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Linda Gousis and James Rollins  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
7500 Security Blvd  
Baltimore, MD 21244-1850

Judith Bradford, PhD  
Director, *The Center for Population Research in LGBT Health*  
Co-Chair, *The Fenway Institute*

Kenneth Mayer, MD  
Medical Research Director  
Co-Chair, *The Fenway Institute*

FACULTY

Stephen Boswell, MD  
Senior Research Scientist

Sean Cahill, PhD  
Director of Health Policy Research

Kerith J. Conron, ScD, MPH  
Research Scientist

Harvey Makadon, MD  
Director, National LGBT Health Education Center

Matthew Mimiaga, ScD, MPH  
Affiliated Investigator

Conall O'Clirigh, PhD  
Affiliated Investigator

David W. Pantalone, PhD  
Research Scientist

Lori Panther, MD, MPH  
Research Scientist

Sari L. Reisner, ScD  
Research Scientist

Steve Safren, PhD  
Affiliated Investigator

S. Wade Taylor, PhD  
Associate Research Scientist

Marcy Gelman, RN, MSN, MPH  
Director of Clinical Research

Bonnie McFarlane, MPP  
Director of Administration

**Public Comment on the Centers for Medicare and Medicaid Services' National Coverage Analysis (NCA) for Gender Dysphoria and Gender Reassignment Surgery**

Submitted online at <https://www.cms.gov/medicare-coverage-database/details/nca-tracking-sheet.aspx?NCAId=282>

Dear Colleagues,

The Fenway Institute at Fenway Health strongly supports CMS in creating a National Coverage Determination (NCD) that would provide guidance for Medicare coverage of transgender health needs, including medically necessary gender reassignment surgeries, on the national level.

The Fenway Institute is an interdisciplinary center for research, training, education and policy development focused on lesbian, gay, bisexual and transgender (LGBT) health and HIV/STI prevention and care. It is the research division of Fenway Health, a federally qualified health center that serves LGBT people and the broader community. More than 1,700 of our 28,000 patients cared for annually are transgender.

There is a consensus in the mainstream medical community that gender dysphoria is a recognized medical condition requiring medical and mental health care. The *American Medical Association Encyclopedia*,<sup>1</sup> the APA's Diagnostic and Statistical Manual (DSM-5),<sup>2</sup> and all standard psychiatric texts have recognized gender dysphoria since 1980, when it was then named transsexualism (and subsequently, until recently, known as gender identity disorder). The World Health Organization also recognizes gender identity disorder in its ICD-10, "the standard diagnostic tool for epidemiology, health management and clinical purposes."<sup>3</sup> The APA's DSM-5 provides clear criteria for the diagnosis of gender dysphoria, which may be diagnosed by mental health and medical professionals. Gender dysphoria is a persistently and deeply felt cross-gender identification including an enduring sense that a person's body is

<sup>1</sup> American Medical Association. *AMA Encyclopedia*. Lipsky M (editor). "Gender identity disorder (GID)" (303); "sex change" as "treatment" for GID (625). Chicago, 2006.

<sup>2</sup> American Psychiatric Association. Gender dysphoria. *DSM-5*. Arlington, VA, 2013.

<http://www.dsm5.org/documents/gender%20dysphoria%20fact%20sheet.pdf>

<sup>3</sup> WHO, *International Statistical Classification of Diseases and Related Health Problems, version 10 (ICD-10)*. <http://www.who.int/classifications/icd/en/>

of the wrong sex. People with gender dysphoria experience distress and discomfort that causes clinically significant impairment in functioning in all aspects of life.

Gender reassignment surgery and cross-sex hormone treatment are considered medically necessary by many physicians for their transgender patients. The American Medical Association adopted a resolution in 2008 supporting public and private health insurance coverage for treatment of gender identity disorder as recommended by the patient's physician.<sup>4</sup> The internationally accepted standards of care of individuals with gender dysphoria by medical and mental health professionals were first developed by the World Professional Association for Transgender Health, Inc. (WPATH) in 1979. These standards of care cover therapy, hormone treatments, and gender reassignment surgical procedures as well as routine primary medical care. Care of individuals with gender dysphoria is based on individualized plans involving some or all of the following: 1) psychotherapy; 2) hormone treatment; 3) living full-time in the gender of identity; 4) surgery to change primary and secondary sexual characteristics. Treatment plans are based on the accepted WPATH standards of care. These treatments have been successfully used in medicine for more than 30 years.<sup>5</sup>

