City of Seattle
Mike McGinn, Mayor
Seattle LGBT Commission
Eleazar Juarez-Diaz and Brad Hoover Co-Chairs

MEMORANDUM

TO:	Council Member Bruce Harrell, Chair Energy, Technology and Civil Rights Committee
	Darwyn Anderson, Acting Personnel Director Seattle Personnel Department
FROM:	Seattle Office for Civil Rights Commissions
RE:	Transgender Health Insurance Coverage Exclusions
DATE:	March 24, 2011

On behalf of the LGBT Commission, Commission for People with disabilities, Human Rights Commission, Women's Commission and the Immigrant and Refugee Advisory Board, we are writing to inform you about current transgender exclusions in all health care plans offered to City of Seattle employees. We urge the City to remove these exclusions, and to provide coverage of gender affirming, surgical, hormonal, psychological, and medical care for its valued transgender employees.

Exclusions:

Currently, all insurance plans offered to employees of the City of Seattle contain extensive exclusions regarding medical care for transgender individuals. These exclusions have devastating effects on transgender employees. The exclusions promote negative messaging and discrimination, and they prevent employees from accessing care that could increase their safety, comfort and work performance.

The following exclusion can be found on page 47 of the Benefit Plan prepared on behalf of the City of Seattle for its City Preventative Plan:

"Sex change: Any treatment, drug, service or supply related to changing sex or sexual characteristics, including:

- Surgical procedures to alter the appearance or function of the body;
- Hormones and hormone therapy;
- Prosthetic devices; and
- Medical or psychological counseling."

An exclusion this broad has devastating health outcomes. City of Seattle employees denied coverage through their insurance plans due to their transgender status can develop debilitating secondary medical conditions, have substantially higher risk for suicide, and experience increased psychological distress. Typically with exclusions this broad, once an insurance company is aware of an individual's transgender status they will exclude other basic medical and psychological care that it erroneously assumes is related to being transgender. Many of the transgender individuals we know describe this as common practice and affirm that it has happened to them. They describe that once the term "transgender" is in the chart, mental health, steroids, or procedures are universally denied. This experience is unfair especially as non-transgender patients do not have to prove medical necessity for any number of health care services. This exclusion should be removed.

Medically necessity:

There is a great deal of misinformation about transgender identities and gender-affirmative medical care. First and foremost, transgender medical treatment is not cosmetic. It is necessary medical treatment. Psychological care, hormonal treatments, and surgical procedures **are all medically necessary for transgender-identified individuals**. This fact of medical necessity is no longer open to debate – the American Medical Association (AMA) (Exhibit -1), American Psychological Association (APA) (Exhibit-2), the Diagnostic and Statistical Manual-fourth edition (DSM-IV), and the World Professional Association of Transgender Professionals (WPATH) (Exhibit-3) all clearly outline medically necessary treatment for transgender individuals.

Precedents and cost effectiveness:

Nationally, San Francisco has led the way and serves as an example of the impact on costs and utilization of adding transgender benefits. In 2001, the City of San Francisco set out to provide inclusion of these benefits for their 100,000 people covered (employees, retirees, and dependents). Based on the experience of British Columbia, San Francisco anticipated 35 members would file claims of approximately $50,000. For four years (2001-2004), $1.70 in additional premiums were added in anticipation of high utilization and high cost coverage of these additional benefits. During this time, the city collected $4.3 million and only paid out $156,000 on 7 claims. This allowed the City of San Francisco to negotiate lower rates for the subsequent years; after 2006 the benefit was no longer a "rider" (a separately added benefit) but a part of the services provided as a complete package. During the period 2001-2006, the City of San Francisco increased premiums for transgender coverage totaling $5.6 million, but only paid out $386,417 in claims. (Exhibit -5 attached City of San Francisco report).

It is a common misperception that adding transgender coverage will result in will result in employees' rushing to schedule expensive procedures – San Francisco's experience demonstrates that a large city can plan and budget to include these benefits without experiencing skyrocketing utilization, and that there is no need to separately rate and price the transgender benefit. The City of Seattle can negotiate with health insurance providers for a plan that treats the benefit for transgender procedures the same as all other medical procedures and does not require an additional premium (or a very minimal increase).

