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**SEPTEMBER 2023**

# COMPREHENSIVE GENDER-AFFIRMING CARE FOR METRO NASHVILLE EMPLOYEES



**TENNESSEE  
EQUALITY  
PROJECT**

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**PREPARED AND PRESENTED BY**

HEATHER MESHELL, ESQ.  
CAPITOL HILL ADVOCACY

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## EXECUTIVE SUMMARY

Significant barriers and institutional obstacles make accessing basic, necessary, healthcare services difficult to impossible for transgender people. Further, as a result of these barriers and their lack of access to healthcare, they often face worse healthcare outcomes than their cisgender peers. Access to gender-affirming care is life-saving and crucial to the well being of transgender people in our community.

Comprehensive Gender-Affirming Care (CGAC) encompasses a variety of treatments and services including gender-affirming hormone therapy, gender-affirming surgeries, mental health counseling pre/post treatment, and reproductive healthcare.

While there are some federal laws protecting one's right to healthcare, the policies surrounding transgender healthcare in the U.S. form an inconsistent patchwork. Historically, health plans and insurers have excluded coverage of gender-affirming surgeries, considering them cosmetic in nature and not medically necessary. However, this is changing. Because of changes in federal laws and regulations, an increasing number of states and municipalities are expanding their coverage, and legal protections, of Comprehensive gender-affirming care.

According to [a 2022 study by the Kaiser Family Foundation](#), at least 23 states cover gender-affirming surgery through their state medicare programs. Large metro cities comparable to Nashville, such as Austin, TX, Louisville, KY and Atlanta, GA, as well as other TN cities, including Chattanooga and Knoxville, already provide coverage of gender-affirming surgeries for their city employees. Metro Nashville still does not offer this level of care for its employees.

This project aims to inform and educate on the necessary processes to secure holistic health care, or CGAC, coverage for Metro Nashville's employees in Nashville, Tennessee.

# ABOUT THE METRO EMPLOYEE BENEFIT BOARD



[Nashville.gov/departments/human-resources/boards/employee-benefit-board](https://www.nashville.gov/departments/human-resources/boards/employee-benefit-board)

The Metropolitan Employee Benefit Board (the Board) was established by the Metropolitan Nashville Charter under Article 13, Sec. 13.02. This Board was created to administer, manage, and coordinate the employee benefits plans of Metropolitan Government as well as the retirement plans of former Metro employees.

The Board is comprised of ten (10) members. Two (2) of the members are Ex Officio positions, automatically appointed to the Board as a result of their position. These two positions are the Director of Finance of Metro Government and the Director of Human Resources of Metro Government.

The Ex Officio positions do not have term expirations and they are filled by whomever assumes that role. However, there is an important distinction between how the Finance and Human Resource directors come by their office: the Director of Finance position can, and often does, change with an incoming Mayoral administration, whereas the Director of Human Resources is a civil service position that isn't subject to change by the Mayor.

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## APPOINTMENTS TO THE BOARD

### **Mayoral Appointments** - three (3) appointments

In addition to the choosing a Director of Finance for Metro, three (3) members are appointed by the Mayor subject to approval by the council and “shall possess an interest in benefit and retirement programs”. The Charter also requires that “All three (3) shall be on the investment committee and one (1) of these appointments shall have at least ten (10) years business experience”.

The other appointing bodies are:

**Metro Nashville Police Department** - one (1) appointment

**Metro Nashville Fire Department** - one (1) appointment

**All Other Departments of Metro Government** - two (2) appointments

**Retired Metro Employees** - one (1) appointment

Appointment terms are for three (3) years and all members of the Board including the chairperson are entitled to vote.

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## CURRENT BOARD MEMBERS

THE EMPLOYEE BENEFIT BOARD IS MADE UP OF 10 MEMBERS  
APPOINTED BY MULTIPLE AGENCIES.

