Literature Review

Re: Medical necessity of facial gender reassignment surgery for transgender women

Date: June 11, 2020

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I. Facial gender reassignment surgery is provided for the treatment, cure or relief of gender dysphoria.

Facial gender reassignment surgery is a procedure that changes male secondary sex characteristics into female ones for the purpose of treating gender dysphoria. These procedures include hairline lowering surgery, forehead reduction and contouring, brow lift (browplasty), nasal bone surgery (rhinoplasty), cheek alterations (augmentation and reduction), lip lift and lip filling, chin contouring (genioplasty), jaw contouring, and Adam’s apple reduction (chondrolaryngoplasty). Facial reassignment has been shown to be highly effective in treating gender dysphoria.

A. Gender dysphoria is an “illness or disease” under the plan.

Gender dysphoria is “[o]ften experienced as depression, anxiety, irritation, and/or agitation, [it] describes the sense that something is very wrong . . .” Before treatment, individuals with gender dysphoria “live in a dissociated state of mind and body.” Gender dysphoria is a disease in which there is “incongruence between the individual’s own perception of his/her sex and their biological

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phenotype.” Affected individuals have “a strong desire to undergo
treatment ... in order to alleviate physical incongru-
ence and gender dysphoria.” The condition is recognized under the
World Health Organization’s International Classification of Diseases,
Tenth Revision (ICD-10) as medical condition F64.0. It is defined as a
“desire to live and be accepted as a member of the opposite sex, usually
accompanied by a sense of discomfort with, or inappropriateness of,
one’s anatomic sex, and a wish to have surgery and hormonal treatment
to make one’s body as congruent as possible with one’s preferred sex.”
Family and twin studies indicate a strong genetic component to gender
dysphoria. The biological origin of this condition is reflected in the
forthcoming ICD-11, in which re-names the condition “gender incongru-
ence” and moves it from a mental health diagnosis to a physical one.

4 Ebba K. Lundqvist et al., Quality of life improves early after gender reassignment surgery
in transgender women, 40 EUR. J. OF PLASTIC SURGERY 223 (2017).
5 Id.
6 World Health Organization, International Statistical Classification of Diseases and Re-
lated Health Problems, 10th Revision (2016), http://apps.who.int/classifica-
tions/icd10/browse/2016/en#/F60-F69 (“A desire to live and be accepted as a member
of the opposite sex, usually accompanied by a sense of discomfort with, or inappropri-
ateness of, one’s anatomic sex, and a wish to have surgery and hormonal treatment
to make one’s body as congruent as possible with one’s preferred sex.”).
7 World Health Organization, International Statistical Classification of Diseases and Re-
lated Health Problems, 10th Revision (2007), available at http://apps.who.int/classifi-
cations/icd10/browse/2010/en#/F60-F69.
8 Id.; Tinca J. C. Polderman et al., The Biological Contributions to Gender Identity and
Gender Diversity: Bringing Data to the Table, 48 BEHAVIOR GENETICS 95-108
(2018).
9 World Health Organization, ICD-11: Classifying disease to map the way we live and die
(2018), http://www.who.int/health-topics/international-classification-of-diseases
(“Gender incongruence, meanwhile, has also been moved out of mental disorders in the
ICD, into sexual health conditions. The rationale being that while evidence is now clear
that it is not a mental disorder, and indeed classifying it in this can cause enormous
stigma for people who are transgender, there remain significant health care needs that
can best be met if the condition is coded under the ICD.”).
While the exact biological correlates of gender identity have not been identified, magnetic resonance imaging studies have shown that the brains of transgender children, adolescents, and adults match the patterns associated with their affirmed sex rather than sex assigned at birth, even before any hormonal treatment. The regions affected play a role in body perception and self-awareness. The brain contains a detailed map of the body. Neurological problems such as phantom limbs and some symptoms experienced by stroke survivors are known to result from a disconnect between the body and brain’s map of the body. Researchers believe that gender dysphoria is similarly caused by an incongruity between the physical body and the brain’s internal map of the body, which includes sex-specific anatomy.

**B. Changing sex characteristics is the standard and appropriate treatment for gender dysphoria.**

Men and women are sexually dimorphic, that is, they have distinct, sex-linked physical characteristics. Not only do men and women have readily apparent sex differences in genitals, reproductive organs and hormone levels, but men and women also have prominent differences in secondary sex characteristics. These differences can be seen in breasts, facial hair,

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11 Id.


fat distribution, muscle mass, height, body odor, skin texture, body hair, baldness, voice, Adam’s apple, and facial features.

Altering physical sex characteristics to match the brain is the standard treatment for gender dysphoria. According to the World Professional Association for Transgender Health (WPATH), the recognized effective treatment of gender dysphoria is a triadic approach of providing mental health treatment, hormone therapy, and surgeries. The WPATH Standards of Care recognize that for those who do not experience relief due to other measures, “surgery is essential and medically necessary to alleviate their gender dysphoria . . . relief from gender dysphoria cannot be achieved without modification of their primary and/or secondary sex characteristics to establish greater congruence.”

The purpose of changing sex characteristics (or preventing their change during puberty) is to treat gender dysphoria. This purpose underscores the medical necessity as opposed to cosmetic nature of these treatments. For example, genital reassignment surgery is not a cosmetic surgery performed to “improve the appearance” of a person’s genitals, but rather to change a penis into a vagina or vice versa. That is, it changes the sex of a person’s genitals, making the primary purpose of the surgery functional, not cosmetic. Likewise, facial reassignment surgery is not designed to “improve the appearance” of a person’s face, but rather to change a male face into a female one for the purpose of treating gender dysphoria. Accordingly, facial reassignment is one of the primary forms of sex reassignment surgery.

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14 See American Medical Association (AMA) House of Delegates’ Resolution 122, Removing Financial Barriers to Care for Transgender Patients at 1, ¶¶ 24-26 (April 18, 2008) (“An established body of medical research demonstrates the effectiveness and medical necessity of mental health care, hormone therapy and sex reassignment surgery as forms of therapeutic treatment for many people diagnosed with gender dysphoria.”)).