The City of Berkeley is currently wrestling with whether or not to remove these exclusions. Berkeley proposes to set aside $20,000 in a pool on a first come first served basis since they cannot add it to their current benefit package. The pool will utilize clear guidelines for use of the funds, based on WPATH guidelines. Sadly, much of the local discussion of this issue illustrates the lack of understanding that these services are medically necessary and not frivolous. (NPR 1/27/11). In a city as liberal as Berkeley, we are reminded of the need to educate the general community about transgender issues.

Many Employers have removed these exclusions. (Exhibit 6 – Employers with Coverage). Aetna, Blue Cross/Blue Shield and Cigna all provide transgender care coverage. Every analysis has shown that costs are exceedingly low and utilization of benefits (claims) are far lower than expected.

Necessary coverage:

In order for the City of Seattle to provide accessible and inclusive coverage for all of its employees, insurance plans should:

1) Remove all transgender specific insurance plan exclusions;
2) Add transgender specific language, such as the following:
   "Transgender Medical Treatment**:** The plans cover charges for transgender medical treatment including all medically necessary office visits, laboratory tests, prescription drugs, hormone treatments, and transitional surgeries. The plans cover these charges the same as covered medical expenses for any medical need."

3) Cover all of the medically necessary procedures and surgeries listed in Exhibit 4.

In support of the City's dedicated workforce, we urge you to require all insurance plans offered through the City of Seattle to provide transgender benefits inclusively. This recommendation would require consideration by Council and the Mayor's Office this spring to ensure that it is included in the negotiations with the City's health plans. The City of Seattle has the opportunity to lead the way for the State of Washington on this important issue. The current climate of marginalization and exclusion will only change if the City requires inclusivity from their plans and carriers and then urges other organizations and vendors to do the same. Transgender benefits are not cost-prohibitive, and plan inclusion is simply the right thing to do.

We look forward to working together toward these positive changes.

Sincerely,

Brad Hoover, Co-Chair
Seattle LGBT Commission

Eleazar Juarez-Diaz, Co-Chair
Seattle LGBT Commission

Erica Sekins, Co-Chair
Seattle Commission for People with DisAbilities

Laura Gramer, Co-Chair
Seattle Commission for People with DisAbilities

Abigail Echo-Hawk, Co-Chair
Seattle Women's Commission

Jamila Johnson, Co-Chair
Seattle Women's Commission

Devon Abdallah, Co-Chair
Immigrant and Refugee Commission

Lesley Irizarry-Hougan, Co-Chair
Immigrant and Refugee Commission

Roslyn Solomon, Co-Chair
Seattle Human Rights Commission

Christopher Stearns, Co-Chair
Seattle Human Rights Commission

cc: Mayor McGinn
Seattle City Council Members

Exhibit # 1

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 122
(A-08)

Introduced by: Resident and Fellow Section
Massachusetts Delegation
California Delegation
New York Delegation

Subject: Removing Financial Barriers to Care for Transgender Patients

Referred to: Reference Committee A
(Linda B. Ford, MD, Chair)

Whereas, Our American Medical Association opposes discrimination on the basis of gender identity[i]; and

Whereas, Gender Identity Disorder (GID) is a serious medical condition recognized as such in both the Diagnostic and Statistical Manual of Mental Disorders (4th Ed., Text Revision) (DSM-IV-TR) and the International Classification of Diseases (10th Revision)[ii], and is characterized in the DSM-IV-TR as a persistent discomfort with one's assigned sex and with one's primary and secondary sex characteristics, which causes intense emotional pain and suffering[iii]; and

Whereas, GID, if left untreated, can result in clinically significant psychological distress, dysfunction, debilitating depression and, for some people without access to appropriate medical care and treatment, suicidality and death[iv]; and

Whereas, The World Professional Association For Transgender Health, Inc. ("WPATH") is the leading international, interdisciplinary professional organization devoted to the understanding and treatment of gender identity disorders[v], and has established internationally accepted Standards of Care[vi] for providing medical treatment for people with GID, including mental health care, hormone therapy and sex reassignment surgery, which are designed to promote the health and welfare of persons with GID and are recognized within the medical community to be the standard of care for treating people with GID; and

Whereas, 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 GID[vii]; and

Whereas, Health experts in GID, 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[vii]; and

