

# Gender-Affirming Care Stakeholder Meeting

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# Agenda

- Rules of Engagement
- Purpose of stakeholder engagement
- Methodology
- Proposed policy changes
- Discussion
- Next Steps

# Rules of Engagement

- Microphones are muted due to the size of the group
- Questions can be put into the Q&A at any time
- After policy is presented, remaining time will be for discussion
- During discussion, raise your hand and we will unmute you
- Please be respectful

# Purpose of Engagement

- Share proposed policy with stakeholders
- Give stakeholders the opportunity to ask questions and provide feedback

The Department will:

- Thoughtfully evaluate all questions and feedback
- Identify what feedback can be incorporated into policy, now or in the future
- Communicate outcomes of feedback and questions

# Methodology

- Literature Review
- Other states' Medicaid coverage and policies
- Commercial insurance coverage and policies
- World Professional Association for Transgender Health (WPATH) Standards of Care Version 8
- Endocrine Society guidelines
- Stakeholder feedback

# Proposed Policy

- We will walk through a comparison between current policy and the proposed policy language
  - Current policy is located at [10 CCR 2505-10 8.735](#)
- Any sections of rule not mentioned are intended to remain unaltered

# For All Covered Services

- Diagnosis of gender dysphoria
- Service is medically necessary
- Member has given informed consent
- If member is under 18 years of age, member's parent(s) or legal guardian has given informed consent
  - Subject to exceptions (§13-22-103, C.R.S)

# For All Covered Services

## • Current Policy

- Contraindicated medical and behavioral health conditions have been addressed and are well controlled

## • Proposed Policy

- Co-existing physical and behavioral health conditions that interfere with diagnostic clarity, capacity to consent, or may otherwise interfere with gender-affirming care have been addressed



# Hormone Therapy

- Member meets the criteria at section 8.735.4.A
- Member meets the applicable pharmacy criteria at Section 8.800
- Proposed
  - Member has reached Tanner Stage 2

# Gonadotropin-Releasing Hormone (GnRH) Therapy

## • Current Policy

- Member has been referred to a licensed behavioral health provider and has a plan in place to receive behavioral health counseling concurrent with GnRH therapy

## • Proposed Policy

- ~~Member has been referred to a licensed behavioral health provider and has a plan in place to receive behavioral health counseling concurrent with GnRH therapy~~

# Gender-Affirming Hormone Therapy

## • Current Policy

- Prior to beginning cross-sex hormone therapy, a licensed behavioral health provider, with whom the member has an established and ongoing relationship must determine that any behavioral health conditions are well controlled

## • Proposed Policy

- Prior to beginning cross-sex hormone therapy, a licensed behavioral health provider must determine that any behavioral health conditions that could negatively impact the outcome of treatment have been assessed with risks and benefits discussed

# Gender-Affirming Hormone Therapy

- Proposed Policy

- Member has been informed of the possible reproductive effects of hormone therapy, including the potential loss of fertility and the available options to preserve fertility
- If under 18 years of age, member demonstrates the emotional and cognitive maturity required to understand the potential impacts of the treatment

# Gender-Affirming Hormone Therapy

## • Current Policy

- For the first twelve months of cross-sex hormone therapy
  - Member must receive ongoing behavioral health counseling at a frequency determined to be clinically appropriate
  - Member must receive medical assessments at a frequency determined to be clinically appropriate by the prescribing provider

## • Proposed Policy

- For the first twelve months of cross-sex hormone therapy
  - Member must receive medical assessments at a frequency determined to be clinically appropriate by the prescribing provider



# Surgical Procedures

- Member meets the criteria at Section 8.735.4.A
  - Diagnosis of gender dysphoria
  - Service is medically necessary
  - (Proposed) Co-existing conditions that interfere with diagnostic clarity, ability to consent, or otherwise interfere with gender-affirming care have been addressed
  - Member has given informed consent
  - If member is under 18 years of age, parent or legal guardian has given informed consent

# Surgical Procedures

## • Current Policy

- Member is 18 years of age or older

## • Proposed Policy

- Member is 18 years of age or older
  - Requests for surgery for members under 18 years of age will be reviewed by the Department and considered based on medical necessity and clinical appropriateness of the request

# Surgical Procedures

- Current Policy

- Member has lived in the preferred gender-role for twelve (12) continuous months

- Proposed Policy

- ~~Member has lived in the preferred gender-role for twelve (12) continuous months~~



# Surgical Procedures

- Current Policy

- Twelve months of continuous hormone therapy unless medically contraindicated

- Proposed Policy

- Six months of continuous hormone therapy
  - Unless
    - Not clinically indicated; or
    - Inconsistent with the member's desires, goals, or expressions of individual gender identity

# Surgical Procedures

## • Current Policy

- Mammoplasty is covered when member has twenty-four continuous months of hormone therapy that has proven ineffective for breast development, unless medically contraindicated

## • Proposed Policy

- Twenty-four continuous months of hormone therapy are required for mammoplasty
  - Unless hormone therapy is not medically indicated

# Surgical Procedures

- Proposed Policy
  - Member understands the effect of the gender-affirming surgical intervention on fertility

# Surgical Procedures

## • Current Policy

- Member has been evaluated by a licensed medical provider within the past sixty days
- Member has been evaluated by a licensed behavioral health provider within the past sixty days

## • Proposed Policy

- ~~➤ Member has been evaluated by a licensed medical provider within the past sixty days~~
- ~~➤ Member has been evaluated by a licensed behavioral health provider within the past sixty days~~

# Surgical Procedures

## • Current Policy

- Rendering surgical providers must retain
  - Signed statement from a licensed behavioral health provider, with whom the member has an established and ongoing relationship
  - Signed statement from a licensed medical provider, with whom the member has an established and ongoing relationship

## • Proposed Policy

- Rendering surgical provider must retain
  - A signed statement from a licensed health care professional who has competencies in the assessment of transgender and gender diverse people

# Surgical Procedures

## • Current Policy

- Covered genital, breast/chest surgeries are limited to those listed in rule

## • Proposed Policy

- Covered surgeries include
  - Genital surgery
  - Breast/chest surgery
  - Facial and neck surgery
- Other medically necessary gender-affirming surgeries will be reviewed based on:
  - Medical circumstances
  - Clinical appropriateness



# Questions?



# Next Steps

- Evaluate questions and feedback
- Issue written Q&A document with the Department's responses
  - On [Gender-Affirming Care Stakeholder Engagement Webpage](#)
- Make any necessary changes to proposed policy language
- Medical Services Board



# Contact Info

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# Thank you!