Doc. 560-31 Defendants' Summary Judgment Exhibit 181 (Redacted)

Position Statement on Medical Necessity of Treatment for Transgender and Gender Diverse People

The World Professional Association for Transgender Health (WPATH) is an international, interdisciplinary, professional association devoted to the understanding and treatment of individuals with Gender Incongruence (HA60; WHO, 2019) and/or Gender Dysphoria (GD; APA, 2013). Founded in 1979, and currently with over 3300 medical, mental health, social scientist, and legal professional members, all of whom are engaged in clinical practice and/or research that affects the lives of transgender and gender diverse people, WPATH is the oldest professional association in the world that continuously has been concerned with this clinical specialty.

Gender Incongruence (GI) is a condition recognized in the International Classification of Diseases and Related Health Problems, Eleventh Revision (ICD-11; WHO, 2019), published by the World Health Organization, of which all 194 countries in the world, apart from Lichtenstein and the Cook Islands, are members. Gender Dysphoria (GD) is a condition recognized in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; APA, 2013), published by the American Psychiatric Association. Previous nomenclature for Gender Incongruence and Gender Dysphoria in the Diagnostic in the International Classification of Diseases and Related Health Problems, Tenth Revision (WHO, 1992) and Statistical Manual of Mental Disorders (DSM-III, 1987; DSM-IV, 1994; DSM-IV-TR, 2000) respectively, includes transsexualism and gender identity disorder (GID). Nomenclature is subject to changes, and new terminology and classifications may be arrived at by various medical organizations or administrative bodies, but these events shall not in themselves change the meaning or intent of this WPATH statement.

The criteria currently listed for Gender Incongruence and Gender Dysphoria are descriptive of people who experience dissonance between their sex assigned at birth and their gender identity. Gender identity is common to all human beings, is developed in early childhood, and is thought to be firmly established in most people – transgender and gender diverse, cisgender or otherwise identifying – during childhood, though for some transgender and gender diverse individuals, gender identity may remain somewhat fluid for many years, while for others, conditions specific to individual lives may constrain a person from acknowledging or even recognizing any gender dysphoria they may experience until during or after puberty, or – for some – until they are well into adulthood. The various ICD-11 and DSM-5 descriptive criteria for Ggender Incongruence and Gender Dysphoria were developed to aid in diagnosis and treatment to alleviate the clinically significant distress and impairment that is frequently, though not universally, associated with these conditions.

Commented [[redacted]]: Hmm, this is a medical necessity statement, and so I can see why we are saying it this way. But I wonder, are we only interested in understanding and treating only those trans people who have these diagnoses?

Commented [[redacted]]: In essence, the Position Statement should apply to any trans and gender diverse person, independent of age. The problem is – of course – as we all know – that medical practice is based on a diagnosis (for loads of reasons that I am not going into); even "pregnancy" is a diagnosis in the ICD-11, so – being a pragmatic person, if anyone can think of a way of avoiding the use of diagnostic criteria please come with suggestions, but I guess this will be very difficult to avoid.

Commented [[redacted]]: But distress would invariably be associated with Gender Dysphoria.

Commented [[redacted]]: The difficulty with the GD diagnosis is that distress is a required criterium to make a diagnosis of GD; but this does not apply to a diagnosis of gender Incongruence (as per ICD-11). So, leaving it out invalidates a diagnosis of GD (as per APA, DSM-5), hence, this "in between" solution. Feel free to re-write if possible.

The WPATH Standards of Care for the Health of Transgender and Gender Diverse People (SOC) were first issued in 1979, and articulate the "professional consensus and best evidence-based clinical practice and scientific research regarding the psychological, medical and surgical management of gender Incongruence and Gender Dysphoria." Periodically revised to reflect evolution and further development in evidence-based clinical practice and scientific research, the Standards also unequivocally reflect WPATH's conclusion that treatment is medically necessary. The most recent version of the Standards of Care (Version 8) is published in 2022.

MEDICAL NECESSITY is a term common to health care coverage and insurance policies globally, including in the US. A common definition of medical necessity as used by insurers or insurance companies is:
"Health care services that a physician and/or health care professional, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are: (a) in accordance with generally accepted standards of medical practice; (b) clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury, or disease; and (c) not primarily for the convenience of the patient, physician, or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease." The treating health professional asserts and documents that a proposed treatment is medically necessary for treatment of the condition.

'Generally accepted standards of medical practice' means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, designated Medical Specialty Societies and/or [Royal] Medical Colleges' recommendations, and the views of physicians and/or health care professionals practicing in relevant clinical areas, and any other relevant factors.

The Board of Directors of the World Professional Association of Transgender Health herewith expresses its considered opinion based on clinical and peer reviewed evidence that gender affirming treatments, including endocrine and surgical procedures, properly indicated and performed as outlined by the Standards of Care (Vversion 8), have proven to be beneficial and effective in the treatment of transgender and gender diverse individuals. Furthermore, treatment may also include legal name and sex or gender change on identity documents, as well as hair removal procedures, voice

Commented [[redacted]]: Insert: "for many trans and gender diverse people", whilst WPATH acknowledges that equally many trans and gender diverse people choose not to undergo gender affirming medical interventions" ? [redacted] – can you help with this too please?

Commented [[redacted]]: We seem here to be glossing over the fact that many trans people do not seek treatment.

Commented [[redacted]]: It always seems to me that this is not a definition of medical necessity, but of medically necessary health care services. Somewhat like defining hunger in terms of food provided, financial need in terms of money spent. Am I being too pedantic?¶
¶

Commented [[redacted]]: You are right, but without medcial necessity: no treatment!

Commented [[redacted]]: Consistent with above

therapy, counselling, and other medical procedures required to effectively treat an individual's Gender Incongruence or Gender Dysphoria.

Medical interventions for gender-affirming care are safe, effective, medically necessary and improve quality of life and reduce negative health outcomes (Aldridge et al., 2020; Al-Tamimi et al., 2019; Baker et al., 2021; Buncamper et al., 2016; Lindqvist et al., 2017; Mullins et al., 2021; Nobili et al., 2018; T'Sjoen et al. 2019; van de Grift et al., 2018; White Hughto & Reisner, 2016; Wierckx et al., 2014). Medical and surgical interventions are based on decades of clinical experience and research, and are not considered experimental.

It is important to understand that every patient will not have a medical need for identical procedures. Clinically appropriate treatments must be determined on an individualized and contextual basis, in consultation with the patient's medical providers.

In many countries, medically necessary gender-affirming care is documented by the treating health professional as treatment for Gender Incongruence (HA60 in ICD-11; WHO, 2018) and/or as treatment for Gender Dysphoria (302.85 in DSM-5; APA, 2013).

The Standards of Care (V, ~~v~~ersion 8) discusses available medical and surgical interventions for Gender Incongruence and Gender Dysphoria in both adults and adolescents as well as children.

Commented [redacted]: Just remarking here that there are apparently no medically necessary procedures (including gender affirming counselling) for children.

Commented [redacted]: Good point [redacted] we inserted in previous version. I have now merged the 2 versions.

Medical interventions for adults include, but are not limited to:

Gender-affirming hormones
Counseling and/or psychotherapy

Medical and surgical interventions for adolescents under the legal age of majority include, but are not limited to:

Puberty-suppressing medications
Gender-affirming hormones
Surgical interventions (see Surgical and Adolescent chapter in the SOC8 (Coleman et al., 2022).

Medical interventions for children and their parents/caretakers/legal guardians include, but are not limited to:

Counseling and/or Family Therapy and/or Psychotherapy

Surgical interventions for adults include, but are not limited to:
For assigned males at birth (AMAB)/non-binary identifying people:

Facial feminization surgery,
Breast augmentation
Body contouring procedures
Orchiectomy
Vaginoplasty (with/out depth)
Procedures to prepare individuals for surgery (i.e., hair removal)

For assigned females at birth (AFAB)/non-binary identifying people:

Facial masculinization surgery
Chest reconstructive surgery
Hysterectomy/oophorectomy
Metoidioplasty (including placement of testicular prostheses)
Phalloplasty (including placement of testicle/penile prostheses)
Body contouring procedures
Procedures to prepare individuals for surgery (i.e., hair removal).

A further comment from [redacted] Hmm, I am thinking about why this idea of medical necessity matters. I guess it is because we believe that trans people's gender affirming healthcare needs should be provided for (the Statement proposed by [redacted] more or less says that). But beyond that, I imagine we in WPATH believe that those needs should be met on the same basis as any other healthcare for them or any other people; that gener affirming healthcare should be funded in universal healthcare systems (or should be reimbursable in private coverage systems) to the same extent that it other healthcare is funded or reimbursed that significantly enhances health and wellbeing or lengthens life (and where the denial of such healthcare can damage health and wellbeing and shorten life).

Seen globally (a lot of countries have put a degree of UHC into place), and from the perspective of the poor (who are generally not able to buy private insurance) trans healthcare in universal healthcare especially matters. So this point about universal healthcare is particularly important for these SOC.

I come back to these two texts,, wbhich I think a very relevant here:

The concept of Universal Health Coverage as described by WHO:
- 'All people have access to the health services they need, when and where they need them, without financial hardship. It includes the full range of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care' (from the WHO website on UHC),

Sustainable Development Goal SDG3.8.
- '(Countries should work to) 'achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all').

So I wonder, is there some way of incorporating some statement affirming the place of trans healthcare in universal healthcare coverage?

Commented [[redacted]]: I very much like this idea of including the need of Universal Health Coverage within this Postiion Statement, and somehow making the case, or inferring that (as per WHO's ICD-11) trans health is included. That will strengthen the Statement for regions and countries outside NorthAmerica and Europe.[redacted]: can you please work your magic and have a first stab at this. Happy to take it from there. Very excited about this all – and thanks so much [redacted] and [redacted]. This is going to be a fine statement, and a very important one too!

Formatted: Font: 12 pt, Complex Script Font: 12 pt

References:

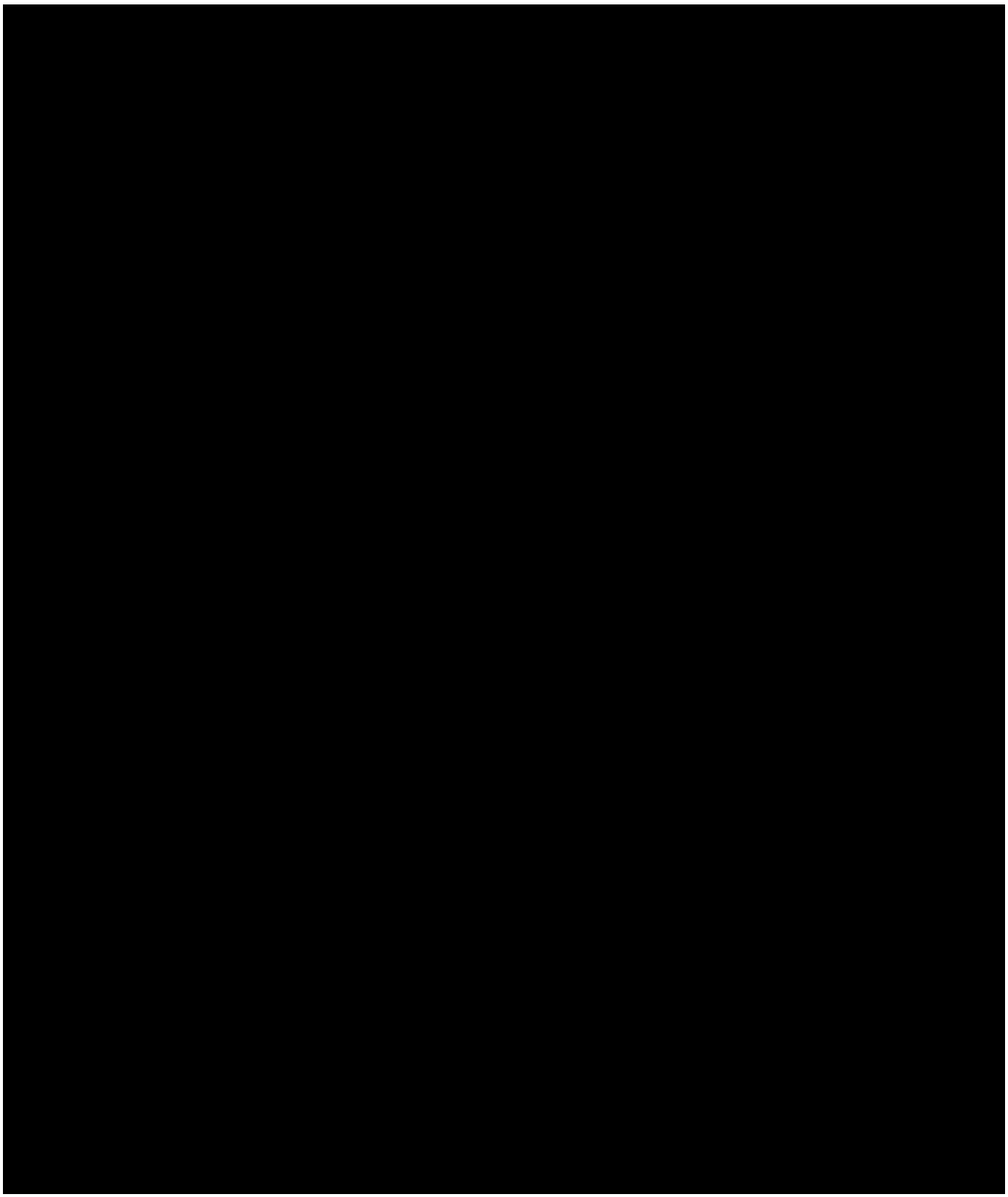
Aldridge, Z., Patel, S.,Guo, B., Nixon, E., Bouman, W.P., Witcomb, G.L., & Arcelus, J. (2020). The effect of 18 months of gender affirming hormone treatment on depression and anxiety symptoms in transgender people: A prospective study. *Andrology*, 9(6), 1808-1816.

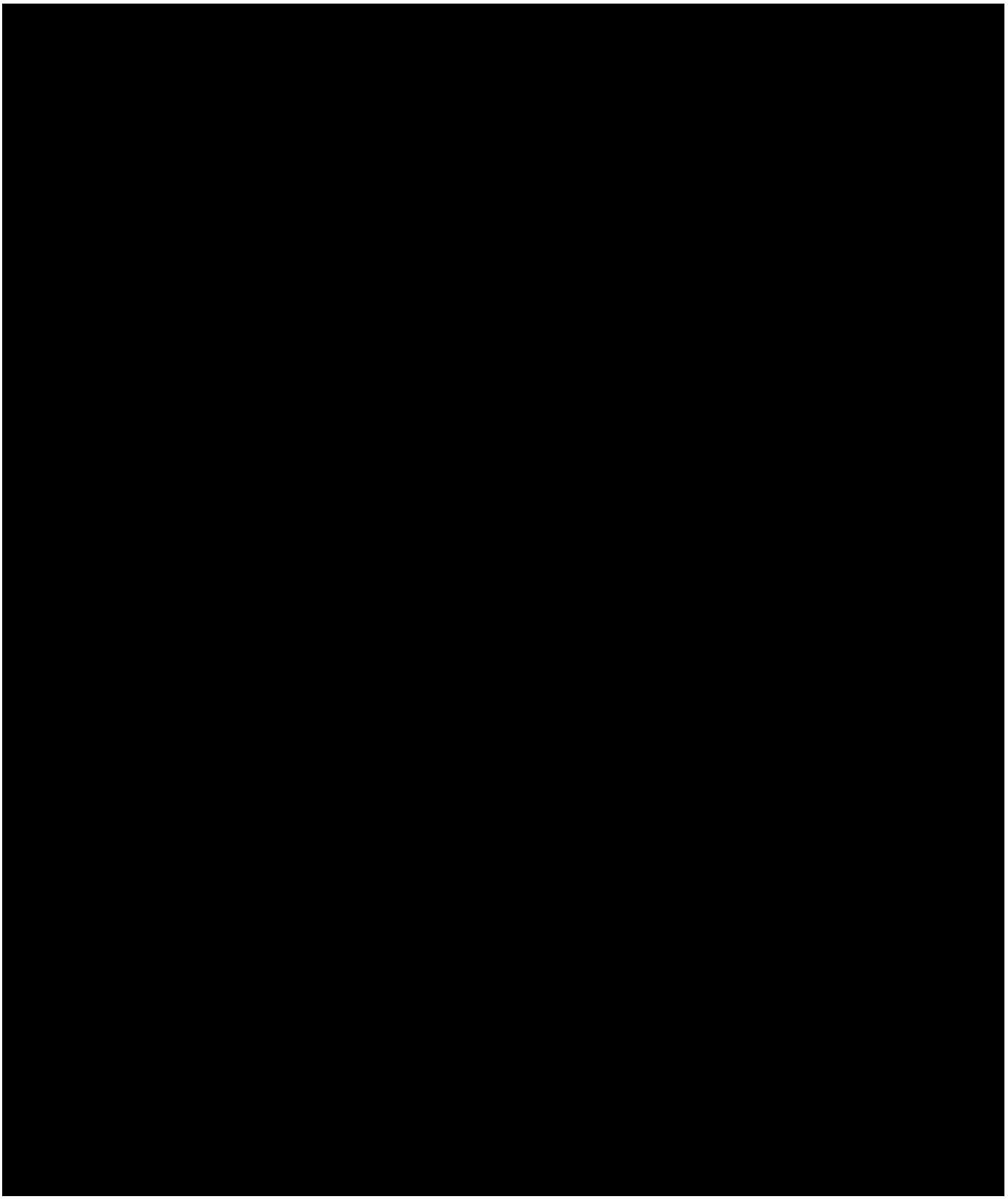
Al-Tamimi, M., Pigot, G.L., van der Sluis, W.B., van de Grift, T.C., van Moorselaar, R.J.A., Mullender, M.G., Weigert, R., Buncamper, M.E., Ozer, M., de Haseth, K.B., Djordjevic, M.L., Salgado, C.J., Belanger, M., Suominen, S., Kolehmainen, M., Santucci, R.A., Crane, C.N., Claes, K. E.Y., Bouman, M-B. (2019). The Surgical Techniques and Outcomes of Secondary Phalloplasty After Metoidioplasty in Transgender Men: An International, Multi-Center Case Series. *The Journal of Sexual Medicine*, 16(11), 1849–1859.

