

The Honorable Robert J. Bryan

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT TACOMA

C.P., by and through his parents, Patricia
Pritchard and Nolle Pritchard; and PATRICIA
PRITCHARD,

Plaintiffs,

v.

BLUE CROSS BLUE SHIELD OF ILLINOIS,

Defendant.

NO. 3:20-cv-06145-RJB

PLAINTIFF C.P.'S MOTION FOR
CLASS CERTIFICATION

**Note on Motion Calendar:
September 16, 2022**

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I. INTRODUCTION

1
2 Plaintiff C.P., a transgender young man enrolled in a self-funded ERISA plan
3 administered by Defendant Blue Cross Blue Shield of Illinois (“BCBSIL”), challenges
4 BCBSIL’s standard practice of administering categorical exclusions of gender-affirming
5 care (“Exclusions”) in the self-funded ERISA group health plans that it administers.
6 BCBSIL, a “covered entity” under the Affordable Care Act’s (“ACA”) non-
7 discrimination law (also known as “Section 1557”), asserts that it may administer such
8 Exclusions at the request of its employer-customers, even though it is illegal for BCBSIL
9 to do so in its own insured health plans. In essence, BCBSIL claims that it may engage
10 in discrimination on behalf of someone else, even though BCBSIL is prohibited from
11 doing so in its own programs. That is not what the ACA’s non-discrimination law
12 permits.

13 Courts across the country have concluded that categorical Exclusions of gender-
14 affirming care are discriminatory – on their face – when a covered entity administers the
15 Exclusions for its own enrollees. *See Kadel v. Folwell*, No. 1:19CV272, 2022 WL 3226731
16 (M.D.N.C. Aug. 10, 2022); *Fain v. Crouch*, No. 3:20-0740, 2022 U.S. Dist. LEXIS 137084, at
17 *27 (S.D. W. Va. Aug. 2, 2022); *Fletcher v. Alaska*, 443 F. Supp. 3d 1024, 1030 (D. Alaska
18 2020); *Boyden v. Conlin*, 341 F. Supp. 3d 979, 997 (W.D. Wis. 2018). The key issue here is
19 whether a covered entity may administer facially discriminatory Exclusions at the
20 request of its customers who may or may not be subject to the ACA themselves? As
21 Plaintiffs will demonstrate on summary judgment, the answer is a resounding “No.”

22 BCBSIL, which serves as a third-party administrator (“TPA”) in some of its
23 business, is subject to Section 1557 and may not discriminate in *any* of its health activities,
24 including when asked to do so as a TPA. *See* 42 U.S.C. § 18116(a) (an individual may not
25 be subjected to discrimination “under, any health program or activity, any part of which
26 is receiving Federal financial assistance”). An ERISA plan administrator cannot “just

1 follow orders” to administer an illegal exclusion. BCBSIL has an independent statutory,
2 regulatory and fiduciary duty to follow the ACA’s non-discrimination requirements
3 when administering benefits. *See N.Y. State Psychiatric Ass'n v. UnitedHealth Grp.*, 798
4 F.3d 125, 132 (2d Cir. 2015) (ERISA claims administrators have a fiduciary duty to
5 comply with federal law while administering claims); *see e.g.*, Hamburger Decl., *Exh. F*,
6 pp. 35:1-12; *Exh. O*, p. 10, § 4.2 (“Claims Administrator shall have the responsibility for
7 and bear the cost of compliance with any federal, state or local laws as may apply to the
8 Claim Administrator in connection with the performance of its obligations under this
9 Agreement”); p. 17, § 19 (the agreement between BCBSIL and its employer-customer is
10 “governed by and shall be construed in accordance with ... any applicable federal law”).

11 As a “covered entity” under Section 1557, BCBSIL cannot administer a blanket
12 exclusion of gender-affirming care. Yet, while it has eliminated such discrimination in
13 its fully insured plans, BCBSIL actively engages in the same discrimination at the
14 direction of certain employer customers. When BCBSIL enforced the Exclusion and
15 denied C.P.’s claims for coverage, it violated its obligation to conduct *all* of its activities,
16 including the administration of self-funded health benefits, without illegal
17 discrimination. 42 U.S.C. § 18116(a); *see also T.S. v. Heart of CarDon*, 2021 U.S. Dist. LEXIS
18 49119, at *27 (S.D. Ind. Mar. 16, 2021) (Under Section 1557, the term “all operations”
19 includes all of an entity’s activities, including those related to the administration of a
20 client’s self-funded group health plan); *Tovar v. Essentia Health*, 342 F. Supp. 3d 947, 956
21 (D. Minn. 2018) (“Nothing in Section 1557, explicitly or implicitly, suggests that TPAs
22 are exempt from the statute’s nondiscrimination requirements”); *Boyden*, 341 F. Supp. 3d
23 at 997 (TPA that administers a discriminatory exclusion may be liable for its actions).

24 Class certification in this case is proper. The resolution of this key legal
25 question—whether the ACA bars covered health entities from administering blanket
26 exclusions of gender-affirming care in self-funded plans—will determine the rights of all

1 enrollees in ERISA self-funded plans administered by BCBSIL who seek treatment for
2 gender dysphoria that is excluded by the plans. Class actions are specifically designed
3 to address, in one proceeding, this type of systematic violation of the law. Here, BCBSIL
4 administers categorical Exclusions that affect hundreds of similarly situated enrollees
5 with gender dysphoria who seek treatment for that condition. Those harmed are entitled
6 to seek remedies under Section 1557 including injunctive, declaratory, and other
7 equitable relief. A class action offers the most efficient process to resolve the case.

8 Specifically, the Court should certify a class of past, current, and future
9 participants and beneficiaries in ERISA group health plans in which BCBSIL
10 administered or administers a categorical exclusion of coverage for gender-affirming
11 care. Once certified, the class can obtain class-wide declaratory relief that the
12 administration of the Exclusions by BCBSIL violates the ACA, and an injunction
13 prohibiting BCBSIL from doing so in the future. Plaintiffs will also seek processing by
14 BCBSIL of past claims for gender-affirming care that were administered in a
15 discriminatory manner, or that would have been had the claims been submitted. This
16 presents the “ideal case” for certification of a class involving ERISA plans:

17 [W]ere [a] Court to find that the Plan requires Defendants to act in a certain
18 fashion, ERISA would require [the Defendants] to act in a similar fashion
19 toward all beneficiaries—the quintessential (b)(1)(B) scenario. If another
20 court were to interpret the Plan differently, it would trap Defendants in the
21 inescapable legal quagmire of not being able to comply with one such
22 judgment without violating the terms of another, which is what (b)(1)(A)
23 was enacted to remedy.

24 *K.M. v. Regence Blueshield*, 2014 U.S. Dist. LEXIS 9156, at *45-46 (W.D. Wash., Jan. 24,
25 2014) (internal citations and quotations omitted). It also presents the “ideal case” for
26 certification of a class to address systemic civil rights violations, as “broad class-wide
injunctive relief is necessary to redress group-wide injury.” *Williams v. Boeing Co.*, 225
F.R.D. 626, 631 (W.D. Wash. 2005); *Parsons v. Ryan*, 754 F.3d 657, 686 (9th Cir. 2014) (“the

1 primary role of [Rule 23(b)(2)] has always been the certification of civil rights class
2 actions”).

3 II. PROPOSED CLASS DEFINITIONS

4 Plaintiff C.P. moves for the certification of the following class:

5 All individuals who:

- 6 (1) have been, are, or will be participants or beneficiaries in an ERISA self-
7 funded “group health plan” (as defined in 29 U.S.C. § 1167(1))
8 administered by Blue Cross Blue Shield of Illinois (“BCBSIL”) during
9 the Class Period and that contains a categorical exclusion of some or all
10 Gender-Affirming Health Care services; and
11 (2) have required, require, or will require treatment with excluded Gender-
12 Affirming Health Care services

13 DEFINITIONS:

14 “Class Period” means November 23, 2016 through the termination of the
15 litigation.