16 Stan Monstrey, Gennaro Selvaggi & Peter Ceulemans, Surgery: Male-to-Female Patient in Principles of Transgender Medicine and Surgery 105, 110 (Randi
Clinicians note that “the acquisition of adequate female secondary sexual characteristics is a key part of a successful social gender role transition, upon which depends the good psychological functioning of the majority of transwomen.”\(^{17}\) It is only when the external sex characteristics of the body match the brain’s sexed expectations of the body that subjective gender dysphoria and general psychopathology progressively decreases.\(^{18}\)

II. Facial gender reassignment surgery is necessary for and appropriate to the treatment of gender dysphoria.

A. Facial reassignment surgery is performed to change the sex of a face.

1. The face plays a most important role in social functioning.

As J. Joris Hage, MD, notes:

In most human relationships, the face represents the most important expression between people. It reflects our personality and emotions and is intimately connected with both verbal and nonverbal communication. The head and face are commonly considered to be the location of the “self.” Because of this psychological and social significance, anything that appears abnormal in the face has a direct influence on one’s self-confidence. An individual with a noticeable deformity or incongruity of the face may be the object of visual and verbal aggression, leading to

\(^{17}\) Seal, supra note Error! Bookmark not defined., at 4423.

feelings of shame, impotence, anger, and even humiliation. An example of such an incongruity may be masculine features found in a female face….19

Faces are so important as a social tool that the brain has an area “exclusively dedicated to the identification of gender, identity, age, and race at a single glance.”20 Classifying faces as male or female is regarded as “one

19 J. Joris Hage et al., Gender-Confirming Facial Surgery: Considerations on the Masculinity and Femininity of Faces, 99 Plastic and Reconstructive Surgery 1799, 1799 (1997); Nick Esmonde et al., The Role of Facial Gender Confirmation Surgery in Treatment of Gender Dysphoria, 30 J. Craniofacial Surgery 1387, 1387 (2019) (“[E]ven when dysphoria is less pronounced insofar as one’s view of self, facial appearance—as it related to ‘not passing’ and thus becoming a target for violence or aggression—may be distressing and can lead to the desire for facial gender confirmation surgery (FGCS) in order to feel less vulnerable.”); Sarah E. Hammond et al., Feminization of Transgender Women with Thyroid Chondroplasty and Laryngoplasty, 30 J. Craniofacial Surgery 1409, 1410 (2019) (“Humans both perceive others and present themselves through largely visual and tactile communication.”); Masami K. Yamaguchi et al., Judgment of Gender Through Facial Parts, 24 Perception 563, 563 (1994) (“In social settings, the “face plays the most important role in transmitting visual information from one person to another.”).

of the most biologically important tasks of facial categorization.”21 People can readily determine someone’s sex from their face alone,22 even as infants.23

While these classifications are highly accurate, most errors are made in the direction of judging female faces as male.”24 That is, transgender women who have ambiguous faces or some male facial qualities are likely to be perceived by others as male. Moreover, the top part of the face is categorized first, so if there is a prominent brow ridge, for example, that will override the rest of the face, and the person will be classified as male.25 Furthermore, other prominently masculine facial features “can

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22 Id.; Marcelo Ruben Di Maggio et al., Surgical Management of the Nose in Relation With the Fronto-Orbital Area to Change and Feminize the Eyes’ Expression, 30 J. Craniofacial Surgery 1376, 1376 (2019) (“Facial features serve an integral role in identifying an individual’s gender, with certain characteristics perceived as feminine or masculine.”); Heather A. Wild et al., Recognition and Sex Categorization of Adults’ and Children’s Faces, 77 J. of Experimental Child Psych. 269, 271 (2000) (Morphing many faces together “clearly show[s] global structural differences between the male and female faces. These global differences consist of large-scale shape differences that are difficult to describe concisely using verbal labels, but which are easily associated with male versus female faces.”).


24 Vicki Bruce et al., Sex Discrimination: How Do We Tell the Difference Between Male and Female Faces?, 22 Perception 131, 132 (1993) (3/4 of the errors were misjudging female faces. “Overall accuracy for female faces was 93.8% compared with 98.2% with the male.”).

25 Jean-Yves Baudouin & Glyn W. Humphreys, Configural Information in Gender Categorisation, 35 Perception 531, 539 (2006) (studying categorization by “aligning the top half of one face with the bottom half of another. The two faces had the same or different genders.”).
impede a successful social acceptance” as a woman, and there is little way to hide the whole face in social interactions.26

The “gendering” of other people has important social functions, not just in reproduction, but in social interactions in general.27 In fact, “[m]any individuals in the transgender community place just as much if not more importance on their transformation as effected by secondary sex characteristics, and rightly so.”28 As one surgeon notes, “it is greatly distressing to be identified by others as a member of the opposite sex” in conflict to your own deeply held sense of self.29 Outside of being misgendered, there is also internal distress associated with experiencing one’s own body as being drastically incongruent.

2. Male and female faces differ in specific, known and measurable ways.

The sex of faces can be readily recognized because human faces are sexually dimorphic, that is, faces contain significant distinguishing sex characteristics that make male and female faces readily distinguishable.30

26 Hamidreza Natghian et al., Management of the Midface in the Transgender Patient, 30 J. CRANIOMAXILLOFACIAL SURGERY 1383, 1383 (2019) (“The face, and in particular the midface, is highly exposed and can hardly be covered by clothing or by a wig as can be done with the upper part of the skull or a scarf to cover the neck and the lower face.”).

27 Yamaguchi, supra note 19, at 563.

28 Hammond et al., supra note 19.

29 Jeffrey H. Spiegel, Facial Determinants of Female Gender and Feminizing Forehead Cranioplasty, 121 LARYNGOSCOPE 250, 260 (2011); Alexander R. Facque et al., Anatomical Basis and Surgical Techniques Employed in Facial Feminization and Masculinization, 30 J. CRANIOMAXILLOFACIAL SURGERY 1406, 1406 (2019) (“In aligning one’s body with their identity, the influence of social recognition and acceptance should not be underestimated. As such; facial gender confirmation surgery has the potential for relieving gender dysphoria and facilitating social transition and recognition.”).

