

## Key messages - Vital Statistics Legislation

March 2014

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- Amendments will modernize the act as well as change the approach to providing identity-related services to those who wish to change their sex designation on their birth certificate.
- This legislation is respectful of the transgender community as it removes a barrier of requiring surgery to changing a person's sex designation on their birth certificate.
- Instead of having a second physician confirm that an individual has had gender re-assignment surgery, the legislation now only requires a person to provide an application stating their desired sex designation (male or female); a declaration stating the applicant has assumed and intends to maintain the desired sex designation.
- The legislation also requires a statement from a physician or psychologist confirming the sex designation on the birth registration does not correspond with the applicant's gender identity.
- The change will also be available to minors who must have consent from their parents and guardians.
- International identification and driver licensing standards require a field called 'sex' that contains either the 'M' or 'F' designation that is on B.C. documents. This ensures the documents obtained in B.C. are internationally recognized as legitimately-issued documentation.
- The act will also be updated to avoid presumptions about religion as the provincial population is diverse and the terminology will be updated to be neutral.

# QUESTIONS AND ANSWERS

## Vital Statistics Legislation

*Ministry of Health*  
March 2014

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**Q1: What are you announcing today?**

- We are announcing amendments to the Vital Statistics Act that will bring the act up-to-date and remove a barrier of requiring surgery to changing a person's sex designation on their birth certificate.

**Q2: How will someone be able to change their gender? What will the process be?**

- Instead of having a second physician confirm that an individual has had successful gender re-assignment surgery, the legislation will now require a person to provide an application stating their desired sex designation (male or female); a declaration stating the applicant has assumed and intends to maintain the desired sex designation.
- The legislation also requires is a statement from a physician or psychologist authorized to practice in Canada confirming the sex designation on the birth registration does not correspond with the applicant's gender identity.
- If under 19, a statement of parental and guardian consent is also required.

**Q3: Why just doctors and psychologists can sign off on the patient request and not counsellors or other professionals?**

- Physicians and psychologists have the appropriate education and clinical qualifications to ensure that their support is based on sufficient analysis and professional judgement.

**Q4: How does this currently work?**

- The act currently requires that individuals be unmarried and that transsexual surgery be completed and be confirmed as being complete to accepted medical standards by a second physician prior to the sex being changed on an individual's birth certificate.

**Q5: Regarding someone under the age of 19 wishing to make a change, what if parents disagree on the decision, how can that be resolved?**

- A Canadian physician or psychologist must provide confirmation that the sex designation on the birth certificate does not correspond with the child's gender identity and, in cases where the parents disagree, the Minister may waive or modify the requirements for parental/guardian consent if he/she is satisfied that the waiver or modification is in the child's best interest.

**Q6: Why don't you just remove the reference to gender altogether on birth certificates?**

- International identification and driver licensing standards require a field called 'sex' that contains either the 'M' or 'F' designation that is on B.C. documents. This ensures the documents obtained in B.C. are internationally recognized as legitimately-issued documentation.

**Q7: What cost is associated with changing the record of sex for a birth certificate?**

- A fee of \$27 is associated with changing the record of sex on a person's birth registration.

**Q8: What have other Canadian jurisdictions done about gender policy?**

- The province of Ontario revised their policy about how individuals change their record of sex on birth certificates and driver's licences in 2012 after a Human Rights Tribunal ruling.
- Manitoba and Quebec are working to revise their policies about how individuals change their record of sex.

**Q9: What have other provinces done with respect to minors getting their sex designation on birth certificates changed?**

- B.C. will be the first to make such provisions.

**Q10: Does Ontario permit minors to change sex designation on birth certificates?**

- No.

**Q11: How will people born in B.C. but not a resident in B.C. be able to change their sex designation?**

- In the case of an applicant who resides outside of B.C., a statement from a person who is authorized in another province or territory to practice a health profession equivalent to that practiced by an authorized person in B.C., confirming the sex designation on the applicant's birth record does not correspond with the applicant's gender identity.

**Q12: Who was consulted about the requirements for change of sex designation on birth certificates?**

- The Colleges of Physicians and Surgeons as well as Psychologists were consulted. We also consulted with other provinces like Ontario and Manitoba. The transgender community was consulted about the need for change.

**Q13: When does this change come into effect?**

- Changes will come into effect on Royal Assent.

**Q14: Is government still going to change its gender policies relating to the BC Services Card? Can you give us an update on that?**

- We expect to have the BC Service Card policy mirror these amendments. These changes are expected to come into effect in April 2014.

**Q15: How else is the legislation being updated?**

- The act will also be updated to avoid presumptions about religion as the provincial population is diverse and the terminology will be updated to be neutral.