16 “Gender-Affirming Health Care” means any health care service – physical,
17 mental, or otherwise – administered or prescribed for the treatment of
18 gender dysphoria; related diagnoses such as gender identity disorder,
19 gender incongruence, or transsexualism; or gender transition. This includes
20 but is not limited to the administration of puberty delaying medication
21 (such as gonadotropin-releasing hormone (GnRH) analogues); exogenous
22 endocrine agents to induce feminizing or masculinizing changes
23 (“hormone replacement therapy”); gender-affirming or “sex-reassignment”
24 surgery or procedures; and other medical services or preventative medical
25 care provided to treat gender dysphoria and/or related diagnoses, as
26 outlined in World Professional Association for Transgender Health,
*Standards of Care for the Health of Transsexual, Transgender, and Gender
Nonconforming People*, 7th Version (2012).

This definition is narrowed from the definition in Plaintiffs’ Amended Complaint
based upon the evidence obtained in discovery. *See* Dkt. No. 38, ¶16; Dkt. No. 26-1, ¶91
(proposed class definition is narrowed both in scope and duration). Since the effect of
Plaintiffs’ amended class definition is to narrow the proposed class, the Court may

1 consider the proposal without requiring amendment of Plaintiffs' complaint. *Sandoval*
 2 *v. Cty. of Sonoma*, 2015 U.S. Dist. LEXIS 55571, at *4 (N.D. Cal. Apr. 27, 2015). Should the
 3 Court conclude amendment is required, Plaintiffs are prepared to move to Amend. *See*
 4 *Hamburger Decl., Exh. P* (redline of proposed Second Amended Complaint).

5 III. FACTS

6 A. Blue Cross Blue Shield of Illinois is a Division of Health Care Services 7 Corporation which Receives Federal Financial Assistance.

8 BCBSIL is a division of Health Care Services Corporation ("HCSC"). *Hamburger*
 9 *Decl., Exh. A*, p. 11:5-9. As described by BCBSIL's Rule 30(b)(6) witness, HCSC "do[es]
 10 business as Blue Cross Blue Shield of Illinois." *Id., Exh. B*, p. 9:2-5. All of BCBSIL's
 11 activities are part of HCSC. *Id.*, p. 9:6-12. All of HCSC's activities are health related. *See*
 12 *id.*, pp. 16:20-17:10.

13 HCSC, and its division, BCBSIL, receive federal financial assistance that pays, at
 14 least in part, for certain beneficiaries' enrollment in its health coverage products,
 15 including its Medicare, Medicaid, and ACA products. *Id.*, pp. 17:14-18:9; 18:16-21:8
 16 (describing the types of federal financial assistance received). It has received these
 17 payments since before 2016, when the proposed class period begins. *Id.*, p. 23:8-13.

18 Consistent with its receipt of federal financial assistance, HCSC provided an
 19 Assurance of Compliance to the federal government. *See id., Exh. C*; 45 C.F.R. § 92.4. As
 20 BCBSIL's Rule 30(b)(6) witness Mark Larson testified, the Assurance was signed by a
 21 representative of HCSC as a condition of participating in ACA programs for individual
 22 and small business health exchanges and bound both HCSC and BCBSIL to comply with
 23 the Assurance. *Id., Exh. B*, pp. 24:24-25:11. HCSC strives to comply with the promises
 24 reflected in the compliance document. *Id.*, p. 26:5-9.

25 BCBSIL concedes that the receipt of federal financial assistance requires it to
 26 comply with the ACA's non-discrimination law. As Mr. Larson testified, "we are

1 participating, certainly, in the ACA individual and small group that is under Section
 2 1557 of the Affordable Care Act.” *Id.*, pp. 27:24-28:11. BCBSIL, however, takes the
 3 position that it is only required to follow Section 1557 in those particular lines of
 4 business. *Id.*, pp. 28:19-29:17; Dkt. No. 41, ¶51. BCBSIL claims that, although its other
 5 lines of business, such as its work as a TPA, are part of HCSC and BCBSIL, it need not
 6 comply with Section 1557 in those activities. *Id.*, *Exh. B*, pp. 15:22-16:3; 28:19-29:17.

7 **B. After the ACA Became Effective, BCBSIL Removed All Exclusions of**
 8 **Gender-Affirming Health Care in its Insured Plans.**

9 BCBSIL has a medical policy governing coverage of gender-affirming care.
 10 Hamburger Decl., *Exh. A*, p. 27:15-22. Before November 6, 2015, that policy imposed a
 11 blanket exclusion of gender-affirming care in all of its health plans, regardless of whether
 12 the plan was insured or self-funded. *Id.*, pp. 30:15-31:1; *See Exh. D*, p. 20.

13 After the ACA became effective in 2010, BCBSIL created a Section 1557
 14 workgroup. “[T]he charge of the workgroup was to make sure that HCSC was in
 15 compliance with any regulatory requirements under 1557.” *Id.*, *Exh. A*, p. 50:5-20. The
 16 Section 1557 workgroup reviews relevant medical policies to ensure compliance with
 17 Section 1557. *See e.g., id.*, *Exh. E*, p. 11 (changes to the gender reassignment surgery
 18 medical policy “would need to be taken back to the 1557 workgroup for re-discussion”).

19 At the same time, BCBSIL’s Medical Policy Committee continued to monitor the
 20 latest medical developments in gender-affirming care. *See id.* As BCBSIL’s Rule 30(b)(6)
 21 witness, Dr. Kim Reed, testified, “the foundation for our medical policies is based on the
 22 evidence-based clinical literature that’s out in the scientific community.” *Id.*, *Exh. A*,
 23 p. 12:17-23. The purpose of a medical policy is to “give a statement about what our
 24 coverage position would be for a certain service, or procedure or device or
 25 pharmaceutical.” *Id.*, pp. 13:24-14:2; 22:6-12; *Exh. F*, p. 30:14-25.

1 Around 2015, BCBSIL re-examined its general exclusion of gender-affirming
2 care.¹ *See id., Exh. A*, p. 33:7-18. BCBSIL then put in place a medical policy concluding
3 that gender-affirming care can be medically necessary and required such coverage when
4 it was. *See id., Exh. D*, p. 20 (As of November 6, 2015, “[m]ultiple coverage changes from
5 experimental, investigational and/or unproven to medically necessary for primary and
6 secondary gender reassignment surgeries and related services.”). The effect of this
7 medical policy change was to eliminate the Exclusions in all of BCBSIL’s insured plans,
8 as well as in its self-funded employer plans that did not explicitly exclude gender-
9 affirming care. *Id., Exh. A*, pp. 35:15-36:8.

10 BCBSIL’s decision to cover gender-affirming care was based upon scientific
11 evidence and a review of the medical literature. *Id.*, pp. 37:24-38:9. The review was based
12 in part on consideration of the *Standards of Care for the Health of Transsexual, Transgender,*
13 *and Gender-Nonconforming People* by the World Professional Association of Transgender
14 Health (“WPATH”), the seventh version of which was published in 2012. *Id.*, pp. 38:10-
15 39:8. Finally, the review also considered the requirements of the ACA. *Id.*, p. 46:11-21.
16 Based on the scientific and medical evidence and the requirements of the ACA, BCBSIL
17 removed all gender-affirming care exclusions from its insured health plans, as well as
18 from self-funded plans for which the employer had not requested an express exclusion.
19 *Id.*, p. 46:3-21; *Exh. E; Exh. F*, pp. 163:15-164:11. Thus, since 2015, BCBSIL has covered
20 medically necessary gender-affirming care in its insured plans and in its self-funded
21 plans without an express Exclusion. *Id., Exh. F*, p. 27:4-15. BCBSIL’s medical policy
22 requiring coverage of medically necessary gender-affirming care is consistent with the
23 current WPATH requirements. *Id., Exh. A*, p. 52:6-13; *Exh. E*, p. 5 (BCBSIL determined
24
25

26 ¹ Before 2015, BCBSIL permitted certain employers that wished to cover gender-affirming care to
override BCBSIL’s exclusion. *Hamburger Decl., Exh. A*, p. 34:7-24.