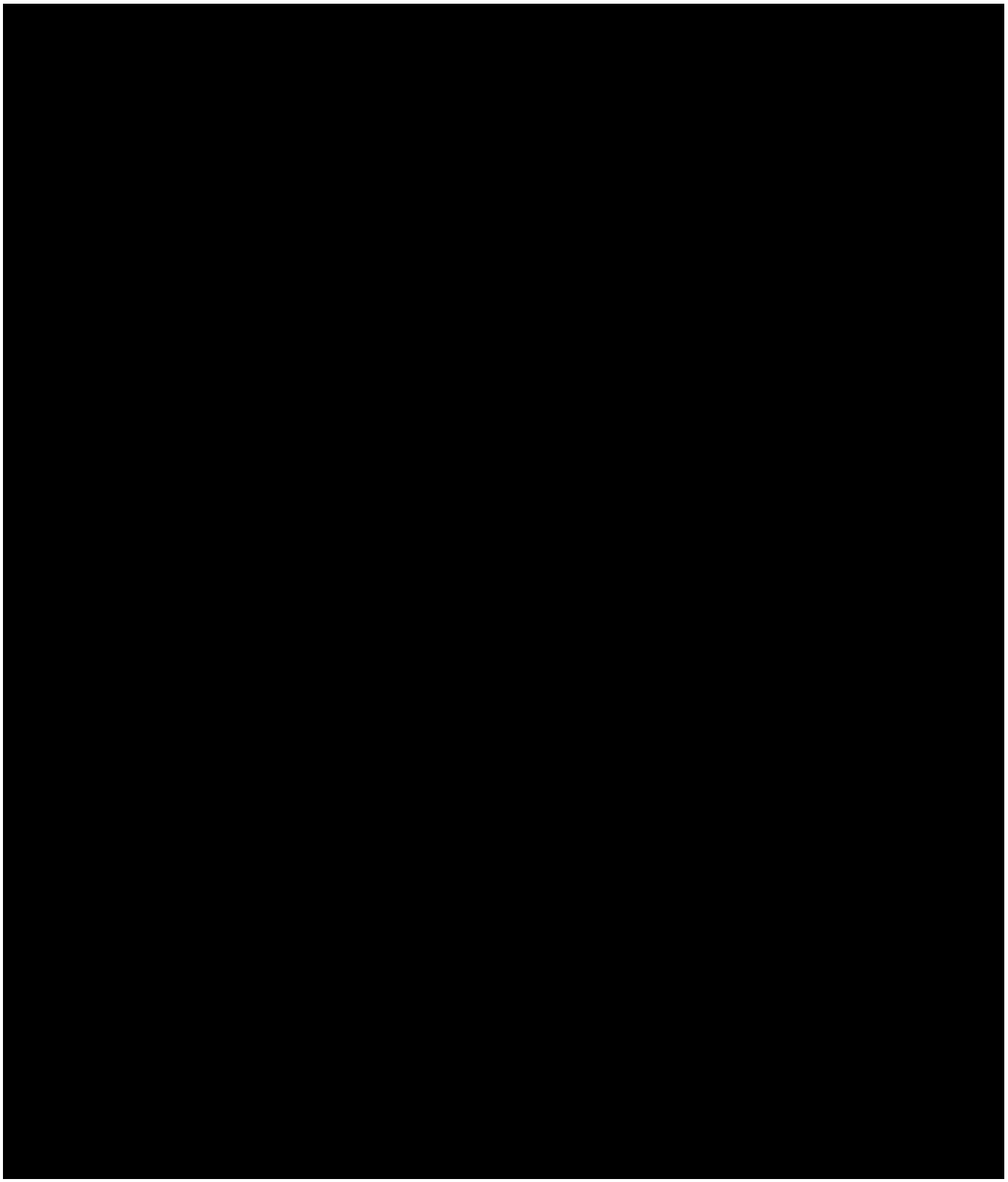
References

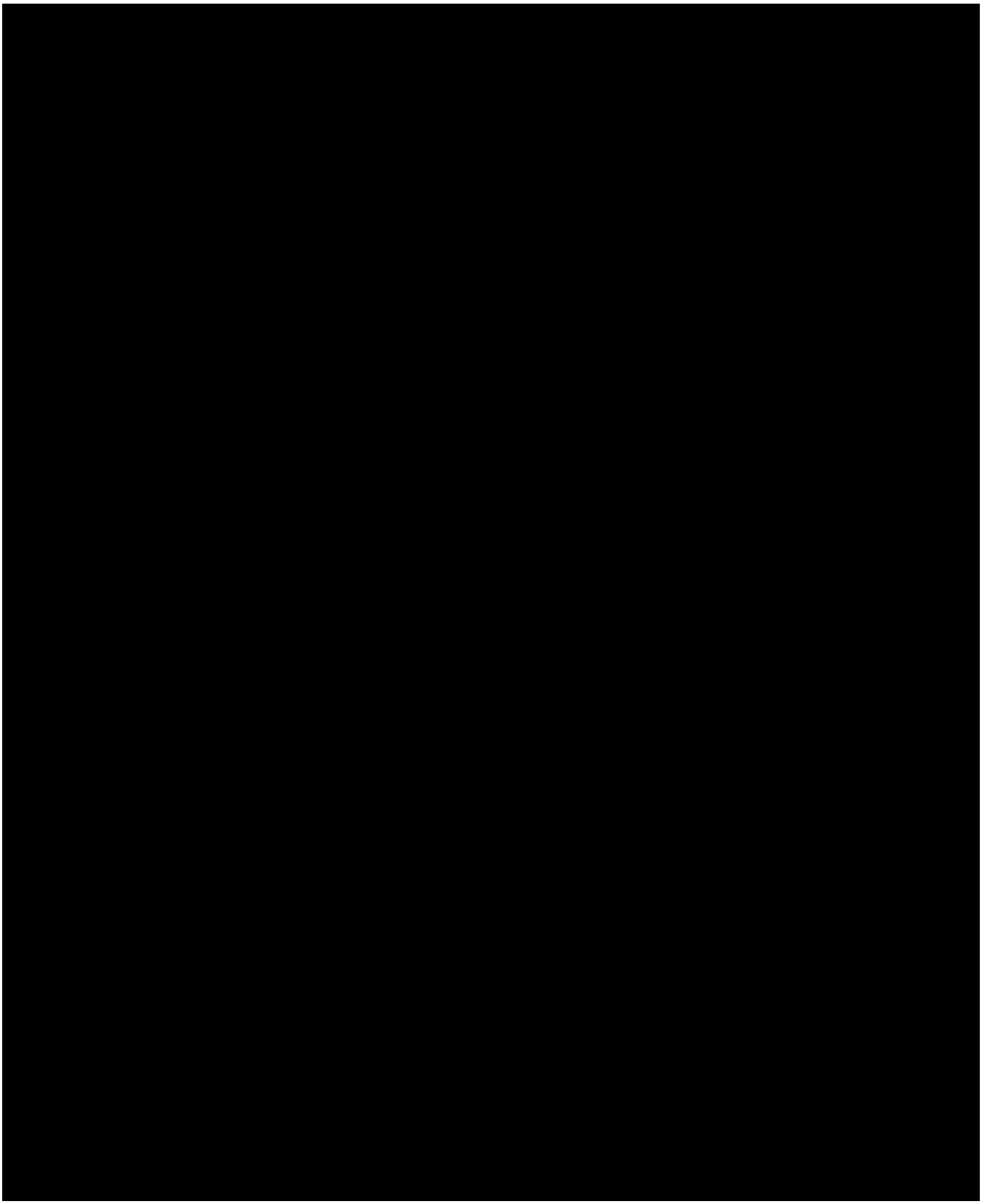
American Psychiatric Association. (1987). *Diagnostic and statistical manual of mental disorders (DSM-III-R)*. American Psychiatric Association.
American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders (DSM-IV)*. American Psychiatric Association..
American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders (DSM-IV-TR)*. American Psychiatric Association..
American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (DSM-5)*. American Psychiatric Association.
Baker, K.E., Wilson, L.M., Sharma, R., Dukhanin, V., McArthur, K., Robinson, K.A. (2021). Hormone Therapy, Mental Health, and Quality of Life Among Transgender

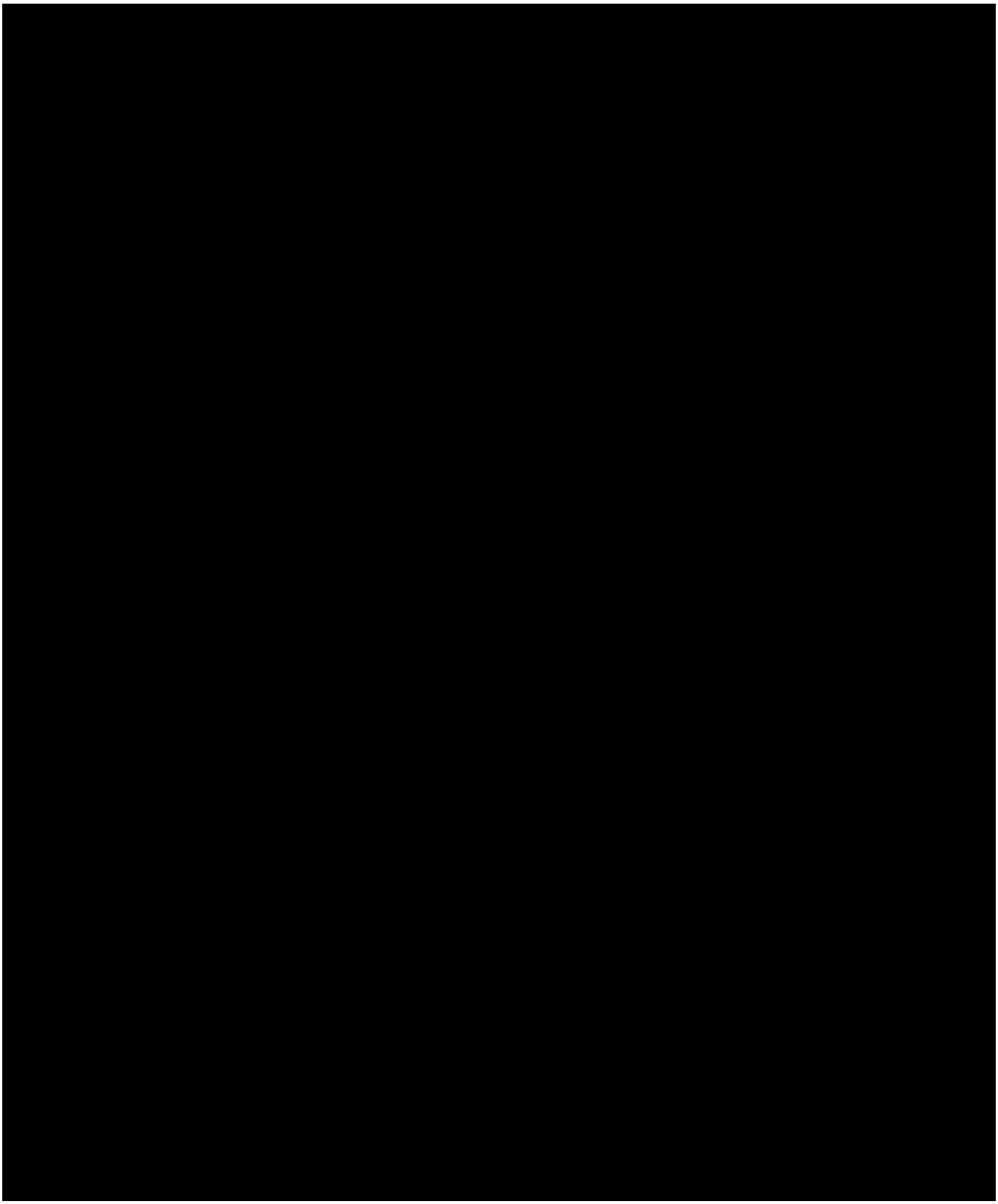
People: A Systematic Review. *Journal of the Endocrine Society*, 5(4), bvab011, https://doi.org/10.1210/jendso/bvab011
Buncamper, M. E., M.D., van der Sluis, W.B., van der Pas, R.S., Özer, M., Smit, J. M., Witte, B. I., Bouman, M-B., & Mullender, M. (2016). Surgical Outcome after Penile Inversion Vaginoplasty: A Retrospective Study of 475 Transgender Women. *Plastic and Reconstructive Surgery*, 138(5), 999-1007. doi: 10.1097/PRS.0000000000002684
Lindqvist, E.K., Sigurjonsson, H., Möllermark, C., Tinder, J., Farnebo, F., & Kalle Lundgren, T. (2017). Quality of life improves early after gender reassignment surgery in transgender women. *European Journal of Plastic Surgery,* 40, 223–226. https://doi.org/10.1007/s00238-016-1252-0
Mullins, E.S., Geer, R., Metcalf, M., Piccola, J., Lane, A., Conard, L.A.E., Kowalcyk Mullins, T.L. (2021). Thrombosis Risk in Transgender Adolescents receiving gender-Affirming Hormone Therapy. *Paediatrics*, 147(4): e2020023549. https://doi.org/10.1542/peds.2020-023549
Nobili, A., Glazebrook, C. & Arcelus, J. (2018). Quality of life of treatment-seeking transgender adults: A systematic review and meta-analysis. *Reviews in Endocrine and Metabolic Disorders*, 19**,** 199–220. https://doi.org/10.1007/s11154-018-9459-y
T'Sjoen, G., Arcelus, G., Gooren, L., Klink, D.T., & Tangpricha, V. (2019). Endocrinology of Transgender Medicine, *Endocrine Reviews*, 40(1), 97–117. https://doi.org/10.1210/er.2018-00011
van de Grift, T.C., Elaut, E.,Cerwenka, S.C., Cohen-Kettenis, P.T., & Kreukels, B.P.C. (2018). Surgical Satisfaction, Quality of Life, and Their Association After Gender-Affirming Surgery: A Follow-up Study. *Journal of Sex & Marital Therapy*, 44(2), 138-148. DOI: 10.1080/0092623X.2017.1326190
White Hughto, J.M. & Reisner, S.L. (2016). A Systematic Review of the Effects of Hormone Therapy on Psychological Functioning and Quality of Life in Transgender Individuals. *Transgender Health*, 1(1), 21-31. https://doi.org/10.1089/trgh.2015.0008
Wierckx, K., Van Caenegem, E., Schreiner, T., Haraldsen, I., Fisher, A., Toye, K., Kaufman, J.M., & T'Sjoen G. (2014). Cross-Sex Hormone Therapy in Trans Persons Is Safe and Effective at Short-Time Follow-Up: Results from the European Network for the Investigation of Gender Incongruence. *The Journal of Sexual Medicine*, 11 (8), 1999-2011. https://doi.org/10.1111/jsm.12571.
World Health Organization (1992). *International Statistical Classification of Diseases and Related Health Problems, 10th Revision*. World Health Organization.
World Health Organization (2019). *International Statistical Classification of Diseases and Related Health Problems*, *11th revision*. World Health Organization.