30 Jean Yves Baudouin & Mathieu Gallay, Is Face Distinctiveness Gender-Based?, 32 (No. 4) J. EXPERIMENTAL PSYCHOL. 789, 790 (2006) (“[T]he face population is not normally distributed around a central tendency but quite bimodal with two “central” tendencies, one for each gender.”); Rupert Dempf & Alexander W. Eckert, Contouring the Forehead and Rhinoplasty in the Feminization of the Face in Male-to-Female Transsexuals, 38 J. OF CRANIOMAXILLOFACIAL SURGERY 416, 417 (2010) (citations omitted); Hage et al., Gender-confirming facial surgery, supra note 19, at 1799; Andrew J.O.
“it is the skull itself that provides the architecture of facial sex difference.” For example, the chin, nose and forehead are the primary characteristics physical anthropologists and forensic pathologists can use to determine the sex of a skull. Men have broader and longer chins, deeper and narrower eyes due to brow ridge development. The average male head has a more prominent nose, brow, chin, jaw and upper neck, and average females have somewhat more protrusive cheeks.

Due to testosterone, male and female faces sharply diverge at puberty when “boys’ cranial bones grow, producing heavier brow-ridges, and larger jaws, while girls’ faces grow less and retain small brows (leading to a perception of larger eyes), jaws, and noses.” These male-typical facial


31 Mirco Raffaini et al., Evolution of Full Facial Feminization Surgery: Creating the Gendered Face with an All-in-one Procedure, 30 J. CRANIOFACIAL SURGERY 1419, 1419 (2019) (“Surgical discourse makes it clear that skulls are not neutral structures upon which sexually differentiated soft tissues are draped.”).

32 Dempf & Eckert, supra note 30, at 417.


34 Vicki Bruce et al., Sex Discrimination: How Do We Tell the Difference Between Male and Female Faces?, 22 PERCEPTION 131, 145 (1993) (3/4 of the errors were misjudging female faces. “Overall accuracy for female faces was 93.8% compared with 98.2% with the male.”).

35 Lynda Boothroyd et al., Facial Masculinity is Related to Perceived Age but not Perceived Health, 26 EVOLUTION AND HUM. BEHAV. 417, 418 (2005) (citations omitted); Katrin Schaefer et al., Visualizing Facial Shape Regression upon 2nd to 4th Digit Ratio and Testosterone, 29 COLLEGIUM ANTROPOLOGICUM 415, 415 (2005) (“Typical male traits develop under the influence of testosterone whereas female traits are formed under the absence of high testosterone.”).
changes correlate to the concentration of testosterone in the body. But even before puberty, sex differences and are evident in six-month-old infants as a result of prenatal testosterone exposure and the differences increase during childhood. “[A]dult facial masculinity may also be predicted well from face shape at ages 6-7.”

Differences between female and male faces are summarized as follows:

<table>
<thead>
<tr>
<th>Female face</th>
<th>Male face</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart-shaped or triangular; softer, rounded, oval with curving forms</td>
<td>Square and angulated with strong jaw and chin</td>
</tr>
<tr>
<td>Angle between forehead and nose is obtuse</td>
<td>Frontal bossing due to large frontal sinus and thick supra-orbital ridges; angle is acute</td>
</tr>
<tr>
<td>Eyebrows are arched with sit well above superior orbital rim</td>
<td>Eyebrows straighter and at level of the superior orbital rim</td>
</tr>
<tr>
<td>Noses are smaller and shorter with narrow bridges and narrow ala bases; upturning of tip for obtuse naso-labial angle</td>
<td>Noses opposite of female</td>
</tr>
<tr>
<td>Cheeks are prominent- further anterior and higher with some cheek hollowing underneath for accentuation</td>
<td>Cheeks are flat</td>
</tr>
</tbody>
</table>

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36 Whitehouse et al. supra, note 30.

37 Id.

38 Robert P. Burriss et al., 2D:4D and Sexually Dimorphic Facial Characteristics, 36 Archives of Sexual Behav. 377, 378 (2007) (“Some of these differences are apparent from an early age. Male nose width, for example, is significantly greater from about age eight. Growth spurts at puberty further increase sex differences, particularly at the mandible.”).

39 Table from Schall et al., supra note 1.
Surgery can successfully change the sex of facial features that hormones cannot.

Hormone therapy generally cannot sufficiently alter the face to alleviate the gender dysphoria caused by having male-typical facial traits. The physical changes from hormone therapy “are limited by the irreversible in utero and pubertal development induced by testosterone, specifically … bone and cartilage growth including a supraorbital ridge and prominent nasal and thyroid cartilage enlargement.”

Hormone therapy improves skin quality and redistributes facial fat, but has no effect on the shape of the nasal bone and cartilage. Thus, surgery is required.

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40 John Randolph, Gender Affirming Hormone Therapy for Transgender Females, 61 CLINICAL OBSTETRICS AND GYNECOLOGY 705, 713 (2018); Facque et al., supra note 29 (“Under the effects of masculinizing pubertal hormones, the supraorbital ridges become prominent, and the jaw widens.”); Natghian et al., supra note 26 (“The start of hormonal therapy after puberty does consequently not prevent the development of the masculine facial structures.”).


42 See, e.g., Angela Sturm & Scott R. Chaiet, Chondrolaryngoplasty—Thyroid Cartilage
Studies have strongly supported the significance of forehead modification in transgender patients. The forehead is easily distinguishable between men and women, and “[m]any of the most prominent gender differences have been found to exist in the supraorbital and frontal cranial region of the facial skeleton.” The forehead plays a significant role in whether a person is recognized as male or female. Female foreheads generally have “less flatness, and more of a continuous mild curvature.” Female foreheads are more vertical than male foreheads, which also have a more acute nasofrontal angle. Surgery can reduce the protrusion of the male

Reduction, 27 Facial Plastic Surgery Clinics N. Am. 267, 267 (2019) (“Chondrolaryngoplasty, or reduction in the thyroid cartilage, is the only treatment for those with gender dysphoria due to pomus Adamus because the thyroid cartilage does not respond to gender-affirming hormone therapy such as soft tissue of the face.”).  


45 Deschamps-Braly, supra note 43 (“Correction of the forehead may be the most important thing one can do for a transgender patient. It is the most important gender marker in a face.”); see Spiegel, Facial Determinants, supra note 29, at 3 (“Studies documenting the differences between male and female eyes and eyebrows have shown that a man’s eyebrows are heavier, straighter, and closer to the eyes. In contrast, women’s eyebrows are more arched, rising to a peak at the lateral limbus.”). 