1 that it should “strictly follow” the WPATH Standards of Care); *Exh. G*, p. 5 (“We have
2 decided as a company to follow WPATH”).

3 **C. BCBSIL Had a Standard Practice of Administering Gender-Affirming Care**
4 **Exclusions for Contracting Employer-Sponsored Plans.**

5 Despite BCBSIL’s determination that it needed to remove the Exclusions from its
6 insured plans and its standard self-funded plans, BCBSIL still agreed to administer
7 Exclusions when requested by employers. BCBSIL does so because it maintains that its
8 TPA business is *not* subject to the ACA’s non-discrimination law. *See Exh. B*, pp. 28:19-
9 29:17. Since BCBSIL asserts that it is not required to comply with non-discrimination
10 law when it acts as a TPA, BCBSIL permits its self-funded plans the “choice of covering
11 or excluding gender affirming care.” *See Hamburger Decl., Exh. F*, p. 165:8-12.

12 BCBSIL has an “off-the-shelf” Benefit Booklet that it uses to start the process when
13 drafting Summary Plan Descriptions (SPDs) for its clients’ self-funded plans, which they
14 subsequently customize based on each plan’s individual requests. *Id.*, p. 41:12-24.
15 BCBSIL produced an example of the “off-the-shelf” self-funded plan document in
16 discovery. *See Hamburger Decl., Exh. H; Exh. F*, pp. 44:18-45:24. The standard “off-the-
17 shelf” plan does not contain a gendering care exclusion. *See id.* Currently, employers
18 must affirmatively request that BCBSIL administer the Exclusions. *Id., Exh. F*, p. 32:5-7
19 (Employers “can add or remove any benefits that they wish”); p. 34:16-22 (Employers
20 can use BCBSIL’s standard language or they can customize it).

21 Overwhelmingly, employers who want BCBSIL to administer a gender-affirming
22 care exclusion use the standard language for the Exclusions provided by BCBSIL. *Id.,*
23 *Exh. F*, p. 34:16-22; *Exh. I*, pp. 25:4-27:15 (378 plans use the BCBSIL standard language for
24 the Exclusion, all the other variations in Addendum A are “represented uniquely in one
25 plan” each); *Exh. Q*, Addendum A, p. 13.

1 BCBSIL does not require employers to present a genuine medical, scientific, or
 2 legal justification in order for BCBSIL to administer a gender-affirming care exclusion.
 3 *Id.*, *Exh. I*, pp. 28:3-29:25. Rather, as several BCBSIL’s Rule 30(b)(6) witnesses testified,
 4 BCBSIL will administer such Exclusions based upon nothing more than the “personal
 5 preference of that particular client.” *Id.*, *Exh. F*, pp. 72:21-73:7; *Exh. I*, p. 28:14-17. BCBSIL
 6 never investigates an employer-customer’s reason for an Exclusion. *Id.*, *Exh. I*, pp. 28:20-
 7 23, 29:17-25. Indeed, BCBSIL would administer the Exclusion even if the employer
 8 expressed overtly discriminatory reasons for it. *Id.*, p. 29:4-16.

9 This stands in sharp contrast with BCBSIL’s professed reliance on objective
 10 scientific and medical evidence to guide its coverage policies. Hamburger Decl., *Exh. A*,
 11 pp. 12:20-23. “All of our [medical] policies, whether it’s this policy or any other medical
 12 policy, are based on a review of the scientific literature.” *Id.*, p. 38:3-5. *See also, id.*,
 13 p. 39:15-19 (“[W]e don’t have different medical policies [for different states] ... because
 14 the clinical evidence is what it is.”). In sum, BCBSIL will administer the Exclusions
 15 without any medical, scientific, or legal justification, based solely on the “individual
 16 preference” of the customer – even if that preference is for illegal discrimination. This is
 17 the exact kind of arbitrary and prejudicial actions that Section 1557 was designed to end.

18 **D. BCBSIL Administers the Exclusions in a Standard Manner.**

19 When administering the Exclusions in ERISA self-funded plans, BCBSIL performs
 20 its review in a standard manner. It reviews claims to determine if the service is related
 21 to “gender dysphoria” based on the diagnostic and procedural codes used; if so, the
 22 claim is denied under the Exclusions. *Id.*, *Exh. F*, pp. 69:8-71:4. *See e.g., Exh. I*, pp. 22:2-
 23 24:11 (when BCBSIL’s legal team identified plans that contained the Exclusions, it looked
 24 for denials of claims that included a gender dysphoria diagnosis); 40:17-22 (gender
 25 dysphoria is the condition that triggers the application of the Exclusions). This is
 26 BCBSIL’s standard practice for administering all gender-affirming care exclusions.

1 *Exh. F*, pp. 70:4-71:4. Although there are a few deviations from the standard Exclusion
 2 that BCBSIL administers, all use the diagnosis of “gender dysphoria” as the basis for
 3 determining whether the services are excluded. *Exh. I*, pp. 40:17-22.

4 Importantly, most, if not all, services for gender-affirming care are covered when
 5 provided for other conditions. For example, mastectomies and Vantas implants² are
 6 generally covered when provided for conditions other than gender dysphoria. *See*
 7 *Exh. F*, pp. 124:10-125:14; 127:5-22; *Exh. N, Exh. A*, pp. 64:17-65:1. So too are other
 8 procedures for which coverage is denied when provided to treat gender dysphoria. *See*
 9 *Exh. I*, pp. 33:16-35:19.

10 BCBSIL’s standard practice is to consider whether the service is used to treat
 11 gender dysphoria. If it is, and the service is one identified by the employer to exclude,
 12 then consistent with the Exclusion, the service is denied. *See Exh. F*, pp. 76:10-78:5. It is
 13 this standard action—the administration of a categorical exclusion of gender-affirming
 14 care—that all class members are subject to and that Plaintiffs challenge.

15 **E. BCBSIL’s Denial of C.P.’s Claims for the Second Vantas Implant and Chest**
 16 **Reconstruction Surgery is Typical of BCBSIL’s Standard Practice.**

17 When C.P. sought coverage for his first Vantas Implant in 2016, BCBSIL approved
 18 and paid for the service, because C.P.’s treatment met BCBSIL’s medical policy for
 19 coverage. *Hamburger Decl., Exh. A*, pp. 52:19-53:9; *Exh. J*, pp. 2-3 of 3. BCBSIL later stated
 20 that the coverage had been approved in error, but not because the treatment was not
 21 medically necessary. Rather, BCBSIL stated that coverage for “transgender services”
 22 was not permitted under the plan in which C.P. was enrolled. *Id., Exh. K*. BCBSIL’s Rule
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26 ² A “Vantas Implant” is a drug that is subcutaneously implanted and can be used as a puberty blocker.
See Hamburger Decl., Exh. A, pp. 41:21-42:2.

1 30(b)(6) witness, Dr. Kim Reed, conceded that, under the BCBSIL medical policy, C.P.'s
2 Vantas Implant treatment was medically necessary. *Id.*, *Exh. A*, pp. 59:20-60:18, *Exh. L*.³

3 After C.P. obtained authorization and payment for his first Vantas Implant, Ms.
4 Pritchard's employer decided to add to their group health plan an explicit categorical
5 exclusion of coverage for transgender health services, and BCBSIL agreed to administer
6 it. The Exclusion first appeared in the CHI plan in 2018. *See e.g., id.*, *Exh. M*, p. 67 of 142;
7 *Exh. F*, pp. 79:17-80:12. The new Exclusion purported to exclude all coverage of
8 treatment for gender dysphoria if it was considered to be "related" to gender
9 reassignment surgery:

10 **The Details – What's Covered and Not Covered:**

11 *...Transgender Reassignment Surgery*

12 Not Covered:

13 Benefits shall not be provided for gender reassignment surgery including,
14 but not limited to, *any treatments, drugs, medicines, therapy, counseling*
services or supplies related to such surgeries.