### Shannon Hall

Director of Human Resources  
Ex Officio  
Current Term:  
N/A - N/A

Email:  
shannon.hall@nashville.gov

### Edna Jones

Appointed by: Metropolitan Government  
Current Term:  
Jul 01, 2023 - Jun 30, 2036

Email:  
edna.jones@nashville.gov

### Jeremy Moseley

Appointed by: Metropolitan Police  
Department  
Current Term:  
Jan 01, 2021 - Dec 31, 2023

Email:  
jeremy.moseley@nashville.gov

### TBD

Metropolitan Director of Finance  
Ex Officio  
Current Term:  
N/A - N/A

Email:  
kelly.flannery@nashville.gov

### Harold W Finch

Appointed by: Metropolitan Government  
Current Term:  
Jan 01, 2022 - Jun 30, 2025

Email:  
harold.finch@mnps.org

### Jonathan Puckett

Appointed by: Metropolitan Fire  
Department  
Current Term:  
Jul 01, 2021 - Jun 30, 2024

Email:  
jonathan.puckett@nashville.gov

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## CURRENT BOARD MEMBERS

THE EMPLOYEE BENEFIT BOARD IS MADE UP OF 10 MEMBERS  
APPOINTED BY MULTIPLE AGENCIES.

### **Dr. Gilbert Gonzales**

Appointed by: Mayor  
Current Term:  
Aug 16, 2022 - Jun 30, 2025

Email:  
gilbert.gonzales@vanderbilt.edu

### **Dr. Christine Bradley**

Appointed by: Mayor  
Current Term:  
May 18, 2021 - Jun 30, 2024

Email:  
bradleyctoomy@gmail.com

### **B R Hall, Sr.**

Appointed by: Retired Metropolitan  
Employee  
Current Term:  
Jul 01, 2021 - Jun 31, 2024

Email:  
rheahall@comcast.net

### **G. Thomas Curtis**

Appointed by: Mayor  
Current Term:  
August 15, 2023- June 30, 2027

Email:  
georgethomascurtis@gmail.com

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## BOARD MEETING SCHEDULE

The Board meets twice a month on the first Tuesday and third Tuesday. The first Tuesday of the month is a regular board meeting when the Board acts on deliberation and takes votes on issues. The third Tuesday of the month is a "study session" where the Board listens to presenters and discusses issues for upcoming votes.

ANY MONTH						
S	M	T	W	T	F	S
		✓				
		✓				



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# GENDER-AFFIRMING HEALTH CARE

## METRO NASVHILLE INSURANCE COVERAGE

Metro Nashville operates a self-insured health plan. This means Metro Nashville, the employer, takes on all the risk and pays employee health claims out of pocket. Ultimately, it allows Metro Nashville to act as the insurer and only pay what healthcare is accessed by its employees. For larger employers who are able to assume the risk associated with employees' medical claims, self-insuring can provide financial savings as well as the ability to customize their health plan to satisfy the employer and employees' needs.

Self-insured health insurance means that the employer funds the coverage of their employees' claims. Most self-insured employers contract with an insurance company or independent third party administrator (TPA) for plan administration. Metro Nashville uses Blue Cross Blue Shield and Cigna as their plan administrators and they offer two plan options - a PPO and HRA plan.

It is the duty of the Employee Benefit Board under Article 13, Sec. 13.05 of the Municode to coordinate and communicate its system of employee benefits plans to its employees as well as manage and administer its employee benefits plan.

The Municode lays out general parameters for the medical plans but the details regarding covered procedures has been left to the jurisdiction of the Board. Therefore, the vote to change or expand health coverage for Metro employees must be presented to and adopted by a majority vote of the Board.

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# GENDER-AFFIRMING HEALTH CARE

## IMPACT OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACA)

The importance of access to gender-affirming health care coverage has been recognized by leading medical and health professional organizations worldwide. However, healthcare coverage of gender-affirming care is not consistent throughout the United States.

