September 4, 2018

Michael Shores, Director
Office of Regulation Policy and Management (00REG)
Department of Veterans Affairs
810 Vermont Ave. NW, Room 1063B
Washington, DC 20420

RE: 38 CFR 17; Notice of Petition for Rulemaking and Request for Comments - Exclusion of Gender Alterations from the Medical Benefits Package

Dear Director Shores:

The American Psychological Association (APA) appreciates the opportunity to provide comments on a proposed amendment to the Department of Veterans Affairs (VA) medical regulations which would remove a provision that excludes “gender alterations” from its medical benefits package.

The American Psychological Association, in Washington, D.C., is the largest scientific and professional organization representing psychology in the United States. APA’s membership includes more than 115,700 researchers, educators, clinicians, consultants, and students. Through its divisions in 54 subfields of psychology and affiliations with 60 state, territorial, and Canadian provincial associations, APA works to advance the creation, communication, and application of psychological knowledge to benefit society and improve people's lives.

We strongly support amending the VA medical regulations to include gender alterations in the medical benefits package. This change would increase access to transition-related medical services, which would subsequently decrease gender dysphoria and its negative outcomes. We would like to comment specifically on the evidence on “the safety and effectiveness of gender alterations for the treatment of gender dysphoria”; and the evidence on “the impact of gender alterations on rates of suicide and suicide ideation among those suffering from gender dysphoria.”

APA holds the view that it is essential that gender transition services be provided to individuals as determined by their healthcare team, and that services should not be categorically or automatically excluded from coverage. This is evidenced by our 2008 Policy on Transgender, Gender Identity & Gender Expression Non-Discrimination,¹ in which we recognize the efficacy, benefit, and medical necessity of transition-related treatments—which may include psychotherapy, hormone therapy, and a variety of surgical treatments—for appropriately evaluated individuals. We have also issued 2015 Guidelines for Psychological Practice with Transgender and Gender Nonconforming People² to assist psychologists in the provision of
culturally and developmentally appropriate psychological practice with transgender and gender nonconforming people.

Research evidence suggests that gender transitions are extremely advantageous for individuals impacted by gender dysphoria. Compared to gender-dysphoric individuals who have not had transition-related treatment, those who have had treatment show decreased psychopathology and improved psychological and social functioning, including in family and social life as well as work and romantic relationships. They also display improvements in self-esteem, body satisfaction, and overall quality of life.

Directly relevant to this request for comments, research shows that gender affirmation procedures lead to reductions in suicide ideation and attempts. Most pertinently, one study found that transgender veterans who underwent gender confirmation surgery had significantly reduced suicide ideation, in comparison to those veterans who had received only hormonal treatment or no medical intervention. Moreover, studies with civilian populations have found similar effects: Gender affirmation procedures, especially surgery, result in significantly reduced suicide ideation and attempts. These are hugely important findings given that transgender individuals have a lifetime suicide attempt prevalence rate of 41%, as compared to 4.6% in the overall U.S. population, and 10-20% in the LGB population.

The VA is the payer of last resort for most patients receiving VA care. Excluding coverage of transition-related care for gender dysphoric veterans forces them to forego treatment, seek another source of insurance, or incur the costs themselves. The high cost of treatment often precludes personal payment, and foregoing treatment can contribute to the exacerbation of their symptoms. And securing decent employment with sufficient health benefits can be challenging for transgender populations due in part to pervasive harassment and discrimination. It can be even more difficult for veterans, as many live with disabilities which make it harder to work. For gender dysphoric individuals, the extreme distress caused by barriers to employment, which is even more necessary in securing a source of medically-necessary healthcare, can lead to additional harms to mental health such as increased depression and anxiety.

Ensuring that those impacted by gender dysphoria have access to transition-related medical care is a longstanding APA priority, due to the clear weight of research evidence supporting the necessity of treatment for appropriately evaluated individuals. APA fully supports this amendment. Please contact Gabriel Twose, Ph.D. (202-336-5931; gtwose@apa.org) in our Public Interest Government Relations Office if we can provide any further information.

Sincerely,

Clinton W. Anderson, Ph.D.
Interim Executive Director
Public Interest Directorate