15 *See id.*, *Exh. M*, pp. 37, 67 of 142 (emphasis and underlining in original). Although the
16 2018 plan indicated that only services "related" to "gender reassignment surgery" (an
17 undefined term in the plan) were not covered, BCBSIL informed C.P. and his parents
18 that *all coverage* for "transgender services" would be denied. *See Exh. K*, pp. 2-3.

19 In 2019, after C.P. received testosterone treatment for more than a year, Plaintiffs
20 sought pre-authorization for a second Vantas Implant and chest surgery for C.P. as
21 medically necessary treatment for C.P.'s gender dysphoria, which BCBSIL denied.
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25 ³ In its Motion to Dismiss, BCBSIL misrepresented BCBSIL's medical policy as prohibiting treatment
26 with puberty blockers and chest surgery until the age 18. *See* Dkt. No. 17, pp. 2:8-15, 4:14-24, 7:2-5.
Discovery revealed that these services are covered under BCBSIL's medical policy, even for minors, and
that C.P.'s services, in particular, met the BCBSIL coverage standard. *Exh. A*, pp. 59:20-60:18.

1 *Exh. N.* BCBSIL stated that both procedures were “not covered” due to the Exclusion.
2 *Id.*

3 The denial was not based on any objective medical or scientific evidence
4 concerning the safety or efficacy of the treatment. Both treatments were medically
5 necessary under BCBSIL medical policy. *Id., Exh. A*, pp. 60:19-62:3 (“Based on the records
6 that I reviewed and the medical policy, yes, I believe it [C.P.’s mastectomy] would have
7 been covered”). Rather, the denial was based solely on BCBSIL’s facilitation of the
8 “individual preference” of Ms. Pritchard’s employer to exclude all coverage for surgical
9 treatment for gender dysphoria starting in 2018. Even today, BCBSIL continues to
10 administer the Exclusion and has no plans to stop. *Exh. F*, p. 165:13-18.

11 IV. LAW AND ARGUMENT

12 A. General Class Action Requirements.

13 “A party seeking class certification must affirmatively demonstrate his
14 compliance with [Fed. R. Civ. P. 23].” *Wal-Mart Stores, Inc. v. Dukes*, 564 U.S. 338, 350,
15 131 S. Ct. 2541, 2551 (2011). Fed. R. Civ. P. 23(a) requires that plaintiffs demonstrate
16 numerosity, commonality, typicality, and adequacy of representation to maintain a class
17 action. *Id.* In addition to these elements, a plaintiff must also establish that one or more
18 of the requirements of Fed. R. Civ. P. 23(b) are met. *Zinser v. Accufix Research Institute,*
19 *Inc.*, 253 F.3d 1180, 1186 (9th Cir. 2001); *Dunakin v. Quigley*, 99 F. Supp. 3d 1297, 1324–25
20 (W.D. Wash. 2015). In conducting this analysis, the Court may look beyond the
21 pleadings “before coming to rest on the certification question.” *Wal-Mart Stores, Inc.*, 564
22 U.S. at 350).

23 Plaintiff C.P. seeks certification of a proposed class under Rules 23(b)(1)(B)
24 and/or (b)(2). Certification is appropriate under Rule 23(b)(1)(B) where “prosecuting
25 separate actions by ... separate class members would create a risk of ... adjudications
26 with respect to individual class members that, as a practical matter, would be dispositive

1 of the interests of the other members not parties to the individual adjudications or would
2 substantially impair or impede their ability to protect their interests.” Fed. R. Civ. P.
3 23(b)(1)(B). If successful, this action would result in a court finding that BCBSIL’s
4 administration of the Exclusions constitutes unlawful discrimination under Section 1557.
5 This determination would be broadly applicable to the coverage of hundreds of absent
6 class members who require medically necessary gender-affirming care but who were,
7 are, or would otherwise be denied coverage through BCBSIL’s administration of the
8 same or similar discriminatory exclusions. Moreover, as an ERISA fiduciary, BCBSIL
9 would be required to change its practices when administering class members’ claims for
10 medically necessary gender-affirming care to conform with this finding, consistent with
11 its fiduciary duties. As such, the Court’s adjudication of the central claim in this matter
12 “would be dispositive of the interests of the other members not parties to the individual
13 adjudications.” Fed. R. Civ. P. 23(b)(1)(B). *See* § IV(C) *infra*.

14 Certification under Rule 23(b)(2) is also proper here since injunctive and
15 declaratory relief is sought. As the Ninth Circuit has explained, “the primary role of
16 [Rule 23(b)(2)] has always been the certification of civil rights class actions.” *Parsons v.*
17 *Ryan*, 754 F.3d 657, 686 (9th Cir. 2014). When “the relief sought is systemic, rather than
18 individual, classwide injunctive or declaratory relief may be appropriate” under Rule
19 23(b)(2). *Wilbur v. City of Mount Vernon*, 298 F.R.D. 665, 669 (W.D. Wash. 2012). Here,
20 Plaintiff C.P. and the putative class seek a declaration that BCBSIL violated their rights
21 under the ACA’s non-discrimination law when it administered and enforced the Plan’s
22 Exclusion and similar exclusions of gender-affirming healthcare. Dkt. No. 38, ¶¶91-92.
23 Plaintiff on behalf of himself and similarly situated individuals seeks injunctive relief to
24 stop BCBSIL from administering or enforcing this categorical exclusion and other similar
25 exclusions in plans administered by BCBSIL. *Id.*, pp. 21:22–22:2. Certification under
26 Rule 23(b)(2) “fits this bill to a ‘T.’” *Z.D. v. Group Health Cooperative*, 2012 U.S. Dist. LEXIS

1 76498, *19 (W.D. Wash. 2012); *Walters v. Reno*, 145 F.3d 1032, 1047 (9th Cir. 1998) (“It is
 2 sufficient [for (b)(2) certification] if class members complain of a pattern or practice that
 3 is generally applicable to the class as a whole”). Similar classes were certified under Rule
 4 23(b)(2) in *Fain v. Crouch*, No. 3:20-0740, 2022 U.S. Dist. LEXIS 137083, at *15 (S.D. W. Va.
 5 Aug. 2, 2022), and *Flack v. Wis. Dep't of Health Servs.*, 331 F.R.D. 361, 375 (W.D. Wis. 2019).
 6 See also *Davis v. Lab'y Corp. of Am. Holdings*, No. CV 20-0893 FMO (KSx), 2022 U.S. Dist.
 7 LEXIS 96130, at *21 (C.D. Cal. May 23, 2022) (nationwide class action certified under Rule
 8 23(b)(2) for claims that included alleged violations of Section 1557).

9 **B. Fed. R. Civ. P. 23(a)'s Requirements for Class Certification Are Met.**

10 **1. Numerosity.**

11 “In reality ... Rule 23(a)(1) is an impracticability of joinder requirement.”
 12 H. Newberg and A. Conte, 1 NEWBERG ON CLASS ACTIONS, § 3:3 (4th ed.). See also *Smith*
 13 *v. Univ. of Wash. Law Sch.*, 2 F. Supp. 2d 1324, 1340 (W.D. Wash. 1998) (joinder does not
 14 need to be impossible, but simply impracticable depending on the facts and
 15 circumstances of the case). “[I]mpractical does not mean impossible rather,
 16 impracticability means only the difficulty or inconvenience of joining all members of the
 17 class.” *McCluskey v. Trustees of Red Dot Corp.*, 268 F.R.D. 670, 674 (W.D. Wash. 2010)
 18 (internal quotations omitted). Classes in excess of 40 members are generally so numerous
 19 as to render joinder impracticable. *Id.* at 673-74.

