

## Comments for Chapter: 519.24 Gender Affirmation Surgery

Effective Date: August 1, 2023

<u>Number</u>	<u>Date Received</u>	<u>Comment</u>	<u>Status Result</u>
1	8/31/2023	First, you indicate the degrees of licensed behavioral health providers, but do not list the license types. To be consistent with WV Medicaid existing policy, it may be clearer to list the license types that correspond with the acceptable billable license types for behavioral health providers. These include Psychiatrists, Licensed Psychologists, Licensed Social Workers, and Licensed Professional Counselors. Specifying degrees is confusing and may cause inconsistent approvals/denials.	No changes made.
2	8/31/2023	Second, please define unaffiliated. WVU Medicine is the largest healthcare provider in the state and the largest employer. The vast majority of mental health providers in WV are “affiliated” with WVU Medicine. This seems like it would be contradictory to the goal of providing care with people with expertise.	Unaffiliated providers do not practice in the same office or under the same Federal Employer Identification Number (FEIN) or National Provider Identifier (NPI) group number.
3	8/31/2023	Third, the policy indicates that behavioral health providers follow the WPATH or Endocrine Society standards of care, yet the policy itself is in direct conflict with those standards. It will be impossible for us to state that we both “follow the guidelines” and also follow the policy. Notably, both standards of care specifically indicate that providers should not require psychotherapy, specific timelines for hormone treatment or real-life trials as all of those factors are not shown by research to be effective, yet your policy requires those. Even within your policy itself there are contradictions- your definition of gender identity includes non-binary identities, but your policy is wholly and exclusively binary in nature, which is not a true reflection of Gender Dysphoria or the patients that seek this care.	The policy does not copy the standards of care by the World Professional Association for Transgender Health (WPATH)
4	8/31/2023	“Studies evaluating the efficacy of gender affirmation surgery in treating Gender Dysphoria are limited. The peer-reviewed literature primarily consists of single case reports and studies with very small sample sizes. The publications highlight the lack of information about long term efficacy of surgical interventions, particularly on mental	The paragraph has been removed.

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		<p>health outcomes. In addition, research to date has not established definitive patient selection criteria for ancillary procedures, services, and treatment for Gender Dysphoria.” and “West Virginia Medicaid acknowledges the absence of clear clinical, scientific, and therapeutic guidance; ...”</p> <p>to indicate that the writers of this policy are pulling more from popular media rather than the existing significant body of research that indicates that gender affirming treatment is lifesaving and medically necessary and results in improvement of physical and mental health outcomes. I expect more from my colleagues at Medicaid and their ability to understand scientific research. Every single major medical association indicates that this care is the standard of care and that there is robust research to support it.</p>	
5	9/1/2023	And align it with the Standards of Care 8 set forth by the World Professional Association of Transgender Health. These standards are based on a comprehensive review of scientific evidence and emphasize the importance of patient-centered care that addresses the unique needs of transgender individuals.	This policy does not copy the standards of care by WPATH. WPATH language has been removed.
6	9/2/2023	Align their policy with the WPATH Standards of Care 8.	This policy does not copy the standards of care by WPATH. WPATH language has been removed.
7	9/2/2023	Align it with the Standards of Care 8 set forth by the World Professional Association of Transgender Health (WPATH).	This policy does not copy the standards of care by WPATH. WPATH language has been removed.
8	9/2/2023	The policy's assertion that "studies evaluating the efficacy of gender affirmation surgery in treating Gender Dysphoria are limited" is not in line with the robust body of	This paragraph has been removed.

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		research that exists on this topic. In fact, numerous peer-reviewed studies have demonstrated the positive impact of gender-affirming surgery on both physical and	
9	9/2/2023	The proposed policy mischaracterizes the current accepted medical guidance for gender-affirming care. The policy “acknowledges the absence of clear clinical, scientific and therapeutic guidance” concerning gender-affirming care. This assertion contradicts the well-established and widely accepted clinical, scientific, and therapeutic guidelines that have been in existence for decades.	This paragraph has been removed.
10	9/2/2023	The proposed policy stipulates that patients must undergo a minimum of 8 psychotherapy visits in the 12 months prior to surgery as a prerequisite for Medicaid coverage of gender-affirming surgical procedures. This requirement is not aligned with the widely accepted standards of care for transgender individuals. Comprehensive guidelines developed by respected medical organizations, such as the World Professional Association for Transgender Health (WPATH), affirm that imposing specific psychotherapy mandates or any form of "real-life trials" is not only unnecessary but can also potentially harm individuals seeking gender-affirming care. We strongly urge West Virginia Medicaid to reconsider this policy and align it with the Standards of Care 8 set forth by the World Professional Association of Transgender Health. These align it with the Standards of Care 8 set forth by the World Professional Association of Transgender Health.	This policy does not copy the standards of care by WPATH. WPATH language has been removed.