These treatments have also been shown to significantly improve transgender patients' long-term health outcomes. For example, a systematic review and meta-analysis of studies that examined quality of life and psychosocial outcomes of hormonal therapy and sex reassignment surgery found that 80% of study participants with gender identity disorder reported significant improvement in gender dysphoria following these interventions. Some 78% reported significant improvement in psychological symptoms, 80% reported significant improvement in quality of life, and 72% reported significant improvement in sexual function following sex reassignment surgery.<sup>6</sup> Similarly, in a five-year follow-up study of Swedish adults suffering from gender dysphoria, 86% of study participants were assessed by clinicians at follow-up as stable or improved in global functioning, including measures related to employment situation, partner relations, and sex life.<sup>7</sup>

One of the best measures of the overall outcome of gender reassignment surgery is quality of surgical results. A review of the literature found that post-operative outcomes such as sexual functioning and satisfaction were high among

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<sup>4</sup> H-185.950, Removing Financial Barriers to Care for Transgender Patients. Our AMA supports public and private health insurance coverage for treatment of gender identity disorder as recommended by the patient's physician. (Res. 122; A-08). <http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/glbt-advisory-committee/ama-policy-regarding-sexual-orientation.page>?

<sup>5</sup> WPATH. *Standards of care*.

[http://www.wpath.org/site\\_page.cfm?pk\\_association\\_webpage\\_menu=1351](http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351)

<sup>6</sup> Murad MH, Elamin MB, Garcia MZ, Mullan RJ, Murad A, Erwin PJ, Montori VM. "Hormonal therapy and sex reassignment: a systematic review and meta-analysis of quality of life and psychosocial outcomes." *Clin Endocrinol (Oxf)*. 2010 Feb; 72(2): 214-31.

<sup>7</sup> Johansson A, Sundbom E, Hojerback T, Bodlund O. "A five-year follow-up study of Swedish adults with gender identity disorder." *Arch Sex Behav*. 2010 Dec; 39(6): 1429-37.

transgender people following surgery.<sup>8</sup> A potential weakness of many of these studies is their retrospective study design. However, a prospective study conducted in the Netherlands with 325 adult and adolescent subjects seeking gender reassignment surgery showed similar positive outcomes, including improvements in gender dysphoria, body satisfaction, and psychological functioning after surgery. Additionally, less than 2% of patients expressed regret after treatment.<sup>9</sup> These studies show that for the most part, the majority of transgender patients who undergo gender reassignment surgery have positive health outcomes and are satisfied with the post-operative results.

The cost of covering gender affirmation services may be of concern to some. However, the cost of covering these services for insurers is actually very low overall. While gender reassignment surgery and other transition services can be lifesaving for those who need them, only a small number of individuals ever fully pursue medical gender transition. Even where the number of transgender employees might be expected to be high, in the City and County of San Francisco, California with an employee base of 27,000 people, only a tiny fraction of employees file claims. Since 2001 San Francisco has insured a total of 80,000 people (employees, their dependents, and retirees) and actuarial data released in 2006 showed that in five years only 11 claims were filed at a total cost of less than \$200,000. These numbers demonstrate that demand for transition-related care in any given year, as well as claims costs, are very likely to be low. Two insurance carriers in San Francisco have eliminated any surcharges for transgender care as a result of these data and others have dramatically reduced their charges.<sup>10</sup>

Thank you for the opportunity to provide public comment in support of a National Coverage Determination for medically necessary treatment for gender dysphoria, including gender reassignment surgery. The scientific evidence currently available widely supports the fact that gender reassignment surgery has many positive health outcomes for transgender people, including improvement in psychological symptoms, sexual function and satisfaction, and quality of life. Furthermore, the evidence shows that very few transgender people who decide to undergo gender reassignment surgery regret the decision afterwards. Gender reassignment surgery is an effective and medically necessary treatment for many people who suffer decreased quality of life due to gender dysphoria, and it should be covered by Medicare. If you have any questions regarding the information provided in this comment, please feel free to contact Tim Wang, LGBT Health Policy Analyst, at [twang@fenwayhealth.org](mailto:twang@fenwayhealth.org) or Sean Cahill, Director of Health Policy Research, at [scahill@fenwayhealth.org](mailto:scahill@fenwayhealth.org).

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<sup>8</sup> Klein C, Gorzalka BB. "Sexual functioning in transsexuals following hormone therapy and genital surgery: a review." *J Sex Med.* 2009 Nov; 6(11): 2922-39.

<sup>9</sup> Smith YL, Van Goozen SH, Kuiper AJ, Cohen-Kettenis PT. "Sex reassignment: outcomes and predictors of treatment for adolescent and adult transsexuals." *Psychol Med.* 2005 Jan; 35(1): 89-99.

<sup>10</sup> Gay and Lesbian Advocates and Defenders. *Removing barriers to care for transgender patients.* 2008. <http://www.glad.org/uploads/docs/publications/ama-resolution-fact-sheet.pdf>

Sincerely,

Stephen L. Boswell, MD, FACP  
President and Chief Executive Officer  
Fenway Community Health Center