

5 ~~[(g)]~~ (i) Nothing in this section shall be construed to  
6 mandate coverage of a service that is determined to be not  
7 medically necessary~~[-]~~; provided that the determination has been  
8 made in accordance with this section.

9 ~~[(h)]~~ (j) As used in this section unless the context  
10 requires otherwise:

11 "Actual gender identity" means a person's internal sense of  
12 being male, female, a gender different from the gender assigned  
13 at birth, a transgender person, or neither male nor female.

14 "Gender transition" means the process of a person changing  
15 the person's outward appearance or sex characteristics to accord  
16 with the person's actual gender identity.

17 "Perceived gender identity" means an observer's impression  
18 of another person's actual gender identity or the observer's own  
19 impression that the person is male, female, a gender different  
20 from the gender assigned at birth, a transgender person, or  
21 neither male nor female.



1 "Transgender person" means a person who has gender  
2 dysphoria, has received health care services related to gender  
3 transition, or otherwise identifies as a gender different from  
4 the gender assigned to that person at birth."

5 SECTION 5. This Act does not affect rights and duties that  
6 matured, penalties that were incurred, and proceedings that were  
7 begun before its effective date.

8 SECTION 6. Statutory material to be repealed is bracketed  
9 and stricken. New statutory material is underscored.

10 SECTION 7. This Act shall take effect upon its approval.

11

INTRODUCED BY:





# S.B. NO. 1224

**Report Title:**

Gender Affirming Treatment Act; Insurance; Nondiscrimination;  
Transgender; Gender Affirming Care Services

**Description:**

Prohibits health insurers, mutual benefit societies, and health maintenance organizations from arbitrarily denying coverage requests for gender affirming health care services when the requested service is known to be considered a standard of care and for which scientific evidence exists that supports the service. Increases transparency of insurance carrier medical necessity reviews and requirements when coverage is denied.

*The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.*