**Q16: What do you mean by that, can you expand the explanation?**

- The act presumes a Christian heritage and will replace the definition of a given name which currently includes such terms as 'Christian name' and 'baptismal name' with something more neutral, like 'surname'.

**Q17: I understand the CEO of Vital Stats is getting a different title as a result of this legislation. What is happening there?**

- The chief executive officer will be known as the 'registrar general'. This reflects legislation in other jurisdictions.

**CONFIDENTIAL  
ISSUES NOTE**

**Ministry: Health**

**Date: April 26, 2013**

**Minister Responsible: HEALTH**

**Gender Reassignment  
Assessment Services**

**ADVICE AND RECOMMENDED RESPONSE:**

- The Ministry of Health is committed to ensuring that British Columbians have access to any and all medically-necessary procedures and treatments, while ensuring our system is cost-effective and sustainable.
- There have been no discussions around ending this program, including funding for assessments.
- Gender reassignment surgery is a highly specialized field, with a very small number of qualified specialists who perform these complex procedures.
- MSP covers gender reassignment services for both Male to Female and Female to Male. For male-to-female, MSP covers penectomy/orchidectomy, vaginoplasty and breast augmentation. For female-to-male, MSP covers hysterectomy, oophorectomy, bilateral mastectomy and a limited number of phalloplasties.
- Working with our partners in VCH, in 2010 we expanded the province's GRS program to include coverage for chest contouring and to provide dedicated OR time for mastectomies.

**BACKGROUND REGARDING THE ISSUE:**

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**DISCUSSION/ADVICE:**

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**Budget:**

- From 2001-06, MSP paid \$691,181 for 117 OOP GRS procedures for 55 patients.
- In 2008, the GRS Surgical Review Committee approved 44 patients for MtF surgery, and 28 patients for FtM (Total: 72)
- In 2009, 43 patients were approved for (MtF) surgery and 32 patients for (FtM).
- In 2010, 38 patients were approved for (MtF) surgery and 27 patients for (FtM).
- In 2010/11, HIBC paid for 25 MtF (vaginoplasty) procedures performed out-of-province at a cost of \$378,228.
- In 2011/12, HIBC paid for 41 MtF (vaginoplasty) procedures performed out-of-province at a cost of \$660,592.

Communications Contact: Stephen May  
Program Area Contact: Stephanie Power/HAD  
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Minister's Office	Program Area	Deputy	Media Manager
			Ryan Jabs

**CONFIDENTIAL  
ISSUES NOTE**

**Ministry: Health**

**Date: June 17, 2010**

**Updated: August 1, 2012, November 30, 2012**

**Minister Responsible: Mike de Jong**

**Gender Reassignment Surgery**

**ADVICE AND RECOMMENDED RESPONSE:**

- The Ministry of Health is committed to ensuring that British Columbians have access to any and all medically-necessary procedures and treatments, while ensuring our system is cost-effective and sustainable.
- Gender reassignment surgery is a highly specialized field, with a very small number of qualified specialists who perform these complex procedures.
- MSP covers gender reassignment services for both Male to Female and Female to Male. For male-to-female, MSP covers penectomy/orchidectomy, vaginoplasty and breast augmentation. For female-to-male, MSP covers hysterectomy, oophorectomy, bilateral mastectomy and a limited number of phalloplasties.
- Working with our partners in VCH, in 2010 we expanded the province's GRS program to include coverage for chest contouring and to provide dedicated OR time for mastectomies.
- We are also looking at ways to improve information for patients considering the procedure. We developed an information sheet for people who are thinking about having GRS, as a part of their gender transition.

**If asked about vaginoplasties/phalloplasty/sending patients to Montreal:**

- Patient outcomes for complex procedures are better in facilities that perform a high volume of procedures. Historically, there have been only a limited number of British Columbians each year undergoing male-to-female gender reassignment surgery.
- For vaginoplasties and phalloplasties, the ministry pays for approved patients to have the procedure performed in Montreal. The clinic there has the expertise and the facilities to safely perform this complicated procedure.
- In calendar year 2011, 28 patients received vaginoplasty surgery in Montreal. So far in 2012, 31 patients have received the same.
- After review by the Ministry in 2012, it has been decided that MSP will cover a limited number of phalloplasties.
- The majority of follow-up care is done in British Columbia. With the recently insured phalloplasty surgery, the Ministry is working with the Health Authorities to have post-operative services available to patients returning from Montreal.