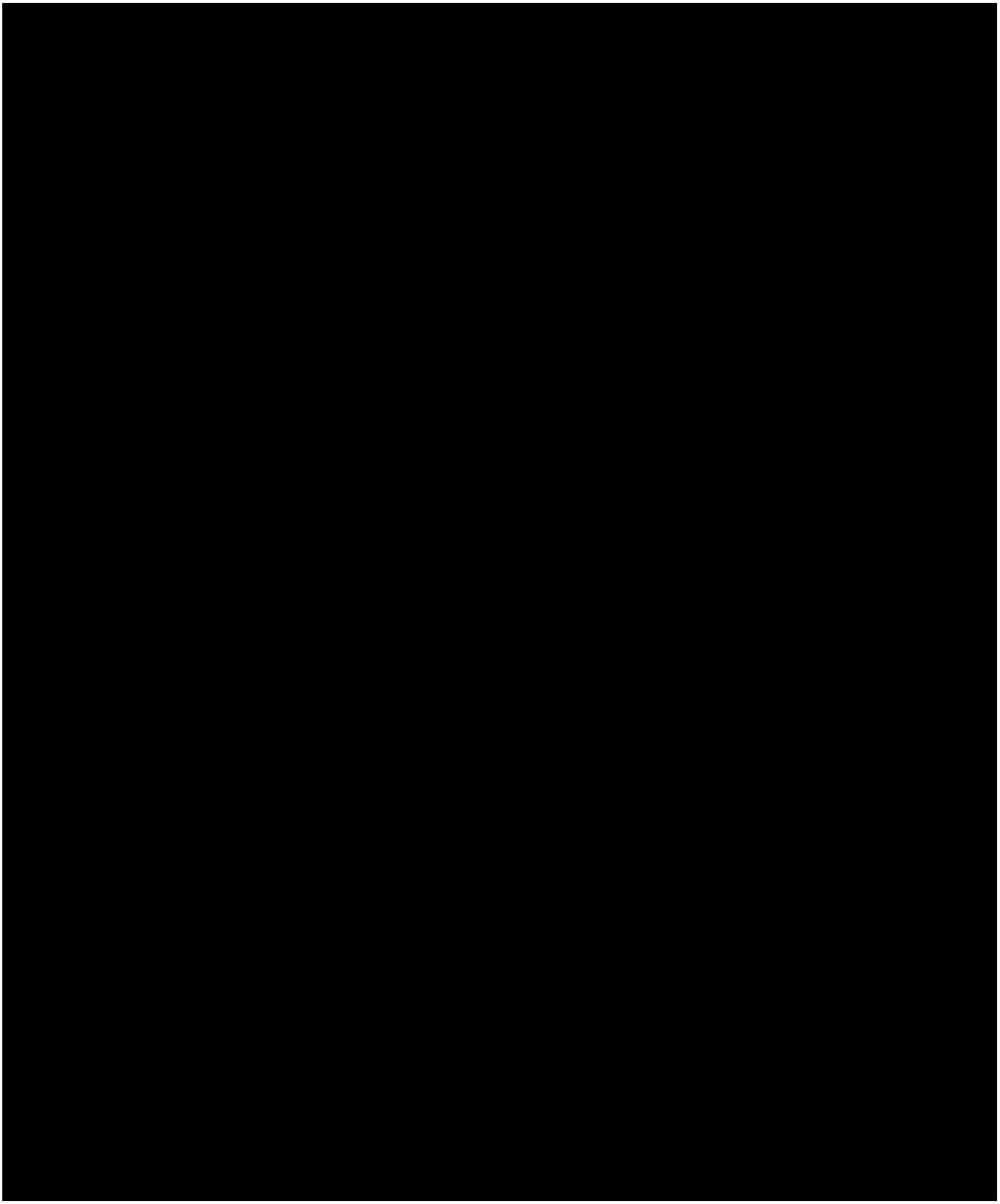


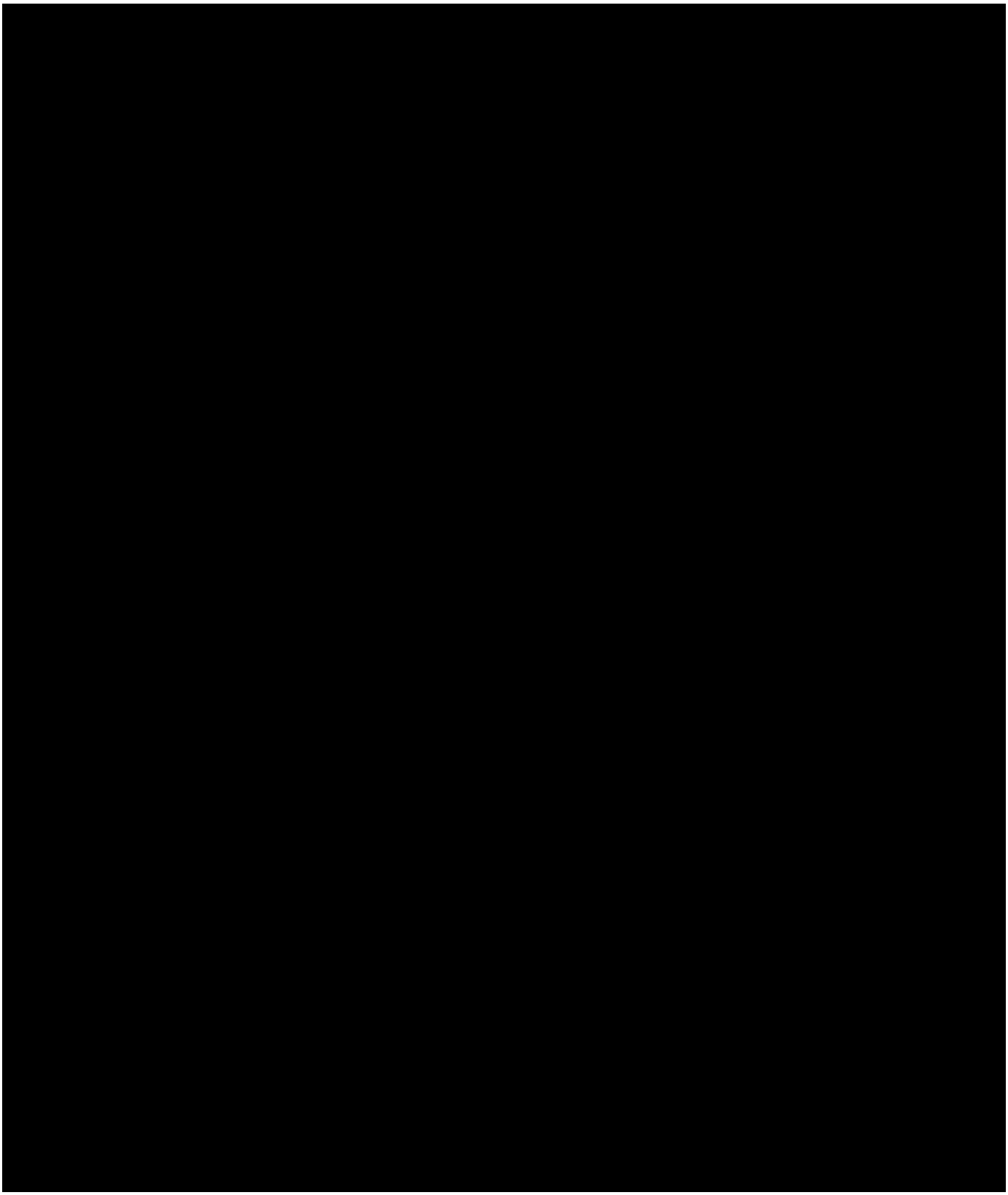


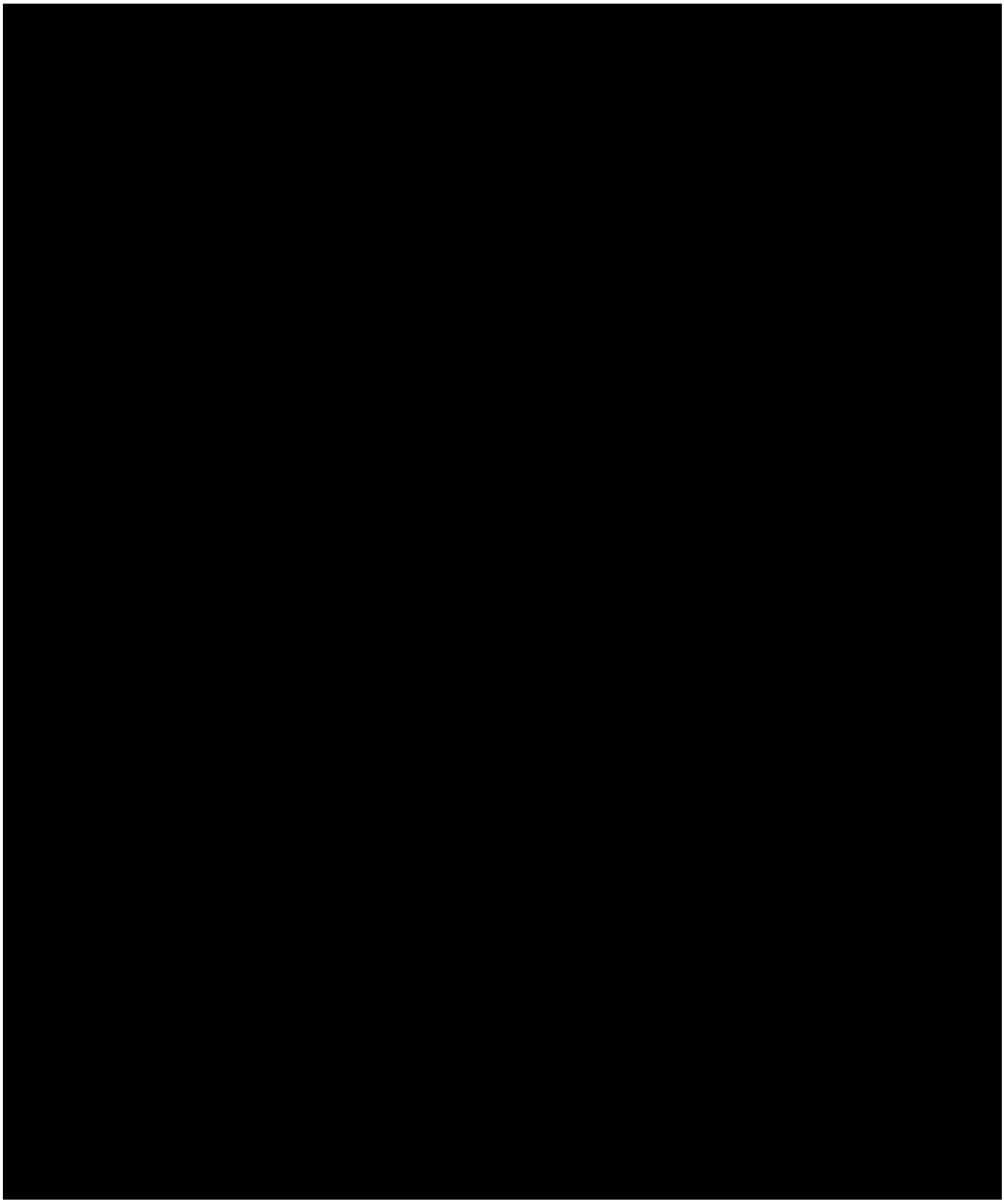


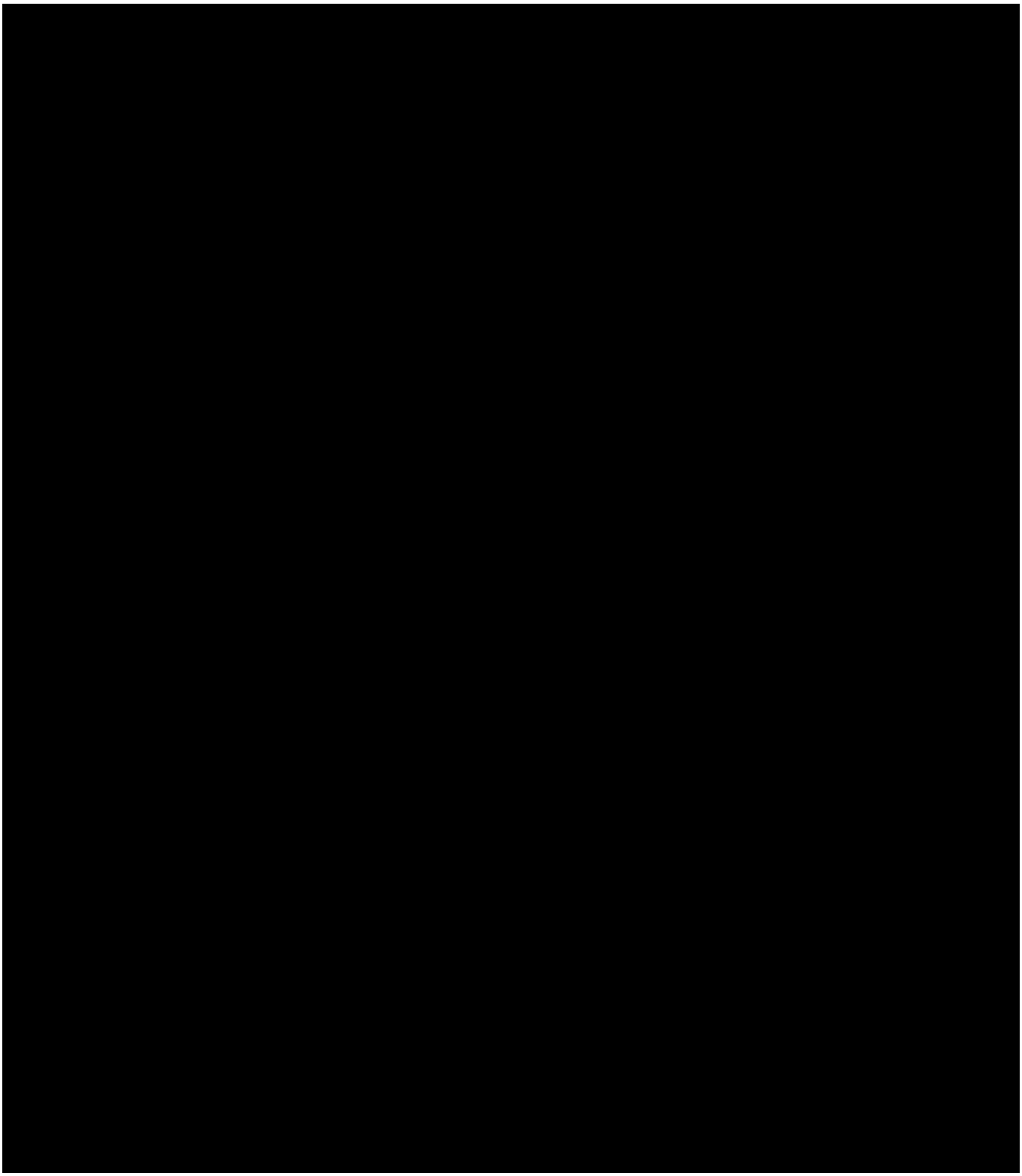


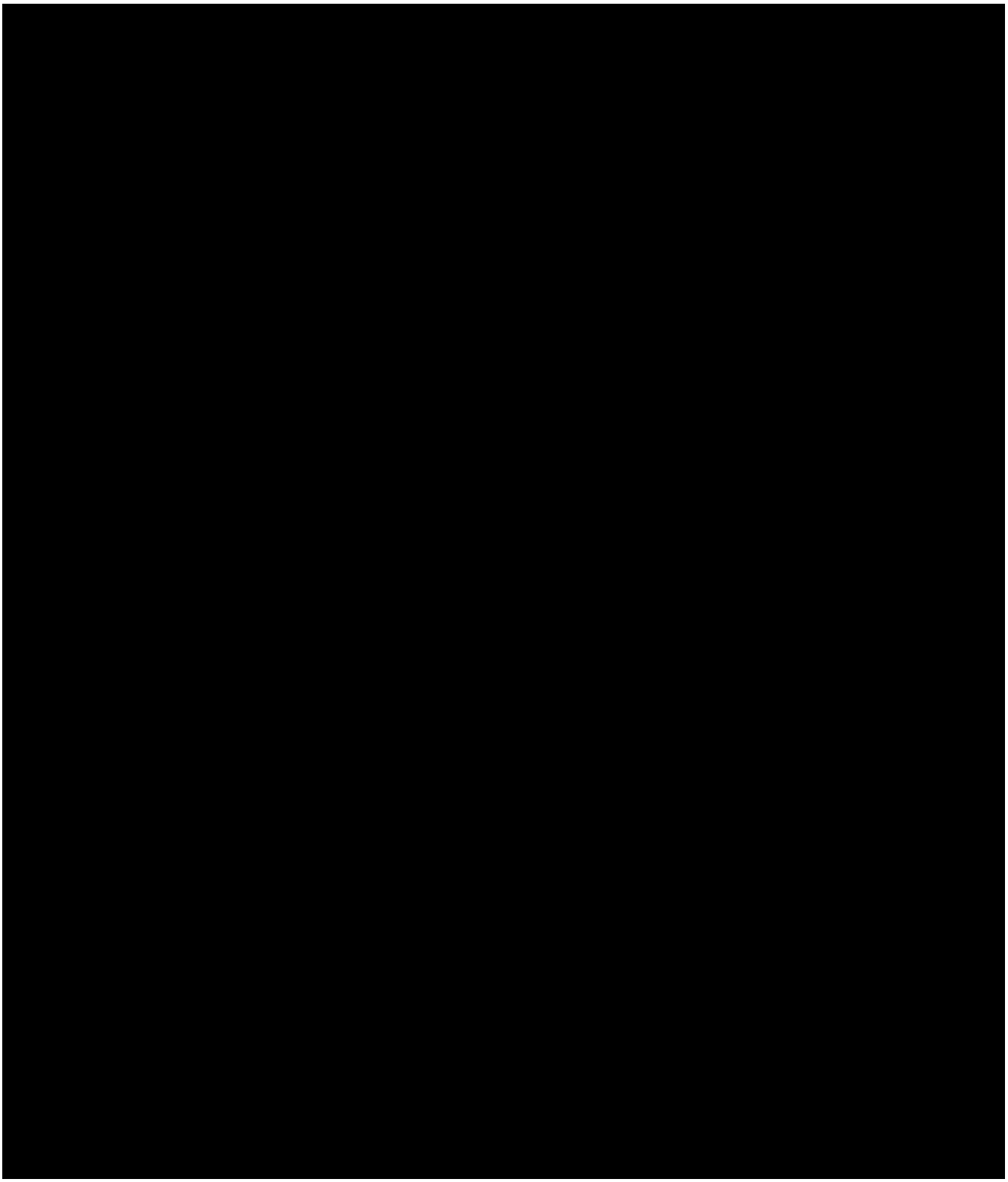


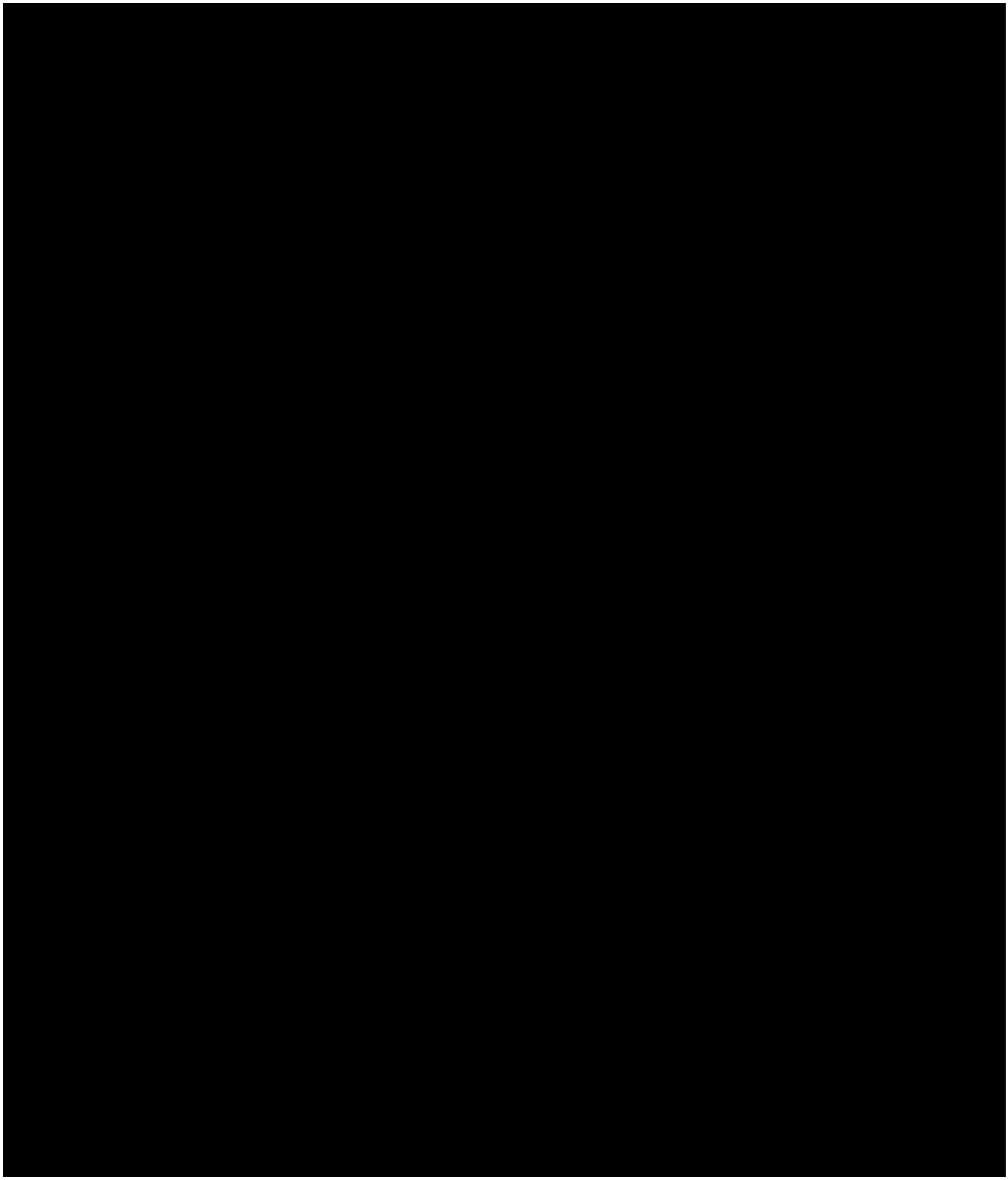


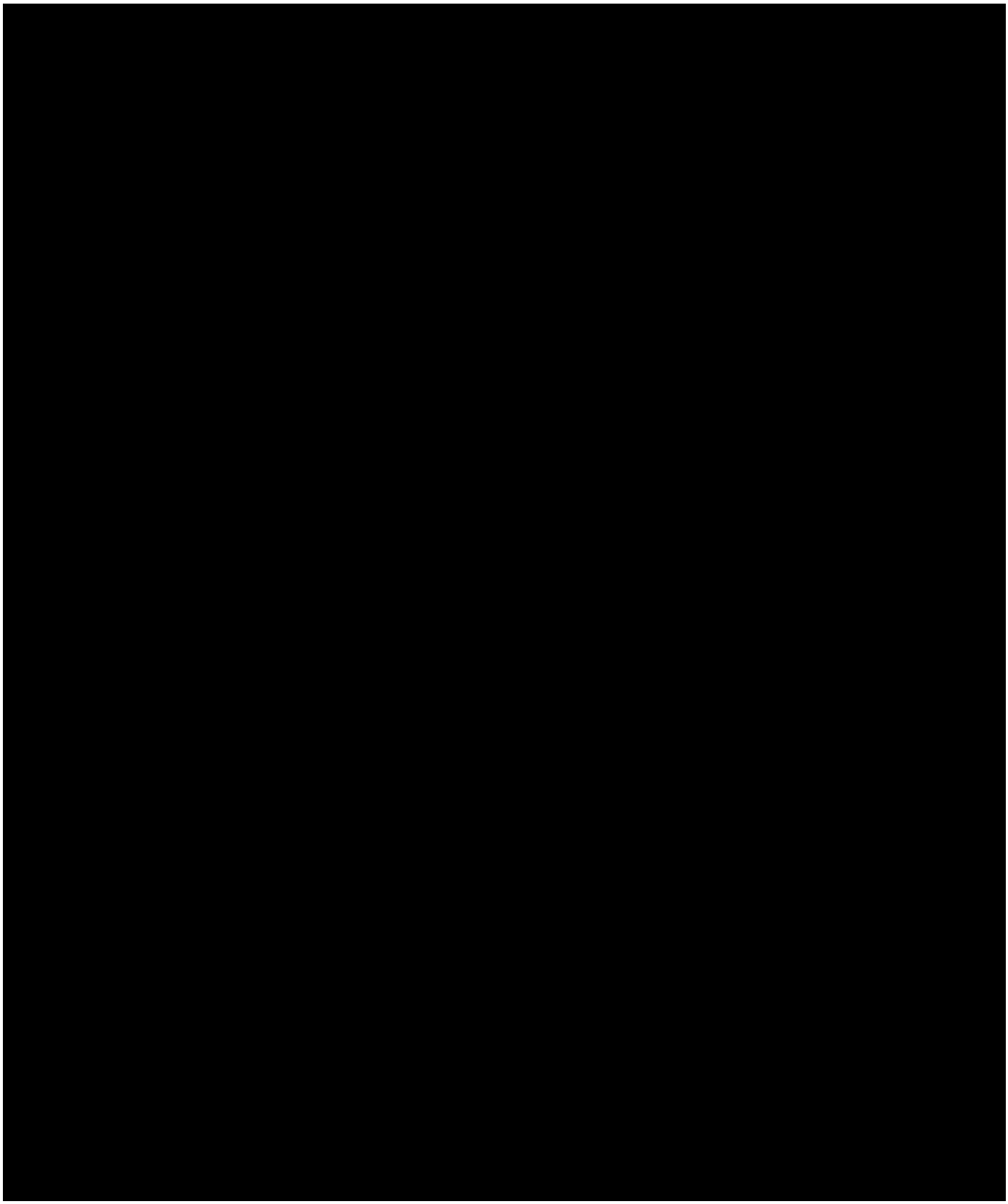


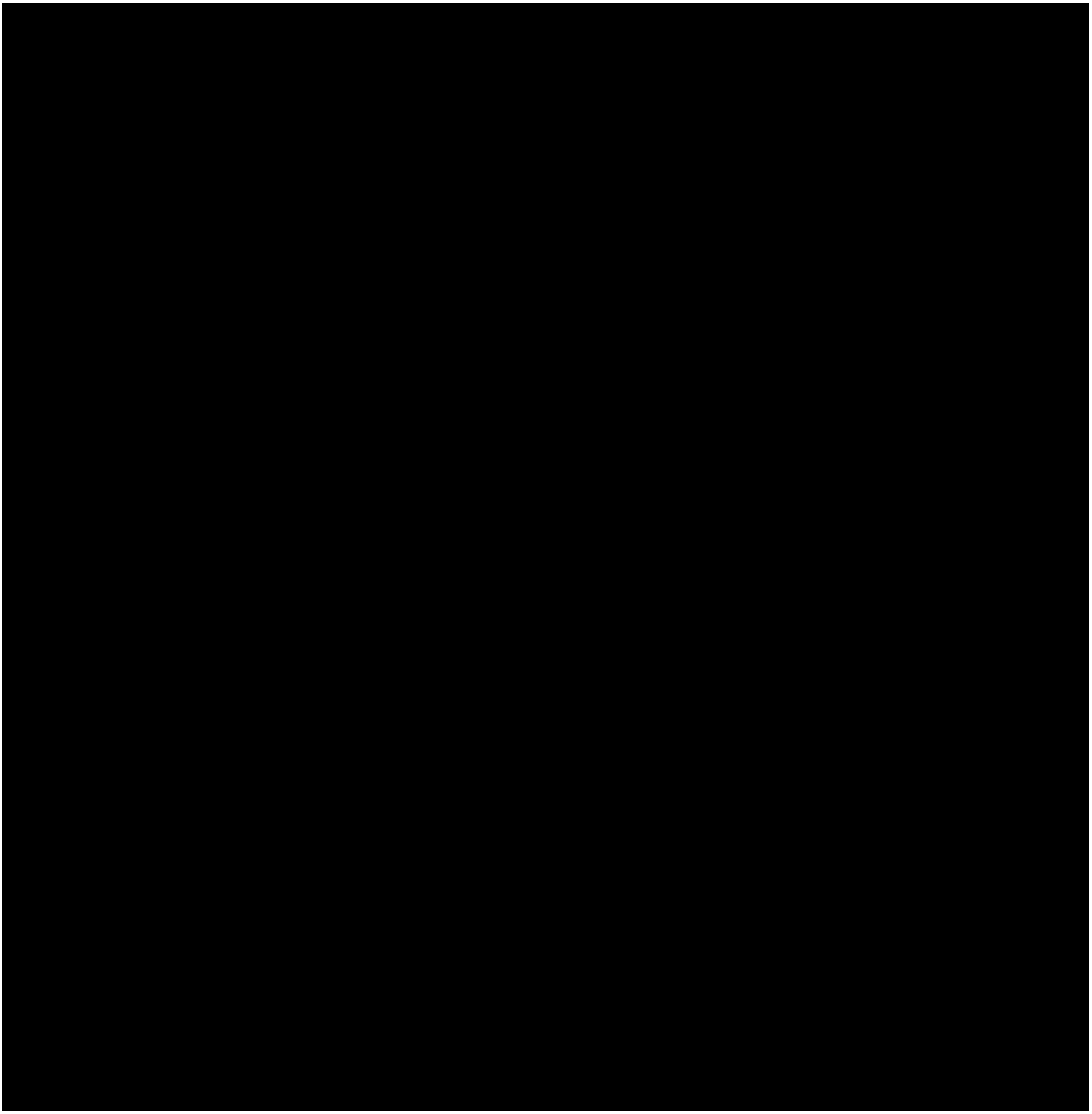












Re: Medical Necessity Statement version4 - please respond by Monday 2 May

From: [redacted]
To:
Cc:

Date: Mon, 02 May 2022 08:08:58 -0400
Attachments: 02.05.22 Medical necessity statement SOC8 plus text vs6 [redacted].docx (37.64 kB); 02.05.22 Medical necessity statement SOC8 plus text vs6 [redacted] clean copy.docx (28.13 kB)

Hi [redacted]

Thanks [redacted] for all your hard work and comments, which were very helpful and constructive, and sorry for the confusion about the other document.

Please find attached 2 copies of the Statement with our texts so far: one with the tracker changes/comments and one Clean Copy.

I think it has significantly improved, and I personally feel this Delphi Statement caters for the needs of all TGD people globally, and certainly includes all TGD peoples (medical) needs (in the broadest sense).

I have added further references from the Global South and Middle East to strengthen our position. Thanks [redacted]

However, if you feel we have missed anything, please provide some more (do-able and constructive) suggestions.

In terms of its position, please let us know [redacted] whether you are happy to position this Delphi statement plus its text within the Global Applicability Chapter. Alternatively, it could be placed in the Introduction (which does not have my preference), but - as an alternative - we could have a "Prologue" after the Introduction with this Statement plus text only, before the Chapters start; and it would be unlikely that readers will miss this. Just a thought..... I guess it's for the Chair and Co-Chairs to decide, but I am interested to hear what [redacted] think.

With warmest wishes, and looking forward to hearing from you soon,

[redacted]

[redacted]

On 2022-05-02 12:24, [redacted] wrote:

Good to clear up the confusion [redacted]

I wonder whether the concerns [redacted] had earlier expressed rested on that confusion too.

Best

[redacted]

[redacted]

[redacted]

[redacted]

From: [redacted]
Sent: Monday, May 2, 2022 18:58
To: [redacted]

Cc: [redacted]