Several protections were put into place by the the Patient Protection and Affordable Care Act (ACA) which was signed into law in 2010. Section 1557 of the ACA prohibits discrimination in healthcare on the basis of race, color, national origin, age, disability, or sex extending to sexual orientation and gender identification. These protections apply to healthcare plans and activities that receive federal funding. In 2014, the Department of Health and Human Services lifted a ban on Medicare coverage for gender-affirming surgery which had been in place since 1989. Still, even with the increased anti-discriminatory protections of the ACA, and the broadening coverage by the Department of Health and Human Services, self-insured plans, like Metro Nashville's, are still able to opt out of offering such care. Currently, Metro Nashville's self-insured plan does not cover these procedures.

# GENDER-AFFIRMING HEALTH CARE

## EXISTING COVERAGE

In November of 2021, the consulting firm Deloitte presented a report to the Board evaluating trans inclusive health care benefits for Metro. The report illustrated the current coverage of Metro plans as follows:

	Metro PPO	Metro HRA Choice Fund **
Hormone replacement therapies, including androgen blockers and GnRh hormones, as well as related laboratory tests and monitoring;	See coverage answer below *	Covered by the plan
Mental health care to support the transition process	Covered by the plan	Covered by the plan
Hair removal of the face and neck, as well as hair removal as required for genital reconstruction surgery	Not covered - deemed cosmetic	Not covered - deemed cosmetic
Breast and chest surgeries, including mastectomy and subsequent chest and nipple/areolar reconstruction, breast augmentation (augmentation mammoplasty, including breast prostheses)	Not covered - deemed gender reassignment surgery	Covered when medically necessary
Facial and other related feminization or masculinization procedures, as appropriate to the individual, which may include Adam's Apple reduction; rhinoplasty; facial bone reduction; face-lift; blepharoplasty; voice modification surgery; and liposuction of the waist or to reduce fat in the hips, thighs and buttocks	Not covered - deemed cosmetic	Rhinoplasty & Blepharoplasty are covered only when medically necessary
Genital surgical reconstruction and related procedures, by either single stage or multiple stage techniques as appropriate to the individual. For female sex affirmation these include orchiectomy, penectomy, vaginoplasty, clitoroplasty, and labiaplasty. For male sex affirmation procedures include hysterectomy, salpingo-oophorectomy, vaginectomy, penile reconstruction, urethroplasty, scrotoplasty, placement of skin expanders, placement of testicular and/or penile prostheses	Not covered - deemed gender reassignment surgery	Not covered - deemed gender reassignment surgery
All preparatory or ancillary procedures and required equipment or supplies	Not covered since the plan does not cover surgery to change sex	Not covered since the plan does not cover surgery to change sex

\* PER BCBS: THE LAB TESTING AND MONITORING WOULD DEPEND ON THE DIAGNOSIS ASSOCIATED WITH THE CLAIM (I.E. METRO'S PLAN DOES NOT COVER "SURGERY TO CHANGE SEX". SO THAT SPECIFIC DX WOULD INITIATE A COVERAGE DENIAL). THAT SAID, METRO'S PLAN DOES NOT EXCLUDE MEDICALLY NECESSARY HORMONE REPLACEMENT THERAPIES, AND THESE COULD FALL UNDER ANY COMBINATION OF MEDICAL AND/OR PHARMACY STATUS.

# GENDER-AFFIRMING HEALTH CARE

## COSTS TO ADD COVERAGE

Deloitte's report also provided an estimate of the cost increase that would result from covering gender-affirming surgeries in Metro's insurance plan:

### Cost to add trans inclusive benefits to Metro's medical plans

	PPO	HRA Choice Fund
Estimated total annual cost increase*	<b>\$250,000</b>	<b>\$135,000</b>
Per Employee Per <b>Year</b> (PEPY) increase	\$28.32	\$15.92
- Metro's portion (75%)	\$21.24	\$11.94
- Employee/ Pensioner portion (25%)	\$7.08	\$3.98
Current plan enrollment	8,870	8,350

\*Based on current enrollment in the plans and the current cost estimates provided by BCBST and Cigna

For both Metro's PPO plan or HRA Choice plan, the cost increase to the employee if Metro were to cover gender-affirming surgeries would **be less than \$10** to the individual annually. The total cost increase to Metro annually would be \$250,000 under the PPO plan and \$135,000 under the HRA plan.