Whereas, Physicians treating persons with GID must be able to provide the correct treatment necessary for a patient in order to achieve genuine and lasting comfort with his or her gender, based on the person's individual needs and medical history[viii]; and

Whereas, Our AMA opposes limitations placed on patient care by third-party payers when such care is based upon sound scientific evidence and sound medical opinion[ix,x]; and

Whereas, Many health insurance plans categorically exclude coverage of mental health, medical, and surgical treatments for GID, even though many of these same treatments, such as psychotherapy, hormone therapy, breast augmentation and removal, hysterectomy, oophorectomy, orchiectomy, and salpingectomy, are often covered for other medical conditions; and

Whereas, The denial of these otherwise covered benefits for patients suffering from GID represents discrimination based solely on a patient's gender identity; and

Whereas, Delaying treatment for GID can cause and/or aggravate additional serious and expensive health problems, such as stress-related physical illnesses, depression, and substance abuse problems, which further endanger patients' health and strain the health care system; therefore be it

RESOLVED, That our American Medical Association support public and private health insurance coverage for treatment of gender identity disorder (New HOD Policy); and be it further

RESOLVED, That our AMA oppose categorical exclusions of coverage for treatment of gender identity disorder when prescribed by a physician. (Directive to Take Action

Fiscal Note: Staff cost estimated at less than $500 to implement.

Received: 04/18/08

RELEVANT AMA POLICY

H-65.983 Nondiscrimination Policy
H-65.992 Continued Support of Human Rights and Freedom
H-180.980 Sexual Orientation and/or Gender Identity as Health Insurance Criteria
H-120.988 Patient Access to Treatments Prescribed by Their Physician.

[i] AMA Policy H-65.983, H-65.992, and H-180.980

[ii] Diagnostic and Statistical Manual of Mental Disorders (4th ed.. Text revision) (2000) ("DSM-IV-TR"), 576-82, American Psychiatric Association; International Classification of Diseases (10th Revision) ("ICD-10"), F64, World Health Organization. The ICD further defines transsexualism 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." ICD-10, F64.0.

[iii] DSM-IV-TR, 575-79

[iv] Id. at 578-79.

[v] World Professional Association for Transgender Health: http://www.wpath.org. Formerly known as The Harry Benjamin International Gender Dysphoria Association.

[vi] The Harry Benjamin International Gender Dysphoria Association's Standards of Care for Gender Identity Disorders, Sixth Version (February, 2001). Available at http://wpath.org/Documents2/socv6.pdf.

[vii] Brown G R: A review of clinical approaches to gender dysphoria. J Clin Psychiatry. 51(2):57-64, 1990. Newfield E, Hart S, Dibble S, Kohler L. Female-to-male transgender quality of life. Qual Life Res. 15(9):1447-57, 2006. Best L, and Stein K. (1998) "Surgical gender reassignment for male to female transsexual people." Wessex Institute DEC report 88; Blanchard R, et al. "Gender dysphoria, gender reorientation, and the clinical management of transsexualism."J Consulting and Clinical Psychology. 53(3):295-304. 1985; Cole C, et al. "Treatment of gender dysphoria (transsexualism)." Texas Medicine. 90(5):68-72. 1994; Gordon E. "Transsexual healing: Medicaid funding of sex reassignment surgery." Archives of Sexual Behavior. 20(1):61-74. 1991; Hunt D, and Hampton J. "Follow-up of 17 biologic male transsexuals after sex-reassignment surgery." Am J Psychiatry. 137(4):432-428. 1980; Kockett G, and Fahrner E. "Transsexuals who have not undergone surgery: A follow-up study." Arch of Sexual Behav. 16(6):511-522. 1987; Pfafflin F and Junge A. "Sex Reassignment. Thirty Years of International Follow-Up Studies after Sex Reassignment Surgery: A Comprehensive Review, 1961-1991." IJT Electronic Books, available at http://www.symposion.com/ijt/pfaefflin/1000.htm; Selvaggi G, et al. "Gender Identity Disorder: General Overview and Surgical Treatment for Vaginoplasty in Male-to-Female Transsexuals." Plast Reconstr Surg. 2005 Nov;116(6):135e-145e; Smith Y, et al. "Sex reassignment: outcomes and predictors of treatment for adolescent and adult transsexuals." Psychol Med. 2005 Jan; 35(1):89-99; Tangpricha V, et al. "Endocrinologic treatment of gender identity disorders. " Endocr Pract. 9(1):12-21. 2003; Tsoi W. "Follow-up study of transsexuals after sex reassignment surgery." Singapore Med J. 34:515-517. 1993; van Kesteren P, et al. "Mortality and morbidity in transsexual subjects treated with cross-sex hormones." Clin Endocrinol (Oxf). 1997 Sep;47(3):337-42; World Professionals Association for Transgender Health Standards of Care for the Treatment of Gender Identity Disorders v.6 (2001).