Subject: Re: Medical Necessity Statement version4 - please respond by Monday 2 May

Doesn't take long to confuse me...That is great! [redacted]s working on this as he is leading it. Thanks a lot

[redacted]

From: [redacted]
Sent: Monday, May 2, 2022 11:53:32 AM
To: [redacted]
Cc: [redacted]
Subject: Re: Medical Necessity Statement version4 - please respond by Monday 2 May

Hi there [redacted]

I think you are confused.

Perhaps others are confused too.

The document to which I think you refer you refer [redacted] (FILENAME [redacted] suggestions re statements on broadening healthcare and UHC' does include two statements). But please bear in mind it is the document I sent out back in JANUARY putting the case for a reference to Universal Healthcare, and suggesting the sort of text that could be included in the SOC. I sent it today simply to remind people what were my arguments back then. It seemed relevant to do so because I made brief reference to it in my comments on the SOC-8 medical necessity draft.

As for the medical necessity draft that we have before us, I earlier today sent all here my suggested edits, building on [redacted]s version (....as you requested on 30th Apr 1.41 by my laptop's timing).

I enclose again my suggested edits for the medical necessity draft..

Again, I would like to know in what way any of those suggested edits reduce the relevance to US concerns.

[redacted]

[redacted]

[redacted]

From: [redacted]
Sent: Monday, May 2, 2022 18:29
To: [redacted]
Cc: [redacted]
Subject: RE: Medical Necessity Statement version4 - please respond by Monday 2 May

Dear [redacted]
Thanks for this. This looks like a different document to the one we sent you and it has a new recommendation that has not gone through delphi which we cant have. Can you please add your changes in the document [redacted] sent last (which I include with [redacted] suggestions) using tracker change, please and send it back to us.
Thanks

[redacted]

[redacted]

From: [redacted]
Sent: 01 May 2022 21:34
To: [redacted]
Cc: [redacted]
Subject: Re: Medical Necessity Statement version4 - please respond by Monday 2 May

Hi there

In that draft I just sent, one of my comments refers to the document I sent some time back (actually, I now see I sent it back on the 8th January) on universal healthcare. So here it is, for information only (just in case any of you wants to be reminded about what I was going on about way back then)

OK, really, goodnight.

