

Prioritized List: Guideline for Gender Dysphoria (Line 413)

Frequently Asked Questions

Background

At its August 2014 meeting, the [Health Evidence Review Commission](#) (HERC) approved coverage for cross-sex hormone therapy and gender reassignment surgery to the new gender dysphoria line (413) on the [Prioritized List of Health Services](#). In 2013, the commission approved coverage for puberty suppression hormones for gender-questioning youth. All of these changes took effect January 1, 2015.

What are the criteria for OHP members to qualify for services under line 413?

Cross-sex hormone therapy is included on this line for treatment of adolescents and adults with gender dysphoria who meet appropriate eligibility and readiness criteria. To qualify for cross-sex hormone therapy, the patient must:

1. have persistent, well-documented gender dysphoria
2. have the capacity to make a fully informed decision and to give consent for treatment
3. have any significant medical or mental health concerns reasonably well controlled
4. have a thorough psychosocial assessment by a qualified mental health professional with experience in working with patients with gender dysphoria.

Sex reassignment surgery is included for patients who are sufficiently physically fit and meet eligibility criteria. To qualify for surgery, the patient must:

1. have persistent, well documented gender dysphoria
2. have completed twelve months of continuous hormone therapy as appropriate to the member's gender goals unless hormones are not clinically indicated for the individual
3. have completed twelve months of living in a gender role that is congruent with their gender identity unless a medical and a mental health professional both determine that this requirement is not safe for the patient
4. have the capacity to make a fully informed decision and to give consent for treatment
5. have any significant medical or mental health concerns reasonably well controlled
6. have two referrals from qualified mental health professionals with experience in working with patients with gender dysphoria who have independently assessed the patient. Such an assessment should include the clinical rationale supporting the patient's request for surgery, as well as the rationale for the procedure(s)

What medical evidence did HERC base this decision?

The evidence for HERC's approval of cross-sex hormone therapy and gender reassignment surgery for Medicaid-eligible Oregonians is cited in meeting materials from the [Value-based Benefits Subcommittee meeting](#) from March 13, 2014, May 8, 2014, June 12, 2014 and August 14, 2014.

What is HERC and why can it make these decisions?

The Health Evidence Review Commission reviews medical evidence in order to prioritize health spending in the Oregon Health Plan and to promote evidence-based medical practice statewide through comparative effectiveness reports, including Coverage Guidance, health technology assessments and evidence-based practice guidelines.

HERC members are governor-appointed and senate-confirmed volunteers.

The Health Evidence Review Commission (HERC) was created during the 2011 Legislative session; it combined two previously existing commissions, the Health Services Commission and Health Resources Commission. HERC continues two decades of work, as both of the original commissions began their work in the early 1990s at the start of the Oregon Health Plan.

- Statute (ORS 414.688 to 414.704)
- Administrative Rule (OAR 409-060-0100 to 409-060-0150), eff. 2/1/2013
- House Bill 2100 (2011) Creates the Health Evidence Review Commission
- Commission By-Laws

Why did HERC undertake this specific topic?

HERC needed to evaluate emerging research that has developed since they last looked at this topic in 1999 and review current major international treatment guidelines to ensure that Oregonians who receive health coverage through OHP receive the most appropriate care based on the latest evidence.

What was the process for HERC's decision?

1. The HERC's Value-based Benefits Subcommittee heard extensive testimony from experts and reviewed relevant literature regarding the effectiveness of cross-sex hormone therapy and gender reassignment surgery for:
 - relieving gender dysphoria
 - reducing depression and anxiety
 - reducing rates of suicide and suicide attempts
2. The subcommittee reviewed and agreed with staff recommendations to add coverage for these services.
3. Updating Oregon's policy and bringing it into line with current major international treatment guidelines, HERC first voted to move gender dysphoria into the covered portion of the Prioritized List with the publication of the 2015 biennial List. Services initially approved for this covered line include psychotherapy, medical visits, and medications to suppress puberty in gender questioning youth.

How can the public engage in HERC discussion/process?

The commission uses a transparent public process to ensure that its decisions are made in the best interest of patients and taxpayers while considering input from providers and members of the public, including those affected by the conditions discussed.

