

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF WISCONSIN

ALINA BOYDEN and
SHANNON ANDREWS,

Plaintiffs,

v.

Case No. 17-CV-0264

STATE OF WISCONSIN DEPARTMENT
OF EMPLOYEE TRUST FUNDS, et al.,

Defendants.

**SUPPLEMENTAL EXPERT WITNESS REPORT
OF LOREN S. SCHECHTER, M.D.**

I, Loren S. Schechter, M.D., have been retained by counsel for the Plaintiffs as an expert in the above-captioned lawsuit to provide an expert opinion. This Supplemental Report addresses the following questions: 1) Whether cosmetic surgery is provided to treat depression; 2) Whether insurance coverage is typically provided for medically necessary breast reduction surgery due to back pain and related problems as well as breast reconstruction after a mastectomy due to a condition, such as cancer; 3) Whether breast reconstruction surgeries are provided to treat the underlying medical condition only or have additional purposes; and 4) Whether there are benefits of reconstructive surgeries to persons with gender dysphoria in addition to addressing the symptoms of gender dysphoria.

I have personal knowledge of the matters stated in this supplemental report as well as my original report. I may further supplement these opinions in response

to information produced by Defendants in discovery and in response to additional information from Defendants' experts.

My opinions contained in this supplemental report are based on: (1) my clinical experience as a surgeon performing gender confirming surgeries for patients; (2) my knowledge of the peer-reviewed research, including my own, regarding gender confirming surgeries, which reflects the clinical advancements in these procedures and the corresponding growth in research related to their safety and effectiveness in treating gender dysphoria; (3) my work as a contributing author of the WPATH SOC; and (4) my work as an author and teacher of surgical techniques used in gender confirming surgeries.

1. Individuals may choose to undergo cosmetic surgery for various reasons. Many times, the motivation is to both look and feel better about themselves and to enhance their appearance.

Some individuals who undergo cosmetic surgery may have co-existing medical and/or psychiatric/psychological conditions. These conditions may include depression. However, depression is not an indication for cosmetic surgery. Conversely, cosmetic surgery is not a treatment for depression. Furthermore, individuals suffering from depression may not be candidates for cosmetic surgery until or unless their depression is treated and/or being treated by a mental health professional.

As a practicing plastic surgeon who is actively involved in educating surgical and medical colleagues as well as surgical fellows, residents, and medical students,

I would not consider depression an appropriate indication for cosmetic surgery. Additionally, in my surgical career, I have never cited depression as an indication for cosmetic surgery. I have also reviewed hundreds of operative reports from other surgeons-I have never seen depression mentioned as an indication for cosmetic surgery. In addition, I am unaware of any studies focusing on individuals preoperatively diagnosed by mental health professionals with depression where cosmetic surgery was used as a treatment for the individual's depression.

2. Additionally, third party payors frequently cover other surgeries for cisgender women, such as reduction mammoplasty ("breast reduction" surgery) or breast reconstruction following mastectomy. Breast reduction surgery helps to alleviate symptoms of breast hypertrophy and symptomatic macromastia (e.g. neck/upper back pain, shoulder grooving, skin irritation beneath/between the breasts, difficulty finding clothing, discomfort/difficulty exercising, etc...).

Breast reduction surgery involves the removal of skin and breast tissue as well as lifting and repositioning the nipple-areola complex. This surgery includes both a functional (reconstructive) component as well as a cosmetic component. Following the removal of tissue, the breast is rebuilt in a cosmetically appealing manner-in other words, the breast is not simply amputated with the sole intention of relieving symptoms of large breasts.

Similarly, breast reconstruction following mastectomy due to cancer or other medical conditions is also covered by third party payors. Moreover, procedures on

the opposite breast designed to restore symmetry (as well as breast prostheses) are also typically a covered benefit.

3. These breast reconstructive procedures for cisgender women are not intended to treat the medical reason for the mastectomy, such as breast cancer, but rather to help restore a woman's sense of femininity and sexuality as well as improve self-esteem and well-being.

4. Gender confirming surgeries (e.g. top surgery and genital surgery) are performed for individuals with gender dysphoria because it can be an effective treatment for the gender dysphoria, rather than for depression. Not all individuals with gender dysphoria have depression. In addition, when performed on individuals with gender dysphoria, gender-confirming procedures are considered reconstructive in nature, rather than cosmetic. This position is supported by The World Professional Association for Transgender Health (WPATH) as well as The American Society of Plastic Surgeons (ASPS). Additional medical benefits to individuals undergoing gender confirming surgeries, in particular vaginoplasty, include the ability to discontinue certain medications (e.g. spironolactone, a "testosterone blocker"), reducing the risks associated with taking those medications.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Executed this 25th day of June, 2018.



Loren S. Schechter, M.D.