20 BCBSIL concedes that the proposed class is comprised of at least 40 individuals.
 21 See Dkt. No. 56, p. 8:17-22; Dkt. No. 57-1, p. 4:13-14. Indeed, BCBSIL identified hundreds
 22 of likely class members. See *id.*, *Exh. Q*, p. 7, Answer to Interrogatory No. 8 (at least 505
 23 individuals had claims denied under gender-affirming care exclusions during the class
 24 period); Fox Decl., ¶3 (estimating that, on average, per year there are 1,740 transgender
 25 and gender diverse individuals enrolled in the affected BCBSIL plans of whom, about
 26 300 are likely to seek care in a given year), *id.*, ¶¶9-11; *Exh. B*, p. 2, ¶3. Numerosity is met.

1 Joinder is impracticable for other reasons as well. The putative class members are
2 geographically dispersed across the country. Hamburger Decl., *Exh. I*, pp. 24:7-25:3.
3 “[F]actors such as the geographical diversity of class members, the ability of individual
4 claimants to institute separate suits, and whether injunctive or declaratory relief is
5 sought, should be considered in determining” whether joinder is practicable. *Jordan v.*
6 *Los Angeles County*, 669 F.2d 1311, 1319 (9th Cir. 1982), *vacated on other grounds*, 459 U.S.
7 810 (1982), *citing* 1 H. Newberg, *Class Actions* § 1105 (1977). *See also McCluskey*, 268
8 F.R.D. at 675. And, given the high cost of representation, few people can bring their own
9 litigation. Plaintiffs’ counsel are not aware of any other case that has been brought
10 against the BCBSIL challenging its application of the Exclusion. Hamburger Decl., ¶11.
11 *McCluskey*, 268 F.R.D. at 675-76 (fact that no other suit has been filed weighs in favor of
12 the impracticality of joinder). Joinder is also impracticable since the class includes future
13 members impacted by the Exclusions. “The joinder of unknown individuals is inherently
14 impracticable.” *Jordan*, 669 F.2d 1311 at 1320.

15 **2. Commonality Is Met Where, As Here, the Litigation Will Be**
16 **Driven by Common Answers to Class-Wide Questions.**

17 Fed. R. Civ. P. 23(a)(2) requires a plaintiff to show that a question of law or fact is
18 common to each member of the proposed class. Shared legal issues establish
19 commonality:

20 Indeed, Rule 23(a)(2) has been construed permissively. All questions of fact
21 and law need not be common to satisfy the rule. The existence of shared
22 legal issues with divergent factual predicates is sufficient, as is a common
23 core of salient facts coupled with disparate legal remedies within the class.

24 *Hanlon v. Chrysler Corp.*, 150 F.3d 1011, 1019 (9th Cir. 1998). Commonality only imposes
25 a “limited burden” upon the plaintiff given that it “only requires a single significant
26 question of law or fact.” *Mazza v. Am. Honda Motor Co.*, 666 F.3d 581, 589 (9th Cir. 2012).

1 The Supreme Court has recently emphasized that commonality
2 requires that the class members' claims "depend upon a common
3 contention" such that "determination of its truth or falsity will resolve an
4 issue that is central to the validity of each [claim] in one stroke." The
5 plaintiff must demonstrate "the capacity of class wide proceedings to
6 generate common answers" to common questions of law or fact that are
7 "apt to drive the resolution of the litigation."

8 *Id.* at 588-89 (quoting *Wal-Mart Stores, Inc.*, 131 S. Ct. at 2551). In a civil rights suit,
9 "commonality is satisfied where the lawsuit challenges a system-wide practice or policy
10 that affects all of the putative class members." *Armstrong v. Davis*, 275 F.3d 849, 868 (9th
11 Cir. 2001). Plaintiff and the proposed class members seek a determination of a single
12 core legal question: Does BCBSIL's administration of categorical Exclusions of gender-
13 affirming care violate the ACA's non-discrimination requirements?

14 In addition to this overriding common question, the following common legal
15 questions will need to be addressed for all class members in this litigation: (1) whether
16 BCBSIL is a "covered entity" under Section 1557 for all of its lines of business even
17 though it receives federal financial assistance in only certain lines of business;
18 (2) whether BCBSIL is prohibited from administering discriminatory Exclusions for
19 employer-sponsored plans, even if the employers are not themselves subject to the
20 ACA's non-discrimination provisions; and (3) whether BCBSIL's contractual
21 indemnification provisions purporting to protect it from liability resulting from its
22 administration of the Exclusions, is invalid as a matter of federal public policy. *See e.g.*,
23 *Stamford Bd. of Educ. v. Stamford Educ. Assn.*, 697 F.2d 70, 74 (2d Cir. 1982) ("[A] party may
24 not indemnify himself against his own willful, reckless or criminal misconduct").

25 Those questions will "generate common answers apt to drive the resolution of the
26 litigation," and the injunctive and declaratory relief sought in this action will resolve the
27 class claims "in one stroke." *Wal-Mart Stores, Inc.*, 564 U.S. at 350. Indeed, the answer to
28 these common questions will determine whether declaratory, injunctive, and other

1 equitable relief is merited and the appropriate scope of such relief. *See K.M. v. Regence*
2 *Blueshield*, 2014 U.S. Dist. LEXIS 9156, at *39-40 (W.D. Wash. Jan. 24, 2014); *Z.D.*, 2012
3 U.S. Dist. LEXIS 76498, at *8. Commonality is easily met here.

4 **3. Plaintiff CP.'s Claims Are Typical of the Claims of the Members**
5 **of the Proposed Class.**

6 The test of typicality is whether (1) other members of the class have the same or
7 similar injury, (2) the action is based on conduct that is not unique to the named plaintiff,
8 and (3) other class members have been injured by the same course of conduct. *Hansen v.*
9 *Ticket Track, Inc.*, 213 F.R.D. 412, 415 (W.D. Wash. 2003) (citing *Hanon v. Dataproducts*
10 *Corp.*, 976 F.2d 497, 508 (9th Cir. 1992)). All that is required is that class members have
11 injuries similar to the representative and that those injuries result from the same course
12 of conduct:

13 When it is alleged that the same unlawful conduct was directed at or
14 affected both the named plaintiff and the class sought to be represented, the
15 typicality requirement is usually satisfied, irrespective of varying fact
16 patterns which underlie individual claims.

17 *Kavu, Inc. v. Omnipak Corp.*, 246 F.R.D. 642, 648 (W.D. Wash. 2007) (quoting *Smith v. Univ.*
18 *of Wash. Law Sch.*, 2 F. Supp. 2d 1324, 1342 (W.D. Wash. 1998)).

19 Under the Rule's permissive standards, representative claims are "typical" if they
20 are "reasonably co-extensive with those of absent class members; they need not be
21 substantially identical." *Hanlon*, 150 F.3d at 1020. Typicality concerns "the nature of the
22 claim or defense of the class representative, and not ... the specific facts from which it
23 arose or the relief sought." *Hanon*, 976 F.2d at 508 (quotation omitted). "Indeed, even
24 relatively pronounced factual differences will generally not preclude a finding of
25 typicality where there is a strong similarity of legal theories." *Baby Neal v. Casey*, 43 F.3d
26 48, 58 (3d Cir. 1994). As a result, "[w]here an action challenges a policy or practice, the
named plaintiffs suffering one specific injury from the practice can represent a class

1 suffering other injuries, so long as all the injuries are shown to result from the practice.”

2 *Id.* at 57-58.