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### **If asked about human rights complaints:**

- We recognize that there is a need to improve access to gender reassignment services here in British Columbia. We continually work toward providing the best access to services in British Columbia, even at a time when budgetary constraints are being keenly felt in the health system.
- BC is recognized as one of the top delivery models in the world, regarding gender reassignment services.
- Working with our partners in VCH, in 2010 we expanded the province's GRS program to include coverage for chest contouring and to provide dedicated OR time for mastectomies. This has been a very successful program, and has greatly improved access to chest surgery for FtM patients approved for funding by MSP.
- We are currently updating and improving the information about GRS, for patients and physicians alike.

### **BACKGROUND:**

- MSP currently covers gender reassignment services for both male-to-female and female-to-male.
- Typically, the female-to-male surgical procedures (such as hysterectomy and mastectomies) are performed in B.C., while vaginoplasty (MtF) is mainly performed in Montreal, with a few complex patients going to Scottsdale, Arizona.
- MSP also covers revision work for both patient groups on a case-by case basis, determined by medical necessity. In addition, PharmaCare provides some coverage for hormone therapy under Plan G.
- To be eligible for GRS, patients must have lived for one year as the gender desired, and undergo psychiatric assessment with two consulting GRS psychiatrists.

### **DISCUSSION/ADVICE:**

- In the past there have been human rights complaints (as well as less formal complaints) arguing that there is insufficient access to GRS procedures in B.C.
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- There currently is only one surgeon in the province who can perform the genital surgery. Other surgeons are available to provide the other types of surgeries. OBGYN will do hysterectomies, but otherwise, no BC urologists or plastic surgeons have expressed interest in this specialized surgery.

#### **Previous history:**

- In March, 2008, the ministry determined it would not support a VCH business case to provide additional funding to establish a GRS program there because:
  - It did not address the issue of quality of care based on critical patient mass; and
  - The business case did not speak to the vulnerability of developing a program for people with complex needs based on the expertise of one surgeon.
- On November 21, 2008, Dr. Ostrow and Dr. Carr met with Minister Abbott to discuss the development of a post-operative after-care program for GRS patients. Dr. Corneil organized some temporary follow-up care within VCH, but it is unknown whether this still exists.
- The Minister acknowledged he would consider the doctors' requests, while recognizing that there are competing priorities for acute care dollars.

#### **Budget:**

- From 2001-06, MSP paid \$691,181 for 117 OOP GRS procedures for 55 patients.
- In 2008, the GRS Surgical Review Committee approved 44 patients for MtF surgery, and 28 patients for FtM (Total: 72)
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- In 2011/12, HIBC paid for 41 MtF (vaginoplasty) procedures performed out-of-province at a cost of \$660,592.

#### **Phalloplasty/Metoidioplasty:**

- In 2006 and again in 2010, the ministry conducted a literature review on Phalloplasty & Metoidioplasty in FtM gender reassignment surgery. (the 2012 review was on phalloplasty only)
- According to this research, although the surgery has been performed for many years, and complication rates remain high, but patient satisfaction reported is also high, and regret is largely not a factor.
- As a result of the most recent Ministry review, MSP has decided to add phalloplasty to the list of insured services for FtM individuals, capping the number of surgeries to five per year. Approved patients will also have the option of having metaiodoplasty surgery, a less complex version of phalloplasty.
- The phalloplasties will be done in Montreal by a surgeon with significant experience in the procedure.
- There are no plans currently for the procedure to be done in B.C
- Gender reassignment surgery is a highly specialized field, with a very small number of qualified specialists who perform these complex procedures.
- MSP is developing a waitlist, including patients who have requested or received a recommendation for phalloplasty surgery in the past, as well as patients on a go forward basis. Some patients may be required to undergo another surgical readiness assessment for phalloplasty.

- s 22 (who does these procedures) reports s 22 is able to resolve all complications. With the recently insured phalloplasty surgery, the Ministry is working with the Health Authorities to have post-operative services available to patients returning from Montreal.

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 Program Area Contact: Dianne Kirkpatrick/Stephanie Power  
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Minister's Office	Program Area	Deputy	Media Manager
	Carol Anne McNeill Stephanie Power		Ryan Jabs

**CONFIDENTIAL  
ISSUES NOTE**

**Ministry: Health**

**Date: June 17, 2010**

**Updated: August 1, 2012, November 30, 2012**

**Minister Responsible: Mike de Jong**

**Gender Reassignment Surgery**

**ADVICE AND RECOMMENDED RESPONSE:**

- The Ministry of Health is committed to ensuring that British Columbians have access to any and all medically-necessary procedures and treatments, while ensuring our system is cost-effective and sustainable.
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- We are also looking at ways to improve information for patients considering the procedure. We developed an information sheet for people who are thinking about having GRS, as a part of their gender transition.