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# GENDER-AFFIRMING HEALTH CARE

## VOTES ON COMPREHENSIVE GENDER-AFFIRMING HEALTHCARE COVERAGE

Comprehensive gender-affirming care (CGAC) involves having a full spectrum of treatment modalities and procedures available to support those individuals requiring this type of care. CGAC is medically necessary for the well-being of transgender, non-binary, and gender-expansive persons. While the full range of healthcare interventions will not be required, or even desired, by all those accessing such care, having comprehensive gender-affirming care available will save lives for those who need the holistic options it provides.

While CGAC has been supported by every major medical association and we've seen progress through the aforementioned types of federal laws, the Metro Employee Benefits Board ultimately decides whether to adopt CGAC for Metro employees. The Board has twice revisited their policy regarding access to CGAC, first in December of 2021 and again in June of 2023.

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# PREVIOUS BOARD VOTES

## METRO GOVERNMENT AND GENDER-AFFIRMING CARE

### DECEMBER 7, 2021 VOTE

3-7

### SUMMARY OF DISCUSSION

In this meeting, Board member Shannon Hall made a motion to adopt coverage for all procedures deemed medically necessary to treat gender dysphoria. There was no age limitation discussed during the deliberation in 2021. The conversation largely centered on whether or not the coverage was discriminatory in nature. Some members suggested adopting coverage of gender-affirming procedures for a portion of the group, at the cost of the entire employee population, was discriminatory in practice. There were multiple comments and discussion around whether gender-affirming surgery is deemed cosmetic which prompted further discussion if other cosmetic procedures were covered under the Metro self-insured plan.

Prior to this meeting, the Metro Legal Department gave guidance to the Board, finding that the provision of coverage for procedures deemed medically necessary for gender-affirming care is not discriminatory, and does not violate the Equal Protection and Due Process clauses of the Constitution. Despite this, Board Member Hall's motion to adopt such coverage failed on a vote of 3-7.

### MEETING VOTES

#### YES

Kelly Flannery  
Jeremy Moseley  
Shannon Hall

#### NO

Edna Jones  
Christine Bradley  
B.R. Hall  
Harold Finch  
Tom Curtis  
Stephanie Bailey  
Jonathan Puckett

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## PREVIOUS BOARD VOTES

### DECEMBER 2021 VOTE

**"THIS HITS ME AS BEING A DISCRIMINATORY PRACTICE....NOT ONLY ARE WE CARVING IT OUT AND GIVING IT TO ONE GROUP AND NOT GIVING IT TO ANOTHER GROUP, WE'RE ASKING THE OTHER GROUP TO HELP PAY FOR IT."**

**-BOARD MEMBER B.R. HALL**

**"We've heard we are a bit behind the curve in terms of addressing these issues...I personally think we are a bit behind the curve in not paying for after someone has had gastric surgery...weight reduction to have plastic surgery on their stomach excess fat. And I don't think we cover that. And that's just as mentally incapacitating as anything else.**

**-Board Member Christine Bradley**

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# PREVIOUS BOARD VOTES

## METRO GOVERNMENT AND GENDER-AFFIRMING CARE

### JUNE 6, 2023 VOTE

4-5

#### SUMMARY OF DISCUSSION

In this meeting, there were multiple supporters from the community speaking at the meeting urging the Board to adopt the trans inclusive health care coverage. The Board members spent time discussing topics of political and religious ideology, the definition of medical necessity, and employee recruitment. Board Chair Edna Jones spoke on her religious beliefs stating "my God doesn't make mistakes.". This comment resulted in a complaint filed with Metro Ethical Conduct Board by the Metro Human Rights Commission.

Prior to this meeting, Mayor Cooper sent a letter to the Board advocating for the proposal arguing it would help keep Nashville an inclusive and competitive employer. The motion considered was to add coverage to Metro's self-funded medical plans for gender reassignment procedures deemed medically necessary to treat gender dysphoria. That motion was amended to limit coverage to individuals eighteen (18) years and older.

Despite the endorsement from community members and the Mayor's office, the motion to adopt CGAC again failed, this time on a vote of 4-5.