46 Dempf & Eckert, supra note 30, at 416 (“The male forehead has extensive supraorbital bossing, and above this, there is often a flat area before the convex curvature of the upper forehead begins. In the female, the degree of supraorbital bossing is considerably less, frequently non-existent, and above this, there is usually less flatness and more of a continuous mild curvature.”); Chrisovalantis Lakhiani & Michael T. Someneck, Gender-related Facial Analysis, 27 Facial Plastic Surgery Clinics N. Am. 171, 173 (2019) (noting that a feminine forehead tends to be “less flat, with a generally continuous mild curvature that continues to the vertex”); Monstrey et al., Surgery: Male-to-Female Patient, supra note 16, at 111. 

47 Lee, supra note 44, at 499.
brow ridge above the eyes, correcting the concavity of the forehead, which “eliminates the masculine characteristic and gives a continuous female curvature of the forehead.”

Eyebrows are similarly important cues in identifying gender. Measuring the gap separating the eyebrows is one of the “better discriminators of facial sex.” In contrast with male faces, females tend to have thinner eyebrows that are higher above the eyes. Additionally, the vertical distances between the eyelids and the eyebrows and between the lid and upper eyelid crease are greater in women than in men. A browlift is a common way to raise the eyebrows and the hairline—women also have higher hairlines—and “significantly feminizes this area.” Forehead reconstruction and simultaneous hair transplant can feminize the hairline pattern, an important feature of gender identification in the upper third of the face.

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48 Id.; Monstrey et al., Surgery: Male-to-Female Patient, supra note 16, at 111.

49 Di Maggio et al., supra note 22 at 1378 (“The male eyebrows are heavier, straighter, and closer to the eyes. In contrast, a woman’s eyebrows are more arched.”); Yamaguchi, supra note 19, at 574.

50 Bruce et al., supra note 34, at 141-142.

51 Baudouin & Gallay, Is Face Distinctiveness Gender-Based?, supra note 30, at 790.

52 Jean Yves Baudouin & Guy Tiberghien, Gender is a Dimension of Face Recognition, 28 J. EXPERIMENTAL PSYCHOL. 362, 363 (2002).

53 Lakhiani & Somenek, supra note 46 (“The male upper eyelid crease is generally positioned lower, with a minimum of 8 mm above the lid margin, compared with a maximum of 12 mm for women.”).


55 Luis Capitán et al., Facial Feminization Surgery: Simultaneous Hair Transplant during Forehead Reconstruction, 139 PLASTIC AND RECONSTRUCTIVE SURGERY 573-584 (2017); Luis Capitán et al., The Upper Third in Facial Gender Confirmation Surgery: Forehead and Hairline, 30 J. CRANIOFACIAL SURGERY 1393, 1394 (2019) (“In terms of gender, the male hairline tends to have an M-shaped pattern with recessions at the temples. The hairline of women usually has a rounded shape . . . and, proportionally, the hairline implantation is higher in the center than with men.”).
Likewise, rhinoplasty is another common feminizing procedure. Female noses are smaller and have a less angular nasal tip than male noses.56 Male noses “appear more deeply set and the cheek bones less prominent.”57 A smaller and lower nose with a greater nasal tip projection can help create a female countenance in transgender women.58 And changing the shape of the nose “can have significant effects on the apparent masculinity of the face.”59 “The nose is a prominent feature on the face, and its refinement can significantly improve gender recognition.”60 The feminizing effects of rhinoplasty are often more pronounced when accompanied by other procedures such as brow ridge reduction and correcting the jaw and chin.61

Furthermore, women tend to have heart-shaped or triangular faces.62 Cheek implants can help to achieve that overall female shape and are “paramount in certain cases.”63

56 J. Joris Hage, et al., Rhinoplasty as Gender Confirming Surgery in Male Transsexuals: Basic Considerations and Clinical Experience, 39 ANN. PLAST. SURG. 266, 266 (1997); Deschamps-Braly, supra note 43, at 1356 (“[T]he nose is generally larger in males than females.”); Di Maggio et al., supra note 22, at 1377 (“[T]he male nose is usually larger than the female nose because it has a greater component of bone and cartilage. Female noses tend to be narrower, the tip is often sharper, and the nostrils may be smaller.”); Monstrey et al., Surgery: Male-to-Female Patient, supra note 16, at 111.


58 Id. at 270.

59 Bruce et al., Sex discrimination, supra note 34, at 150.

60 Bellinga et al., Technical and Clinical Considerations, supra note 41.

61 Hage et al., Rhinoplasty as Gender Confirming Surgery, supra note 56, at 270; see Natghian et al., supra note 26, at 1383 (“[T]he relations between specific parts of the patient’s [sic] skeletal face will determine whether the face is perceived as feminine or masculine.”).


63 Id. at 890.
The size and placement of the mouth can signify gender as well. Women tend to have fuller lips and “a shorter distance between the subnasale and the vermillion border” of the upper lip.64 And whereas women tend to show their upper teeth when their mouths are slightly open, “[a]dult men have a large relative amount of lower tooth show when their mouths are slightly open.”65

Men and women also have marked differences in the structures of the chin, which is “a significant marker of gender.”66 Women tend to have more “pointed, narrow and vertically shorter,” while men’s chins are wider and vertically higher.67 Males tend to have more prominent chins,68 with females having more convex chin profiles.69 A chin implant can feminize the face.70 The aim of feminizing genioplasty is to “reduce the chin height and width by cutting the anterior portion of the mandible … and then removing/repositioning segments in order to give the chin a shorter, rounder appearance.”71

64 Facque et al., supra note 29, at 1407.
65 Jordan Deschamps-Braly, *Feminization of the Chin*, 27 FACIAL PLASTIC SURGERY CLINICS N. AM. 243, 249 (2019) (concluding that this can be addressed through a sliding genioplasty procedure, which reduces the height of the bone of the chin and allows for a smaller show of the lower teeth).
66 Monstrey et al., *Surgery: Male-to-Female Patient*, supra note 16 at 113; Bruce, *Sex discrimination*, supra note 34, at 150.
67 Deschamps-Braly, supra note 43, at 1356 (“The male chin is more square and elongated than the female chin. The chin is approximately 20% shorter in females than in natal males.”); Monstrey et al., *Surgery: Male-to-Female Patient*, supra note 16, at 113; Raffaini et al., supra note 31, at 1421 (“A pointed chin is recognized as feminine, whereas a square chin is considered masculine.”).
69 Id.
71 Schall et al., supra note 1.
In addition, the angle of a jaw is sexually dimorphic with females having a more angled jaw and males having a squared off, flat jaw. Surgery to reduce this angle will make the face appear more feminine as jaw development and brow ridge development are two factors that disproportionately allow for classification of faces as male or female.