Public meetings are posted online on the commission's [upcoming meetings](#) webpage. To be notified about upcoming meetings and when meeting materials are posted online, anyone can use the [free e-subscribe service](#).

More information about public engagement, including public comment during meetings, can be found on the commission's [Get Involved](#) webpage.

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What is the history of OHP coverage of treatment for gender dysphoria?

Before January 1, 2015, treatment for gender dysphoria has not been a covered service. Until recently, the evidence on the treatment of this condition had not been considered since 1999.

Can minors receive services for gender dysphoria and why? Do they need parental consent?

Age of medical consent varies by state. Oregon law – which applies to both Medicaid and non-Medicaid Oregonians – states that the age of medical consent is 15 ([ORS 109.640](#)). Physicians are not required to provide any medical service to a minor, and in most cases will encourage (and in some cases require) family engagement and supports unless it would endanger the patient.

How many OHP members have received these services since the new rules went into effect?

The total number of recipients receiving services for primary diagnosis of Gender Dysphoria is 438 (adults and minors), to date since January 1, 2015.

What is the total cost for these services since the new rules went into effect?

The total amount of expenditures for primary diagnosis of Gender Dysphoria is \$154,600 (adults and minors), to date since January 1, 2015.

How many OHP members have undergone sex reassignment surgery?

Zero (0) OHP minors and ten (10) OHP adults have received any surgeries covered under Line 413.

What is the total cost spent on gender reassignment surgery to date?

The total cost of expenditures for treatments identified as “gender reassignment surgery” related to primary diagnosis of Gender Dysphoria is \$29,900, to date since January 1, 2015.

1. Please explain how many Medicaid recipients have been treated for gender dysphoria since the new policy took effect?

The total number of recipients receiving services for primary diagnosis of Gender Dysphoria is 438 (adults and children), to-date since 1/1/2015.

2. Total cost spent on *gender reassignment surgery* to date by taxpayers in Oregon and funded by the Oregon Health Plan or Oregon's Medicaid program.

The total amount of expenditures for treatments identified as "gender reassignment surgery" related to a primary diagnosis of Gender Dysphoria is \$29,900.

3. Have any of these surgeries been conducted on teens or minors under 18 in accordance with Oregon law (ORS 109.675) and have there been mental health evaluations for these surgeries?

Zero (0) minors who receive Oregon Health Plan (OHP) benefits have received any surgeries covered under Line 413. Ten (10) OHP adults have received surgeries covered under Line 413. Under line 413 of the Prioritized list, sex reassignment surgery is included for patients who are sufficiently physically fit and meet eligibility criteria.

To qualify for surgery, the patient must:

1. have persistent, well documented gender dysphoria
2. have completed twelve months of continuous hormone therapy as appropriate to the member's gender goals unless hormones are not clinically indicated for the individual
3. have completed twelve months of living in a gender role that is congruent with their gender identity unless a medical and a mental health professional both determine that this requirement is not safe for the patient
4. have the capacity to make a fully informed decision and to give consent for treatment
5. have any significant medical or mental health concerns reasonably well controlled
6. have two referrals from qualified mental health professionals with experience in working with patients with gender dysphoria who have independently assessed the patient. Such an assessment should include the clinical rationale supporting the patient's request for surgery, as well as the rationale for the procedure(s)

Supplemental stats shared with other media:

There were 56 OHP minors who received assessments or therapy related to primary diagnosis gender dysphoria.

Age breakdown of the 56 OHP minors:

Age 0-9: 7

Age 10-14: 22

Age 15-17: 27

Seventeen (17) OHP minors have been approved for receiving hormone treatments or puberty suppressing drugs.

Family Involvement:

For minors who had therapy visits, all had coding identified as including family involvement.

For minors who had assessments, the codes are generic and don't clearly identify family involvement.

4. Can teens/minors get this surgery or without parental consent and without parental notification?

Age of medical consent varies by state. Oregon law – which applies to both Medicaid and non-Medicaid Oregonians – states that the age of medical consent is 15. Physicians are not required to provide any medical service to a minor, and in most cases will encourage (and in some cases require) family engagement and supports unless it would endanger the patient.