[redacted]

[redacted]

From: [redacted]
Sent: Saturday, April 30, 2022 3:04
To: [redacted]

Cc: [redacted]

Subject: Re: Medical Necessity Statement version4 - please respond by Monday 2 May

Dear [redacted]
thank you - that is most helpful.
with warm wishes,

[redacted]

On 2022-04-29 18:41, [redacted] wrote:

> Great work!
> I have attached the document with some edits-- I got rid of the two references to Branstrom, given the published correction, and added a few other references used to support medical necessity.
> Also, I changed 302.85 to F64.0-- this is the updated DSM-5/DSM-5TR billing code linked to ICD-10CM in the US.
> Best,
>
> [redacted]
>
> CONFIDENTIALITY NOTICE:
> The contents of this email message and any attachments are intended solely for the addressee(s) and may contain confidential and/or privileged information and may be legally protected from disclosure. If you are not the intended recipient of this message or their agent, or if this message has been addressed to you in error, please immediately alert the sender by reply email and then delete this message and any attachments. If you are not the intended recipient, you are hereby notified that any use, dissemination, copying, or storage of this message or its attachments is strictly prohibited.
>
> On Fri, Apr 29, 2022 at 10:10 AM [redacted] wrote:

Thank you,[redacted]

Best,
[redacted]

On Fri, Apr 29, 2022 at 9:54 AM [redacted] wrote:

that is a very good point...I have change it

[redacted]

From: [redacted]
Sent: 29 April 2022 17:51
To [redacted]
Cc [redacted]
Subject: Re: Medical Necessity Statement version4 - please respond by Monday 2 May

Thank you, [redacted] I also very much like this statement and the supporting write-up. There is one word, though, in the middle (on the right side of the page) of the last paragraph on the first page of the document: "wishing." This word gives me pause, and perhaps I am being too sensitive, but one of the biggest obstacles trans people experience in getting support for coverage of our care is that we are told "you can't always get what you want" and "wishing does not make it so." Wishing makes the needed care seem optional, and we are often told we are imagining that we are not who we are and we should just suck it up.

Would it be possible or advisable or prudent to replace "wishing" with "in need of" here?

Thanks for your consideration, and for your great work on this.

Best,
[redacted]

On Fri, Apr 29, 2022 at 9:06 AM [redacted] wrote:

Thanks [redacted]

I think the statement reads very well. I have no edits

Thank you very much

[redacted]

Sent from my iPhone

On Apr 29, 2022, at 11:01 AM, [redacted] wrote:

Dear all,

This is new version of the medical necessity statement and it has been approved by the chairs so please send any comments of this version to me.

As per [redacted] email, if we don't heard anything by the 2nd of May we will presume that you are happy with this version.

[redacted] We would like this statement to go in the Global chapter, would that be OK with you? In your view, should this recommendation be the 1st, 2nd, 3rd, 4th of 5th in your chapter? do let us know

kind regards

[redacted]

From: [redacted]
Sent: 29 April 2022 11:49
To: [redacted]
Cc: [redacted]
Subject: Re: Medical Necessity Statement version4 - please respond by Monday 2 May

Dear [redacted],
Please find attached the Medical Necessity Statement, which passed Delphi together with text for the SOC8. I feel we are nearly there!
I have copied [redacted] into this email, as they have been involved with the writing of the text previously.
[redacted] would you be so kind as to have a read-through and respond with any edit suggestions before Monday 2 May please, so that we can finalise this part of the SOC8 swiftly? Cheers!!

Thanks everyone, and wishing you all a lovely weekend.

[redacted]

On 2022-04-25 03:54, [redacted] wrote:

I am still not sure we have the finalized explication of the Delphi approved statement for our Introduction.

Please advise.

[redacted]

On Thu, Mar 24, 2022 at 9:44 AM [redacted] wrote:

[redacted]

From: [redacted]
Sent: 07 January 2022 14:26
To: [redacted]
Cc: [redacted]
Subject: Re: 07.01.22 Medical Necessity Statement version3

Hi [redacted] and all,

Please find attached the third draft now with suggestions on the side. I have "merged" the previous documents together.
Feel free to insert [redacted] Statement at the top as a reminder that this is the Statement that has to go through Delphi.
[redacted], would you mind having a look at it again when you have time, based on [redacted] excellent comments please?
I'll jump in from there on; and [redacted] will look at it again tomorrow morning (thanks [redacted]
It's going to be a great Statement.
With warm wishes

[redacted]

On 2022-01-07 14:08, [redacted] wrote:

> Hi there everyone.
>
> We recommend that health care systems should provide medically necessary gender affirming psychological, medical and surgical treatments for trans and gender diverse children, adolescents and adults.
>
> I think this statement would get universal support. A few thoughts.
>
> 1/ I would suggest we use the word 'healthcare' rather than 'treatments' (Is it just me, or does treatment imply pathology? I wonder if, under normal circumstances, we would speak of treatment for pregnancy - rather perhaps we would speak of healthcare).
>
> 2/ The proposed wording refers to children, but the Medical Necessity Statement does not appear to.(am I right on this?)
>
> 3/ Following on from what I have suggested in my comments in the Medical Necessity Statement (see earlier attachment), I woould suggest the following.
>
> We recommend that health care systems should provide medically necessary gender affirming psychological, medical and surgical HEALTHCARE for trans and gender diverse children, adolescents and adults, AND SUCH HEALTHCARE SHOULD IDEALLY BE PROVIDED WITHIN UNIVERSAL HEALTHCARE COVERAGE.

Thanks again for letting me participate in this part of the SOC. It's getting late here and so I will soon have to switch off my computer. Will open up computer tomorrow morning.

[redacted]

From: [redacted]
Sent: Friday, January 7, 2022 21:19
To: [redacted]
Cc: [redacted]
Subject: Re: Medical Necessity Statement version2

Dear all
Thank you walter for putting this together and to all of you to contribute into this.

This will be a brilliant text that will be accompanying the statement of the recommendation.

We had a meeting yesterday with the chairs and decide that we need to create a recommendation for medical necessity that goes through delphi and is approved by everyone. It is then in the SOC-8 as a recommendation, possible in the introduction as the first recommendation.

So far what we have this

We recommend that health care systems should provide medically necessary gender affirming psychological, medical and surgical treatments for trans and gender diverse children, adolescents and adults.

(questions do we need to say (as recommended by SOC8?)

please feel free to modify this and change it or come with some other suggestions.

Regards

[redacted]

[redacted]

-

-

From: [redacted]
Date: Friday, 7 January 2022 at 13:04
To [redacted]
Cc [redacted]
Subject: Re: Medical Necessity Statement version2

Dear [redacted]
Thank you so much for that. I have accepted all your edits and added your suggestions about counselling for children and
their parents/legal guardians/care takers.... and some spacing between the references, although that would be made more
clear in the publication in IJTH anyway. See latest version attached.

-

[redacted] would you be so kind as to have a look at this and see whether anything essential is missing? And whether this
Statement is "global enough" please?
Once we hear your feedback, perhaps we can move to approve (and publish)?
Warmest,
[redacted]

-

[redacted]

Error! Filename not specified.Error! Filename not specified.Error! Filename not specified.Error! Filename not specified.

-

On 2022-01-06 23:01, [redacted] wrote:

Dear [redacted]

-

Thank you for putting this together; you've done a great job with this. Indeed, it is important that such a statement is part of the actual SOC. And, indeed, the original Medical Necessity Statement was specific to the US because this was where we were experiencing the problem with our obtuse and unhealthy system

of healthcare "coverage" and we needed a tool for our attorneys to use in defending access to care here. I have long wanted this (and many of our other policy statements) to become part of the SOC because that gives them greater force. I am very happy to see the medical necessity statement expanded to a more global context, which the ICD-11 has made possible.

I have made a few typographical changes in the attached file (very minor). But I am wondering whether we should include something about the medical necessity of coverage for counseling for pre-adolescents (or for their parents/guardians)? Also, it would be good if the reference list had better spacing for readability, but I figure that will happen in the publication phase.

Thank you,
[redacted]

On Thu, Jan 6, 2022 at 7:24 AM [redacted] wrote:

> Dear [redacted]
> I am aware that the existing Medical Necessity Statement on the WPATH website is rather US-centric, and also qua language not up-to-date. I guess we all agree that such a statement is helpful to include in the forthcoming SOC8. Hence, I had a first stab at re-drafting a Medical Necessity Statement for this purpose based on a version of [redacted] and the 2016 statement on the WPATH website.
> Would you be interested in helping make a final draft, which we can then run past the Board of Directors and SOC8 Chair and Co-Chairs please (and whoever else we think can contribute)?
> I am not particularly precious about my writing, so please add/delete/change as you see fit (rather than only make comments); let's get this done ASAP.
> Once everybody is happy with it, I can publish it in IJTH - that should take no longer than 1 week, and those who have contributed can put their name on it, and it will then also be on behalf of WPATH, USPATH, EPATH, and AsiaPATH.
> To make the process - at least initially - fairly efficient (and quick) I have only written to you (and copied [redacted] and the EC in), and once we get a first proper draft (hopefully within a few days), we can send it around for comments and edits.
> What do you think?
> Are you in?
> Warmest,
>
> [redacted]

[redacted]

E-mail: [redacted]
Error! Filename not specified.Error! Filename not specified.Error! Filename not specified.Error! Filename not specified.

This message and any attachment are intended solely for the addressee and may contain confidential information. If you have received this message in error, please contact the sender and delete the email and attachment.

Any views or opinions expressed by the author of this email do not necessarily reflect the views of the University of Nottingham. Email communications with the University of Nottingham may be monitored where permitted by law.

--

[redacted]

This message and any attachment are intended solely for the addressee and may contain confidential information. If you have received this message in error, please contact the sender and delete the email and attachment.

Any views or opinions expressed by the author of this email do not necessarily reflect the views of the University of Nottingham. Email communications with the University of Nottingham may be monitored

where permitted by law.

-
-
-

-

This message and any attachment are intended solely for the addressee and may contain confidential information. If you have received this message in error, please contact the sender and delete the email and attachment.

Any views or opinions expressed by the author of this email do not necessarily reflect the views of the University of Nottingham. Email communications with the University of Nottingham may be monitored where permitted by law.

-
-
-

This message and any attachment are intended solely for the addressee and may contain confidential information. If you have received this message in error, please contact the sender and delete the email and attachment.

Any views or opinions expressed by the author of this email do not necessarily reflect the views of the University of Nottingham. Email communications with the University of Nottingham may be monitored where permitted by law.

This message and any attachment are intended solely for the addressee and may contain confidential information. If you have received this message in error, please contact the sender and delete the email and attachment.

Any views or opinions expressed by the author of this email do not necessarily reflect the views of the University of Nottingham. Email communications with the University of Nottingham may be monitored where permitted by law.

SOC8 Medical Necessity of Treatment for Transgender and Gender Diverse People (location in SOC8: to be decided)

Statement

We recommend that health care systems should provide medically necessary gender affirming healthcare for transgender and gender diverse people (Delphi statement)

Medical necessity is a term common to health care coverage and insurance policies globally. A common definition of medical necessity as used by insurers or insurance companies is: "Health care services that a physician and/or health care professional, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are: (a) in accordance with generally accepted standards of medical practice; (b) clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury, or disease; and (c) not primarily for the convenience of the patient, physician, or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease." The treating health professional asserts and documents that a proposed treatment is medically necessary for treatment of the condition (American Medical Association, 2016).

Generally 'accepted standards of medical practice' means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, designated Medical Specialty Societies and/or ~~[Royal]~~ Medical Colleges' recommendations, and the views of physicians and/or health care professionals practicing in relevant clinical areas.

Medical necessity is central to payment, subsidy, ~~-~~and/or reimbursement for healthcare in parts of the world. The treating health care professional may assert and document that a given treatment is medically necessary for the prevention or treatment of the condition. If health policies and practices ~~c~~plans ~~c~~hallenge the medical necessity of a treatment, there may be an opportunity to appeal to a governmental agency or other entity for an independent medical review.

It should be recognized that gender diversity is common to all human beings and is not pathological. However, gender incongruence which causes clinically significant distress and impairment often requires medically necessary clinical interventions. In many countries, medically necessary gender-affirming care is documented by the treating health professional as treatment for Gender Incongruence (HA60 in ICD-11; WHO, 2018) and/or as treatment for Gender Dysphoria (~~302.85~~F64.0 in DSM-5; APA, 2013).

Commented [A1]: Hmm. I wonder. I feel this could be misinterpreted in a rather (gender) pathologising way. I guess the only 'illness, injury, disease or symptoms' to be 'prevented, evaluated, diagnosed, or treated' here would be those of dysphoria (small 'd', as in discomfort and distress) the patient feels, and any consequent mental health issues. Do we need to spell this out?

Commented [A2]: I think it is clear as a bell that the SOC8 refers to the necessity of treatment (in its broadest sense) of TGD people who pursue treatment (in its broadest sense) for their gender dysphoria (small "d" : because it refers to the symptom of distress – which is a very very broad category and one that any 'goodwilling' clinician can use for this purpose (or: in the unescapable medical lingo we, as physicians are stuck with: those who fulfil a diagnosis of Gender Dysphoria and Gender Incongruence as per APA/WHO).

Commented [A3]: Do we need this in here?. Monarchies are relatively uncommon globally. Sounds very UK

Commented [A4]: There are many many more countries other than the UK who have bestowed the Royal prefix on their medical (and many other Colleges) – but if you feel more comfortable without it, I will scrap it. I am not bothered. I certainly do ot support the concept of a monarchy, or indeed any other form of non-democracy….:)

Commented [A5]: I wonder if 'subsidy' is the better word here (as in universal healthcare systems)

Commented [A6]: Good point!

Commented [A7]: Or 'prevention', depending on what 'the condition' is here. See my earlier comment. Would the phrase 'healthcare provision' be better? Just wondering.

Commented [A8]: Is this a reference to insurance policies? If so, the vast majority of trans people world wide have none. Should it rather be 'health policies and practices' or some phrase such as that.

Commented [A9]: Thanks [redacted] that is a helpful broadening of what we are trying to say. I.e., encompass/cover as many TGD people globally as is humanly possible.

There is strong evidence demonstrating the benefits in quality of life and wellbeing of gender affirming treatments, including endocrine and surgical procedures, properly indicated and performed as outlined by the Standards of Care (Version 8), in TGD people in need of ~~wishing~~ these treatments (e.g., Ainsworth and Spiegel, 2010; Aires et al., 2020; Aldridge et al., 2020; ~~Almazan and Keuroghlian, 2021~~ Almazan & ~~and~~ Keuroghlian, 2021; Al-Tamimi et al., 2019; Baker et al., 2021; Balakrishnan et al., 2020. Buncamper et al., 2016; Cardoso da Silva et al., 2016; Eftekhar Ardebili, 2020; Javier et al., 2022; Lindqvist et al., 2017; Mullins et al., 2021; Nobili et al., 2018; ~~Owen-Smith et al 2018~~ Owen-Smith et al., 2018; Özkan et al., 2018; T'Sjoen et al. 2019; van de Grift et al., 2018; White Hughto & Reisner, 2016; Wierckx et al., 2014; Yang et al., 2016). Gender affirming interventions may also include legal name and sex or gender change on identity documents, as well as hair removal procedures, voice therapy, counselling, and other medical procedures required to effectively affirm an individual's g~~G~~ender identity and reduce gender incongruence and dysphoria.

Gender affirming interventions are based on decades of clinical experience and research, and therefore they are not considered experimental. They are safe, and effective at reducing gender incongruence and gender dysphoria (e.g., Aires et al., 2020; Aldridge et al., 2020; Al-Tamimi et al., 2019; Baker et al., 2021; Balakrishnan et al., 2020; Bertrand et al., 2017; ~~Bränström & Pachankis, 2020~~ ; Buncamper et al., 2016; Claes et al., 2018; Eftekhar Ardebili, 2020; Esmonde et al., 2019; Javier et al., 2022; Lindqvist et al., 2017; Lo Russo et al., 2017; Marinkovic & Newfield, 2017; Mullins et al., 2021; Nobili et al., 2018; Olson-Kennedy ~~,~~et al., 2018; Özkan et al., 2018; Poudrier et al., 2019; T'Sjoen et al. 2019; van de Grift et al., 2018; White Hughto & Reisner, 2016; Wierckx et al., 2014; Wolter et al., 2015; Wolter et al., 2018).

Consequently, WPATH urges health care systems to provide these medically necessary treatments and eliminate any exclusions from their policy documents and medical guidelines which preclude coverage for any medically necessary procedures or treatments for the health and well-being of TGD individuals. In other words, Governments should ensure that healthcare services for transgender and gender diverse people are established, extended or enhanced (as appropriate) as elements in any Universal Health Care system that may exist. Health care systems should ensure that ongoing healthcare, both routine and specialized, is readily accessible and affordable to all citizens on an equitable basis.

Medically necessary gender affirming interventions are discussed in SOC-8. These include, but are not limited to: hysterectomy +/- bilateral salpingo-oophorectomy; bilateral mastectomy, chest reconstruction or feminizing mammoplasty, nipple resizing or placement of breast prostheses; genital reconstruction, for example, phalloplasty and metoidioplasty, scrotoplasty, and penile and testicular prostheses, penectomy, orchiectomy, vaginoplasty, and vulvoplasty; skin flap hair, genital and facial hair removal; gender affirming facial surgery and body contouring; voice therapy

Commented [A10]: Thanks [redacted] for pointing out the coding in the US!