[viii] The Harry Benjamin International Gender Dysphoria Association's Standards of Care for Gender Identity Disorders, at 18.

[ix] Id.

[x] AMA Policy H-120.988

Exhibit # 2

APA Policy Statement: Transgender, Gender Identity, & Gender Expression Non-Discrimination

Adopted by the American Psychological Association Council of Representatives August, 2008.

WHEREAS transgender and gender variant people frequently experience prejudice and discrimination and psychologists can, through their professional actions, address these problems at both an individual and a societal level;

WHEREAS the American Psychological Association opposes prejudice and discrimination based on demographic characteristics including gender identity, as reflected in policies including the Hate Crimes Resolution (Paige, 2005), the Resolution on Prejudice Stereotypes and Discrimination (Paige, 2007), APA Bylaws (Article III, Section 2), the Ethical Principles of Psychologists and Code of Conduct (APA 2002, 3.01 and Principle E);

WHEREAS transgender and other gender variant people benefit from treatment with therapists with specialized knowledge of their issues (Lurie, 2005; Rachlin, 2002), and that the Ethical Principles of Psychologists and Code of Conduct state that when scientific or professional knowledge ...is essential for the effective implementation of their services or research, psychologists have or obtain the training....necessary to ensure the competence of their services..." (APA 2002, 2.01b);

WHEREAS discrimination and prejudice against people based on their actual or perceived gender identity or expression detrimentally affects psychological, physical, social, and economic well-being (Bockting et al., 2005; Coan et al., 2005; Clements-Nolle, 2006; Kenagy, 2005; Kenagy & Bostwick, 2005; Nemoto et al., 2005; Resolution on Prejudice Stereotypes and Discrimination, Paige, 2007; Riser et al., 2005; Rodriquez-Madera & Toro-Alfonso, 2005; Sperber et al., 2005; Xavier et al., 2005);

WHEREAS transgender people may be denied basic non-gender transition related health care (Bockting et al., 2005; Coan et al., 2005; Clements-Nolle, 2006; GLBT Health Access Project, 2000; Kenagy, 2005; Kenagy & Bostwick, 2005; Nemoto et al., 2005; Riser et al., 2005; Rodriquez-Madera & Toro-Alfonso, 2005; Sperber et al., 2005; Xavier et al., 2005);

WHEREAS gender variant and transgender people may be denied appropriate gender transition related medical and mental health care despite evidence that appropriately evaluated individuals benefit from gender transition treatments (De Cuypere et al., 2005; Kuiper & Cohen-Kettenis, 1988; Lundstrom, et al., 1984; Newfield, et al., 2006; Pfafflin & Junge, 1998; Rehman et al., 1999; Ross & Need, 1989; Smith et al., 2005);

WHEREAS gender variant and transgender people may be denied basic civil rights and protections (Minter, 2003; Spade, 2003) including: the right to civil marriage which confers a social status and important legal benefits, rights, and privileges (Paige, 2005); the right to obtain appropriate identity documents that are consistent with a post-transition identity; and the right to fair and safe and harassment-free institutional environments such as care facilities, treatment centers, shelters, housing, schools, prisons and juvenile justice programs;

WHEREAS transgender and gender variant people experience a disproportionate rate of homelessness (Kammerer et al., 2001), unemployment (APA, 2007) and job discrimination (Herbst et al., 2007), disproportionately report income below the poverty line (APA, 2007) and experience other financial disadvantages (Lev, 2004);