Finally, a prominent Adam’s apple is “an extremely masculine characteristic” that is “easily identified” as such. Both functionally and visually, an Adam’s apple is unaffected by hormone therapy. A chondro-laryngoplasty (tracheal shave) is a safe and effective procedure to eliminate this sex-specific characteristic that otherwise makes transgender women appear male.

B. Peer-reviewed literature demonstrates that facial reassignment successfully alleviates gender dysphoria and improves social functioning.

Facial reassignment is appropriate with regard to standards of good clinical practice and generally recognized as effective by the relevant scientific community, evidence-based medicine, and professional standards of

72 Burriss, supra note 38 at 379; Alfred G. Becking et al., Transgender Feminization of the Facial Skeleton. 34 CLINICS IN PLASTIC SURGERY 557, 559 (2007); Altman, supra note 62, at 891.

73 Thornhill et al., Facial sexual dimorphism, supra note 33, at 135.

74 Altman, supra note 62, at 886.

75 Hammond et al., supra note 19, at 1409.

76 Id. at 1410 (“While androgen use can lower the voice in female-to-male transgender patients, estrogens have no significant effect on the physical properties of the vocal folds or the laryngeal framework, and thus more extensive interventions must be performed.”); Sturm & Chaiet, supra note 42 (“Chondro-laryngoplasty, or reduction in the thyroid cartilage, is the only treatment for those with gender dysphoria due to pomus Adamus because the thyroid cartilage does not respond to gender-affirming hormone therapy such as soft tissue of the face.”).

care. There is a significant body of research documenting the safety, efficacy and medical necessity of facial reassignment surgery. One study found that “facial feminization is a key element in the treatment of gender dysphoria and that it can be more important from the patient’s psychological point of view,” than genital reassignment.

In a prospective study of 66 consecutive patients, researchers concluded that the “study supports the efficacy of facial feminization surgery in improving quality of life for transgender women; enacting objective cephalometric changes; and achieving high satisfaction, feminine gender appearance, and good overall aesthetics with minimal complications.”

Given the critical role of faces in social functioning, there is growing recognition that facial reassignment surgery is an essential and effective treatment for gender dysphoria in transgender women. In 2019, Di Maggio et al. observed:

Genital surgery can be an important part of gender reassignment, but it is not a major factor in a transgender person having difficulty obtaining social acceptance as a member of the opposite sex . . . . Facial surgery plays an increasingly important role in the gender reassignment process,

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79 Luis Capitán et al., Facial Feminization Surgery: The Forehead. Surgical Techniques and Analysis of Results, 134 PLASTIC AND RECONSTRUCTIVE SURGERY 609-619 (2014); Ara A. Salibian & Rachel Bluebond-Langner, Lip Lift, 27 FACIAL PLASTIC SURGERY CLINICS N. AM. 261, 263 (2019) (noting that facial surgeries “are as effective in treating gender dysphoria in certain cases [as breast surgeries and genital surgeries]”)

particularly in male-to-female transgender [women] with a strong masculine appearance who may benefit from FFS.\textsuperscript{81}

In fact, “[t]he increasing prevalence of gender affirmation surgery reveals a shift in therapeutic treatments for gender dysphoria from being focused on the genitalia as the location of bodily sex toward an understanding of sex as a product of social recognition.”\textsuperscript{82} Consistent with this understanding of both the internal and societal challenges of treating gender dysphoria, one group of researchers recently reported that for their patients, “if the mirror reflects a masculine face, then any genital surgery will be inadequate, or even potentiate dysphoria.”\textsuperscript{83} Without facial surgery, their patients frequently state that they “do not feel safe to transition either socially or emotionally.”\textsuperscript{84}

For transgender women, facial surgery is a necessary intervention to complete medical transition and afford the individual a body that is female.\textsuperscript{85} Feminizing the face “has a significant impact in determining the gender of the patient.”\textsuperscript{86} Surgery results in the loss of masculine features, and gender dysphoria is reduced.\textsuperscript{87} The results are stable in long-term follow-ups and desired shape is achieved immediately after surgery.\textsuperscript{88} Feminizing the forehead results in the likelihood that the patient will be

\textsuperscript{81} Di Maggio et al., \textit{supra} note 22, at 1377.

\textsuperscript{82} Lakhiani & Somenek, \textit{supra} note 46, at 171.

\textsuperscript{83} Esmonde et al., \textit{supra} note 19, at 1389.

\textsuperscript{84} \textit{Id.}

\textsuperscript{85} \textit{Id.} at 1391 (“Facial gender confirmation surgery is an essential treatment for patients with gender dysphoria related to their facial appearance.”).

\textsuperscript{86} Spiegel, \textit{Facial Determinants}, \textit{supra} note 29, at 250.


\textsuperscript{88} Hoenig, \textit{supra} note 43, at 1045.
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identified as a woman.89 Feminizing the face is more important for social recognition as female than genital reassignment surgery.90

Improvement in quality of life is seen following surgical facial reassignment, and it should be considered an integral part of the treatment for gender dysphoria.91 Surgery decreases body dissatisfaction and experienced dysphoria in social interactions.92 Successful facial reassignment “change[s] the lives of troubled individuals in a way that provides patients immeasurable relief and happiness.”93 Patients experience significant improvements in lifestyle, social relationships, self-esteem, body image, employment status, and sexual adjustment.94 Other studies report that patient satisfaction, including increased happiness and satisfaction

89 Spiegel, Facial Determinants, supra note 29, at 257.

90 Hammond et al., supra note 19 (noting that transgender individuals recognize they “will only be able to truly transition in the public sphere if they are able to interact in every-day life in their chosen societal role” and reporting that “many transgender patients are satisfied with these more recognizable facial transitions and do not go on to seek bottom surgery”); Mohammad Ghasem Shams et al., Case Report: Feminizing the Male Face, 9 Eplasty 8, 8-9 (2009).

