

Health Services Advisory Council Topic Summary: Gender Affirming Care

Date: 09/08/2023

Background:

From March 21st to July 12th of 2023, over the course of five two-hour meetings, the Health Services Advisory Council (HSAC) heard and discussed options for updating the Minnesota Health Care Programs (MHCP) policies related to gender affirming care. HSAC previously visited the topic of gender affirming care in MHCP coverage in 2016. Additional community and medical standards, specifically the World Professional Association for Transgender Health (WPATH)¹ and the Endocrine Society² had updated their standards and recommendations. WPATH released their most recent standards in September of 2022, and the Endocrine Society updated their standards in 2017. The topic was brought back to HSAC to address after these standards were recently updated by WPATH, to update MHCP policy based on the Council's recommendations of the new standards.

At the beginning of the topic, MHCP staff had five questions for the Council to consider, as presentations, data, and testimony continued throughout the topic discussion, the questions to the council expanded to nine questions in total.

Presentations

HSAC members received several presentations prior to public testimony and council discussion:

Lovena Kabba

Lovena Kabba, RN, MSN and Outpatient Policy Coordinator at DHS, presented to the council and public about current MHCP coverage regarding gender affirming care, as well as the questions that were determined for the

¹ WPATH is an interdisciplinary, professional organization dedicated to the understanding and treatment of gender dysphoria by professionals in medicine, psychology, law, social work, counseling, psychotherapy, family studies, and other related fields. WPATH's mission is to promote Evidence-based care, education, research, public policy, and respect in gender health. WPATH publishes the Standards of Care and Ethical Guidelines, which articulate the highest standards of care for transgender people.

² The Endocrine Society is a professional, international medical organization in the field of endocrinology and metabolism, founded in 1916.

council to provide recommendation on. Lovena presented the current MHCP coverage policy, compared to the recent WPATH standards, and Endocrine Society standards to display the similarities and differences between the three organizations.

Dr. Angela Goepferd

Dr. Goepferd is the Chief Education Officer and the past Chief of Staff for Children's Minnesota, the Medical Director of Children's Minnesota Gender Health Program and a pediatrician in the Children's Minneapolis Primary Care clinic.

Dr. Goepferd presented on caring for adolescents who are receiving gender affirming care.

Dr. Valerie King

Dr. King is a family medicine doctor and epidemiologist with expertise in systematic review methods and the application of research evidence to health policy. Dr. King works for the MED collaborative. MED is a collaboration of state Medicaid agencies providing research on Medicaid claims data to provide policymakers the resources they need to make Evidence-based decisions. MED is run out of the Center for Evidence-based Policy at the Oregon Health & Science University.

Dr. King presented a review of treatments for Gender Dysphoria.

Dr. Eli Coleman

Dr. Coleman is a Professor Emeritus and former director of the Institute for Sexual and Gender Health at the University of Minnesota Medical School. He is one of the founding editors of the International Journal of Transgenderism and is the founding and current editor of the International Journal of Sexual Health. He is the current chair of the WPATH Standards of Care Revision Committee and is a former president of WPATH.

Dr. Coleman presented on the current WPATH Standards of Care - version 8, and how they corresponded to the questions DHS had for the Council.

Questions and Recommendations

The questions presented to HSAC and the final recommendation of the Council are listed below.

1. Should MHCP have age criteria for breast removal? And if so, what age criteria?
Recommendation reached to not add age criteria for breast removal.
2. Should MHCP have hormone criteria for breast removal? And if so, what criteria?
Recommendation reached to not add hormone criteria for breast removal for adults or adolescents.
3. Should MHCP require hormone therapy prior to breast augmentation? And if so, what is the appropriate length of time?
Recommendation reached to follow WPATH recommendations for hormone therapy prior to breast augmentation.

4. Should there be age criteria for genital surgery? And if so, what age criteria?
Recommendation reached to follow WPATH recommendations except for age 18 for phalloplasty.
5. Should MHCP have criteria around members living in their gender role prior to gender affirming surgery? And if so, what criteria?
Recommendation reached to follow WPATH recommendations for gender role prior to affirming surgeries.
6. Should MHCP require letters of recommendation prior to gender affirming surgery? And if so, how many and from whom?
Recommendation reached to require one letter of recommendation, for adults to follow WPATH Standards, and for adolescents from a multidisciplinary team reflecting assessment and opinion from both medical and mental health professions, or separate letters that collectively include assessments from both medical and mental health professionals.
7. Should hair removal be covered as medically necessary treatment?
Recommendation reached to follow WPATH standards in covering hair removal as medically necessary treatment.
8. Should MHCP cover vocal therapy within gender affirming care?
Recommendation reached to follow WPATH standards in covering vocal therapy within gender affirming care.
9. Should MHCP cover vocal surgery within gender affirming care?
Recommendation reached to consider voice surgery for specific cases when voice therapy has had an inadequate reduction in vocal dysphoria when recommended by a voice therapist.

Policy Updates

Below is a brief synopsis of the updates made to the MHCP coverage policy based on the Council's recommendations. The entire official policy can be found in the MHCP Provider Manual [here](#).

Eligibility: Eligibility was updated to remove most age restrictions with the exception that members must be 18 years of age or older to be eligible for phalloplasty.

Covered Services: The following covered services were added or coverage was clarified.

- Breast augmentation surgery for male-to-female GAS is covered upon completion of 6 months of hormone therapy (12 months for adolescents) unless hormone therapy is medically contraindicated or not desired.
- Electrolysis or laser hair preoperatively is covered and hair removal from the face, body, and genital areas for gender affirmation will be reviewed for medical necessity on a case-by-case basis that may include:
 - Physician recommends hair removal prior to genital reconstruction for the treatment of gender dysphoria.

- Documentation explaining excessive hair growth and a letter from the clinician performing hair removal that supports the medical necessity of hair removal as it relates to gender dysphoria treatment.
- Voice therapy
- Voice modification surgery is covered on a case-by-case basis when medically necessary. Provider must document medical necessity. An example is by recommendation of a voice therapist because voice therapy has had an inadequate reduction in vocal dysphoria, existing vocal presentation significantly varies from the normal for the gender, and vocal therapy has been exhausted.

Hormone Therapy: Hormone therapy is not a pre-requisite for covered services unless specified within the document.

Authorization Requirements:

The Authorization requirements for gender-affirming surgery were modified and clarified.

- Provider has submitted documentation supporting that the member has experienced marked and sustained gender dysphoria over time.
- The member must demonstrate the emotional and cognitive maturity required to provide informed consent and approval for the treatment.
- Provider has submitted written referrals from clinicians qualified in the behavioral aspects of gender dysphoria. The referral letters must meet the following requirements:
 - **Adults:** One written referral from a healthcare professional who has competencies in the assessment of transgender or gender diverse people.
 - **Adolescents** (less than 18 years of age): One written referral from a multidisciplinary team reflecting the assessment and opinion from the team that involves both medical and mental health professionals; or separate letters collectively include assessments from both a medical and mental health professional.
- If the referral letter is from a behavioral health provider, it must include a recent diagnostic assessment.
- If the referral letter is from the member's treating provider (physician, nurse practitioner, clinical nurse specialist), a psychosocial assessment must be completed. Include the psychosocial assessment components.