WHEREAS transgender and gender variant people may be at increased risk in institutional environments and facilities for harassment, physical and sexual assault (Edney, 2004; Minter, 2003; Peterson et al., 1996; Witten & Eyler, 2007) and inadequate medical care including denial of gender transition treatments such as hormone therapy (Edney, 2004; Peterson et al., 1996; Bockting et al., 2005; Coan et al., 2005; Clements-Nolle, 2006; Kenagy, 2005; Kenagy & Bostwick, 2005; Nemoto et al., 2005; Newfield et al., 2006; Riser et al., 2005; Rodriquez-Madera &Toro-Alfonso, 2005; Sperber et al., 2005; Xavier et al., 2005);

WHEREAS many gender variant and transgender children and youth face harassment and violence in school environments, foster care, residential treatment centers, homeless centers and juvenile justice programs (D'Augelli, Grossman, & Starks, 2006; Gay Lesbian and Straight Education Network, 2003; Grossman, D'Augelli, & Slater, 2006);

WHEREAS psychologists are in a position to influence policies and practices in institutional settings, particularly regarding the implementation of the Standards of Care published by the World Professional Association of Transgender Health (WPATH, formerly known as the Harry Benjamin International Gender Dysphoria Association) which recommend the continuation of gender transition treatments and especially hormone therapy during incarceration (Meyer et al., 2001);

WHEREAS psychological research has the potential to inform treatment, service provision, civil rights and approaches to promoting the well-being of transgender and gender variant people;

WHEREAS APA has a history of successful collaboration with other organizations to meet the needs of particular populations, and organizations outside of APA have useful resources for addressing the needs of transgender and gender variant people;

THEREFORE BE IT RESOLVED THAT APA opposes all public and private discrimination on the basis of actual or perceived gender identity and expression and urges the repeal of discriminatory laws and policies;

THEREFORE BE IT FURTHER RESOLVED THAT APA supports the passage of laws and policies protecting the rights, legal benefits, and privileges of people of all gender identities and expressions;

THEREFORE BE IT FURTHER RESOLVED THAT APA supports full access to employment, housing, and education regardless of gender identity and expression;

THEREFORE BE IT FURTHER RESOLVED THAT APA calls upon psychologists in their professional roles to provide appropriate, nondiscriminatory treatment to transgender and gender variant individuals and encourages psychologists to take a leadership role in working against discrimination towards transgender and gender variant individuals;

THEREFORE, BE IT FURTHER RESOLVED THAT APA encourages legal and social recognition of transgender individuals consistent with their gender identity and expression, including access to identity documents consistent with their gender identity and expression which do not involuntarily disclose their status as transgender for transgender people who permanently socially transition to another gender role;

THEREFORE BE IT FURTHER RESOLVED THAT APA supports access to civil marriage and all its attendant benefits, rights, privileges and responsibilities, regardless of gender identity or expression;

THEREFORE BE IT FURTHER RESOLVED THAT APA supports efforts to provide fair and safe environments for gender variant and transgender people in institutional settings such as supportive living environments, long-term care facilities, nursing homes, treatment facilities, and shelters, as well as custodial settings such as prisons and jails;

THEREFORE BE IT FURTHER RESOLVED THAT APA supports efforts to provide safe and secure educational environments, at all levels of education, as well as foster care environments and juvenile justice programs, that promote an understanding and acceptance of self and in which all youths, including youth of all gender identities and expressions, may be free from discrimination, harassment, violence, and abuse;

THEREFORE BE IT FURTHER RESOLVED THAT APA supports the provision of adequate and necessary mental and medical health care treatment for transgender and gender variant individuals;

THEREFORE, BE IT FURTHER RESOLVED THAT APA recognizes the efficacy, benefit and medical necessity of gender transition treatments for appropriately evaluated individuals and calls upon public and private insurers to cover these medically necessary treatments;

THEREFORE BE IT FURTHER RESOLVED THAT APA supports access to appropriate treatment in institutional settings for people of all gender identities and expressions; including access to appropriate health care services including gender transition therapies;

THEREFORE BE IT FURTHER RESOLVED THAT APA supports the creation of educational resources for all psychologists in working with individuals who are gender variant and transgender;

THEREFORE BE IT FURTHER RESOLVED THAT APA supports the funding of basic and applied research concerning gender expression and gender identity;

THEREFORE BE IT FURTHER RESOLVED THAT APA supports the creation of scientific and educational resources that inform public discussion about gender identity and gender expression to promote public policy development, and societal and familial attitudes and behaviors that affirm the dignity and rights of all individuals regardless of gender identity or gender expression;

THEREFORE BE IT FURTHER RESOLVED THAT APA supports cooperation with other organizations in efforts to accomplish these ends.