Commented [A11]: I suggest it is important to employ 'e.g.' in cases such as these, to underline that the work cited is just a tiny selection of what is available. ¶
¶
We might also want to separate the primary studies from the reviews in this list (and also in the long list in the next paragraph).

Commented [A12]: Yes, good point [redacted]

Commented [A13]: ditto

Commented [A14]: All well and good, but tor the vast majority of trans people worldwide, affordability would be achievable only through a system of universal healthcare. ¶
¶
Back in March I suggested that we paid a fair bit of attention to the universal healthcare issue (I will attach the document again). Biut it turns out there is no no mention of universal healthcare at all in this text. ¶
¶
The sentence already here in the text expresses what we feel should be the case. I would ask that we at least insert a sentence or so here in the text to underline the importance of gender affirming healthcare within universal healthcare systems, where they exist. Along the lines of the document I sent on 22nd March I suggest: 'Governments should ensure that healthcare services for transgender and gender diverse people are established, extended or enhanced (as appropriate) as elements in any Universal Health Care system that may exist'. ¶
¶
There are other ways of saying the same thing of course. Here is a softer alternative: 'Where there is a system of universal healthcare, governments should take steps to ensure that medically necessary gender affirming healthcare should be made available within that system'¶
¶
At any rate, let's in some way express – even briefly – that there should be a place for gender affirming healthcare in universal healthcare systems.

Commented [A15]: See what you make of this [redacted] Feel free to edit further.

and/or surgery; as well as puberty blocking medication and gender affirming hormones, counseling or psychotherapeutic treatment, as appropriate to the patient.

References

Ainsworth, T.A., & Spiegel, J.H. (2010). Quality of life of individuals with and without facial feminization surgery or gender reassignment surgery. *Quality of Life Research*, 2010. Sep.19(7),: 1019-1024. doi: 10.1007/s11136-010-9668-7

Aires, M. M., de Vasconcelos, D., & Moraes, B. T. D. (2020). Chondrolaryngoplasty in transgender women: Prospective analysis of voice and aesthetic satisfaction. *International Journal of Transgender Health*, 22(4), 394–402. https:// doi.org/10.1080/26895269.2020.1848690

Aldridge, Z., Patel, S.,Guo, B., Nixon, E., Bouman, W.P., Witcomb, G.L., & Arcelus, J. (2020). The effect of 18 months of gender affirming hormone treatment on depression and anxiety symptoms in transgender people: A prospective study. *Andrology*, 9(6), 1808-1816.

Almazan, A. N., & Keuroghlian, A. S. (2021). Association Between Gender-Affirming Surgeries and Mental Health Outcomes. *JAMA surgery*, 156(7), 611–618. https://doi.org/10.1001/jamasurg.2021.0952.

Al-Tamimi, M., Pigot, G.L., van der Sluis, W.B., van de Grift, T.C., van Moorselaar, R.J.A., Mullender, M.G., Weigert, R., Buncamper, M.E., Ozer, M., de Haseth, K.B., Djordjevic, M.L., Salgado, C.J., Belanger, M., Suominen, S., Kolehmainen, M., Santucci, R.A., Crane, C.N., Claes, K. E.Y., Bouman, M-B. (2019). The Surgical Techniques and Outcomes of Secondary Phalloplasty After Metoidioplasty in Transgender Men: An International, Multi-Center Case Series. *The Journal of Sexual Medicine*, 16(11), 1849–1859.

American Medical Association (2016). *Definitions of "Screening" and "Medical Necessity" H-320.953*. Council on Medical Service. Retrieved from https://policysearch.ama-assn.org/policyfinder/detail/H-320.953

American Psychiatric Association. (1987). *Diagnostic and statistical manual of mental disorders (DSM-III-R)*. American Psychiatric Association.

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders (DSM-IV)*. American Psychiatric Association..

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders (DSM-IV-TR)*. American Psychiatric Association..

Commented [A16]: I went through all of these studies. They are overwhelmingly North American and European. That is also true of the studies covered by the various reviews in the list. Clearly most of the research on outcomes is from the Global North. But let's be sure this section is assertively global in perspective, as indeed the rest of the Global chapter seeks to be. So let's cite explicitly two primary studies from Brazil and China. ¶
¶
da Silva DC, Schwarz K, Fontanari AM, Costa AB,¶ Massuda R, Henriques AA, et al. WHOQOL-100 before and after sex reassignment surgery in Brazilian male-to-female transsexual individuals. J Sex Med. 2016;13(6):988–93.¶
¶
Yang X, Zhao L, Wang L, Hao C, Gu Y, Song W, et al. Quality of life of transgender women from China and associated factors: a cross-sectional study. J Sex Med. 2016;13(6):977–87.¶
¶
Inclusion of Global South studies such as these communicates important messages. ¶
¶
BTW, these two studies are actually both in the tranche of studies reviewed in Nobili, cited below (though Nobili calls 'da Silva' 'Cardoso da Silva' – I have seen this author cited in both ways). ¶
¶
I wonder if there are any other Global South studies in the Javier review below (I can't access that review, and so am not able to say whether there are any Global South studies covered therein). ¶
¶

Commented [A17]: Thanks [redacted] for continuing to point out that we are striving to be a global association and hence we should do anything we can do include everyone. I went with a fine toothcomb through the Javier et al. systematic review articles and I have further included (in addition to your 2 very helpful international global south references) references from India, Iran, Brazil and Turkey. I hope you approve!

Formatted: No bullets or numbering

Formatted: Font: Italic, Complex Script Font: Italic

Formatted: Font: Italic, Complex Script Font: Italic

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (DSM-5)*. American Psychiatric Association.

Baker, K.E., Wilson, L.M., Sharma, R., Dukhanin, V., McArthur, K., Robinson, K.A. (2021). Hormone Therapy, Mental Health, and Quality of Life Among Transgender People: A Systematic Review. *Journal of the Endocrine Society*, 5(4), bvab011, https://doi.org/10.1210/jendso/bvab011

Balakrishnan, T. M., Nagarajan, S., & Jaganmohan, J. (2020). Retrospective study of prosthetic augmentation mammo- plasty in transwomen. *Indian Journal of Plastic Surgery: Official Publication of the Association of Plastic Surgeons of India*, *53*(1), 42–050. https://doi.org/10.1055/s-0040-1709427

Buncamper, M. E., M.D., van der Sluis, W.B., van der Pas, R.S., Özer, M., Smit, J. M., Witte, B. I., Bouman, M-B., & Mullender, M. (2016). Surgical Outcome after Penile Inversion Vaginoplasty: A Retrospective Study of 475 Transgender Women. *Plastic and Reconstructive Surgery*, 138(5), 999-1007. doi: 10.1097/PRS.0000000000002684

Cardoso da Silva, D.C., Schwarz, K., Fontanari, A.M., Costa, A.B., Massuda, R., Henriques, A.A, Salvador, J., Silveira, E., Rosito, T.E., & Rodrigues Lobato, M.I. (2016). WHOQOL-100 before and after sex reassignment surgery in Brazilian male-to-female transsexual individuals. Journal of Sexuel Medicine, 13(6), 988–993. doi: 10.1016/j.jsxm.2016.03.370

Eftekhar Ardebili, M., Janani, L., Khazaei, Z., Moradi, Y., & Baradaran, H.R. (2020). Quality of life in people with transsexuality after surgery: a systematic review and meta-analysis. *Health and Quality of Life Outcomes*, 18, 264. https://doi.org/10.1186/s12955-020-01510-0

Javier, C., Crimston, C.R., & Barlow, F.K. (2022). Surgical satisfaction and quality of life outcomes reported by transgender men and women at least one year post gender-affirming surgery: A systematic literature review. *International Journal of Transgender Health*, doi: 10.1080/26895269.2022.2038334

Lindqvist, E.K., Sigurjonsson, H., Möllermark, C., Tinder, J., Farnebo, F., & Kalle Lundgren, T. (2017). Quality of life improves early after gender reassignment surgery in transgender women. *European Journal of Plastic Surgery,* 40, 223–226. https://doi.org/10.1007/s00238-016-1252-0

Formatted: Font: Not Bold, Complex Script Font: Not Bold

Commented [A18]: I can't access this one. It is a review involving around 70 studies, I know not where from. But I suggest that, if there are any outside North America and Europe, then they should be cited specifically, as we do quite a few other primary research studies.

Mullins, E.S., Geer, R., Metcalf, M., Piccola, J., Lane, A., Conard, L.A.E., Kowalcyk Mullins, T.L. (2021). Thrombosis Risk in Transgender Adolescents receiving gender-Affirming Hormone Therapy. *Paediatrics*, 147(4): e2020023549. https://doi.org/10.1542/peds.2020-023549

Nobili, A., Glazebrook, C. & Arcelus, J. (2018). Quality of life of treatment-seeking transgender adults: A systematic review and meta-analysis. *Reviews in Endocrine and Metabolic Disorders*, 19, 199–220. https://doi.org/10.1007/s11154-018-9459-y

Olson-Kennedy, J., Warus, J., Okonta, V., Belzer, M., Clark, L.F. et al., (2018)., Chest rReconstruction and cChest dDysphoria in tTransmasculine mMinors and yYoung aAdults. , *JAMA Pediatrics*, 172(5), 431-436. doi:10.1001/jamapediatrics.2017.5440

Owen-Smith, A. A., Gerth, J., Sineath, R. C., Barzilay, J., Becerra-Culqui, T. A., Getahun, D., Giammattei, S., Hunkeler, E., Lash, T. L., Millman, A., Nash, R., Quinn, V. P., Robinson, B., Roblin, D., Sanchez, T., Silverberg, M. J., Tangpricha, V., Valentine, C., Winter, S., Woodyatt, C., … Goodman, M. (2018). Association Between Gender Confirmation Treatments and Perceived Gender Congruence, Body Image Satisfaction, and Mental Health in a Cohort of Transgender Individuals. *The Jjournal of Ssexual Mmedicine*, *15*(4), 591–600, *available at* https://doi.org/10.1016/j.jsxm.2018.01.017.

Özkan, Ö., Özkan, Ö., Çinpolat, A., Doğan, N. U., Bektaş, G., Dolay, K., Gürkan, A., Arıcı, C., & Doğan, S. (2018). Vaginal reconstruction with the modified rectosigmoid colon: Surgical technique, long-term results and sexual outcomes. *Journal of Plastic Surgery and Hand Surgery*, *52*(4), 210–216. https://doi.org/10.1080/200065 1248 6X.2018.1444616

Statistics Canada (2022). *Census of Population Canada*. Retried from https://www150.statcan.gc.ca/n1/daily-quotidien/220427/dq220427b-eng.htm

T'Sjoen, G., Arcelus, G., Gooren, L., Klink, D.T., & Tangpricha, V. (2019). Endocrinology of Transgender Medicine, *Endocrine Reviews*, 40(1), 97–117. https://doi.org/10.1210/er.2018-00011

van de Grift, T.C., Elaut, E.,Cerwenka, S.C., Cohen-Kettenis, P.T., & Kreukels, B.P.C. (2018). Surgical Satisfaction, Quality of Life, and Their Association After Gender-Affirming Surgery: A Follow-up Study. *Journal of Sex & Marital Therapy*, 44(2), 138-148. DOI: 10.1080/0092623X.2017.1326190

White Hughto, J.M. & Reisner, S.L. (2016). A Systematic Review of the Effects of Hormone Therapy on Psychological Functioning and Quality of Life in Transgender Individuals. *Transgender Health*, 1(1), 21-31. https://doi.org/10.1089/trgh.2015.0008

Formatted: Font: Italic, Complex Script Font: Italic

Wierckx, K., Van Caenegem, E., Schreiner, T., Haraldsen, I., Fisher, A., Toye, K., Kaufman, J.M., & T'Sjoen G. (2014). Cross-Sex Hormone Therapy in Trans Persons Is Safe and Effective at Short-Time Follow-Up: Results from the European Network for the Investigation of Gender Incongruence. *The Journal of Sexual Medicine*, 11 (8), 1999-2011. https://doi.org/10.1111/jsm.12571.

World Health Organization (1992). *International Statistical Classification of Diseases and Related Health Problems, 10th Revision*. World Health Organization.

World Health Organization (2019). *International Statistical Classification of Diseases and Related Health Problems, 11th revision*. World Health Organization.

Yang, X., Zhao, L., Wang,. L, Hao, C., Gu, Y., Song, W., Zhao, Q., & Wang, X. (2016). Quality of life of transgender women from China and associated factors: A cross-sectional study. *Journal of Sexual Medicine*, 13(6), 977–987. doi: 10.1016/j.jsxm.2016.03.369

Commented [A19]: This is easily accessible on the web, for free, without a paywall. We should in all such cases (and there may be others on this list) provide the relevant URL.

Commented [A20]: Ditto

Formatted: Font: Italic, Complex Script Font: Italic

Re: PLEASE REVIEW - SOC8 Updates - Timeline, Chapter Tracking Sheet, and FINAL STATEMENTS

From: Dan Karasic [redacted]
To: Eli Coleman [redacted]
Cc: [redacted]
Date: Sat, 28 Aug 2021 18:51:56 -0400

OK, sounds good. I will come up with an edited updated draft of the medical necessity statement for the introduction.
Best,
Dan

Dan Karasic, MD
Professor Emeritus of Psychiatry
UCSF Weill Institute for Neurosciences
Telepsychiatry private practice in California
[redacted]
he/him
[redacted]

On Sat, Aug 28, 2021 at 3:41 PM Eli Coleman [redacted] wrote:

> As I re-read the policy statement - it seems that it is more a principle of care rather than an actionable statement as was designed for Delphi.
> Who does what for them and when.
>
> It seems that it might be best stated clearly in the introduction as a bulletied policy statement.
> I think that thse statement(s) could be reiterated in introductions ;or explanatory texts in critical chapters - or we would need to insure that chapters are consistent to this issue of medical necessity.
>
> Upon reviewing the medical necessity statement - I was perusing many of the policy statements - which are very well written and there is very good language that we might want to bake into the introduction or insure that they are articulated in other chapters.
>
> Some of these statements get buried in the website - and it might be a very good idea to reify them in the SOC 8.
>
> I attach some of the statements which I copied and pasted for illustration.
>
> Thoughts?

But in answer to your question Dan - I would prepare an updated statement (not a Delphi one) at this stage. We can still go back and think through a Delphi statement.

Eli

On Sat, Aug 28, 2021 at 12:09 PM Dan Karasic [redacted] wrote:

> Would you like a draft of a potential Delphi statement? That would be a sentence or two, with details in the explanatory text? Or would you prefer a draft of text for the introductory statement without a Delphi statement, which would be an updating and edit of the WPATH Medical Necessity Statement, which is several paragraphs long.
> Best,
> Dan
>
> On Aug 28, 2021, at 7:06 AM, Eli Coleman [redacted] wrote:
>
> Can you prepare a draft by Thursday?
>
> Thanks!
>
> Eli
>
> On Fri, Aug 27, 2021 at 12:50 PM Dan Karasic [redacted] wrote:
>
> > The editors can decide whether or not it needs to be a Delphi statement, and where the discussion of medical necessity should be placed. The statement (or explanatory text) should list medically necessary treatments in an expansive way, and also state that other treatments not listed may also be medically necessary treatments. It should allow for medical necessity to be determined by clinician assessment of the interventions needed for an individual's treatment of their gender incongruence.
> >
> > The concept of medical necessity is so critical for provision of healthcare to trans people in the US-- prisons are required to provide medically necessary care, state laws require medically necessary care to be provided, insurance regulatory bodies and independent medical reviewers look at evidence for medical necessity in coverage decisions.
> >
> > There are important lawsuits happening right now in the US, one or more of which could go to the Supreme Court, on whether trans care is medically necessary vs experimental or cosmetic. I cannot overstate the importance of SOC 8 getting this right at this important time.
> >
> > Best,
> > Dan
> >
> > Dan Karasic, MD
> > Professor Emeritus of Psychiatry
> > UCSF Weill Institute for Neurosciences
> > Telepsychiatry private practice in California
> > [redacted]
> > he/him
> > [redacted]

On Fri, Aug 27, 2021 at 10:08 AM [redacted] wrote:

Ok-will do

[redacted]

Sent from my iPhone

> On Aug 27, 2021, at 11:52 AM, Dan Karasic [redacted] wrote:
>
> The statement can be actionable on the part of insurance companies and healthcare or governmental organizations, it seems to me. Let's give it a shot. I think passage by Delphi adds some weight.
> Best,
> Dan
>
> Dan Karasic, MD
> Professor Emeritus of Psychiatry
> UCSF Weill Institute for Neurosciences
> Telepsychiatry private practice in California
> [redacted]
> he/him
> [redacted]
>
>
>
> On Fri, Aug 27, 2021 at 9:44 AM [redacted] wrote:
>
> Thanks Dan-

I am glad to participate.

If I recall, I think that our challenge with the Delphi process was trying to make medical necessity an “actionable” statement.

I am glad to help in whichever way works best-either as a Delphi statement or as part of the intro.