#### MEETING VOTES

##### YES

Kelly Flannery  
Gilbert Gonzales  
Christine Bradley  
Shannon Hall

##### NO

Edna Jones  
Jeremy Moseley  
Jonathan Puckett  
B.R. Hall  
Harold Finch



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## PREVIOUS BOARD VOTES

JUNE 2023 VOTE

IT IS JUST VERY IRONIC THAT I SIT UP  
HERE YET AGAIN ADVOCATING FOR MY  
SURVIVAL, MY COMMUNITY'S THRIVING,  
AND OUR ABILITY TO CONTINUE TO  
WORK FOR THIS CITY.

--- REVEREND RJ ROBLES, METRO DIRECTOR OF  
COMPLIANCE, DIVERSITY, EQUITY AND  
INCLUSION WITH METRO HUMAN RELATIONS  
COMMISSION

AS A FORMER CHILD ABUSE  
INVESTIGATOR OF 30 YEARS, PROVIDING  
PUBERTY BLOCKERS AND SURGICAL  
MUTILATION OF MINORS WOULD HAVE  
BEEN CONSIDERED CHILD ABUSE. AND IN  
MY OPINION IT IS STILL CHILD ABUSE...  
THE BOTTOM LINE IS THIS..MY GOD DOES  
NOT MAKE MISTAKES. HE CREATES EACH  
OF US AS HE CHOOSES. I WILL VOTE NO.  
-BOARD CHAIR EDNA JONES

WHEN WE TALK ABOUT A MEDICAL  
NECESSITY WHAT ARE WE  
CHOOSING AS A BOARD TO DEFINE..  
THE OVERALL PROCEDURES WE  
WILL COVER...WHAT IS THE  
DEFINITION OF MEDICAL  
NECESSITY?  
-BOARD MEMBER JEREMY  
MOSELLEY

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## PREVIOUS BOARD VOTES

### MEDIA COVERAGE OF VOTES



**“This decision echoes the dark ages of the HIV crisis era, where the government turned a blind eye to the queer and trans community. It is a painful reminder that the discrimination and hatred we thought we overcame still exists today. This hypocrisy is a slap in the face to every trans employee who has devoted their life to serve this city. We are not disposable commodities, we are hardworking and talented individuals who have contributed to the growth of this city.” – Alexandria Danner, Metro Public Servant**

\*ETHICS COMPLAINT FILED OVER DISCRIMINATORY STATEMENTS USED TO DENY METRO EMPLOYEES TRANS-INCLUSIVE HEALTHCARE . THE TENNESSEE TRIBUNE. [HTTPS://TNTRIBUNE.COM/ETHICS-COMPLAINT-FILED-OVER-DISCRIMINATORY-STATEMENTS-USED-TO-DENY-METRO-EMPLOYEES-TRANS-INCLUSIVE-HEALTHCARE/](https://tntribune.com/ethics-complaint-filed-over-discriminatory-statements-used-to-deny-metro-employees-trans-inclusive-healthcare/)

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# ADVOCACY EFFORTS

## TIMELINE

**\*\* NEW MAYOR AND NEW COUNCIL MEMBERS TAKE OFFICE IN  
OCTOBER 2023**

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TASK	START DATE	END DATE
<b>PHASE 01</b> RESEARCH AND ASSESSMENT	JULY 2023	AUGUST 2023
<b>PHASE 02</b> COMMUNITY OUTREACH AND EDUCATION	SEPTEMBER 2023	DECEMBER 2023
<b>PHASE 03</b> COMMUNICATIONS WITH THE BOARD AND METRO COUNCIL	JANUARY 2024	MARCH 2024
<b>PHASE 04</b> REQUEST NEXT VOTE ON GENDER-AFFIRMING CARE	APRIL 2024	JUNE 2024

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# ADVOCACY EFFORTS

## PHASE DETAILS

### **Phase 1: Research and Assessment**

Tennessee Equality Project has partnered with Capitol Hill Advocacy, a Nashville-based government relations firm, to research the Board, its processes, and to assess opportunities for advocacy efforts to support the adoption of gender-affirming healthcare for Metro employees.