**If asked about vaginoplasties/phalloplasty/sending patients to Montreal:**

- Patient outcomes for complex procedures are better in facilities that perform a high volume of procedures. Historically, there have been only a limited number of British Columbians each year undergoing male-to-female gender reassignment surgery.
- For vaginoplasties and phalloplasties, the ministry pays for approved patients to have the procedure performed in Montreal. As a national centre of excellence, they have the patient volumes and expertise to safely perform this complicated procedure.
- In calendar year 2011, 28 patients received vaginoplasty surgery in Montreal. So far in 2012, 18 patients have received the same.
- After review by the Ministry in 2012, it has been decided that MSP will cover a limited number of phalloplasties.
- The majority of follow-up care is done in British Columbia.

**If asked about covering male-to-female and female-to-male surgeries:**

- MSP covers gender reassignment services for both Male to Female and Female to Male.

- In addition, MSP covers revision work for both patient groups on a case-by case basis, which is consistent with other plastic surgeries.

**If asked about human rights complaints:**

- We recognize that there is a need to improve access to gender reassignment services here in British Columbia.
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**DISCUSSION/ADVICE:**

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- The Minister acknowledged he would consider the doctors' requests, while recognizing that there are competing priorities for acute care dollars.

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- According to this research, although the surgery has been performed for many years, and complication rates remain high, but patient satisfaction reported is also high, and regret is largely not a factor.
- As a result of the most recent Ministry review, MSP has decided to add phalloplasty to the list of insured services for FtM individuals, capping the number of surgeries to five per year.
- The phalloplasties will be done in Montreal by a surgeon with significant experience in the procedure.
- There are no plans currently for the procedure to be done in B.C
- Gender reassignment surgery is a highly specialized field, with a very small number of qualified specialists who perform these complex procedures.
- MSP is developing a waitlist, including patients who have requested or received a recommendation for phalloplasty surgery in the past, as well as patients on a go forward basis. Some patients may be required to undergo another surgical readiness assessment for phalloplasty.
- <sup>s 22</sup> (who does these procedures) report <sup>s 22</sup> is able to resolve all complications.

- On January 25<sup>th</sup>, 2008, in the Times Colonist, Minister Abbott was quoted extensively on phalloplasty, saying that there was a high failure rate for this type of procedure, and funding this type of high-risk procedure may not be wise. According to this article, VCH proposed a program covering phalloplasty in 2005.

Communications Contact: Stephen May  
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Minister's Office	Program Area	Deputy	Media Manager
	Carol Anne McNeill Stephanie Power		Ryan Jabs

**CONFIDENTIAL  
ISSUES NOTE**

**Ministry: Health**

**Date: October 3, 2012**

**Minister Responsible: Dr. Margaret  
MacDiarmid**

**MSP Phalloplasty coverage**

**ADVICE AND RECOMMENDED RESPONSE:**

- After a review by the Ministry – it has been decided that MSP will cover a limited number of phalloplasties.
- The Ministry of Health is committed to ensuring that British Columbians have access to any and all medically-necessary procedures and treatments, while ensuring our system is cost-effective and sustainable.
- Gender reassignment surgery is deemed medically necessary by the fact that Gender Identity Disorder (GID) is listed as a recognized medical condition. Reassignment surgery is considered to be one of the accepted standards of care for GID.

**If asked about sending patients to Montreal:**

- Patient outcomes for complex procedures are better in facilities that perform a high volume of procedures. Historically, there have been only a limited number of British Columbians each year undergoing female-to-male gender reassignment surgery.
- For phalloplasties, the ministry will pay for approved patients to have the procedure performed in Montreal. They have the patient volumes and expertise to safely perform this complicated procedure.
- Currently two ministry divisions are working together to provide follow-up care that could be needed once patients return to British Columbia.

**If asked whether ministry would cover metoidioplasties instead?**

- In the past, requests to the ministry to cover phalloplasty have been significantly greater than requests to cover metoidioplasty, which is why the ministry reviewed and decided to cover phalloplasty.
- However, if one of the five individuals we approve each year for this surgery requested a metoidioplasty instead, we would consider this request on a case-by-case basis.

