

Q&A ON HERC PROCESS FOR GENDER DYSPHORIA

What's happening?

Oregon is in a process to review the evidence of effectiveness for treatments for gender dysphoria (also known as gender identity disorder), a condition in which a person does not feel that their gender identity conforms with their birth gender.

Why is HERC undertaking this process?

HERC needs to evaluate the emerging research that has developed since they last looked at this topic in 1999 and review current major international treatment guidelines to ensure that Oregonians who receive health coverage through the Oregon Health Plan receive the most appropriate care.

The history of coverage of treatment for gender dysphoria by OHP

- Gender dysphoria has not been a covered condition to date.
- Until recently, the evidence on the treatment of this condition had not been considered since 1999.
- Gender reassignment surgery is specifically excluded as a service by DMAP rules (a rule change proposal is currently under review by DMAP)

What has been done so far?

- 1) Updating Oregon's policy and bringing it into line with current major international treatment guidelines, HERC has voted to move gender dysphoria into the covered portion of the Prioritized List with the publication of the next biennial review List. Services already approved for this new, covered line include psychotherapy, medical visits, and medications to suppress puberty in gender questioning youth.
- 2) The Value-based Benefits Subcommittee has heard extensive testimony from experts and has reviewed relevant literature regarding the effectiveness of cross-sex hormone therapy and gender reassignment surgery for
 - a. relieving gender dysphoria
 - b. reducing depression and anxiety
 - c. reducing rates of suicide/suicide attempts and risky behavior such as IV drug abuse

What are the draft recommendations?

- 1) HERC staff is recommending that coverage be added for cross-sex hormone therapy and gender reassignment surgery to the new gender dysphoria line
- 2) A guideline is recommended which restricts treatments to appropriate patients as determined by major international guidelines

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Is there an estimate of how many people will be affected by the change?

HERC staff estimate a utilization rate (of all treatments for gender dysphoria) in OHP of 175 persons in any 12 month period.

How much will it cost?

HERC staff estimates that the total cost of adding all treatments for OHP will be less than \$150,000 per year.

What happens now?

- 1) The Value-based Benefits Subcommittee (VbBS) will continue its review of the HERC staff recommendations at the August 14, 2014 meeting
- 2) The evidence evaluation and any changes to the Prioritized List will eventually need final approval by the full HERC, which has members from many areas of health care (doctors, nurses, chiropractic, patients, health plan administrators, and more).
- 3) The DMAP rule change process begins June 25 and could conclude by October 1, 2014.
- 4) Any changes to the Prioritized List affecting OHP coverage of cross-sex hormone therapy and gender reassignment surgery would go into effect sometime between October 1, 2014 and April 1, 2015.

How can you participate?

- 1) You can subscribe to the HERC website at www.oregon.gov/OHA/OHPR/Pages/HERC/ to receive notifications of future meetings and look at materials being discussed.
- 2) You can attend the meetings, which are open to the public, and provide verbal testimony during time set aside for public comment.