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Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Washington, DC

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RE: National Coverage Analysis (NCA) Tracking Sheet for Gender Dysphoria and Gender Reassignment Surgery (CAG-00446N)

On behalf of the American Psychological Association (APA), we thank you for seeking input from stakeholders on the development of a new National Coverage Determination (NCD) to govern Medicare coverage of treatment for gender dysphoria. APA welcomes this opportunity to provide comments. APA is the largest scientific and professional organization representing psychology in the United States, with more than 122,500 researchers, educators, clinicians, consultants, and students as its members. APA has a strong commitment to improving the health and well-being of gender minority individuals, the practice of psychology, and the provision of healthcare. This includes communication and collaboration with the Centers for Medicare and Medicaid Services (CMS) and the Department of Health and Human Services (HHS).

APA and many psychologists have been actively involved in efforts to improve the health and well-being of gender minorities. The association established a task force in 2005 that produced a comprehensive report and a resolution on these issues that was adopted in 2009. In 2011, APA established a task force that developed the Guidelines for Psychological Practice with Transgender and Gender Nonconforming People that APA adopted in 2015. Many psychologists were participants in the latest revision of the gender and sexuality sections of the Diagnostic and Statistical Manual of Psychiatric Disorders (American Psychiatric Association, 2013a). Additionally, psychologists are members of the World Professional Association for Transgender Health (WPATH) and assisted in the development of 7th version of the WPATH Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People (2012). The APA Guidelines... and the WPATH SOC document the need for services for gender dysphoria and related conditions and provide guidance in the provision of care.

APA opposes all public and private discrimination on the basis of actual or perceived gender identity and expression, urges the repeal of discriminatory laws and policies, and supports the passage of laws and policies protecting the rights, legal benefits, and privileges of people of all gender identities and expressions (Anton, 2009). Variations in gender identity and expression are
normal aspects of human diversity and do not constitute a mental disorder and research indicates that binary definitions of gender may not reflect emerging gender identities (SAMHSA, 2015).

APA has made the psychological and health needs of transgender and gender diverse people a high priority. Psychological research can inform treatment, service provision, civil rights and approaches to promoting the well-being of transgender and gender diverse individuals across the lifespan. Gender dysphoria - clinically significant and persistent distress or impairment caused by a marked difference between the individual’s expressed/experienced gender and the gender others would assign him or her (American Psychiatric Association, 2013b) - has been identified by the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition as a disorder that warrants mental and physical health treatments as determined by licensed health providers. For those individuals with gender dysphoria behavioral and medical interventions can reduce distress and improve adjustment and coping.

Psychological research has identified evidence-based treatment approaches to gender dysphoria for children, youth, adults, and older adults that improve the outcome of the condition. APA supports the provision of mental and medical health care of gender dysphoria across the lifespan due to the efficacy, health benefits, and medical necessity of these treatments. For example, referrals to appropriately-trained mental health providers, such as psychologists, have long been a standard part of the treatment protocol for gender dysphoria to assess the need for gender affirming transition services. Included in these services are psychological assessment and evaluation, psychological testing, and psychotherapy (individual, group, family) that all are essential parts of treatments to diagnose, develop a treatment plan, and provide clinical and supportive services for gender dysphoria. Transition-related treatments, including genital reconstruction, hormone replacement therapy or any other gender-affirming procedures, are necessary to reduce the symptoms of gender dysphoria and improve psychological adjustment. Such treatments are medically necessary and are not for cosmetic purposes.

Thus, APA strongly supports the development of a coverage determination by CMS for Medicare to ensure that individuals (adults, and, if covered, children and youth) receive the best possible care for gender dysphoria including the full range of gender transition services across the lifespan. APA’s support for this coverage determined is strengthened by professional and scientific evidence that transgender and other gender variant people benefit from treatment with therapists with specialized knowledge of their issues (APA, 2009, 2015; Lurie, 2005; Rachlin, 2002).

We also urge coverage of these services because of a long history of health discrimination and health disparities experienced by gender nonconforming individuals. APA reports and association resolutions and policies identify the difficulties faced by transgender and gender nonconforming youth and adults and provide specific recommendations for health and other social policies across the lifespan. For example, APA’s policy Transgender, Gender Identity, &

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1 See, reference list included below and in cited APA resolutions and reports as well as resources identified by the Transgender Law Center.
2 This includes procedures for psychiatric and psychological assessment, psychological testing, psychotherapy, health and behavior assessment and interventions, and evaluation and management services.
3 See note 1 for references.
Gender Expression Non-Discrimination (2015) identifies gaps in the treatment of gender dysphoria and points out the lack of appropriate health care resources for transgender adults and youth, including the lack of gender transition services across the lifespan. For example, persons with gender dysphoria may be denied appropriate gender transition related physical and mental health care despite evidence that these treatments are efficacious and beneficial (De Cuypere et al., 2005; Kuiper & Cohen-Kettenis, 1988; Lundstrom, et al., 1984; Newfield, et al., 2006; Pfafflin & Junge, 1998; Rehman et al., 1999; Ross & Need, 1989; Smith et al., 2005). Further, withholding treatment from an individual when such interventions are clinically indicated can prolong gender dysphoria and exacerbate emotional distress (SAMHSA, 2015).

Transgender individuals disproportionately report income below the poverty line (APA, 2007; Grant et al., 2011) and experience other financial disadvantages (Lev, 2004). Older adults and other individuals living on limited, fixed incomes are not able to meet the expenses associated gender-affirming transition services. Transgender and gender diverse people may be at increased risk in institutional environments and facilities, including assisted living and long-term care settings, for inadequate medical care including denial of gender transition treatments such as hormone therapy (Cook-Daniels, 2015; Kenagy, 2005; Kenagy & Bostwick, 2005; Nemoto et al., 2005; Newfield et al., 2006; Rodriguez-Madera & Toro-Alfonso, 2005; Sperber et al., 2005; Xavier et al., 2005). Thus, treatment coverage by Medicare and by private and public payers is even more essential if behavioral and physical health needs are to be met and existing disparities are to be addressed.

In summary, APA strongly supports a national coverage determination in Medicare for gender dysphoria. We appreciate the opportunity to comment on this issue and welcome further questions and comments as CMS considers this national coverage determination. If you have any questions or need additional information from APA, please contact Judith Glassgold, PsyD, Associate Executive Director for Government Relations in the Public Interest Directorate. (202-336-6104; jglassgold@apa.org).
References