**BACKGROUND REGARDING THE ISSUE:**

- Some media have asked if B.C. will cover phalloplasty, for female to male gender reassignment.
- MSP covers gender reassignment services for both Male to Female and Female to Male.
  - For male-to-female, MSP covers penectomy/orchidectomy (removal of penis and

- testicles), vaginoplasty (creation of a neo-vagina, labia and clitoris) and breast augmentation.
- For female-to-male, MSP covers hysterectomy, oophorectomy and bilateral mastectomy.
- The Ministry reviewed the coverage of phalloplasty (creation of a neo-penis) in 2006 and 2010.
- According to research at the time, complications rates remain high for this procedure.
- However, patient satisfaction with the procedure is also high, and regret does not appear to be a factor.
- As a result of the most recent Ministry review, MSP has decided to add phalloplasty to the list of insured services for FtM individuals, capping the number of surgeries to five per year.
- The phalloplasties will be done in Montreal by a surgeon with significant experience in the procedure.
- There are no plans currently for the procedure to be done in B.C
- Gender reassignment surgery is a highly specialized field, with a very small number of qualified specialists who perform these complex procedures.
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 Program Area Contact: Dianne Kirkpatrick  
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Minister's Office	Program Area	Deputy	Media Manager
			Ryan Jabs

1. How much does a phalloplasty cost?

**\$41,500 for the first stage...for all stages – the cost ranges from around \$65,000-\$70,000.**

2. What is the waitlist? Who maintains it? And why did we have a waitlist if we weren't covering the procedure before now?

**A waitlist was created and maintained for the collection of data. It has helped to show that there was a need for this procedure to be covered. The waitlist is maintained by the provincial Gender Reassignment Surgical Review Committee (the Committee). As the Ministry has been conducting literature reviews on phalloplasty since approximately 2000 the committee felt that it would be appropriate to keep a documented list of patients who have requested this procedure. Since we have been keeping track (and as noted earlier – this goes back to 2000) – we currently have 24 individuals who have requested phalloplasty, who, as far as we are aware – are still interested in the procedure.**



3. Why was the decision made to cover five a year – why not a different number?

**As this procedure is a new benefit of MSP, we are limiting the number we are funding. As we get more information about the success and complications from this procedure, we will be reviewing how many procedures we will fund annually.**

4. What is the criteria for someone to get a phalloplasty – what other steps do they need to go through?

**The committee applies criteria based upon the World Professional Association of Transgender Health (WPATH) Standards of Care. The wording is taken directly from them.**

**Criteria for funding SRS (sex reassignment surgery) for adults in BC:**

- **One letter signed by two designated assessors are required for genital surgery**
- **Persistent, well-documented gender Dysphoria**
- **Capacity to make a fully informed decision and to consent for treatment**
- **Age of majority in a given country**
- **If significant medical or mental concerns are present, they must be reasonably well-controlled**
- **12 continuous months of hormone therapy as appropriate to the patient's gender goals (unless hormones are not clinically indicated for the individual)**
- **12 continuous months of living in a gender role that is congruent with their gender identity**

5. (on metoidioplasty) – is the decision to review these on a case-by-case basis also a new decision from the Ministry?

**Yes - Ministry requests to cover phalloplasty has been significantly greater than requests to cover metoidioplasty, which is why the ministry reviewed and decided to cover phalloplasty. However, if one of the five individuals we approve each year for this surgery requested a metoidioplasty instead, we would consider this request on a case-by-case basis.**

**CONFIDENTIAL  
ISSUES NOTE**

**Ministry: Health**

**Date: June 17, 2010**

**Updated: August 1, 2012, November 30, 2012**

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**Gender Reassignment Surgery**

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- We are also looking at ways to improve information for patients considering the procedure. We developed an information sheet for people who are thinking about having GRS, as a part of their gender transition.

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- In addition, MSP covers revision work for both patient groups on a case-by case basis, which is consistent with other plastic surgeries.

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**Previous history:**

- In March, 2008, the ministry determined it would not support a VCH business case to provide additional funding to establish a GRS program there because:
  - It did not address the issue of quality of care based on critical patient mass; and
  - The business case did not speak to the vulnerability of developing a program for people with complex needs based on the expertise of one surgeon.
- On November 21, 2008, Dr. Ostrow and Dr. Carr met with Minister Abbott to discuss the development of a post-operative after-care program for GRS patients. Dr. Corneil organized some temporary follow-up care within VCH, but it is unknown whether this still exists.
- The Minister acknowledged he would consider the doctors' requests, while recognizing that there are competing priorities for acute care dollars.

**Budget:**

- From 2001-06, MSP paid \$691,181 for 117 OOP GRS procedures for 55 patients.
- In 2008, the GRS Surgical Review Committee approved 44 patients for MtF surgery, and 28 patients for FtM (Total: 72)
- In 2009, 43 patients were approved for (MtF) surgery and 32 patients for (FtM).
- In 2010, 38 patients were approved for (MtF) surgery and 27 patients for (FtM).
- In 2010/11, HIBC paid for 25 MtF (vaginoplasty) procedures performed out-of-province at a cost of \$378,228.
- In 2011/12, HIBC paid for 41 MtF (vaginoplasty) procedures performed out-of-province at a cost of \$660,592.