3 Plaintiff C.P.’s claims are co-extensive with those of the proposed class. Like all
4 class members, C.P. was, is, or will be a participant or beneficiary in an ERISA self-
5 funded group health plan administered by BCBSIL. Dkt. No. 38, ¶91. C.P. and all
6 proposed class members seek to enforce BCBSIL’s compliance with Section 1557
7 including their right to coverage of medically necessary gender-affirming care without
8 the administration of discriminatory categorical Exclusions. *Id.*, ¶¶99-113. *See, e.g., Tech.*
9 *Access Found. Health Benefit Plan v. Grp. Health Coop. (In re Z.D.)*, 2012 U.S. Dist. LEXIS
10 149610, at *12 (W.D. Wash. Oct. 17, 2012) (where plaintiffs and the proposed class
11 members have the same or similar injury, denial under the same challenged exclusion,
12 typicality is met). C.P., by and through his parents, is well-situated to seek the relief
13 sought by the proposed class.

14 As defined, the class also satisfies the *Hansen* factors to establish typicality.
15 *Hansen*, 213 F.R.D. at 415. Members of the class all suffer the same type of injury, in that
16 all have been or will, in the absence of court action, be denied access to coverage for
17 needed gender-affirming care by BCBSIL. *Id.* Class members’ injuries and BCBSIL’s
18 causative action all stem from BCBSIL’s administration of the discriminatory categorical
19 exclusion. They are common to all class members and not idiosyncratic to the named
20 Plaintiff. *Id.* Lastly, all class members, including C.P., are defined to have been injured
21 by the same course of conduct—BCBSIL’s administration of a categorical exclusion of
22 coverage of gender-affirming care. *Id.* As described by the Court in *Fain*:

23 The exclusion invidiously discriminates against Plaintiffs as much as it
24 would other members of the class The relief sought is identical to other
25 class members—the declaration of the exclusion’s unlawfulness and an
injunction precluding the enforcement of it.

26 *Id.*, 2022 U.S. Dist. LEXIS 137083, at *10-11. Typicality is established.

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4. Representation Is Adequate.

Rule 23(a)'s final requirement is that the representative plaintiff must fairly and adequately represent the interests of the class. Fed. R. Civ. P. 23(a)(4). "Adequate representation depends on the qualification of counsel for the representatives, an absence of antagonism, a sharing of interests between representatives and absentees, and the unlikelihood that the suit is collusive." *Local Joint Exec. Bd. of Culinary/Bartender Tr. Fund v. Las Vegas Sands, Inc.*, 244 F.3d 1152, 1162 (9th Cir. 2001) (internal quotation marks and citations omitted). Stated differently, the Court must examine: "(1) do the named plaintiffs and their counsel have any conflicts of interest with other class members and (2) will the named plaintiffs and their counsel prosecute the action vigorously on behalf of the class?" *Hanlon*, 150 F.3d at 1020.

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Plaintiff C.P. will fairly and adequately represent the class. C.P., by and through his parents, is committed to the vigorous prosecution of this suit and views his interests as coextensive with the Class members, both known and unknown. His claims and interests do not conflict with any interests of the proposed class. *See generally*, Patricia Pritchard. Decl., ¶¶2-3; Nolle Pritchard. Decl., ¶¶2-3. C.P. and proposed class members all have a common interest in seeing the ACA's non-discrimination requirements enforced and securing nondiscriminatory health coverage.

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The second factor—competency of counsel—has now been subsumed under Fed. R. Civ. P. 23(g), the requirement that the Court appoint adequate class counsel. The declarations of counsel who represent the plaintiffs establish that they (1) have done extensive work in identifying the claims in this action, (2) have far-reaching experience in transgender rights, health care discrimination, and class litigation, including ERISA class actions, (3) are well versed in this area of the law, and (4) are willing to commit the resources necessary to vigorously prosecute this litigation. Fed. R. Civ. P. 23(g)(1)(A) (i)-(iv). *See* Hamburger Decl., ¶¶2-10; Gross Decl. ¶¶2-11; Gonzalez-Pagan Decl. ¶¶2-27.

1 See also *Dunakin*, 99 F. Supp. 3d at 1332 (noting Ms. Hamburger’s prior experience in
2 health-related class action litigation); *Unthaksinkum v. Porter*, 2011 U.S. Dist. LEXIS
3 111099, *45 (W.D. Wash. Sept. 28, 2011) (stating of Mr. Gross among other proposed class
4 counsel, “[he] is a highly qualified attorney who has class action experience [and] is
5 prepared to represent Class Representatives and class members....”); *Fain*, 2022 U.S. Dist.
6 LEXIS 137083, at *13 (Lambda Legal “has extensive experience with civil right[s] and
7 class action litigation, specifically with LGBT issues.”); *Thornton v. Comm’r of Soc. Sec.*,
8 570 F. Supp. 3d 1010, 1048 (W.D. Wash. 2020) (noting that counsel, including Lambda
9 Legal, “is competent and experienced in relevant constitutional litigation and class
10 actions and has presented sufficient information to the court to satisfy this
11 requirement”). The requirements of Fed. R. Civ. P. 23(a)(4) and 23(g) are met.

12 **C. Certification of The Proposed Classes Is Proper under Fed. R. Civ. P.**
13 **23(b)(1) and/or (b)(2).**

14 **1. The Claims in This Case Are Appropriate for Certification**
15 **Under Fed. R. Civ. P. 23(b)(1).**

16 Fed. R. Civ. P. 23(b)(1) authorizes class actions where section (a) conditions are
17 met, and:

18 (1) prosecuting separate actions by or against individual members of the
19 class would create a risk of:

20 (A) inconsistent or varying adjudications with respect to individual
21 class members that would establish incompatible standards of conduct for
22 the party opposing the class, or

23 (B) adjudications with respect to individual class members that, as a
24 practical matter, would be dispositive of the interests of the other members
25 not parties to the individual adjudications or would substantially impair or
26 impede their ability to protect their interests[.]

Subsection (A) of Fed. R. Civ. P. 23(b)(1) considers possible prejudice to the
defendants. Class certification under Rule 23(b)(1)(A) “takes in cases where the party is

1 obliged by law to treat the members of the class alike.” *Amchem Prods. v. Windsor*, 521
2 U.S. 591, 614, 117 S. Ct. 2231 (1997). Subsection (B) looks to possible prejudice to putative
3 class members. *In re Ikon Office Sols., Inc. Sec. Litig.*, 191 F.R.D. 457, 466 (E.D. Pa. 2000).
4 Here, inconsistent or varying adjudications with respect to individual class members
5 would establish incompatible standards of conduct for BCBSIL when it comes BCBSIL’s
6 duty not to discriminate on the basis of sex when administering the Exclusions.

7 What is more, “[c]ertifications under either subsection are common in [ERISA
8 benefits] cases such as this one because of the defendants’ ‘unitary treatment’ of putative
9 class members.” *Id.* While this is a discrimination case in which no ERISA claims are
10 brought, it nonetheless involves a defendant, BCBSIL, which is an ERISA fiduciary, and
11 a proposed class comprised of ERISA enrollees. Accordingly, as the Advisory Committee
12 to Rule 23 concluded, certification under 23(b)(1) is appropriate in cases alleging that a
13 claims administrator to a large class of ERISA enrollees has uniformly and improperly
14 administered the benefits for which it served as a fiduciary. *See Z.D.*, 2012 U.S. Dist.
15 LEXIS 76498, at *16, *citing to* Rules Advisory Committee Notes to 1966 Amendments to
16 Fed. R. Civ. P. 23. That is the precise situation here.