### **Phase 2: Community Outreach & Education**

Community outreach regarding the Board and its function will require education and relationship-building with the Nashville Metro Council. In August 2023, Nashville held a local election resulting in the re-election of 16 incumbent Metro Council members, and 14 new Council members for the next term. The runoff election in September 2023 resulted in two new council members being elected including **Nashville's first transgender woman elected to the Metro Council: Councilperson-At-Large Olivia Hill**. Education of 16 new council members on the role of the Board and the issue of gender-affirming care will be necessary as many will lack exposure or knowledge of the issue.

Grassroots advocacy efforts can be directed at the remaining appointing bodies: the Metro Police Department, the Metro Fire Department, and all other departments of Metro Government.

It would be beneficial to build relationships and collaborate with the LGBTQIA+ liaisons for these agencies. They will have direct access to the elected representative who will be voting on behalf of that agency. Their proximity and shared employer will make these constituents more influential to those voting members. Individual meetings or community forums with these constituencies could be advantageous in building internal support.

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# ADVOCACY EFFORTS

## PHASE DETAILS

### **Phase 3: Communications with the Board**

Ultimately, the vote to include gender-affirming care lies with the members of the Employee Benefit Board. The contact information for each individual board member can be found at the Metro website for the Employee Benefits Board at

<https://www.nashville.gov/departments/human-resources/boards/employee-benefit-board>.

It is crucial the Board hear from those individuals who will bear the direct impact of the Board's decisions about the healthcare they need. Prior to the next Board vote, it would be beneficial to have individuals reach out to the Board members and urge them to approve the measure. Personal stories are powerful, especially when they come from their constituents - which, here, are the members of the appointing agencies that elect each Board member. A constituent's story about their lives, and what this care offers them, can provide a concrete, real-world example of just what comprehensive gender-affirming care has meant for them, and the members of the appointing agencies that elect each Board member should hear those stories.

### **Phase 4: Next Vote**

Agenda items to be considered by the Board can be set at the request of a Board member. To be placed on the agenda for a regular Board meeting, the request must be received by the Board office by noon on Wednesday the week prior to the scheduled board meeting.

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# ALTERNATIVE PATHS

## MAYORAL APPOINTMENT RECALL

Under the Metro Charter, there is a recall option for any board members appointed by the Mayor and confirmed by the Council. Article 11, General Provisions - Sec. 11.109 provides for the removal of any appointed member of any board or commission. It requires a three fourths (3/4) vote of the entire membership of council for removal of the previously appointed individual. On the Employee Benefits Board, the three mayoral appointees are Dr. Gilbert Gonzales, Dr. Christine Bradley, and G. Thomas Curtis.

Dr. Gonzales and Dr. Bradley have voted in favor of providing coverage. G. Thomas Curtis voted in opposition of providing coverage in 2021 and was absent for the 2023 vote. During his reappointment hearing, a representative from the mayor's office assured council members that Mr. Curtis had committed to supporting coverage prior to the 2023 vote after further education and speaking with impacted families. Ultimately, he was out of town and did not vote at the June 7, 2023 meeting. Mr. Curtis committed on record to support the measure in any future vote during his August 2023 confirmation.

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# ALTERNATIVE PATHS

## CHARTER AMENDMENT

In the scenario where the Board is unwilling to adopt inclusive healthcare coverage for Metro employees, an additional option is to pursue a community-led amendment to the Metro Charter (also known as a referendum) to either 1) remove general policy making power of the Board and place those decisions in the hands of the Metro Council or 2) add additional mayoral appointments to the Board to ensure adequate accountability to the Metro Council.

