

TITLE: CMP-001-01 Gender Affirming Care  
 CATEGORY: Clinical Manuals

REFERENCE: 97854  
 PAGE: 1 OF 7  
 VERSION: 1

APPROVER: Patient Safety Officer, VP Nursing Initiatives

SUPERSEDES: Not Set  
 EFFECTIVE: 05/22/2024  
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**1. PURPOSE**

This policy is intended to offer direction and considerations related to transgender healthcare. This policy also intends to describe the evaluation, treatment planning, and treatment process for individuals with Gender Dysphoria (GD) and/or seeking gender affirming care.

**2. APPLICABILITY**

This policy applies to healthcare staff and other persons providing services at the request of Wellpath.

**3. POLICY**

Wellpath endorses a multidisciplinary team approach for assessing and treating the health of transgender and gender diverse individuals. Transgender health is a rapidly evolving field. It is our goal to treat transgender and gender diverse individuals in a compassionate, caring and professional manner on their journey to achieving personal comfort with their gendered selves. Wellpath also has a Transgender Health Committee (THC) (TransgenderHealth@wellpath.us). The THC acts as a resource for Wellpath providers in supplying information on Gender Dysphoria and transgender health and provides input on the course of treatment proposed by Wellpath providers. By acting in this consultative role, the Committee does not intend to establish a provider-patient relationship with any individual for whom consultation is sought, nor should the suggestions or approval of the Committee act as a substitute for the judgment of the provider responsible for the individual’s care.

To be diagnosed with Gender Dysphoria, the individual must meet DSM criteria. While incarceration provides unique challenges in the diagnosis and management of persons with Gender Dysphoria, the condition represents serious medical needs which may not be ignored. The best foundation for the proper treatment as well as the prevention of clinically unnecessary interventions is ensuring a timely, accurate initial health screening, followed by prompt referrals to medical and mental health providers for a comprehensive assessment.

Wellpath will not discontinue GD treatment regimens due to admission to a correctional setting. Treatment may be suspended if a health care provider determines that treatment presents a health risk to the patient. If treatment is suspended, a Critical Clinical Event (CCE) should be entered and a multidisciplinary case review will be convened to review and recommend a next

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course of action. Wellpath has developed a Decision Support Monograph for the Transgender and Gender Diverse Individual, Information Sheets, and Consent Forms for Masculinizing and Feminizing Hormone Therapy that provide additional information and resources on this topic.

**It is important for staff to be aware of state laws involving transgender care in the state they are practicing in. If you have questions regarding your state laws and transgender care, please contact your operations attorney.**

#### **4. INTERPRETATION / RESPONSIBILITY**

This policy is to be interpreted by the Wellpath Chief Clinical Officer or designee, and it is the responsibility of the Responsible Health Authority or designee to ensure implementation and adherence.

#### **5. DEFINITIONS**

CCE – Critical Clinical Event

Gender Affirming Care – “Gender-affirming clinical care” refers to the provision of culturally competent clinical care that affirms an individual’s gender identity. This can include hormone therapy (e.g., administration of estrogen or testosterone via injection, gel, or patch), surgical procedures, and other medical interventions to assist an individual in having a gender presentation that is consistent with their internal gender identity (Reisner et al., 2016)

Gender Dysphoria (GD) – Described in the *Diagnostic and Statistical Manual of Mental Disorders 5<sup>th</sup> Edition Text Revision (DSM-5-TR)* as marked incongruence between experienced/expressed gender and assigned gender of at least six (6) months duration and clinically significant distress or impairment in social, school (for children)/occupational (for adults), or other important areas of functioning.

Gender Fluid – Describes a person whose gender identity is not fixed. A person who is gender fluid may always feel like a mix of more than one gender but may feel more aligned with a certain gender some of the time, another gender at other times, both genders sometimes and sometimes no gender at all.

Gender Identity – A person’s internal sense of their own gender.

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Health Care Staff – Qualified health care professionals as well as administrative and supportive staff (e.g., health records administrators, laboratory technicians, nursing and medical assistants, and clerical workers).

Intersex – Describes a person who is born with external genitalia, internal reproductive organs, chromosome patterns, and/or endocrine systems that do not seem to develop according to typical expectations for males and females.

Qualified Mental Health Professional (QMHP) – Includes licensed psychiatrists, licensed psychologists, licensed psychiatric social workers, licensed professional counselors, licensed psychiatric nurses, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of patients. QMHPs have consultation resources available from Regional Directors of Mental Health and the Regional Psychiatry Providers.

RHA/HSA – Responsible Health Authority / Health Services Administrator

THC – Transgender Health Committee – TransgenderHealth@wellpath.us

Transgender – Describes a person whose gender identity and sex assigned at birth do not correspond based on traditional expectations; for example, a person assigned female sex at birth who identifies as a man; or a person assigned male sex at birth who identifies as a woman. Transgender can also include people with gender identities outside the girl/woman and boy/man gender binary structure; for example, people who are gender fluid or non-binary. Sometimes abbreviated as trans.

WPATH – World Professional Association for Transgender Health

## 6. PROCEDURE

- 6.1. At any time during incarceration, when an individual describes symptoms consistent with GD or is requesting gender affirming care, the health care or mental health professional will alert the department supervisor.
  - 6.1.1. The department supervisor or designee will notify the Responsible Health Authority (RHA) / Health Services Administrator (HSA) and the Security Supervisor so that security accommodations can be made, if necessary.