Sex reassignment surgery is included for patients who are sufficiently physically fit and meet eligibility criteria. **To qualify for surgery, the patient must:**

7. have persistent, well documented gender dysphoria
8. have completed twelve months of continuous hormone therapy as appropriate to the member's gender goals unless hormones are not clinically indicated for the individual
9. have completed twelve months of living in a gender role that is congruent with their gender identity unless a medical and a mental health professional both determine that this requirement is not safe for the patient
10. have the capacity to make a fully informed decision and to give consent for treatment
11. have any significant medical or mental health concerns reasonably well controlled
12. have two referrals from qualified mental health professionals with experience in working with patients with gender dysphoria who have independently assessed the patient. Such an assessment should include the clinical rationale supporting the patient's request for surgery, as well as the rationale for the procedure(s)

5. Which agency or committee approved this gender reassignment surgery for minors and adults since many lawmakers KOIN 6 News has contacted appear to be unaware of it of how this happened without their knowledge.

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- [Commission By-Laws](#)

6. How did this pass through under the radar without public knowledge?

The commission uses a transparent public process to ensure that its decisions are made in the best interest of patients and taxpayers while considering input from providers and members of the public, including those affected by the conditions discussed.

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Public Comment during Meetings

Timing: Scheduled public comment periods will be included in the meeting agenda. The time allocated for public comment and the timing of public comment periods within the meeting agenda may change without notice. Those who wish to provide public comment should arrive early and ensure they are signed up to provide comment.

Sign up to provide comment: A sign-in sheet is available before each meeting which includes an option to sign up to offer public comment. Members of the public who arrive late or are otherwise unable to sign-in to provide public comment should notify staff during a meeting break.

Time limits: Oral comment will typically be limited to one to two minutes depending on time constraints and changes in the agenda. Due to time constraints on public comment periods, members of the public are encouraged to provide written testimony at the meeting or by e-mail.

Written testimony: A meeting attendee who wishes to offer written testimony or other written materials in addition to oral testimony should bring fifteen (15) copies of the document(s) which should be submitted to staff when called by the chair to provide public comment.

In addition, multiple media outlets reported on this topic at the time of and since HERC approved coverage for cross-sex hormone therapy and gender reassignment surgery to the new gender dysphoria line.

7. How was the Oregon Health Authority able to make this decision on their own with the Evidence Review Commission?

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[Committee Org Chart](#)

Charge to the Commission:

The Health Evidence Review Commission (HERC) shall:

- Develop and maintain a list of health services ranked by priority, from the most important to the least important, representing the comparative benefits of each service to the population to be served
- Develop or identify and shall disseminate evidence-based health care guidelines for use by providers, consumers and purchasers of health care in Oregon
- Conduct comparative effectiveness research of health technologies

8. Please outline this process and include the dates this surgery has been approved for both adults and minors and all applicable information without disclosing any personal information about any patients.

At its August 14, 2014 meeting, the Health Evidence Review Commission (HERC) approved coverage for cross-sex hormone therapy and gender reassignment surgery to the new gender dysphoria line. The Commission approved coverage for puberty suppression hormones for gender-questioning youth. All of these changes took effect January 1, 2015.

Commission Process

The Health Evidence Review Commission or one of its subcommittees holds a public meeting at least once a month, with the exception of July. The commission frequently includes one or more public comment periods during meetings, at which time members of the public may offer oral and written testimony. The commission may hold public comment periods which are limited to particular topics.

The typical process involves a staff review of the evidence around the health service in question. HERC Staff presents its recommendations to the Value-based Benefits Subcommittee (VbBS), which may then request further research or make a recommendation to the HERC to revise the prioritized list. Typically, VbBS and HERC meetings are on the same day, and recommendations made by the VbBS in the morning are reviewed by the HERC the same afternoon.

Interested parties can request a review of a topic of interest. HERC staff will review the information provided and determine whether an new review is warranted based on the [HERC Criteria for Topic Review on the Placement of Services on the Prioritized List](#) and [HERC Policy on Acceptance of Testimony and Guidelines for Speakers & Presenters](#). Note that some topics, which require a more extensive review, use the coverage guidance process. Please see our [coverage guidance](#) web page for more information about that process.

Methodology and Standards:

- [Prioritization Methodology](#)
- [HERC Statement on Quality of Evidence](#)