**Phalloplasty/Metoidioplasty:**

- In 2006 and again in 2010, the ministry conducted a literature review on Phalloplasty & Metoidioplasty in FtM gender reassignment surgery. (the 2012 review was on phalloplasty only)
- According to this research, although the surgery has been performed for many years, and complication rates remain high, but patient satisfaction reported is also high, and regret is largely not a factor.
- As a result of the most recent Ministry review, MSP has decided to add phalloplasty to the list of insured services for FtM individuals, capping the number of surgeries to five per year.
- The phalloplasties will be done in Montreal by a surgeon with significant experience in the procedure.
- There are no plans currently for the procedure to be done in B.C
- Gender reassignment surgery is a highly specialized field, with a very small number of qualified specialists who perform these complex procedures.
- MSP is developing a waitlist, including patients who have requested or received a recommendation for phalloplasty surgery in the past, as well as patients on a go forward basis. Some patients may be required to undergo another surgical readiness assessment for phalloplasty.
- s 22 (who does these procedures) report s 22 is able to resolve all complications.

- On January 25<sup>th</sup>, 2008, in the Times Colonist, Minister Abbott was quoted extensively on phalloplasty, saying that there was a high failure rate for this type of procedure, and funding this type of high-risk procedure may not be wise. According to this article, VCH proposed a program covering phalloplasty in 2005.

Communications Contact: Stephen May  
 Program Area Contact: Dianne Kirkpatrick/Stephanie Power  
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Minister's Office	Program Area	Deputy	Media Manager
	Carol Anne McNeill Stephanie Power		Ryan Jabs

**CONFIDENTIAL  
ISSUES NOTE**

Ministry: Health

Date: June 17, 2010

Updated: April 8, 2011

Minister Responsible: Mike de Jong

**Gender Reassignment Surgery**

**ADVICE AND RECOMMENDED RESPONSE:**

- The Ministry of Health is committed to ensuring that British Columbians have access to any and all medically-necessary procedures and treatments, while ensuring our system is cost-effective and sustainable.
- Gender reassignment surgery is a highly specialized field, with a very small number of qualified specialists who perform these complex procedures.
- MSP covers gender reassignment services for both Male to Female and Female to Male. For male-to-female, MSP covers penectomy/orchidectomy, vaginoplasty and breast augmentation. For female-to-male, MSP covers hysterectomy, oophorectomy and bilateral mastectomy.
- Working with our partners in VCH, last year we expanded the province's GRS program to include coverage for chest contouring and to provide dedicated OR time for mastectomies.
- We are also looking at ways to improve information for patients considering the procedure.
- If asked about vaginoplasties/sending patients to Montreal: Patient outcomes for complex procedures are better in facilities that perform a high volume of procedures. Historically, there have been only a limited number of British Columbians each year undergoing male-to-female gender reassignment surgery.
- For vaginoplasties, the ministry pays for approved patients to have the procedure performed in Montreal. As a national centre of excellence, they have the patient volumes and expertise to safely perform this complicated procedure.
- In 2010/11, only 24 patients were sent to Montreal to receive the procedure.
- The majority of follow-up care is done in British Columbia.

**asked about covering male-to-female and female-to-male surgeries:**

- MSP covers gender reassignment services for both Male to Female and Female to Male.
- In addition, MSP covers revision work for both patient groups on a case-by case basis, which is consistent with other plastic surgeries.

**If asked why other provinces cover phalloplasty but B.C. does not:**

- I can't comment on the decisions made by other provinces, but our top priority is patient safety and we consider this first with every decision we make.
- In 2006, our ministry reviewed the research available around phalloplasty and metoidioplasty.

- According to this research, complication rates were very high, and a number of patients who received the surgery were not satisfied with the outcomes as the surgery was still in an experimental/investigational stage.
- The ministry's medical experts are currently reviewing more recent research and will re-assess our decision.

**If asked about human rights complaints:**

- We recognize that there is a need to improve access to gender reassignment services here in British Columbia.
- Working with our partners in VCH, last year we expanded the province's GRS program to include coverage for chest contouring and to provide dedicated OR time for mastectomies.
- We are also looking at ways to improve information for patients considering the procedure.

**BACKGROUND:**

- MSP currently covers gender reassignment services for both male-to-female and female-to-male.
- Typically, the female-to-male surgical procedures (such as hysterectomy and some mastectomies) are performed in B.C., while vaginoplasty is only performed in Montreal.
- MSP also covers revision work for both patient groups on a case-by case basis, determined by medical necessity. In addition, PharmaCare provides some coverage for hormone therapy under Plan G.
- To be eligible for GRS, patients must have lived for one year as the gender desired, and undergo psychiatric assessment with two consulting GRS psychiatrists.