Thanks

[redacted]

From: Dan Karasic [redacted]
Sent: Friday, August 27, 2021 10:59 AM
To: [redacted]
Cc: [redacted] Eli Coleman [redacted]
Subject: Re: PLEASE REVIEW - SOC8 Updates - Timeline, Chapter Tracking Sheet, and FINAL STATEMENTS

I'm happy to take the lead on this-- writing up a statement updating the 2016 WPATH Medical Necessity Statement (but shorter) that we can pass through Delphi. Then maybe [redacted] and the surgeons can add references supporting the medical necessity of each surgical procedure for the supporting text.

On a related note, medical necessity for youth care-- puberty blockers and chest surgery for transmasculine youth-- is often challenged by US insurance companies. I wonder whether [redacted] and the Adolescent committee might consider adding a medical necessity statement for care of minors?

Best,

Dan

Dan Karasic, MD

Professor Emeritus of Psychiatry

UCSF Weill Institute for Neurosciences

Telepsychiatry private practice in California

[redacted]

he/him

[redacted]

On Fri, Aug 27, 2021 at 8:08 AM J[redacted]
[redacted] wrote:

> It is such an important statement that maybe we need to put it at the very beginning but we need someone writing up as statement, then take it through Delphi and then adding the text

[redacted]

[redacted]

From: [redacted]
Sent: Friday, August 27, 2021 3:58:52 PM
To: [redacted]
Cc: [redacted]
Subject: RE: PLEASE REVIEW - SOC8 Updates - Timeline, Chapter Tracking Sheet, and FINAL STATEMENTS

Hello Friends

Another thought is that we incorporate the WPATH medical necessity statement into the intro for the surgery and/or assessment chapter(s)

Thanks

[redacted]

From: [redacted]
Sent: Friday, August 27, 2021 1:55 AM
To: [redacted]
Cc: [redacted]
Subject: Re: PLEASE REVIEW - SOC8 Updates - Timeline, Chapter Tracking Sheet, and FINAL STATEMENTS

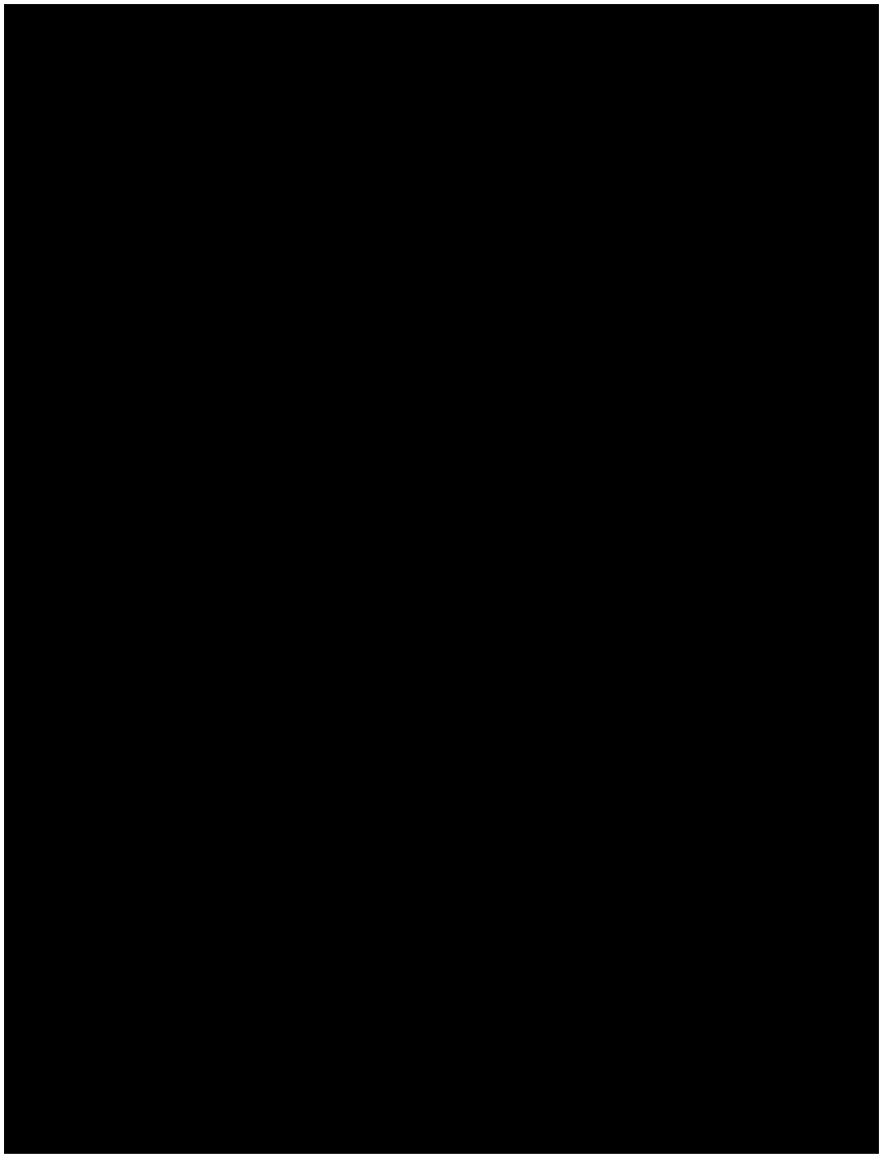
Dear [redacted]

This is increibl helpful. I don't work in the USA so it feels important to have an statement regsrding medical necessity. The surgeons had at some point one but we could not write it

as a statement so it disappeared. I am going to see if I could find it. It does feel so important for trans people in the USA that I wonder whether we need to write one and put it through Delphi very quickly (no one is going to disagree with it). As you chapter is done and we will need to find a home (chapter) for this statement can I be cheeky and ask whether you will help us with the text please?

I am working with the assessment chapter, well spotted, I am going to see whether this can be modified or link closely to your statement

Regards



[redacted]

From: [redacted]
Sent: 26 August 2021 10:09 PM
To: [redacted]
Cc: Mental Health SOC 8 <mentalhealthsoc8@wpath.org>; [redacted] Eli Coleman [redacted]
Subject: Re: PLEASE REVIEW - SOC8 Updates - Timeline, Chapter Tracking Sheet, and FINAL STATEMENTS

Thanks much.

Note that we altered slightly the wording of some of our statements, from what was approved in Nov. 2019.

I hope SOC 8 can incorporate some language about medical necessity for insurance coverage or governmental provision of care. This was an omission in SOC 7 and the WPATH Board had to release a separate Medical Necessity Statement afterwards. I do independent medical reviews for people appealing their insurance denials to state regulatory bodies and clear language is important for this. The State of California at least looks to WPATH as the authority for determining medical necessity, and this is critical for facial feminization surgery especially, but coverage of any needed surgery, so the language is important. We don't want SOC 8 to take us backwards on this.

There is a statement from the Assessment Chapter that is in conflict with the Mental Health Chapter.

The Assessment statement says:

"The following recommendations are made regarding the requirements for gender affirming medical

and surgical treatment including facial feminization surgery: D) We advise that clinicians assessing

trans and gender diverse adults should ensure that any mental health conditions which could be a
contraindication to, or hamper, gender affirming medical treatments are treated or reasonably well
managed prior to the initiation of treatment."

The "treated or reasonably well managed" language harkens to the "reasonably well-controlled" language that has been so problematic in SOC 7.

The Mental Health chapter addressed this by stating that mental health conditions that impair capacity to consent should be addressed, and that conditions that impair ability to participate in perioperative care should be addressed-- but that they can be addressed by providing additional support for the patient, as well as by addressing the condition. The language we use in our chapter makes it clearer that a condition does not have to be "well-controlled" if the patient has capacity to consent and can participate adequately in perioperative care, with support.

Lastly, note that we did not include the statement on credentials for mental health professionals in our chapter. Since the rest of SOC 8 allows other clinicians to do assessments, there is no need for that statement on MHP credentials in SOC 8.

Thanks again,

Dan

Dan Karasic, MD

Professor Emeritus of Psychiatry

UCSF Weill Institute for Neurosciences

Telepsychiatry private practice in California

[redacted]

he/him

[redacted]

On Thu, Aug 26, 2021 at 12:04 PM [redacted] wrote:

Dear SOC8 Mental Health Chapter,

I hope this email finds you well. Many of you already received the message below last week from [redacted], however, to ensure all SOC8 Chapter Members have access to the updated timeline and tracking sheet, as well as the **final approved statements for all WPATH SOC8 Chapters,** we are resending now.

Please take some time to review the **final approved SOC8 statements for ALL WPATH SOC8 chapters** in the attached PDF. **We ask that all of you review ALL statements in each chapter to identify any discrepancies between chapters that need to be addressed.**

Please find enclosed the timeline of the SOC-8. We must finish this by the end of this year.

We realize that the process has taken much longer than we thought but we need to bring this to a close. We will work with all committees to overcome whatever barriers that you are experiencing. However, we need everyone to focus on this task and make this a priority in this final leg of the journey. You all have done such amazing work. I am sure that we will be very proud of the outcome and most importantly, we will have a new and updated Standards of Care which will advance transgender and gender diverse health.

Have a close look at when your final chapter is due so you can plan your own timelines to get to that end date.

It is important that you take the deadlines of your chapter seriously (as a deadline for a Grant application). We expect to see drafts of your chapter at least 2 or 3 weeks before the deadline of the final approved chapter – as you have to anticipate that there will be further revisions needed. We are committed to reviewing drafts and getting feedback to you quickly so as not to slow you down.

As you know, once the chapter is approved by us, we will send it to the reference checkers and then to the editor. They will have queries and comments, which means that we will need to send it back to you to address them. We have sent some drafts to reference checkers in advance to speed the process but will make sure all final references are checked as well.

We expect that all the chapters will be included in the SOC-8 when it is finally published. We cannot afford to delay the publication of the SOC-8 due to any specific chapter being too late.

Finally, a kind reminder of the confidentiality agreement that we also signed when we started this process which means that we should not share the approved statements with anyone outside the SOC, including during articles, teaching, training or conferences.

Thanks a lot for your work in the SOC-8….we are nearly there!!!

Eli, [redacted]

[redacted]

This message and any attachment are intended solely for the addressee and may contain confidential information. If you have received this message in error, please contact the sender and delete the email and attachment.

Any views or opinions expressed by the author of this email do not necessarily reflect the views of the University of Nottingham. Email communications with the University of Nottingham may be monitored where permitted by law.

This message and any attachment are intended solely for the addressee and may contain confidential information. If you have received this message in error, please contact the sender and delete the email and attachment.

Any views or opinions expressed by the author of this email do not necessarily reflect the views of the University of Nottingham. Email communications with the University of Nottingham may be monitored where permitted by law.

--

Eli Coleman, PhD.
Academic Chair in Sexual Health
Professor and Director
The Institute for Sexual and Gender Health
University of Minnesota Medical School
Family Medicine and Community Health
sexualhealth.umn.edu

--

Eli Coleman, PhD.
Academic Chair in Sexual Health
Professor and Director
The Institute for Sexual and Gender Health
University of Minnesota Medical School
Family Medicine and Community Health
sexualhealth.umn.edu

Re: 07.01.22 Medical Necessity Statement version3

From: Dan Karasic [redacted]
To: walterbouman [redacted]
Cc: [redacted]n [redacted], Eli Coleman [redacted], [redacted] <blaine@wpath.org>, WPATH EC 2022 <wpathec2022@wpath.org>
Date: Fri, 07 Jan 2022 16:35:13 -0500

(Sorry, I meant hair removal in people assigned male at birth.)

Dan Karasic, MD
Professor Emeritus of Psychiatry
UCSF Weill Institute for Neurosciences
Telepsychiatry private practice in California
[redacted]
he/him
[redacted]

[redacted]

On Fri, Jan 7, 2022 at 1:34 PM Dan Karasic [redacted] wrote:

> Thanks for the good work on this.
> Re the list of medically necessary interventions: We should include hair removal for people assigned female at birth-- facial hair (especially) as well as body hair, not just in preparation for surgery. Some transfeminine people choose hair removal as a first treatment for gender dysphoria, particularly when there may be roadblocks (eg in a relationship with a non-accepting partner) to starting estradiol and anti-androgens.
> Facial hair removal is also a medically necessary treatment for trans women on hormones, and electrolysis and laser hair removal can be a time consuming and costly but medically necessary intervention. Insurance and health system coverage for this is spotty. We do get appeals to the State of California from trans women whose insurance denies coverage for hair removal.
> Also, voice therapy should be included as medically necessary care.
>
> Re [redacted] good point about universal health coverage:
> I think this should be in a separate statement, and broader. San Francisco has universal health coverage, including for undocumented immigrants, with the City paying for care not paid for by state or federal programs. As such, we have provided gender affirming care for Europeans from countries with universal health care, as well as Canadians and others, who have moved to SF because of poor access to trans care in countries with universal health systems.
> The broader statement should be about WPATH support for improved access to health care for trans people, including both gender affirming care and general care. Governments and health systems should work to reduce barriers to care, including bottlenecks in referrals to gender clinics, in limitation of gender affirming care to gender clinics when care can also be provided in primary care systems, in inaccessibility and long waits for health-system required mental health

assessments, and long waits for gender affirming medical and surgical care, e.g. due to lack of health providers.
Should we have a separate Delphi statement and Board position statement on access to care. that includes support for universal health care as well addressing limitations on care in health systems?

Best,

Dan

Dan Karasic, MD
Professor Emeritus of Psychiatry
UCSF Weill Institute for Neurosciences
Telepsychiatry private practice in California
[redacted]
he/him
[redacted]

[redacted]

On Fri, Jan 7, 2022 at 6:26 AM [redacted] wrote:

> Hi [redacted] and all,
>
> Please find attached the third draft now with suggestions on the side. I have "merged" the previous documents together.
>
> Feel free to insert [redacted] Statement at the top as a reminder that this is the Statement that has to go through Delphi.
>
> [redacted] would you mind having a look at it again when you have time, based on [redacted] excellent comments please?
>
> I'll jump in from there on; and [redacted] will look at it again tomorrow morning (thanks [redacted]).
>
> It's going to be a great Statement.
>
> With warm wishes,
>
> [redacted]
>
> ---

[redacted]

On 2022-01-07 14:08, [redacted] wrote:

Hi there everyone.

We recommend that health care systems should provide medically necessary gender affirming psychological, medical and surgical treatments for trans and gender diverse children, adolescents and adults.

I think this statement would get universal support. A few thoughts.

1/ I would suggest we use the word 'healthcare' rather than 'treatments' (Is it just me, or does treatment imply pathology? I wonder if, under normal circumstances, we would speak of treatment for pregnancy - rather perhaps we would speak of healthcare).

2/ The proposed wording refers to children, but the Medical Necessity Statement does not appear to.(am I right on this?)

3/ Following on from what I have suggested in my comments in the Medical Necessity Statement (see earlier attachment), I woould suggest the following.

We recommend that health care systems should provide medically necessary gender affirming psychological, medical and surgical HEALTHCARE for trans and gender diverse children, adolescents and adults, AND SUCH HEALTHCARE SHOULD IDEALLY BE PROVIDED WITHIN UNIVERSAL HEALTHCARE COVERAGE.

Thanks again for letting me participate in this part of the SOC. It's getting late here and so I will soon have to switch off my computer. Will open up computer tomorrow morning.

[redacted]

From: [redacted]
Sent: Friday, January 7, 2022 21:19
To: [redacted]
Cc: Coleman, Eli; [redacted] WPATH EC 2022
Subject: Re: Medical Necessity Statement version2

Dear all

Thank you [redacted] for putting this together and to all of you to contribute into this.

This will be a brilliant text that will be accompanying the statement of the recommendation.

We had a meeting yesterday with the chairs and decide that we need to create a recommendation for medical necessity that goes through delphi and is approved by everyone. It is then in the SOC-8 as a recommendation, possible in the introduction as the first recommendation.

So far what we have this

We recommend that health care systems should provide medically necessary gender affirming psychological, medical and surgical treatments for trans and gender diverse children, adolescents and adults.

(questions do we need to say (as recommended by SOC8?)

please feel free to modify this and change it or come with some other suggestions.

Regards

[redacted]

[redacted]

From: [redacted]
Date: Friday, 7 January 2022 at 13:04
To: Jamison Green [redacted]
Cc: Coleman, Eli [redacted]

[redacted]

Subject: Re: Medical Necessity Statement version2

Dear [redacted],

Thank you so much for that. I have accepted all your edits and added your suggestions about counselling for children and

their parents/legal guardians/care takers.... and some spacing between the references, although that would be made more

clear in the publication in IJTH anyway. See latest version attached.

[redacted] would you be so kind as to have a look at this and see whether anything essential is missing? And whether this

Statement is "global enough" please?

Once we hear your feedback, perhaps we can move to approve (and publish)?

Warmest,

[redacted]

[redacted]

On 2022-01-06 23:01, [redacted] wrote:

Dear [redacted]

Thank you for putting this together; you've done a great job with this. Indeed, it is important that such a statement is part of the actual SOC. And, indeed, the original Medical Necessity Statement was specific to the US because this was where we were experiencing the problem with our obtuse and unhealthy system of healthcare "coverage" and we needed a tool for our attorneys to use in defending access to care here. I have long wanted this (and many of our other policy statements) to become part of the SOC because that gives them greater force. I am very happy to see the medical necessity statement expanded to a more global context, which the ICD-11 has made possible.