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- 6.1.2. The department supervisor or designee will send out a notice of a potential patient requiring gender affirming care via Critical Clinical Event (CCE) notification. A CCE notification does not need to be generated for transgender individuals who are not being evaluated/treated for GD or who are not requesting gender affirming care.
- 6.1.3. Referrals from custody or other staff will be managed in the same manner as if the report has been made directly to health care or mental health care staff by the patient.
- 6.2. If the patient reports receiving hormone treatment at the time of incarceration, health care staff will attempt to verify the prescription with the community provider or pharmacy and will also ask the patient to complete an Authorization for Use or Disclosure of Protected Health Information (Release of Information or ROI) to allow them to obtain medical records supporting the diagnosis and treatment program.
- 6.3. While awaiting verification, health care staff will contact a health care provider, who will determine if the current medication dose is appropriate and should be continued pending receipt of outside verification and records. Based on patient needs, the health care provider may choose to continue or alter the dose, order an alternative treatment, or temporarily stop the medication until the patient can be evaluated.
- 6.4. If the hormonal treatment is verified and the health care provider does not believe that potential health risks outweigh potential benefits, the medication should be continued pending receipt of additional information. This decision is documented in the health record.
- 6.5. Patients who have an established diagnosis from the community or who have a verified prescription for hormone treatment upon admission to the facility do not need to be referred to the THC.
- 6.6. When the patient reports hormonal therapy in the community without prescription, appropriate baseline labs are obtained with the first objective to measure hormone concentrations and the second to assess for potential risks of hormone therapy. The Endocrine Society and WPATH guidelines recommend that physicians aim for concentrations within the physiologic range/reference interval for the affirmed gender. This information will assist the prescribing clinician to determine appropriate

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interventions, such as dose adjustments or treatment interruptions. The prescribing clinician can contact THC for consultation as needed.

- 6.7. If a patient is requesting gender affirming care and the patient does not have a diagnosis of Gender Dysphoria established, a referral will be sent to Mental Health or Psychiatry for an evaluation. The purpose of the evaluation is to establish whether a diagnosis of Gender Dysphoria is present and assist in establishing a plan of care for the individual.
- 6.8. Upon receipt of a referral, the Mental Health Director/Coordinator, Psychiatric Provider, or QMHP under the direction of the RHA/HSA (if the site does not have a Mental Health Director/Coordinator) will begin the evaluation process, which includes the following steps:
  - 6.8.1. Obtain ROIs for community providers who completed prior evaluation or treatment of GD (unless this has already been accomplished).
  - 6.8.2. Review community records received.
  - 6.8.3. Complete an evaluation that includes a clinical interview. Elements of the clinical interview should include history, current experiences, and co-occurring disorders.
  - 6.8.4. Develop treatment recommendations to include referral to Psychiatry for mental health issues that require psychiatric evaluation (unless a Psychiatrist is completing the evaluation).
- 6.9. The GD Evaluation will be reviewed with the Regional Director of Mental Health, who can assist in diagnosis and treatment recommendations. If a diagnosis of GD is provided, the facility Medical Director, the Mental Health Coordinator/Director and the RHA/HSA will develop a preliminary treatment plan. The treatment plan will address the anticipated interventions necessary to address the level of Gender Dysphoria evidenced. The THC is available for consultation as needed at any point during this process.
- 6.10. Prior to beginning hormonal treatment, the patient shall be advised of the potential side effects and dangers of the treatment. The treatment shall begin only after the patient provides written informed consent to receive the treatment and the following circumstances exist:

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6.10.1. Patient has the capacity to make a fully informed decision and consent to treatment;

6.10.2. Any other significant medical or mental health concern(s) that exist are reasonably well controlled and the individual has the capacity to understand the risks and benefits of gender affirming care;

6.11. If psychological assessment, cognitive assessment, or both appear indicated for the purpose of the patient's evaluation, and if there are no mental health professionals at the facility licensed to provide psychological and/or cognitive assessment, the Regional Director of Mental Health will be contacted for direction.

6.12. If a diagnosis of GD is not reached as a result of the evaluation process, the treatment team develops a treatment plan to address issues noted during the evaluation and works with custody partners to determine appropriate non-medical interventions. If a diagnosis of GD is not reached and the patient is requesting gender affirming care, please consult with the Transgender Health Committee.

6.13. For individuals requesting gender affirming surgeries, please contact the THC at [TransgenderHealth@wellpath.us](mailto:TransgenderHealth@wellpath.us) for a case consultation.

6.14. To be placed on the THC agenda, the RHA/HSA or designee or the Regional Director of Mental Health should email the Chair of the THC. A Transgender Health Committee Informational Summary should be completed prior to the scheduled consultation, which will provide background information pertinent to the committee to assist with a clinical consultation. The THC is available for consultation throughout the process.

## 7. REFERENCES

Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Edition (DSM-5-TR)

World Professional Association for Transgender Health, Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 (2022)

Keatley J, Deutsch M, Sevelius J, & Gutierrez-Mock L. The Fenway Guide to Lesbian, Gay, Bisexual and Transgender Health (Makadon H, Mayer K, Potter J, & Goldhammer H, Eds.). Creating a Foundation for Improving Trans Health: Understanding Trans Identities and Health Care Needs. 2015; 459-478

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LGBTQNation. <https://www.lgbtqnation.com/>

**Resources**

Decision Support Monograph for the Transgender and Gender Diverse Individual

**Forms**

- Consent for Gender-Affirming Hormone Therapy (GAHT)
- Masculinizing Hormone Therapy Information Sheet
- Feminizing Hormone Therapy Information Sheet
- Authorization for Use or Disclosure of Protected Health Information (Release of Information or ROI)
- Transgender Health Committee Informational Summary