91 See Tiffany A. Ainsworth & Jeffrey H. Spiegel, Quality of Life of Individuals with and without Facial Feminization Surgery or Gender Reassignment Surgery, 19 QUALITY OF LIFE RESEARCH 1019,1024 (2010) (finding that the mental health-related quality of life for transsexual women who have had feminizing facial reconstruction is significantly higher than for transsexual women who have not had feminizing facial reconstruction).

92 Becking et al., Facial Corrections Patients, supra note 78.


94 Shams, Case Report, supra note 90, at 8-9. See also Hoenig, supra note 43, at 1043; Josef Isung et al., Letter to the Editor, Craniofacial Reconstructive Surgery Improves Appearance Congruence in Male-to-Female Transsexual Patients, 46 ARCHIVES SEXUAL BEHAVIOR 1573, 1575 (2017) (citing a 2017 study on 10 participants which found that for half of the patients, “already by the 6-month follow-up, surgery had made their life a radical turn for the better.”).
with life, is high following these procedures. Facial surgery is successful in reducing mental health issues to typical population levels.

While facial reassignment is undertaken primarily to help alleviate the debilitating cognitive dissonance and discomfort of gender dysphoria, there are also effects in terms of reducing negative encounters with others. Misgendering, staring and confusion by others trigger gender dysphoria and threaten the well-being and safety of transgender women. People who are visibly transgender—generally due to their secondary sex characteristics—experience more discrimination than non-visibly transgender people. People respond with a more negative assessment of transgender women with masculine facial features as compared to more typical female features. The more frequently a person is seen as

95 Altman, supra note 62, at 894; Lakhiani & Somenek, supra note 46, at 171 (“[P]atient satisfaction levels following feminization of the male face are generally very high.”); Morrison et al., Facial Feminization, supra note 87; Raffaini et al., Full Facial Feminization Surgery, supra note 87; Simone La Padula et al., One-Step Facial Feminization Surgery: The Importance of a Custom-Made Preoperative Planning and Patient Satisfaction Assessment, 72 J. of Plastic, Reconstructive & Aesthetic Surgery 1694, 1698 (2019), doi.org/10.1016/j.bjps.2019.06.014.

96 See Annelou L.C. de Vries et al., Comparing Adult and Adolescent Transsexuals: An MMPI-2 and MMPI-A Study, 186 Psychiatry Research 414, 416 (2011) (finding the majority of adult trans people scored “in the clinical range” on two or more clinical scales of the MMPI-2, a widely used mental health assessment questionnaire, and 35% were in the clinical range for four or more scales); Ainsworth & Spiegel, Quality of Life, supra note 91, at 1021 (finding trans women who had not undergone facial surgery performed significantly worse on a measure of mental health than non-transgender women); Max Mandelbaum et al., A Novel Application of Virtual Surgical Planning to Facial Feminization Surgery, 30 J. CRANIOFACIAL SURGERY 1347, 1347 (“Facial feminization surgery (FFS) provides significant improvements in transgender women’s physical, mental, and psychosocial quality of life that may approach that of the general female population.”).

97 Lisa R. Miller & Eric A. Grollman, The Social Costs of Gender Nonconformity for Transgender Adults: Implications for Discrimination and Health, 30 SOC. FORUM 809 (2015); e.g., Sturm & Chaiet, supra note 42 (“Pomus Adams can not only be a large contributor to gender dysphoria but may also put that patient at risk for physical harm.”).

transgender by others, “the more they are subject to major and day-to-day discriminatory treatment.”99 Experiencing transgender-related discrimination, verbal or physical harassment, which is more likely when people are visibly transgender, specifically increases suicide risk.100 In this context, “facial feminization can be a life-saving procedure, protecting the patient from assault, bullying and alleviating gender dysphoria . . . .”101 In addition, being visibly transgender results in a greater likelihood of attempted drug/alcohol abuse and smoking.102 Facial reassignment thus creates health gains beyond alleviating gender dysphoria and attendant depression and anxiety.

III. Facial reassignment surgery is provided in accordance with generally accepted standards of medical care in the community.

   A. Medical opinions of professional societies and standards of care hold facial gender reassignment surgery in transgender women to be appropriate medical treatment.

Internationally recognized medical associations and accepted standards of care acknowledge the medical necessity of facial reassignment. The World Professional Association for Transgender Health is recognized by the American Medical Association (“AMA”) and others as “the leading international, interdisciplinary professional organization devoted to the understanding and treatment of gender identity disorders.”103 WPATH publishes the Standards of Care for the Health of Transsexual, Transgender,

99 Miller, supra note 97, at 826.


102 Miller, supra note 97, at 826.

103 AMA House of Delegates’ Resolution 122, supra note 14, at 1, ¶¶ 15-17 (April 18, 2008).
and Gender Nonconforming People,\textsuperscript{104} which the AMA and others recognize as the “internationally accepted Standards of Care . . . recognized within the medical community to be the standard of care for treating people with” gender dysphoria.\textsuperscript{105}

The WPATH \textit{Standards of Care} note that facial reassignment surgeries “in an individual with severe gender dysphoria can be considered medically necessary, depending on the unique clinical situation of a given patient’s condition and life situation.”\textsuperscript{106}

WPATH also released a statement on medically necessary treatment for trans people that specifically listed facial reassignment procedures as medically necessary surgeries.\textsuperscript{107} WPATH notes that, “[n]on-genital surgical procedures are routinely performed … notably, … facial feminization surgery,” and that “[t]hese surgical interventions are often of greater practical significance in the patient’s daily life than reconstruction of the genitals.”\textsuperscript{108} WPATH also specifically recommends, based on the \textit{Standards of Care}, that it should be covered by insurance plans.\textsuperscript{109}

\textsuperscript{104} WPATH, Standards of Care, \textit{supra} note 15.

\textsuperscript{105} AMA House of Delegates’ Resolution 122, \textit{supra} note 14, at 1, ¶¶ 16-20; see Madeleine B. Deutsch & Jamie L. Feldman, \textit{Updated Recommendations from the World Professional Association for Transgender Health Standards of Care}, 87 \textit{Am. Fam. Physician} 89 (2013). Further, the United States government has in its regulatory guidance repeatedly recognized WPATH to be a leader in setting standards for transgender healthcare. See 81 Fed. Reg. 31,435 n.263 (HHS Section 557 regulation) & 81 Fed. Reg. 39,136 n. 166 (Department of Labor regulation).