17 Litigation seeking equitable remedies against ERISA TPAs like BCBSIL fits
18 squarely in Rule 23(b)(1). “Certification under Rule 23(b)(1) is particularly appropriate
19 in cases involving ERISA fiduciaries who must apply uniform standards to a large
20 number of beneficiaries.” *Wit v. United Behavioral Health*, 317 F.R.D. 106, 132-33 (N.D.
21 Cal. 2016); *see also Meidl v. Aetna, Inc.*, 2017 U.S. Dist. LEXIS 70223, at *56 (D. Conn. May
22 4, 2017) (certifying a class challenging the actions of an ERISA plan administrator that
23 categorically excluded coverage of a particular treatment in the various health plans it
24 administered); *Des Roches v. Cal. Physicians’ Serv.*, 320 F.R.D. 486, 506 (N.D. Cal. 2017)
25 (same); *Escalante v. Cal. Physicians’ Serv.*, 309 F.R.D. 612, 620 (C.D. Cal. 2015) (same). It is
26 particularly appropriate here, where the obligation that BCBSIL owes the class “about

1 which courts could disagree and require incompatible standards of conduct – comes not
2 from plan terms but from the statute and regulations.” *Med. Soc’y of N.Y. v. UnitedHealth*
3 *Grp. Inc.*, 332 F.R.D. 138, 153 (S.D.N.Y. 2019) (certifying a class across various ERISA
4 plans administered by the same TPA); *see also McCluskey*, 268 F.R.D. at 677; *D.T. v.*
5 *NECA/IBEW Family Medical Care Plan*, 2019 U.S. Dist. LEXIS 50683, *22-24 (W.D. Wash.
6 March 26, 2019) (certifying a class under Rule 23 (b)(1) because “[t]he issues confronting
7 every proposed class member is whether Defendants may deny coverage” based on a
8 categorical exclusion). Since BCBSIL is required to consistently administer the
9 Exclusions with respect to similarly situated ERISA enrollees, BCBSIL must act in a
10 similar fashion towards all class members. *See Wit*, 317 F.R.D. at 132-33. Accordingly,
11 the resolution of C.P.’s claim is dispositive of other similarly situated class members’
12 claims – “the quintessential (b)(1)(B) scenario.” *Z.D. v. Grp. Health Coop.*, 2012 U.S. Dist.
13 LEXIS 76498, at *18. The Court should certify this class under Rule 23(b)(1).

14 **2. Certification Is Also Proper Under Fed. R. Civ. P. 23(b)(2).**

15 Certification is appropriate under Fed. R. Civ. P. 23(b)(2) where the defendant has
16 “acted on grounds generally applicable to the class, thereby making appropriate final
17 injunctive relief or corresponding declaratory relief with respect to the class as a whole.”
18 Stated differently, certification is appropriate where injunctive or declaratory relief can
19 be provided to all class members without engaging in a case-by-case analysis of each
20 one’s individual circumstances. *Wal-Mart Stores, Inc.*, 564 U.S. at 360 (“The key to the
21 (b)(2) class is ‘the indivisible nature of the injunctive or declaratory remedy warranted
22 ... that the conduct ... can be enjoined or declared unlawful only as to all of the class
23 members or as to none of them.’”). *See also Wit*, 317 F.R.D. at 136 (class certification under
24 Rule 23(b)(2) is appropriate where all class members have been subjected to the same or
25 similar challenged “Guideline.”). “Civil rights cases against parties charged with
26

1 unlawful, class-based discrimination are prime examples” of class actions under Rule
2 23(b)(2). *Amchem*, 521 U.S. at 614.

3 Under these principles, “certification here is warranted, as the exclusion affects
4 all proposed class members, and the declaratory and injunctive relief sought would
5 benefit all class members.” *Fain*, 2022 U.S. Dist. LEXIS 137083, at *14. Plaintiff C.P. seeks,
6 *inter alia*, injunctive and declaratory relief to require BCBSIL to process claims without
7 the discriminatory categorical exclusion prohibited by the ACA’s non-discrimination
8 requirements. A class seeking this form of relief fits perfectly under Rule 23(b)(2). *Z.D.*,
9 2012 U.S. Dist. LEXIS 76498, *19-20. Certification of the proposed class would fulfill the
10 purpose underlying Rule 23(b)(2)—to “foster institutional reform by facilitating suits
11 that challenge widespread rights violations.” *Parsons*, 754 F.3d at 686 (quotation
12 omitted). Here, “[a] declaratory judgment finding that the exclusion is unlawful and an
13 injunction enjoining Defendants from enforcing the exclusion would be appropriate to
14 the class as a whole.” *Fain*, 2022 U.S. Dist. LEXIS 137083, at *14-15.

15 Furthermore, Rule 23(b)(2) supports the relief C.P. seeks in requiring BCBSIL to
16 re-process past claims for gender-affirming care that were administered in a
17 discriminatory manner, or would have been, had the claims been submitted. After
18 certifying a class, the court in *Z.D.* entered a comparable injunction requiring the
19 defendant to process and re-process claims without administering exclusions that
20 violated state law. *Tech. Access Found. Health Benefit Plan*, 2012 U.S. Dist. LEXIS 149610,
21 at *29-30; *Thornton*, 570 F. Supp. 3d at 1050 (requiring reprocessing of benefits without
22 the unconstitutional requirement). Plaintiff C.P. seeks to follow a similar path here, and
23 Rule 23(b)(2) provides the process to seek this relief.

24 **D. The Class Period Is Properly Defined.**

25 The proposed class period extends back four years from the filing of the original
26 complaint because the statute of limitations for a Section 1557 claim is four years. With

1 the ACA, Congress did not establish a specific statute of limitations. Accordingly, the
 2 default federal statute of limitations of four years is proper. *See* 28 U.S.C. § 1658. *Tomei*
 3 *v. Parkwest Med. Ctr.*, 24 F.4th 508, 515 (6th Cir. 2022); *Vega-Ruiz v. Northwell Health*, No.
 4 20-315, 992 F.3d 61, 66 (2d Cir. 2021); *Doe v. Pennsylvania*, No. 1:19-CV-2193, 2021 U.S.
 5 Dist. LEXIS 61637, at *14 (M.D. Pa. Mar. 31, 2021); *Palacios v. MedStar Health, Inc.*, 298 F.
 6 Supp. 3d 87, 91 (D.D.C. 2018).

7 **V. CONCLUSION**

8 Class actions are uniquely suited to enforcing civil rights claims, such as those
 9 brought by C.P. on behalf of himself and similarly situated others against by BCBSIL for
 10 unlawful discrimination resulting from its administration of categorical exclusions of
 11 gender-affirming care. The Court should certify the proposed class, as defined in Section
 12 II, *above*. Plaintiff C.P., by and through his parents, should be appointed as the class
 13 representative, and Ms. Hamburger and Mr. Gross of Sirianni Youtz Spoonemore
 14 Hamburger, as well as Mr. Gonzalez-Pagan and Ms. Pizer of the Lambda Legal Defense
 15 and Education Fund, Inc. should be appointed as class counsel.

16 DATED: August 25, 2022.

17 SIRIANNI YOUTZ
 18 SPOONEMORE HAMBURGER PLLC

19 /s/ Eleanor Hamburger

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Attorneys for Plaintiffs

The Honorable Robert J. Bryan

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT TACOMA

C.P., by and through his parents, Patricia
Pritchard and Nolle Pritchard; and
PATRICIA PRITCHARD,

Plaintiffs,

v.

BLUE CROSS BLUE SHIELD OF ILLINOIS,
Defendant.

NO. 3:20-cv-06145-RJB

[PROPOSED] ORDER CERTIFYING
CLASS, AND APPOINTING CLASS
REPRESENTATIVE AND CLASS
COUNSEL

This matter came before the Court on Plaintiff C.P.'s Motion for Class Certification. Plaintiff C.P., by and through his parents, Patricia Pritchard and Nolle Pritchard, were represented by Eleanor Hamburger and Daniel S. Gross of Sirianni Youtz Spoonemore Hamburger PLLC, and Omar Gonzalez-Pagan and Jennifer C. Pizer of Lambda Legal Defense and Education Fund, Inc. Defendant Blue Cross Blue Shield of Illinois was represented by its counsel, Gwendolyn C. Payton, John R. Neeleman and Stephanie N. Bedard of Kilpatrick Townsend & Stockton LLP.

