



WPATH Called Gender Treatments “Medically Necessary” to Get Insurance Coverage

The World Professional Association for Transgender Health (WPATH) declared that puberty blockers, cross-sex hormones, and sex-change surgeries are “medically necessary” in an effort to spur U.S. insurance companies to cover them, recently unsealed court documents reveal.

According to the [Washington Free Beacon](#):

WPATH’s standards of care, which guide clinical practice in the United States, were updated in 2022 to include language about the medical necessity of hormones and surgeries because, as one WPATH official wrote in an email, the group was frustrated with America’s “obtuse and unhealthy system of healthcare ‘coverage.’”



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That frustration had been simmering for some time. Knowing that most private insurers and state Medicaid plans won’t cover elective procedures, WPATH issued a [statement](#) in 2016 claiming that its preferred treatments are “medically necessary.” For example:

The medical procedures attendant to gender affirming/confirming surgeries are not “cosmetic” or “elective” or “for the mere convenience of the patient.” These reconstructive procedures are not optional in any meaningful sense, but are understood to be medically necessary for the treatment of the diagnosed condition. In some cases, such surgery is the *only* effective treatment for the condition, and for some people genital surgery is essential and life-saving. [Emphasis in original.]

Standard Trans Mission

When plaintiffs challenging Alabama’s ban on gender treatments for minors repeatedly cited WPATH’s 2022 standards of care (SOC-8), which also included the “medically necessary” language, the state subpoenaed materials related to the standards’ development. “What emerged,” wrote the Free Beacon, “was a portrait of a political organization masquerading as a medical one, claiming the mantle of science in order to promote policies demanded by activists.”



Written by [Michael Tennant](#) on July 29, 2024

“We needed a tool for our attorneys to use in defending access to care,” one WPATH official wrote in a January 2022 email. “The original Medical Necessity Statement was specific to the US because this was where we were experiencing the problem.”

That “tool” turned out to be SOC-8. “I have long wanted this (and many of our other policy statements) to become part of the [standards of care] because that gives them greater force,” the official explained to his colleagues.

They were only too happy to oblige. When SOC-8, the first standards-of-care update in a decade, was released, it recommended that healthcare systems provide “medically necessary gender-affirming care.”

WPATHological Deception

The language surrounding “gender-affirming care” was also massaged during the drafting process to improve the public image of such procedures. Instead of referring to a patient’s “wishing” to receive a particular procedure, the document said the patient was “in need of” the procedure because, in the words of one official, “wishing makes the needed care seem optional.” Meanwhile, the procedures were rebranded from “treatments” to “health care” to avoid the inference that they were combating a “pathology,” as one official put it.

WPATH officials also recognized that by making such changes to their standards of care, they were influencing not just insurers but also doctors, who now had cover to prescribe “gender-affirming care” for anyone wishing — er, “in need of” — it. One official referred to an SOC-8 draft as creating “a very broad category” that “any ‘goodwilling’ clinician can use for this purpose.”

“The documents show how one of the core claims of American gender medicine — that these treatments are ‘medically necessary’ and can’t be withheld without causing harm — was shaped by legal and financial pressures unconnected to medical evidence,” penned the Free Beacon.

The documents [showed](#), for example, that the Biden administration’s assistant secretary for health, Rachel Levine, pressured WPATH to remove age minimums for gender treatments, including surgeries, from its standards of care. They also [showed](#) that WPATH muzzled a team of researchers at Johns Hopkins University who [found](#) “little to no evidence” for those treatments, telling the researchers that they “cannot publish their findings independently.”

WPATH denied having done anything unethical in its SOC-8 updates, telling the Free Beacon that it “has only ever been solely concerned with evidence-based health care.”

Malign Influencer

The organization’s claim to be “evidence-based” has led hospitals, government agencies, insurance companies, and journalists to take its standards as gospel. Conversely, any disagreement with WPATH is condemned as “anti-science” and “transphobic.”

As in Alabama, plaintiffs taking on state restrictions on gender treatments cloak themselves in the mantle of WPATH’s supposed scientific objectivity.

Courts, unfortunately, often defer to these alleged experts. In April, the 4th U.S. Circuit Court of Appeals, citing WPATH’s “authoritative” standards, [ruled](#) that all state health plans must cover “gender-affirming care.”

WPATH’s terminology has also affected the public’s perception of gender treatments.



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“Even though ‘medical necessity’ is technical language geared toward having an effect on insurance, the term has seeped out of the legal world and into the broader world,” Manhattan Institute fellow Leor Sapir told the Free Beacon. “It’s now persuaded Americans that if they don’t receive this kind of care on demand, with minimal to no gatekeeping, they are at imminent risk of death by suicide.”

The irony in all this is that “medically necessary” was primarily intended to influence America’s mixture of public and heavily regulated private insurance that WPATH officials despise. In Europe, where universal healthcare reigns supreme, governments have been scaling back their gender coverage, especially for minors. “It is,” observed the Free Beacon, “partly thanks to the American health care system, ostensibly WPATH’s *bête noire*, that the group has exerted so much influence in the United States.”



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