



September 7, 2018

Michael Shores, Director
Office of Regulation Policy and Management
Office of the Secretary
US Department of Veterans Affairs
810 Vermont Avenue NW, Washington DC

**RE: Exclusion of Gender Alterations from the Medical Benefits Package,
Document No. 2018-14629**

Dear Mr. Shores,

On behalf of GLMA: Health Professionals Advancing LGBT Equality (GLMA), we write you in support of the removal of exclusions for the healthcare of transgender individuals from the US Department of Veterans Affairs medical benefits package. The scientific evidence fully supports the conclusion that non-surgical **and** surgical therapeutic treatment options for gender dysphoria, as determined by an individual’s healthcare provider, “are needed to promote, preserve, or restore the health of the individual and is in accord with generally accepted standards of medical practice.” Therefore, the VA medical benefits package should include coverage for gender-affirming surgeries for transgender veterans when their healthcare provider has determined these surgeries to be medically necessary.

GLMA is the world’s largest and oldest membership association of lesbian, gay, bisexual and transgender (LGBT) healthcare professionals and our allies. Founded in 1981 and formerly known as the Gay & Lesbian Medical Association, GLMA’s mission is to ensure equality in healthcare for LGBT individuals and healthcare professionals and works to achieve this mission by using the expertise of our health professional members in policy and advocacy, education of providers and patients, and the promotion of research.

In its *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People*¹, the World Professional Association for Transgender Health (WPATH) summarizes the prevailing research showing that “hormone therapy and surgery have been found to be medically necessary to alleviate gender dysphoria.” WPATH defines gender dysphoria as referring “to discomfort or distress that is caused by a discrepancy between a person’s gender identity and that person’s sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics)” (WPATH, 2011). WPATH is the world’s leading international organization devoted to promoting evidence-based care and approaches to healthcare for transgender people. GLMA fully endorses the *Standards of Care*, which “promote

¹ *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People*, 7th Version, WPATH (2011). Available at: http://www.wpath.org/publications_standards.cfm.

the highest standards of health care for individuals” and “are based on the best available science and expert professional consensus.”

Both the *Diagnostic and Statistical Manual of Mental Disorders* (DSM)² and the *International Classification of Diseases*³ recognize diagnoses similar to WPATH and characterize them as a serious medical and health condition. The DSM’s diagnostic criteria for “gender dysphoria” include a “marked difference between the individual’s expressed/experienced gender and the gender others would assign him or her” that “causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.”⁴ The ICD also includes “transsexualism” in its diagnoses describing it 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.”

Medical science and research indicates that gender-affirming surgeries are among the medically necessary therapeutic options that restore function to individuals experiencing gender dysphoria. As WPATH states:

The medical procedures attendant to sex reassignment are not ‘cosmetic’ or ‘elective’ or for the mere convenience of the patient. These reconstructive procedures are not optional in any meaningful sense, but are understood to be medically necessary for the treatment of the diagnosed condition.⁵

Gender-affirming surgeries are intended—and expected—to significantly restore areas of social, psychological, and physical functioning that may have been impaired by gender dysphoria, and allow the body to function in a manner consistent with the patient’s innate gender identity. The WPATH *Standards of Care* recognize that while patients’ needs differ and treatment decisions should be individualized, for some individuals “relief from gender dysphoria cannot be achieved without modification of their primary and/or secondary sex characteristics to establish greater congruence with their gender identity.”⁶

This position has been supported by the nation’s leading health professional associations. The American Medical Association, American Psychiatric Association, American Psychological Association, American College of Physicians, American Academy of Nursing, American Nurses Association, National Association of Social Workers, Endocrine Society, and the American College of Obstetricians and Gynecologists are just several among many health professional associations that have adopted policy supporting nondiscrimination in the care of

² *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed., American Psychiatric Association (2013).

³ *International Classification of Diseases*, 10th Revision, “ICD-10”, World Health Organization (2007).

⁴ See *Gender Dysphoria Fact Sheet*, APA (2013). Available at <http://www.dsm5.org/documents/gender%20dysphoria%20fact%20sheet.pdf>.

⁵ World Prof. Ass’n for Transgender Health, *Clarification on Medical Necessity of Treatment, Sex Reassignment, and Insurance Coverage in the U.S.A.* (2008); see also *O’Donnabhain v. Comm’r of Internal Revenue*, 134 T.C. 34, 76-77 (2010) (The stigma that frequently accompanies transition-related surgeries and the atypical nature of the desire for anatomy associated with a gender different than the gender one was assigned at birth “requires an explanation [for the need for such surgeries] beyond mere dissatisfaction with appearance.”).

⁶ *Standards of Care* at 54-55.

transgender patients and removing barriers to medically necessary care. As the AMA stated in its comment on this topic to the VA:

“The AMA recognizes that medical and surgical treatments for gender dysphoria, as determined by shared decision making between the patient and physician, are medically necessary as outlined by generally-accepted standards of medical and surgical practice, and thus we support public and private health insurance coverage for treatment of gender identity disorder dysphoria as recommended by the patient's physician.”

As an organization of health professionals whose members serve and care for patients experiencing gender dysphoria, GLMA has an acute understanding of the significant health risks associated with lack of therapeutic treatment for gender dysphoria. GLMA members also see first-hand the effectiveness of mental health therapies, hormone therapies, gender-affirming surgeries and other therapeutic options to care for patients with gender dysphoria. GLMA's position, based on the scientific evidence, is that therapeutic treatment, especially surgical options, are medically necessary for the treatment of gender dysphoria as determined by the patient in partnership with their healthcare provider.

For all the reasons outlined in this letter, GLMA strongly encourages the VA to remove any and all exclusions for gender-affirming surgeries from its medical benefits package.

Sincerely,



Gal Mayer, MD, MS
GLMA President



Hector Vargas, JD
GLMA Executive Director