**DISCUSSION/ADVICE:**

- There has been a human rights complaint (as well as less formal complaints) arguing that there is insufficient access to GRS procedures in B.C.
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- There currently is only one surgeon in the province who can perform the genital surgery. There is also a urologist who has offered to assist Dr. Bowman. Other surgeons are available to provide the other types of surgeries.

**Previous history:**

- In March, 2008, the ministry determined it would not support a VCH business case to provide additional funding to establish a GRS program there because:
  - It did not address the issue of quality of care based on critical patient mass; and
  - The business case did not speak to the vulnerability of developing a program for people with complex needs based on the expertise of one surgeon.
- On November 21, 2008, Dr. Ostrow and Dr. Carr met with Minister Abbott to discuss the development of a post-operative after-care program for GRS patients.
- The Minister acknowledged he would consider the doctors' requests, while recognizing that there are competing priorities for acute care dollars.

**Budget:**

- From 2001-06, MSP paid \$691,181 for 117 OOP GRS procedures for 55 patients.
- In 2008, the GRS Surgical Review Committee approved 44 patients for MtF surgery, and 28 patients for FtM (Total: 72)
- In 2009, 43 patients were approved for (MtF) surgery and 32 patients for (FtM).
- In 2010, 38 patients were approved for (MtF) surgery and 27 patients for (FtM).
- In 2010/11, HIBC paid for 24 MtF (vaginoplasty) procedures performed out-of-province at a cost of \$377,028.

**Phalloplasty/Metoidioplasty:**

- In 2006, the ministry conducted a literature review on Phalloplasty & Metoidioplasty in FtM gender reassignment surgery.
- According to this research, complication rates were very high, and a number of patients who received the surgery were not satisfied with the outcomes.
- From the ministry's initial analysis of this research, it concluded that the surgery is still in an experimental/investigational stage.
- On January 25<sup>th</sup>, 2008, in the Times Colonist, Minister Abbott was quoted extensively on phalloplasty, saying that there was a high failure rate for this type of procedure, and funding this type of high-risk procedure may not be wise. According to this article, VCH proposed a program covering phalloplasty in 2005.

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Program Area Contact:  
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Minister's Office	Program Area	Deputy	Media Manager
	Carol Anne McNeill Stephanie Power		Ryan Jabs



**CONFIDENTIAL  
ISSUES NOTE**

**Ministry: Health Services**

**Date: June 17, 2010**

**Minister Responsible: Kevin Falcon**

**Gender Reassignment Surgery**

**BACKGROUND REGARDING THE ISSUE:**

- The ministry is reviewing a proposal to work with VCH to develop a gender reassignment surgery (GRS) program to provide all insured GRS services for the province.
- Previously, eligible British Columbians would receive male-to-female GRS surgeries in a private clinic in Montreal, paid for by MSP's out-of-province budget.

**DISCUSSION/ADVICE:**

- There has been one human rights complaints have been filed in B.C., arguing there is not sufficient access to GRS procedures in B.C. The ministry has also received various complaints on this issue.
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- There currently is only one surgeon in the province who can perform the genital surgery. Other surgeons are available to provide the other types of surgeries.
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- MSP currently covers gender reassignment services for both male-to-female and female-to-male.

- For male-to-female, MSP covers penectomy/orchidectomy (removal of penis and testicles), vaginoplasty (creation of a neo-vagina) and breast augmentation (under a separate authorization and specific circumstances).
  - For female-to-male, MSP covers hysterectomy (removal of uterus), oophorectomy (removal of ovaries) and bilateral mastectomy (removal of breast tissue)
- Typically, the female-to-male surgical procedures (such as hysterectomy and some mastectomies) are performed in B.C.
- Currently vaginoplasty is only provided in Montreal, and bilateral subcutaneous mastectomy surgical services are only available at a private clinic in BC (leading to patient fees).
- MSP also covers revision work for both patient groups on a case-by case basis. In addition, PharmaCare provides some coverage for hormone therapy under Plan G.

#### **Previous history:**

- In March, 2008, the ministry determined it would not support a VCH business case to provide additional funding to establish a gender reassignment surgery program in that HA.
- The ministry didn't approve funding for the business case primarily based on two key concerns:
  - The business case did not address the issue of quality of care based on critical patient mass.
  - The business case did not speak to the vulnerability of developing a program for people with complex needs based on the expertise of one surgeon
- On November 21, 2008 Dr. Ostrow and Dr. Carr met with Minister Abbott to discuss the development of a post-operative after-care program for GRS patients.
- The minister acknowledged he would consider the doctors' requests, while recognizing that there are competing priorities for acute care dollars.
- In the past, the minister/ministry acknowledged that patients needed to receive this service elsewhere because there was only a single trained surgeon in the province.
- Patients continued to have access to publicly funded GRS services; however, the most complex were referred to the specialized centre in Montreal.