The Court reviewed and considered the pleadings and record herein, including:

- Plaintiff C.P.'s Motion for Class Certification;
- Declaration of Noelle Pritchard in Support of Motion;

- 1 • Declaration of Patricia Pritchard in Support of Motion;
- 2 • Declaration of Frank G. Fox and all exhibits in Support of Motion;
- 3 • Declaration of Eleanor Hamburger and all exhibits in Support of Motion;
- 4 • Declaration of Daniel Gross in Support of Motion;
- 5 • Declaration of Omar Gonzalez-Pagan and all exhibits in Support of Motion;
- 6 • BCBSIL's Opposition to Plaintiff C.P.'s Motion for Class Certification and all
- 7 declarations and exhibits in opposition to Motion;
- 8 • Plaintiff C.P.'s reply brief and all declarations and exhibits in support of
- 9 Plaintiff's reply brief, if any; and
- 10 • _____
- 11 • _____.

12 Based upon the foregoing, and for good cause shown, the Court hereby finds that
13 all of the requirements of FRCP 23 are met and GRANTS in full Plaintiff C.P.'s Motion
14 for Class Certification. The Court further appoints class counsel and a class
15 representative as set forth below:

16 **A. The Proposed Class Meet the Requirements of FRCP 23(a).**

17 With respect to FRCP 23(a)(1), the Court finds that the proposed class can
18 reasonably be expected to be so numerous that joinder is impracticable. In addition, the
19 class definitions include individuals who in the future may become insured by
20 defendants. This also renders joinder impracticable.

21 The commonality requirement under FRCP 23(a)(2) is also met, as there are
22 common questions of law and fact that affect all members of the class. The overarching
23 common question relevant to the class is: Does Defendants' administration of a
24 categorical exclusion of gender-affirming care violate ACA's non-discrimination statute?
25
26

1 The answer to this common question will necessarily result in a class-wide adjudication
2 of the claims in this action.

3 The claims of the plaintiff are typical to those of the Class as required by
4 FRCP 23(a)(3). In pursuing his claims, C.P. will necessarily advance the interests of the
5 Class.

6 The Court also finds that the named plaintiff C.P. (by and through his parents,
7 Patricia Pritchard and Nolle Pritchard) is an adequate class representative who has
8 chosen counsel experienced in class actions of this nature. There are no conflicts between
9 the named plaintiff and the Class members. The named plaintiff and his counsel meet
10 the requirement of adequate representation under FRCP 23(a)(4).

11 **B. Certification of the Class Under FRCP 23(b)(1) and (2).**

12 The Court finds that the Class also meets the requirements of FRCP 23(b)(1) and
13 (b)(2).

14 Rule 23(b)(1) allows a plaintiff to pursue a class action if Rule 23(a) is satisfied and
15 if:

16 (1) the prosecution of separate actions by or against individual
17 members of the class would create a risk of:

18 (A) inconsistent or varying adjudications with respect to
19 individual members of the class which would establish
20 incompatible standards of conduct for the party opposing
21 the class, or

22 (B) adjudications with respect to individual members of the
23 class which would as a practical matter be dispositive of
24 the interests of the other members not parties to the
25 adjudications or substantially impair or impede their
26 ability to protect their interests[.]

24 Subsection (A) of Rule 23(b)(1) considers possible prejudice to the defendants, while
25 subsection (B) looks to possible prejudice to the putative class members. *In re Ikon*, 191
26 F.R.D. 457, 466 (E.D. Pa. 2000). “[A] court may certify a class under (b)(1)(A) if the court

1 finds that separate lawsuits could create inconsistent results that would establish
2 incompatible standards of conduct for the party opposing the class.” *Casa Orlando*
3 *Apartments, Ltd. v. Fannie Mae*, 624 F.3d 185, 197 (5th Cir. 2010). “Certifications under
4 either subsection are common in [ERISA] cases such as this one because of the
5 defendants’ ‘unitary treatment’ of putative class members.” *Ikon*, 191 F.R.D. at 466; *see*
6 *Wit v. United Behavioral Health*, 317 F.R.D. 106, 132 (N.D. Cal. 2016) (“[M]ost ERISA class
7 action cases are certified under Rule 23(b)(1)”). If another court were to adjudicate this
8 issue differently, it would impose on Defendants an “inescapable legal quagmire of not
9 being able to comply with one such judgment without violating the terms of another.”
10 *Z.D. v. Group Health Cooperative*, 2012 U.S. Dist. LEXIS 76498, *17-18 (W.D. Wash., June 1,
11 2012). This is the scenario that (b)(1)(A) remedies. *Id.* Accordingly, the Court finds that
12 the proposed class is certified under Rule 23(b)(1).

13 Certification is also appropriate under FRCP 23(b)(2) because BCBSIL has “acted
14 on grounds generally applicable to the class, thereby making appropriate final injunctive
15 relief or corresponding declaratory relief with respect to the class as a whole.” FRCP
16 23(b)(2). Plaintiff seeks injunctive and declaratory relief to prevent BCBSIL from
17 administering categorical exclusions of gender affirming care in the ERISA self-funded
18 plans that it administers. Certification under FRCP 23(b)(2) is appropriate because this
19 type of relief can be provided to all members of the Class without engaging in a detailed
20 case-by-case analysis of the individual circumstances of each Class member.
21 Accordingly, certification under FRCP 23(b)(2) is appropriate in this case.

22 **C. Class Definition.**

23 NOW, THEREFORE, IT IS HEREBY ORDERED that the following Class is
24 certified:

1 All individuals who:

2 (1) have been, are, or will be participants or beneficiaries in an ERISA self-
3 funded "group health plan" (as defined in 29 U.S.C. § 1167(1))
4 administered by Blue Cross Blue Shield of Illinois ("BCBSIL") during
5 the Class Period and that contains a categorical exclusion of some or all
6 Gender Affirming Health Care services; and

7 (2) have required, require or will require treatment with excluded Gender
8 Affirming Health Care services

9 DEFINITIONS:

10 "Class Period" means November 23, 2016 through the termination of
11 the litigation.

12 "Gender Affirming Health Care" means any health care service—
13 physical, mental, or otherwise—administered or prescribed for the
14 treatment of gender dysphoria; related diagnoses such as gender
15 identity disorder, gender incongruence, or transsexualism; or gender
16 transition. This includes but is not limited to the administration of
17 exogenous endocrine agents to induce feminizing or masculinizing
18 changes ("hormone replacement therapy"); gender-affirming or
19 "sex-reassignment" surgery or procedures; and other medical
20 services or preventative medical care provided to treat gender
21 dysphoria and/or related diagnoses, as outlined in World
22 Professional Association for Transgender Health, *Standards of Care for
23 the Health of Transsexual, Transgender, and Gender Nonconforming
24 People*, 7th Version (2011).

25 **D. Appointment of Class Representative and Class Counsel.**

26 The Court APPOINTS Plaintiff C.P., through his parents, as the class
representative, and Ms. Hamburger and Mr. Gross of Sirianni Youtz Spoonemore
Hamburger, as well as Ms. Pizer and Mr. Gonzalez-Pagan of the Lambda Legal Defense
and Education Fund are appointed as class counsel.

1 DATED this _____ day of _____, 2022.
2
3

4 _____
5 ROBERT J. BRYAN
6 United States District Judge

7 Presented by:

8 SIRIANNI YOUTZ
9 SPOONEMORE HAMBURGER PLLC

10 /s/ Eleanor Hamburger

11 Eleanor Hamburger (WSBA # 26478)
12 Daniel S. Gross (WSBA #23992)

13 LAMBDA LEGAL DEFENSE AND EDUCATION FUND, INC.

14 /s/ Omar Gonzalez-Pagan

15 Omar Gonzalez-Pagan, *pro hac vice*
16 Jennifer C. Pizer, *pro hac vice*

17 Attorneys for Plaintiffs
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