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Please cite this policy statement as:
American Psychological Association. (2008, August). *Resolution on transgender, gender identity, and gender expression non-discrimination*. Retrieved [date] from http://www.apa.org/pi/lgbc/policy/transgender.html.

Exhibit # 4

- Hormone replacement therapies, including androgen blockers and GnRh hormones, as well as related laboratory tests and monitoring;

- Mental healthcare to support the transition process;

- Hair removal of the face and neck (e.g., through electrolysis or laser treatments), as well as hair removal as required for genital reconstruction surgery (e.g., electrolysis of free flap or other donor skin sites.)

- Breast and chest surgeries, including mastectomy and subsequent chest reconstruction, breast augmentation (augmentation mammaplasty) including breast prostheses);

- Genital surgical reconstruction and related procedures. For female sex affirmation these include orchiectomy, penectomy, vaginoplasty, clitoroplasty, and labiaplasty. For male sex affirmation procedures include: hysterectomy, salpingo-oophorectomy, vaginectomy, penile reconstruction (metoidioplasty and/or phalloplasty), scrotoplasty, urethroplasty, placement of testicular and/or penile prostheses;

- Facial and other related feminization or masculinization procedures, which may include: Adam's Apple reduction (reduction thyroid chondroplasty or tracheal shave); rhinoplasty; facial bone reduction; face-lift; blepharoplasty; voice modification surgery; and liposuction (lipoplasty) of the waist or to reduce fat in hips, thighs and buttocks.

Exhibit # 6

The Human Rights Campaign conducts an annual survey (Corporate Equality Index or CEI) of national business – reviewing more than 40 specific policies and practices covering nearly every aspect of employment for LGBT workers. The CEI ask specific questions about health benefits and the inclusion of transgender services. Below are major organizations reporting benefit inclusions for the 2011 CEI.

3M Co
Aetna
Alcatel-Lucent
American express Co
Ameriprise Financial Inc
AT & T Inc
Avaya Inc
Baker and McKenzie
Bank of America Corp
Barclays Capital
Bingham McCutchen LLP
Booz Allen Hamilton, Inc
Campbell Soup Co
Cardinal Health Inc
Carlton Fields PA
Chrysler Group LLC
Cisco Systems Inc
Clear, Gottlieb, Steen and Hamilton LLP
Coca-Cola Co
Covington & Burling LLP
Crowell & Moring LLP
Cummins Inc
Deloitte LLP
Deutsche Bank
DLA Piper
DuPont
Edwards Angell Palmer & Dodge LLP
Ernst & Young LLP
Exelon Corp
Faegre & Benson LLP
Freddie Mac
Ford Motor Co
Fried, Frank, Harris, Shriver & Jacobson LLP
Genentech Inc
General Motors Co
Goldman Sachs group Inc
Google
Harris Bankcorp Inc
Herman Miller Inc
Hinshaw & Culbertson LLP
Intel Corp
IBM
Johnson & Johnson
JPMorgan Chase & Co
K&L Gates LLP
Katten Muchin Rosenman LLP
Kimpton Hotel & Restaurant Group Inc

Kirland & ellis LLP
KPMG LLP
Kraft Foods
Latham & Watkins LLP
Little Medelson PC
Marsh & McLennan Companies Inc
McGraw-Hill Companies Inc
Microsoft Corp- WA based
Morgan Stanley
Morrison & Forster LLP
Nike Inc
Oracle Corp
Paul Hastings, Janofsky & Walker LLP
PepsiCo Inc
PG&E Corp
Pillsbury Winthrop Shaw Pittman LLP
PricewatherhouseCoopers LLP
Replacements Ltd
Robins, Kaplan, Miller & Ciresi LLP
Schiff Hardin LLP
Sears Holdings Corp
Sonnenschein, Nath & Rosenthal LLP
Squire, Sanders & Dempsey LLP
State Farm Group
Sutherland Asbill & Brennan LLP
TD Bank NA
Thomson Reuters
United Airlines
Walt Disney Co
Wells Fargo
White & Case LLP
Wilmer Cutler Pickering Hale & Dorr LLP
Yahoo! Inc