#### **Previous public comments:**

- In March 2008, Minister Abbott was quoted in the Vancouver Province saying a program in B.C. was not feasible because:
  - It would be difficult providing this surgery because there was only one doctor able to perform this procedure in the province, and if he went on vacation or changed career paths, the program could be disrupted.
  - There was only a small number of patients involved and that the Montreal program was very good.
- On June 18<sup>th</sup>, 2008, a ministry official was quoted in an Xtra West article, saying:
  - B.C. is not convinced a local program would perform enough of these surgeries to deliver a safe program, as outcomes for complex surgeries have less complications with higher volumes.
  - There is only one surgeon in the province able to perform this procedure.
- On January 25<sup>th</sup>, 2008, in the Times Colonist, Minister Abbott was quoted extensively on phalloplasty, saying that there was a high failure rate for this type of procedure, and funding this type of high-risk procedure may not be wise.

- According to this article, the VCH proposal from 2005 included covering phalloplasty.

**Additional info on budget, eligibility and phalloplasty:**

- Patients must apply to MSP and meet eligibility requirements for coverage of sex reassignment surgery. To be eligible, patients must have lived for one year as the gender desired, and undergo psychiatric assessment with two consulting SRS psychiatrists.
- Between 2001 and 2006, MSP paid \$691,181 for 117 out-of-province GRS procedures for 55 patients.
- In 2007, MSP paid \$56,720 for four patients to receive out-of-province GRS procedures.
- In 2008, MSP paid \$496,300 for 35 patients to receive out-of-province GRS procedures.
- In 2009, MSP paid \$609,740 for 43 patients to receive out-of-province GRS procedures.
- MSP does not insure phalloplasty and metoidioplasty in female-to-male sex reassignment surgery as these procedures have a high failure rate.
- In 2006, the ministry conducted a literature review on Phalloplasty & Metoidioplasty in FtM gender reassignment surgery.
- According to this research, complication rates were very high, and a number of patients who received the surgery were not satisfied with the outcomes.
- From the ministry's analysis of this research, it concluded that the surgery is still in an experimental/investigational stage.

**ADVICE AND RECOMMENDED RESPONSE:**

- **The Ministry of Health Services is committed to providing appropriate access for medically necessary procedures, while ensuring our system is cost-effective and sustainable.**
- **Gender reassignment surgery is a highly specialized field, with a very small number of qualified specialists who perform these complex procedures.**
- **Patient outcomes for complex procedures are better in facilities that perform a high volume of procedures, and in the past, there have been only a limited number of people receiving male-to-female gender reassignment surgery from B.C.**
- **Over the last few years, we've seen the number of patients being sent out-of-province for male-to-female gender reassignment surgery increase from four in 2007 to 43 in 2009.**
- **We are now working with Vancouver Coastal Health Authority to develop our provincial gender reassignment surgical program and to now perform the more complex male-to-female procedure, which was previously only available in Montreal.**
- **When this work is complete, British Columbians will no longer have to travel to receive these services and will have access to publicly-funded medically necessary gender reassignment surgeries in B.C.**

**If asked about covering male-to-female and female-to-male surgeries:**

- **MSP covers gender reassignment services for both Male to Female and Female to Male.**
- **In addition, MSP covers revision work for both patient groups on a case-by case basis, which is consistent with other plastic surgeries.**

**If asked why Alberta and Ontario cover phalloplasty but B.C. does not:**

- **I can't directly comment on Alberta or Ontario's decision.**
- **The Ministry of Health Services' top priority is patient safety, and we consider this first with every decision we make.**
- **In 2006, our ministry reviewed the research available around phalloplasty and metoidioplasty.**
- **According to this research, complication rates were very high, and a number of patients who received the surgery were not satisfied with the outcomes.**
- **From our analysis of this research, we concluded that the surgery is still in an experimental/investigational stage.**
- **We will continue to evaluate the new research as it becomes available. Once our medical experts are satisfied that the surgery is no longer experimental, we will re-assess our decision.**
- **The Medical Service Division works with the BCMA's Tariff Committee, as well as clinical specialists in order to determine what procedures should or should not be qualified as experimental.**

Communications Contact: Ryan Jabs 952-3401  
 Program Area Contact:  
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Minister's Office	Program Area	Deputy	Media Manager
	Michael MacDougall Phyllis Chuly Tricia Braidwood-Looney		Bernadette Murphy