



## NightMAC Meeting Minutes

Google Hangouts  
Virtual

March 22, 2023

### 1. Welcome and Introductions

#### Open Positions Discussion:

- Nursing facilities position needs definition: We might have folks available that meet the need. Do they have to be a nurse or non-nurse or executive director? Person can be an administrator not a medical professional.
- We need to do a term limits review.

### 2. Department Updates

#### Presentation: Gender-affirming care benefit - Chris Lane (attached)

- If you are including therapy as part of access to care, what will they be given access to? Concern over side effects from gender-affirming care.
- When we are talking about holding off on receiving care, it would be more of surgery not BH counseling.
- Unsure about term “dysphoria”. Should find a correct term for a person who doesn’t feel gender assigned at birth is correct and the term has a negative connotation perception.
  - Part of it is, to cover and treat there must be some sort of identification to identify the diagnosis in the system. The term might be outdated.
  - Referring to the discomfort of whatever aspects of gender align with how you view your body. Medical term that was often used. It is still in the DSM as there needs to be some medical diagnosis. Gender dysmorphia is commonly used. People can be comfortable without needing to change pronouns or surgery, but some people need more than just that to alleviate the discomfort associated with how they view their bodies.
  - The term “dysphoria” can be related to a stigma.
  - Develop a new term that will associate with the laws that are being put into place now.



- Crisis level for those who have mental health issues from dysmorphia.
- Incongruence sounds more accepting and if the idea is understood, maybe we cannot require a negative diagnosis as not everyone see it as a negative.
- CMS decided to use Gender Identity Disorder, only using that terminology for diagnosis purposes. DSM is mapping the diagnosis.
- Crisis level for those who have mental health issues from dysmorphia.
- Important to determine if there are coexisting conditions.
- Need to discuss the long-term effects with fertility related to gender-affirming care.

**Hormone therapy and surgery:** Gender-affirming care stakeholder engagement page: <https://hcpf.colorado.gov/gender-affirming-stakeholder-engagement>

**Current rule:**

[https://www.sos.state.co.us/CCR/DisplayRule.do?action=ruleinfo&ruleId=2924&deptID=7&agencyID=69&deptName=Department%20of%20Health%20Care%20Policy%20and%20Financing&agencyName=Medical%20Services%20Board%20\(Volume%208;%20Medical%20Assistance,%20Children%27s%20Health%20Plan\)&seriesNum=10%20CCR%202505-10%208.700](https://www.sos.state.co.us/CCR/DisplayRule.do?action=ruleinfo&ruleId=2924&deptID=7&agencyID=69&deptName=Department%20of%20Health%20Care%20Policy%20and%20Financing&agencyName=Medical%20Services%20Board%20(Volume%208;%20Medical%20Assistance,%20Children%27s%20Health%20Plan)&seriesNum=10%20CCR%202505-10%208.700)

- Hormone therapy around the role of BH providers, no longer required for members to receive BH therapy for hormone therapy or gender-affirming therapy.
- Changing requirement for hormone or gender-affirming assessment. No longer required.
- No age requirement for hormone or gender-affirming therapy. Just need to make sure they have the cognitive ability to make the decision.
- Live in preferred gender role for a time before gender-affirming surgery.
- Propose modify requirement for hormone therapy and augmentation therapy timelines.
- Have there been studies done to back timelines up? Yes, there have been studies done on how long it takes hormone therapy to take effect. Creates more flexibility for providers. Shifting down so providers can determine what is appropriate.
- Why are there hormone therapy requirements for bottom surgeries? Creates a barrier for those who can't still with hormone therapy due to other conditions. There are exceptions for those who aren't able to take hormones, or it isn't part of their treatment.
- Requires a single signed statement for surgery, aligned with best practices. Dated within 60 days before the surgery.
- Covered surgeries include, general, augmentation, necessary procedures, facial surgery. Gives the department the option to cover new surgeries as needed without having to change policy each time.
- Next steps with policy, working on Q&A document that will be placed on the department website. Changes to language are being made and then it will go to the MSB to change the official rule.

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.  
[www.colorado.gov/hcpf](http://www.colorado.gov/hcpf)



### Health Services Initiative funding HB1289 - Susanna Snyder

Sign up for the newsletter, see link below:

<https://lp.constantcontactpages.com/su/UzY7aDO>

Current HB1289 HCPF Page:

<https://hcpf.colorado.gov/coverallcoloradans>

- The Cover all Coloradans Bill passed in 2022 that propels the department to an expansion of the lactation services, cost sharing to share costs for those without documentation, and allows population expansions regardless of immigration status.
- Lactation support, expansion of lactation counseling services, provider types, billing, structures, spreading the word about how to implement it properly.
- Cost sharing, subsidized insurance plan for undocumented Coloradans.
- TBD on timelines while negotiating with federal partners.
- Building lookalike programs by January 1, 2025.
- End-user experience would look like anything anyone on Medicaid or CHP+ would experience. Seamless for new populations and providers.
- HSI - allows us to do the math with Federal partners to maximize dollars to improve care for low-income children.
- Some states use HSI when they don't have the other benefits.
- Colorado considerations:
  - Kicking around through a stakeholder process: BH, parenting education, social determinants of health, interventions for parents and children.
  - Working on creating a uniform process to submit ideas and building transparency to build those considerations, a rubric. Must make sure we have Federal authority on these selections.
  - What we decide to implement will affect timelines. Many things may require systems changes.
  - May 15, 2023 - 12-2 p.m. stakeholder engagement.
  - May 17, 2023, 5-7 p.m. additional second meeting.
  - Communicating broadly through email and the State website. Consultant, JSI, is doing regional outreach through the community ambassador program.
  - Holding focus group discussions throughout the state with community members.
  - Thoughtful approach and happy about how it is being developed.

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