\textsuperscript{106} WPATH \textit{Standards of Care}, \textit{supra} note 15, at 64.


\textsuperscript{108} \textit{Id.} at 3 (quoting Monstrey et al., \textit{Surgery: Male-to-Female Patient, supra} note 16).

The Endocrine Society—the world’s oldest, largest, and most active organization devoted to research on hormones and the clinical practice of endocrinology—has published clinical guidelines for treatment of gender dysphoric people, which provide detailed guidance for treatment consistent with the WPATH *Standards of Care*. The guidelines note that masculinization of the face is one of the things puberty suppression treatment in transgender adolescents is designed to prevent, and notes the increased use of facial surgeries.

**B. Other insurers and external reviewers find this care to be medically necessary.**

The fact that a categorical ban on facial reassignment surgery is not in alignment with prevailing medical opinion is also reflected in that private insurers routinely cover facial reassignment procedures and regard them as medically necessary. Government health plans such as Medicaid and Medicare also cover facial reassignment surgery. External reviewers


111 Id. at 13.

112 Id. at 26.

113 See, e.g., gender dysphoria clinical policies for AmeriHealth, Asuris, BCBS of Illinois, BCBS of Massachusetts, BCBS of Minnesota, BCBS of Montana, BCBS of New Mexico, BCBS of Oklahoma, BCBS of Texas, CareFirst BlueCross BlueShield, Boston Medical Center HealthNet Plan / Well Sense, EmblemHealth, Fallon Health, Geisinger Health Plan, Harvard Pilgrim Health Care, Health Net, Independence Blue Cross, Moda Health Plan, Regence, Tufts Health Plan, UnitedHealthcare West, and University Health Alliance.

routinely overturn denials of facial gender reassignment. For example, California’s Department of Managed Care’s Independent Medical Review program overturned seven out of eight denials in 2020 alone.115

C. Sufficient data exists to cover this treatment.

Because of historic insurance exclusions for treatments of gender dysphoria, people were unable to access care due to a lack of providers and an inability to afford care. This has led to a dearth of research about treatments for gender dysphoria. While transgender individuals could certainly benefit from more research, deferring action until more studies are conducted cannot be used to justify the denial of transgender-related care. Sufficient data exists to demonstrate the benefits of hormonal and surgical care for transgender patients,116 and surgery—including facial reassignment—is the standard of care in clinical practice.117 While some proprietary, non-peer reviewed surveys have called into question the efficacy of facial reassignment surgery,118 such reports are not evidence-

Swedish National Board of Health and Welfare’s national guidelines for care for patients with gender dysphoria “concluded that FFS could be deployed as part of the gender confirming health care, within the public health system”).

115 California Department of Managed Care, Independent Medical Review Search, https://wpso.dmhc.ca.gov/imr/default.aspx (e.g., overturning MN20-33069, MN20-32799, MN20-32708, MN20-32691, MN20-32360, MN19-32294, MN19-32241; upholding MN20-32808 on the basis that the surgery was to counteract the effects of aging).

116 See, e.g., Louis Gooren, Care of Transsexual Person, 364 New England J. of Medicine, 1251, 1256 (2011) (recommending sex reassignment even in the face of research limitations and questions about long-term risks).

117 Norman P. Spack, Management of Transgenderism, 309 JAMA: J. American Medical Association 478, 483 (2013); see Facque et al., supra note 29, at 1408 (“[B]ecause facial gender confirming procedures are designed to alleviate gender dysphoria, they should be considered reconstructive and, therefore, medically necessary.”).

118 For example, see the 2014 Hayes Directory Report, Ancillary Procedures and Services for the Treatment of Gender Dysphoria. At a cost of $7,000, this report is not available to be critically evaluated by medical scientists and clinicians. It is not possible to evaluate bias, financial interests or academic credentials of the actual authors as they are not known.
based and cannot form the basis of a non-discriminatory reason for denying coverage. As one court noted, “Even accepting [the defendant’s expert’s] conclusion that studies provide ‘very low’ quality evidence, that does not change the fact that the larger medical community considers these treatments to be acceptable.”

IV. A cosmetic exclusion is inapplicable because facial reassignment is not designed to improve appearance, but rather to change the sex of the face.

Exclusions for facial reassignment surgery rest on the incorrect assumption that the surgery is “cosmetic.” In reality, it is not undertaken to “improve appearance,” but rather to change the sex of an individual’s face from male to female. Covering facial reassignment surgery for transgender women is consistent with providing other treatments for gender dysphoria as well as continuing to exclude all cosmetic procedures. These procedures cannot be viewed outside of the context in which they are provided: namely, treating gender dysphoria.

Covering this surgery for gender dysphoria does not mean that cisgender women can seek coverage for cosmetic facial surgery. Although the surgeries performed may use some of the same surgical techniques in cisgender and transgender women, the purposes are fundamentally different. Cisgender women seeking cosmetic facial surgeries are not seeking sex reassignment or treatment for any medical condition at all. A cisgender woman is already recognized as female and the surgery would not be changing her sex in any way.120 Women seeking cosmetic surgeries do not have a diagnosis for which facial surgery is the standard treatment. A

119 Flack v. Wisconsin Dep’t of Health Servs., 395 F. Supp. 3d 1001, 1013–14 (W.D. Wis. 2019) (noting that “whatever the evidentiary value these private [Hayes] analyses may have, it pales in comparison to that of the peer reviewed studies they purport to criticize, and, more importantly, to the consensus of medical professionals as to the efficacy and safety of gender-confirming surgery” and “[Hayes’s] ‘opinions’ are entirely unhelpful to the issue of fact here: whether gender-confirming surgery and related hormones are now a generally accepted form of medical treatment for gender dysphoria.”).

120 Even if a cisgender woman had a more masculine face, she would lack the constellation of other physical characteristics, such as height, habitus, and voice, that—in conjunction with a masculine face—would cause her to be consistently perceived as male.
brow bone reduction, for example, is not a recognized treatment for depression or anxiety. In contrast, when a transgender woman seeks surgery, the “transgender patient usually has a long history of distress caused by gender dysphoria.”

The more accurate comparison is not to a cisgender woman, but to a cisgender man. Just as a cisgender man would not undergo genital reassignment surgery to “improve his appearance,” a cisgender man would not improve his appearance by undergoing a surgery that resulted in him looking like a woman.

