

# Prioritized List: Guideline for Gender Dysphoria

## Frequently Asked Questions

### Background

At its August 2014 meeting, the [Health Evidence Review Commission](#) (HERC) approved coverage for cross-sex hormone therapy and gender reassignment surgery to the gender dysphoria line on the [Prioritized List of Health Services](#). In 2013 and 2014, the commission approved coverage for puberty suppression hormones for gender-questioning youth and added gender reassignment surgery. All of these changes took effect January 1, 2015. (Beginning on January 1, 2016, coverage for surgical procedures will be updated. This includes adding coverage for breast augmentation and removing coverage for functional penile implants.)

HERC prioritizes diagnoses requiring life-saving treatment and diagnoses where treatment has significant impact on reducing suffering, restoring healthy life, has high efficacy and treats a vulnerable population, according to the methodology of the prioritized list.

Treatment for gender dysphoria meets all these priorities. Suicide in untreated gender dysphoria patients is a major problem and treatment has been shown to reduce suicide attempt rates from 30 percent down to 5 percent. Treatment with puberty suppression hormones, cross-sex hormone therapy, and gender reassignment surgery has been shown to be highly effective in relieving gender dysphoria, reducing depression and anxiety, and reducing rates of suicide/suicide attempts.

### What medical evidence did HERC base this decision?

This decision was made after hearing extensive testimony/debate from experts at various public meetings as well as reviewing relevant evidence and literature regarding the effectiveness of cross-sex hormone therapy and gender reassignment surgery.

The evidence for HERC's approval of cross-sex hormone therapy and gender reassignment surgery for Medicaid-eligible Oregonians is cited in meeting materials from the [Value-based Benefits Subcommittee meeting](#) from March 13, 2014, May 8, 2014, June 12, 2014 and August 14, 2014.

### What is HERC and why can it make these decisions?

The Health Evidence Review Commission reviews medical evidence in order to prioritize health spending in the Oregon Health Plan and to promote evidence-based medical practice statewide through comparative effectiveness reports, including [Coverage Guidance](#), health technology assessments and evidence-based practice guidelines.

[HERC members](#) are governor-appointed and senate-confirmed volunteers.

The Health Evidence Review Commission (HERC) was created during the 2011 Legislative session; it combined two previously existing commissions, the Health Services Commission and Health Resources Commission. HERC continues two decades of work, as both of the original commissions began their work in the early 1990s at the start of the Oregon Health Plan.

- [Statute](#) (ORS 414.688 to 414.704)
- [Administrative Rule](#) (OAR 409-060-0100 to 409-060-0150), eff. 2/1/2013
- [House Bill 2100 \(2011\)](#) Creates the Health Evidence Review Commission
- [Commission By-Laws](#)

### **Why did HERC undertake this specific topic?**

HERC needed to evaluate 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 OHP receive the most appropriate care based on the latest evidence.

### **What was the process for HERC's decision?**

1. The HERC's Value-based Benefits Subcommittee heard extensive testimony from experts and reviewed relevant literature regarding the effectiveness of cross-sex hormone therapy and gender reassignment surgery for:
  - relieving gender dysphoria
  - reducing depression and anxiety
  - reducing rates of suicide and suicide attempts
2. The subcommittee reviewed and agreed with staff recommendations to add coverage for these services.
3. Updating Oregon's policy and bringing it into line with current major international treatment guidelines, HERC first voted to move gender dysphoria into the covered portion of the Prioritized List with the publication of the 2015 biennial List. Services initially approved for this covered line include psychotherapy, medical visits, and medications to suppress puberty in gender questioning youth.

### **How can the public engage in HERC discussion/process?**

The commission uses a transparent public process to ensure that its decisions are made in the best interest of patients and taxpayers while considering input from providers and members of the public, including those affected by the conditions discussed.

Public meetings are posted online on the commission's [upcoming meetings](#) webpage. To be notified about upcoming meetings and when meeting materials are posted online, anyone can use the [free e-subscribe service](#).

More information about public engagement, including public comment during meetings, can be found on the commission's [Get Involved](#) webpage.

Public comments may also be submitted at any time by e-mail to [HERC.Info@state.or.us](mailto:HERC.Info@state.or.us). Comments for any upcoming meeting must be submitted seven days in advance of the meeting.

### **What is the history of OHP coverage of treatment for gender dysphoria?**

Before January 1, 2015, treatment for gender dysphoria has not been a covered service. Until recently, the evidence on the treatment of this condition had not been considered since 1999.

### **What are the criteria for OHP members to qualify for services under the gender dysphoria line?**

Cross-sex hormone therapy is included on this line for treatment of adolescents and adults with gender dysphoria who meet appropriate eligibility and readiness criteria. To qualify for cross-sex hormone therapy, the patient must:

1. have persistent, well-documented gender dysphoria
2. have the capacity to make a fully informed decision and to give consent for treatment
3. have any significant medical or mental health concerns reasonably well controlled
4. have a thorough psychosocial assessment by a qualified mental health professional with experience in working with patients with gender dysphoria. Starting October 1, 2015, a comprehensive mental health evaluation shall be provided in accordance with Version 7 of the World Professional Association for Transgender Health (WPATH) Standards of Care ([www.wpath.org](http://www.wpath.org)).

Sex reassignment surgery is included for patients who are sufficiently physically fit and meet eligibility criteria. To qualify for surgery, the patient must:

1. have persistent, well documented gender dysphoria
2. have completed twelve months of continuous hormone therapy as appropriate to the member's gender goals unless hormones are not clinically indicated for the individual
3. have completed twelve months of living in a gender role that is congruent with their gender identity unless a medical and a mental health professional both determine that this requirement is not safe for the patient
4. have the capacity to make a fully informed decision and to give consent for treatment
5. have any significant medical or mental health concerns reasonably well controlled
6. have two referrals from qualified mental health professionals with experience in working with patients with gender dysphoria who have independently assessed the

patient. Such an assessment should include the clinical rationale supporting the patient's request for surgery, as well as the rationale for the procedure(s). Starting October 1, 2015, breast/chest surgeries will require one referral from a mental health professional provided in accordance with version 7 of the WPATH Standards of Care and genital surgeries will require two referrals according to these same standards of care.

**Can minors receive services for gender dysphoria and why? Do they need parental consent?**

Age of medical consent varies by state. Oregon law – which applies to both Medicaid and non-Medicaid Oregonians – states that the age of medical consent is 15 ([ORS 109.640](#)). Physicians are not required to provide any medical service to a minor, and in most cases will encourage (and in some cases require) family engagement and supports unless it would endanger the patient.

In addition, guidelines contain numerous safeguards to ensure that candidates are appropriate for surgery and medically it is safer and easier to conduct surgery earlier, before secondary sex characteristics are fully developed.

**How many OHP members have received these services since the new rules went into effect?**

As of August 2015, the total number of recipients receiving services for primary diagnosis of Gender Dysphoria is 438 (adults and minors).

**What is the total cost for these services since the new rules went into effect?**

As of August 2015, the total amount of expenditures for primary diagnosis of Gender Dysphoria is \$154,600 (adults and minors).

**How many OHP members have undergone sex reassignment surgery?**

As of August, 2015, zero (0) OHP minors and ten (10) OHP adults have received any gender dysphoria surgeries.

**What is the total cost spent on gender reassignment surgery to date?**

As of August 2015, the total cost of expenditures for treatments identified as "gender reassignment surgery" related to primary diagnosis of Gender Dysphoria is \$29,900.