Article 19, Sec. 19.02 and Sec. 19.03 under the Municode lays out the processes to amend the Metro Charter:

### 1) **Sec. 19.02 Amendment by council resolution**

- The Council is only allowed two amendments per term.
- Amendments shall contain:
  - 1) title of the proposed amendment
  - 2) explanatory summary not to exceed 200 words
  - 3) text of the proposed amendment
  - 4) statement of financial impact
- Amendments cannot contain more than 1 subject.
- Amendments cannot be identical or substantially similar to a proposed amendment rejected by voters of Nashville within last 2 years.
- Council will have to submit a resolution to the Charter Revision Commission for review. Within 30 days the Commission shall provide its report and recommendation to the Council.
- The amendment to the Charter must receive an affirmative vote for adoption by two-thirds or more of the Council membership.
- There is no required approval by the Mayor.

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# ALTERNATIVE PATHS

## CHARTER AMENDMENT

### 2) **Sec. 19.03 - Amendment by petition**

- This amendment is initiated by registered voters of Nashville.
- No more than one referendum initiated petition to amend the Charter can be on a ballot within any two-year period.
- Before a petition can be circulated, at least one registered voter shall file the amendment with Metro clerk and must provide:
  - 1) title of the proposed amendment
  - 2) explanatory summary not to exceed 200 words
  - 3) text of the proposed amendment
  - 4) statement of financial impact
- The Charter Revision Commission shall certify the petition complies with Sec. 19.03 within 30 days (Sec.19.03(c) lists circumstances that can disqualify a petition presented to the Commission).
- There is an appeal process to the Chancery Court of Davidson County can be pursued by the filing of a Writ of Certiorari within 30 days from the Commission's decision.
- If no appeals occurs and the Commission certifies the petition, the Commission shall notify the individual who filed the petition and the petition can then be circulated for signatures.
- Under Sec. 19.03(e), the Petition shall be signed by 10% of those registered voters in Nashville-Davidson County as of the date the Commission files the certification of the petition with the clerk.
- Completed petitions shall be filed within 90 days after the Commission files the certification with the clerk.
- The Election Commission then verifies the signatures of registered voters.

Any amendment to the Charter that complies with Sec. 19.02 or Sec. 19.03 **shall** be placed on the ballot for the next regularly scheduled August or November metropolitan, county, or state general election occurring more than 90 days after the Davidson County Election Commission's certification of the signatures.



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# ALTERNATIVE PATHS

## DISCRIMINATION COMPLAINTS

Over the last several years, there has been a growing number of legal challenges against municipalities and employers opting out of CGAC coverage. While the legal rulings on this matter vary, an increasing number of courts have found CGAC, including surgeries, to be medically necessary with the failure to provide coverage of these services constituting unlawful discrimination, and thus creating liability under section 1557 of the ACA and Title VII of the Civil Rights Act of 1964.

Civil rights complaints can be filed with the U.S. Department of Health and Human Services, Office for Civil Rights who enforce Section 1557 of the ACA. Consultation with a Civil Rights lawyer is recommended to determine available legal options.



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## THANK YOU

**Many thanks to the following LGBTQIA+ individuals, allies, and organizations for their support and efforts to ensure inclusive healthcare coverage is accessible to Metro Nashville employees:**

DAVIE TUCKER, METRO HUMAN RIGHTS COMMISSION

REV. RJ ROBLES, METRO HUMAN RIGHTS COMMISSION

ASHLEY BACHELDER, METRO HUMAN RIGHTS COMMISSION

MARYAM ABOLFAZIL, METRO HUMAN RIGHTS COMMISSION

PHIL COBUCCI, INCLUSION TN

BRAD RAYSON, SEIU LOCAL 205

MAYOR JOHN COOPER & ADMINISTRATION

REV. MEREDITH COX

ALEXANDRIA DANNER

BRIT MANOR

DR. CHRISTOPHER TERNDRUP

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# STAFF & TEAM MEMBERS

## THE PEOPLE BEHIND THIS PROJECT



**CHRIS SANDERS**  
TN EQUALITY PROJECT  
EXECUTIVE DIRECTOR



**HEATHER MESHELL**  
CAPITOL HILL  
ADVOCACY LLC



**BRIAN SULLIVAN**  
TN EQUALITY PROJECT  
NASHVILLE CO-CHAIR



**DAHRON JOHNSON**  
TN EQUALITY PROJECT  
NASHVILLE CO-CHAIR