A. Medical authorities agree facial reassignment is not cosmetic.

Researchers conclude that “data support that facial feminization surgery may be considered medically necessary for many patients. ... [That] “is not merely cosmetic and that it clearly targets gender dysphoria to achieve improved quality of life.” Facial reassignment surgery has the “sole objective of converting a masculine face to a more feminine one.” It is a group of surgical procedures “the aim of which is to change the features of a male face to that of a female face.” This surgery is “part of the sex reassignment process. ...[I]t has the purpose to alter typically male facial features to make them similar in terms of shape and size to


122 Morrison et al., supra, note 80, at 1508.

123 Altman, supra note 62, at 893.

124 Altman, supra note 62, at 885; Jens Urs Berli & Myriam Loyo, Gender-Confirming Rhinoplasty, 27 Facial Plastic Surgery Clinics N. Am. 251, 251 (2019) (“Facial gender confirmation surgery (FGCS) encompasses a wide variety of surgical procedures, with the common goal of either feminizing or masculinizing the face.”); Dempf & Eckert, supra note 30, at 416 (noting the procedures are carried out “to change the shape of a face to the characteristics of the desired sex.”).
typical female facial features.”125 It is not undertaken to improve appearance, but rather “to alter the perceived gender of an individual’s face.”126

Even if there were an incidental effect of improving appearance, that does not bar coverage because the primary purpose is to alter the sex of the face to treat gender dysphoria, not improve appearance.

A patient with gender dysphoria does not seek facial reassignment in order to look beautiful, but rather to look like herself. That is, simply to look female—what she would have looked like had she not gone through male puberty and watched her face masculinize.127 This goal is distinct from the beautification goals of cosmetic surgery and the metric for a successful facial reassignment surgery is likewise different.128 The fact that some of the surgeries used to treat gender dysphoria are commonly used as aesthetic procedures does not negate their importance in treating gender dysphoria.129

Surgical specialists in the field reflect this same understanding in their distinct approaches to cosmetic and gender-affirming procedures. For example, in contrast to purely cosmetic lip surgeries, the surgical intervention in gender-affirming lip lifts “primarily focus on shortening the nasal

125 La Padula supra note 95 at 1695.

126 Spiegel, Challenges in care, supra note 93, at 233.

127 See, e.g., Berli & Loyo, supra note 124, at 252 (2019) (recommending that for transidentified patients seeking gender-confirming rhinoplasty, “the conversation around goals starts with the current anatomy and potentially involves photographs of female family members . . . .”).

128 Id. at 253 (“Going unrecognized in society as being the opposite gender assigned at birth is probably the most important outcome parameter of FGCS.”).

129 Di Maggio et al., supra note 22, at 1379 (“The main goal of rhinoplasty in FFS is to change masculine nasal features to feminine ones by performing dorsal reduction, tip refinement, and narrowing the nasal bones . . . .”); Schall et al., supra note 1 (“Although rhinoplasty may be a common aesthetic procedure, it is also one of the most important procedures of [facial gender confirmation surgery].”).
base-to-vermilion border distance” rather than lip augmentation “because this has been found to be the significant difference between male and female upper lip anthropometric proportions.”

Finally, WPATH explains that “medical procedures attendant to sex reassignment are not ‘cosmetic’ or ‘elective’ or for the mere convenience of the patient. These reconstruction procedures are not optional in any meaningful sense, but are understood to be medically necessary for the treatment of the diagnosed condition.” The AMA has also stated that sex reassignment procedures are not cosmetic.

B. Legal authorities conclude that facial reassignment is medically necessary, not cosmetic.

Legal fact finders consistently conclude that facial reassignment is medically necessary, not cosmetic. In the context of rejecting the idea that a transgender woman who had undergone facial reassignment surgery had a propensity for cosmetic surgery, the U.S. Tax Court noted that “there is substantial evidence that such surgery [facial reassignment] may have served the same therapeutic purposes of (genital) sex reassignment surgery and hormone therapy; namely, effecting a female appearance in a genetic male.”

This medical necessity has been reflected in other legal contexts as well with a jury awarding damages for facial reassignment surgery that was excluded under insurance. The Connecticut Commission

130 Salibian & Bluebond-Langner, supra note 79, at 265.

131 WPATH, Position Statement, supra note 107, at 3.

132 See AMA House of Delegates’ Resolution 122, supra note 14, at 1, ¶¶ 22-28 (“Health experts in [gender dysphoria], including WPATH, have rejected the myth that such treatments are ‘cosmetic’ or ‘experimental’ and have recognized that these treatments can provide safe and effective treatment for a serious health condition.”).


on Human Rights and Opportunities found that insurance plans with clinical policy excluding coverage for facial reassignment surgeries is unlawful discrimination,\(^{135}\) and an employer and self-funded plan settled for $345,000 in damages where a clinical policy excluded coverage for facial reassignment surgery.\(^{136}\)

V. Conclusion

Peer-reviewed medical literature, medical opinions of professional societies, evidence-based professional standards of care, and the opinions of health care professionals involved in the specialty of treating gender dysphoria all concur that facial reassignment surgery is safe, effective, and medically necessary for treating gender dysphoria.

Facial gender reassignment surgery goes far beyond any incidental improvement in appearance and affects something far more fundamental: how the world sees a person’s sex.

\(^{135}\) State of Connecticut Commission on Human Rights and Opportunities, Declaratory Ruling on Petition Regarding Health Insurers’ Categorization of Certain Gender-Confirming Procedures as Cosmetic (Apr. 17, 2020), available at https://www.glad.org/cases/challenging-insurance-exclusions-for-gender-affirming-medical-care (“Dr. Randi Ettner, Ph.D. flatly opined in an affidavit submitted to the Commission that “[n]o treatment for gender dysphoria can be deemed cosmetic.” Ettner Aff., ¶ 7. This is because procedures altering the appearance of transgender patients for treatment of gender dysphoria are not for the purpose of “enhancing” cosmetic beauty—they are medically indicated for the purpose of bringing a transgender patient’s appearance in accordance with their gender identity to eliminate the stress caused by incongruence of the same. Id., at ¶ 16 (the goal is “to modify ... characteristics from [one sex to another] in order to allow a person to live and function in their affirmed gender, thereby reducing or eliminating their gender dysphoria.