Whereas, LGBTQI+ individuals, particularly our transgender patients, face high levels of stigma and discrimination; and

Whereas, Transgender individuals experience several challenges in accessing appropriate health care and encounter difficulties with insurance coverage; and

Whereas, Requiring a diagnosis with stigmatizing language may further restrict and harm LGBTQI+ patients attempting to access inclusive health care, such as gender-affirming hormonal therapy and preexposure prophylaxis, to lower the risk of acquiring HIV; and

Whereas, There are few if any diagnosis codes without stigmatizing language in ICD-10 accepted by insurance companies to cover certain services, such as gender-affirming health care and preexposure prophylaxis for human immunodeficiency syndrome; therefore be it

RESOLVED, That our American Medical Association collaborate with the World Health Organization to implement destigmatizing terminology in ICD-10 that will cover gender-affirming health care services as well as human immunodeficiency virus pre-exposure prophylaxis services and medications. (Directive to Take Action)

Fiscal Note: Not yet determined

Received: 10/10/22

RELEVANT AMA POLICY

Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documentation H-315.967

Our AMA: (1) supports the voluntary inclusion of a patient’s biological sex, current gender identity, sexual orientation, preferred gender pronoun(s), preferred name, and clinically relevant, sex specific anatomy in medical documentation, and related forms, including in electronic health records, in a culturally-sensitive and voluntary manner; (2) will advocate for collection of patient data in medical documentation and in medical research studies, according to current best practices, that is inclusive of sexual orientation, gender identity, and other sexual and gender minority traits for the purposes of research into patient and population health; (3) will research the problems related to the handling of sex and gender within health information technology (HIT) products and how to best work with vendors so their HIT products treat patients equally and appropriately, regardless of sexual or gender identity; (4) will investigate the use of personal health records to reduce physician burden in maintaining accurate patient information instead of having to query each patient regarding sexual orientation and gender identity at each encounter; and (5) will advocate for the incorporation of recommended best practices into electronic health records and other HIT products at no additional cost to physicians.

Citation: Res. 212, I-16; Reaffirmed in lieu of: Res. 008, A-17; Modified: Res. 16, A-19; Appended: Res. 242, A-19; Modified: Res. 04, I-19