I have made a few typographical changes in the attached file (very minor). But I am wondering whether we should include something about the medical necessity of coverage for counseling for pre-adolescents (or for their parents/guardians)? Also, it would be good if the reference list had better spacing for readability, but I figure that will happen in the publication phase.

Thank you,

[redacted]

On Thu, Jan 6, 2022 at 7:24 AM [redacted] wrote:

Dear [redacted]

I am aware that the existing Medical Necessity Statement on the WPATH website is rather US-centric, and also qua language not up-to-date. I guess we all agree that such a statement is helpful to include in the forthcoming SOC8.

Hence, I had a first stab at re-drafting a Medical Necessity Statement for this purpose based on a version of [redacted] and the 2016 statement on the WPATH website.

Would you be interested in helping make a final draft, which we can then run past the Board of Directors and SOC8 Chair and Co-Chairs please (and whoever else we think can contribute)?

I am not particularly precious about my writing, so please add/delete/change as you see fit (rather than only make comments); let's get this done ASAP.

Once everybody is happy with it, I can publish it in IJTH - that should take no longer than 1 week, and those who have contributed can put their name on it, and it will then also be on behalf of WPATH, USPATH, EPATH, and AsiaPATH.

To make the process - at least initially - fairly efficient (and quick) I have only written to you (and copied Eli, [redacted], and [redacted], and [redacted] and the EC in), and once we get a first proper draft (hopefully within a few days), we can send it around for comments and edits.

What do you think?

Are you in?

Warmest,

[redacted]

[redacted]

[redacted]

Re: Medical Necessity Statement version4 - please respond by Monday 2 May

From: Sam Winter [redacted]
To: [redacted] karasic [redacted]
Cc: [redacted] Eli Coleman [redacted]
Date: Mon, 02 May 2022 06:07:36 -0400

Hi [redacted]

By all means put the medical necessity statement and text in the introduction. But wherever you put it, it seems to me that t needs to be as globally relevant as possible. After all, the entire document is intended to be globally relevant (not just the Global chapter). [redacted] I would make the same request to you as I made in the e mail a minute or so ago. Please indicate which of the suggested edits would make the text (or indeed the statement it supports) less relevant to the US.

Best

[redacted]

[redacted]

From: [redacted]
Sent: Monday, May 2, 2022 14:50
To: Dan Karasic

Cc: [redacted]

Subject: Re: Medical Necessity Statement version4 - please respond by Monday 2 May

I fully support what Dan is saying. I agree that the introduction and possibly other chapters should contain references to medical necessity. Just like no one wants the US to dominate global concerns, some people in the US who need to see the fact of medical necessity (lawyers, judges, politicians, insurance company representatives, HPs, and trans people themselves) will be tempted to skip the global chapter because they'll assume it has nothing to do with US systems. It is shameful, and I'm but I believe it is true.

Sorry,
[redacted]

On Sun, May 1, 2022, 11:07 PM Dan Karasic[redacted]wrote:

> Is the Delphi statement on medical necessity and the medical necessity statement we have been circulating still going in the Introduction of SOC 8? If so, then a differently-focused statement could go in a Global chapter. It seems like there is room in SOC 8 for access to care to be addressed in more than one place. But there are elements of the Medical Necessity statement that are critical to insurance reimbursement and access to care in the US, though not so in every country, and these should have a place somewhere in SOC 8. If WPATH SOC 8 fails to adequately support access to trans care in the US by overgeneralizing wording, it may be globally applicable, but it is not globally useful, insofar as the US is part of the globe. There should be room in SOC 8 to address concerns of national health systems, or other non-reimbursement focused systems without making SOC 8 less useful to US trans care. SOC 7 did not address medical necessity directly, requiring the WPATH Board to address this in the separate 2016 Medical Necessity Statement.
> Medical necessity is at the center of dozens of lawsuits in the US right now over state actions to make trans care inaccessible, as well as being at the center of all reimbursement for trans care in the US. Given that we don't (yet) have a USPATH Standards of Care, it is critical that WPATH SOC 8 gets this right, which I think it does, currently. For example, while Gender Incongruence is used in the statement, the medical necessity statement talks about GI with clinically significant distress, which approximates the US Gender Dysphoria diagnosis used in medical necessity determinations.
> Anyway, I appreciate the importance of global applicability, but want to ensure that the language remains precise for provision of care in the US.
> Best,
> Dan

Best,
Dan

Dan Karasic, MD
Professor Emeritus of Psychiatry
UCSF Weill Institute for Neurosciences
Telepsychiatry private practice in California
[redacted]
he/him
[redacted]

notified that any use, dissemination, copying, or storage of this message or its attachments is strictly prohibited.

On Sun, May 1, 2022 at 7:03 PM [redacted] wrote:
Good morning Dan and everyone.

Dan, you write:

It is useful for the statement to have global applicability, but this is a case in which a US-centric statement is defensible.
But not in the SOC8, nor in the Global Applicability chapter.

Rather, here in the global applicability chapter of SOC-8 a globally relevant statement is needed; Trans healthcare is questioned or under outright attack across much of the world.

I trust none of my suggestions in any way undermine the text's applicability to the US (indeed, no more than to any other country)

Best

[redacted]

[redacted]

From: Dan Karasic[redacted]
Sent: Monday, May 2, 2022 5:20
To: [redacted]
Cc: [redacted]
[redacted] Eli Coleman[redacted]

Subject: Re: Medical Necessity Statement version4 - please respond by Monday 2 May

Thanks [redacted] This document is an update of the WPATH Medical Necessity statement of 2016, focused on insurance reimbursement in the US. Establishing medical necessity is central to all healthcare provision in the US-- and currently there are lawsuits in the US trying to reverse the provision of trans healthcare by asserting that it is categorically not medically necessary. The policy of the US federal government from 1981 to 2014 was that trans care was experimental, not medically necessary, which meant that insurance and government provision of healthcare was allowed to exclude trans care during those years, and the right wing in the US is trying to force us back to those years, or worse.
So this statement is incredibly important in the US, but might not have utility everywhere in the world. It is useful for the statement to have global applicability, but this is a case in which a US-centric statement is defensible.
Best,
Dan

Dan Karasic, MD
Professor Emeritus of Psychiatry
UCSF Weill Institute for Neurosciences
Telepsychiatry private practice in California
[redacted]
he/him
[redacted]

On Sun, May 1, 2022 at 1:34 PM [redacted] wrote:

> Hi there
>
> In that draft I just sent, one of my comments refers to the document I sent some time back (actually, I now see I sent it back on the 8th January) on universal healthcare. So here it is, for information only (just in case any of you wants to be reminded about what I was going on about way back then)
>
> OK, really, goodnight.
>
> [redacted]
>
> [redacted]

[redacted]

From: [redacted]
Sent: Saturday, April 30, 2022 3:04
To: Dan Karasic
Cc: [redacted]
Eli Coleman [redacted]
Subject: Re: Medical Necessity Statement version4 - please respond by Monday 2 May

Dear Dan,
thank you - that is most helpful.
with warm wishes,
[redacted]

[redacted]

On 2022-04-29 18:41, Dan Karasic wrote:
Great work!
I have attached the document with some edits-- I got rid of the two references to Branstrom, given the published correction, and added a few other references used to support medical necessity.

Also, I changed 302.85 to F64.0-- this is the updated DSM-5/DSM-5TR billing code linked to ICD-10CM in the US.
Best,
Dan

Dan Karasic, MD
Professor Emeritus of Psychiatry
UCSF Weill Institute for Neurosciences
Telepsychiatry private practice in California
[redacted]
he/him
[redacted]

On Fri, Apr 29, 2022 at 10:10 AM [redacted] wrote:
Thank you, [redacted]

Best,
[redacted]

On Fri, Apr 29, 2022 at 9:54 AM [redacted] wrote:
that is a very good point...I have change it

[redacted]

From: [redacted]
Sent: 29 April 2022 17:51
To: [redacted]
Cc:

[redacted] Dan Karasic[redacted]
[redacted]; Eli Coleman [redacted]>
[redacted]

Subject: Re: Medical Necessity Statement version4 - please respond by Monday 2 May

Thank you, [redacted] I also very much like this statement and the supporting write-up. There is one word, though, in the middle (on the right side of the page) of the last paragraph on the first page of the document: "wishing." This word gives me pause, and perhaps I am being too sensitive, but one of the biggest obstacles trans people experience in getting support for coverage of our care is that we are told "you can't always get what you want" and "wishing does not make it so." Wishing makes the needed care seem optional, and we are often told we are imagining that we are not who we are and we should just suck it up.

Would it be possible or advisable or prudent to replace "wishing" with "in need of" here?

Thanks for your consideration, and for your great work on this.

Best,
[redacted]

On Fri, Apr 29, 2022 at 9:06 AM [redacted] wrote:

Thanks [redacted]

I think the statement reads very well. I have no edits

Thank you very much

[redacted]

Sent from my iPhone

> On Apr 29, 2022, at 11:01 AM, [redacted] wrote:
>
> Dear all,
>
> This is new version of the medical necessity statement and it has been approved by the chairs so please send any comments of this version to me.
>
> As per walter's email, if we don't heard anything by the 2nd of May we will presume that you are happy with this version.
>
> [redacted] We would like this statement to go in the Global chapter, would that be OK with you? In your view, should this recommendation be the 1st, 2nd, 3rd, 4th of 5th in your chapter? do let us know

kind regards

[redacted]

From: [redacted]
Sent: 29 April 2022 11:49
To: Eli Coleman [redacted]
Cc: [redacted]
[redacted]
Dan Karasic [redacted]
Subject: Re: Medical Necessity Statement version4 - please respond by Monday 2 May

Dear Eli, [redacted]
Please find attached the Medical Necessity Statement, which passed Delphi together with text for the SOC8. I feel we are nearly there!
I have copied [redacted] and Dan into this email, as they have been involved with the writing of the text previously.
[redacted] and Dan: would you be so kind as to have a read-through and respond with any edit suggestions before Monday 2 May please, so that we can finalise this part of the SOC8 swiftly? Cheers!!
Thanks everyone, and wishing you all a lovely weekend,
[redacted]

[redacted]

[redacted]

On 2022-04-25 03:54, Eli Coleman wrote:
I am still not sure we have the finalized explication of the Delphi approved statement for our Introduction.

Please advise.

Eli

On Thu, Mar 24, 2022 at 9:44 AM [redacted] wrote:

[redacted]

[redacted]

From: [redacted]
Sent: 07 January 2022 14:26
To: [redacted]
Cc: [redacted]
Coleman, Eli [redacted]
WPATH EC 2022 <wpathec2022@wpath.org>
Subject: Re: 07.01.22 Medical Necessity Statement version3

Hi [redacted] and all,
Please find attached the third draft now with suggestions on the side. I have "merged" the previous documents together.
Feel free to insert [redacted] Statement at the top as a reminder that this is the Statement that has to go through Delphi.
[redacted] would you mind having a look at it again when you have time, based on [redacted] excellent comments please?

I'll jump in from there on; and [redacted] will look at it again tomorrow morning (thanks[redacted]
It's going to be a great Statement.
With warm wishes,
[redacted]

[redacted]

On 2022-01-07 14:08, [redacted] wrote:
Hi there everyone.

We recommend that health care systems should provide medically necessary gender affirming psychological, medical and surgical treatments for trans and gender diverse children, adolescents and adults.

I think this statement would get universal support. A few thoughts.

1/ I would suggest we use the word 'healthcare' rather than 'treatments' (Is it just me, or does treatment imply pathology? I wonder if, under normal circumstances, we would speak of treatment for pregnancy - rather perhaps we would speak of healthcare).

2/ The proposed wording refers to children, but the Medical Necessity Statement does not appear to.(am I right on this?)

3/ Following on from what I have suggested in my comments in the Medical Necessity Statement (see earlier attachment), I woould suggest the following.

We recommend that health care systems should provide medically necessary gender affirming psychological, medical and surgical HEALTHCARE for trans and gender diverse children, adolescents and adults, AND SUCH HEALTHCARE SHOULD IDEALLY BE PROVIDED WITHIN UNIVERSAL HEALTHCARE COVERAGE.

Thanks again for letting me participate in this part of the SOC. It's getting late here and so I will soon have to switch off my computer. Will open up computer tomorrow morning.

[redacted]

From: [redacted]
Sent: Friday, January 7, 2022 21:19
To: [redacted]
Cc: Coleman, Eli; [redacted] WPATH EC 2022
Subject: Re: Medical Necessity Statement version2

Dear all
Thank you walter for putting this together and to all of you to contribute into this.

This will be a brilliant text that will be accompanying the statement of the recommendation.

We had a meeting yesterday with the chairs and decide that we need to create a recommendation for medical necessity that goes through delphi and is approved by everyone. It is then in the SOC-8 as a recommendation, possible in the introduction as the first recommendation.

So far what we have this

We recommend that health care systems should provide medically necessary gender affirming psychological, medical and surgical treatments for trans and gender diverse children, adolescents and adults.

(questions do we need to say (as recommended by SOC8?)

please feel free to modify this and change it or come with some other suggestions.

Regards
[redacted]

From: [redacted]
Date: Friday, 7 January 2022 at 13:04
To: [redacted]
Cc: Coleman, Eli [redacted], WPATH EC 2022 <wpathec2022@wpath.org>
Subject: Re: Medical Necessity Statement version2

Dear [redacted]
Thank you so much for that. I have accepted all your edits and added your suggestions about counselling for children and
their parents/legal guardians/care takers.... and some spacing between the references, although that would be made more
clear in the publication in IJTH anyway. See latest version attached.

Sam, would you be so kind as to have a look at this and see whether anything essential is missing? And whether this Statement is "global enough" please?

Once we hear your feedback, perhaps we can move to approve (and publish)?
Warmest,

[redacted]

Error! Filename not specified.Error! Filename not specified.Error! Filename not specified.Error! Filename not specified.

On 2022-01-06 23:01, [redacted] wrote:

> Dear [redacted]
>
> Thank you for putting this together; you've done a great job with this. Indeed, it is important that such a statement is part of the actual SOC. And, indeed, the original Medical Necessity Statement was specific to the US because this was where we were experiencing the problem with our obtuse and unhealthy system of healthcare "coverage" and we needed a tool for our attorneys to use in defending access to care here. I have long wanted this (and many of our other policy statements) to become part of the SOC because that gives them greater force. I am very happy to see the medical necessity statement expanded to a more global context, which the ICD-11 has made possible.
>
> I have made a few typographical changes in the attached file (very minor). But I am wondering whether we should include something about the medical necessity of coverage for counseling for pre-adolescents (or for their parents/guardians)? Also, it would be good if the reference list had better spacing for readability, but I figure that will happen in the publication phase.
>
> Thank you
> [redacted]
>
> On Thu, Jan 6, 2022 at 7:24 AM [redacted] wrote:

Dear [redacted]
I am aware that the existing Medical Necessity Statement on the WPATH website is rather US-centric, and also qua language not up-to-date. I guess we all agree that such a statement is helpful to include in the forthcoming SOC8.
Hence, I had a first stab at re-drafting a Medical Necessity Statement for this purpose based on a version of [redacted] and the 2016 statement on the WPATH website.
Would you be interested in helping make a final draft, which we can then run past the Board of Directors and SOC8 Chair and Co-Chairs please (and whoever else we think can contribute)?
I am not particularly precious about my writing, so please add/delete/change as you see fit (rather than only make comments); let's get this done ASAP.
Once everybody is happy with it, I can publish it in IJTH - that should take no longer than 1 week, and those who have contributed can put their name on it, and it will then also be on behalf of WPATH, USPATH, EPATH, and AsiaPATH.
To make the process - at least initially - fairly efficient (and quick) I have only written to you (and copied Eli, [redacted] and the EC in), and once we get a first proper draft (hopefully within a few days), we can send it around for comments and edits.
What do you think?
Are you in?
Warmest,

Error! Filename not specified.Error! Filename not specified.Error! Filename not specified.Error! Filename not specified.

attachment.

Any views or opinions expressed by the author of this email do not necessarily reflect the views of the University of Nottingham. Email communications with the University of Nottingham may be monitored where permitted by law.

This message and any attachment are intended solely for the addressee and may contain confidential information. If you have received this message in error, please contact the sender and delete the email and attachment.

Any views or opinions expressed by the author of this email do not necessarily reflect the views of the University of Nottingham. Email communications with the University of Nottingham may be monitored where permitted by law.

--

Eli Coleman, PhD.
Academic Chair in Sexual Health
Professor and Director
The Institute for Sexual and Gender Health
University of Minnesota Medical School
Family Medicine and Community Health
sexualhealth.umn.edu

This message and any attachment are intended solely for the addressee and may contain confidential information. If you have received this message in error, please contact the sender and delete the email and attachment.

Any views or opinions expressed by the author of this email do not necessarily reflect the views of the University of Nottingham. Email communications with the University of Nottingham may be monitored where permitted by law.