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TRUTH in Coverage Act

THE PROBLEM: Across America, big health insurance companies have profited handsomely by covering sex-rejecting procedures that aim to alter a person's biological and anatomical characteristics. Yet when patients suffer complications, regret, adverse outcomes, or seek to restore healthy bodily function, many discover their insurance covers sex-rejecting procedures but not the restorative care needed to address the harm caused by these procedures.

Patients reporting harms and complications from sex-rejecting procedures have described a range of physical and psychological consequences, including infertility, endocrine dysfunction, cardiovascular and metabolic issues, and suicidality.

No patient should be left financially stranded after suffering harm from procedures that his or her health plan was willing to fund in the first place. If health insurers choose to cover sex-rejecting medical procedures, they should also be required to provide coverage for restorative care and for care that addresses the harm caused by such procedures. Patients deserve honest information, meaningful informed consent, and the assurance that health plans will stand behind the full consequences of the procedures they cover.

THE SOLUTION: The Treatment and Restoration Uniformity and Transparency in Health Coverage (TRUTH in Coverage) Act establishes a simple principle of fairness and accountability: If a private health insurance plan covers sex-rejecting procedures, then it also must cover healthcare to address the harm caused by these procedures and to restore healthy human form and functioning, to the greatest extent practicable.

The legislation requires private health plans that cover sex-rejecting procedures to provide coverage for restorative care or for care that addresses the harm caused by such procedures. To prevent insurers from creating barriers to care, restorative services must be covered under terms and conditions no more restrictive than those applied to the original procedures, including deductibles, copayments and coinsurance, prior authorization requirements, utilization management policies, and other coverage limitations.

WHY IT MATTERS: Patients should never be abandoned after undergoing life-altering, harmful medical interventions. The TRUTH in Coverage Act promotes transparency, accountability, and patient-centered healthcare by ensuring that individuals have access to restorative treatment if they seek to address complications, adverse effects, or loss of healthy bodily function resulting from covered sex-rejecting procedures.

The legislation does not require any health plan to cover sex-rejecting procedures. It simply ensures that if a plan chooses to cover such procedures (or is required to cover them by state law/regulation), it must also cover healthcare to restore healthy human form and functioning, and to address the harms of those procedures.

WHY FEDERAL ACTION IS NEEDED: Several states, including Montana and Texas, have enacted protections addressing these issues within state-regulated insurance markets. However, state authority generally does not extend to ERISA self-funded employer health plans, which cover most Americans with private insurance. Federal action is necessary to ensure that all Americans receive the same protections, regardless of where they live or how they obtain their health coverage.

The TRUTH in Coverage Act establishes a nationwide standard of transparency, accountability, and insurance fairness for patients seeking restorative care