

**MINISTRY OF HEALTH
DECISION BRIEFING NOTE**

Cliff #982461

PREPARED FOR: Medical Services Commission – **FOR DECISION**

TITLE: Gender Reassignment Surgical Review Committee.

PURPOSE: Request to decommission the Committee

BACKGROUND:

On July 6, 1995, the Medical Services Commission (MSC) provided direction to the Ministry of Health (the Ministry), on how to proceed with the delivery of gender reassignment surgical services. The following policy was approved:

- The MSC should retain the existing criteria for approval (based on the policy of the Clark Institute).
- Medical Services Plan (MSP) to establish a new medical review committee (Gender Reassignment Surgical Review Committee), with representation from the Section of Psychiatry, to review individual applications for approval.
- The structure and membership of the review committee to be subject to the MSC's approval.
- The medical review committee report to the MSC in 12 months on how the criteria and approval process is working, and recommend changes which would improve the criteria and approval process.
- MSP to pay the usual and customary rates at a facility approved by MSP, for those surgical procedures not available to patients in British Columbia (BC). MSP to negotiate a contract with a facility to bill MSP directly for approved treatment.

DISCUSSION:

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- Following the direction of the MSC the Ministry relied upon the Medical Advisors Council (MAC) to review applications, and approve funding for surgery where appropriate.
- For the past few years,
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has been reviewing the psychiatric recommendations for surgery, and related requests for funding. The review takes place after the patient has been assessed by a psychiatrist (and expert in gender identity issues), and been given a recommendation for surgery.
- The current process by which GRS is approved is attached (Appendix 1).

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The ministry has a well-established and long term relationship with the consultant psychiatrist, who is also recognized as a world expert in the field of gender identity. We are confident in her ability to appropriately assess patients and make recommendations for surgery.

OPTIONS:

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RECOMMENDATION;

Option 2 – Decommission the Gender Reassignment Review Committee

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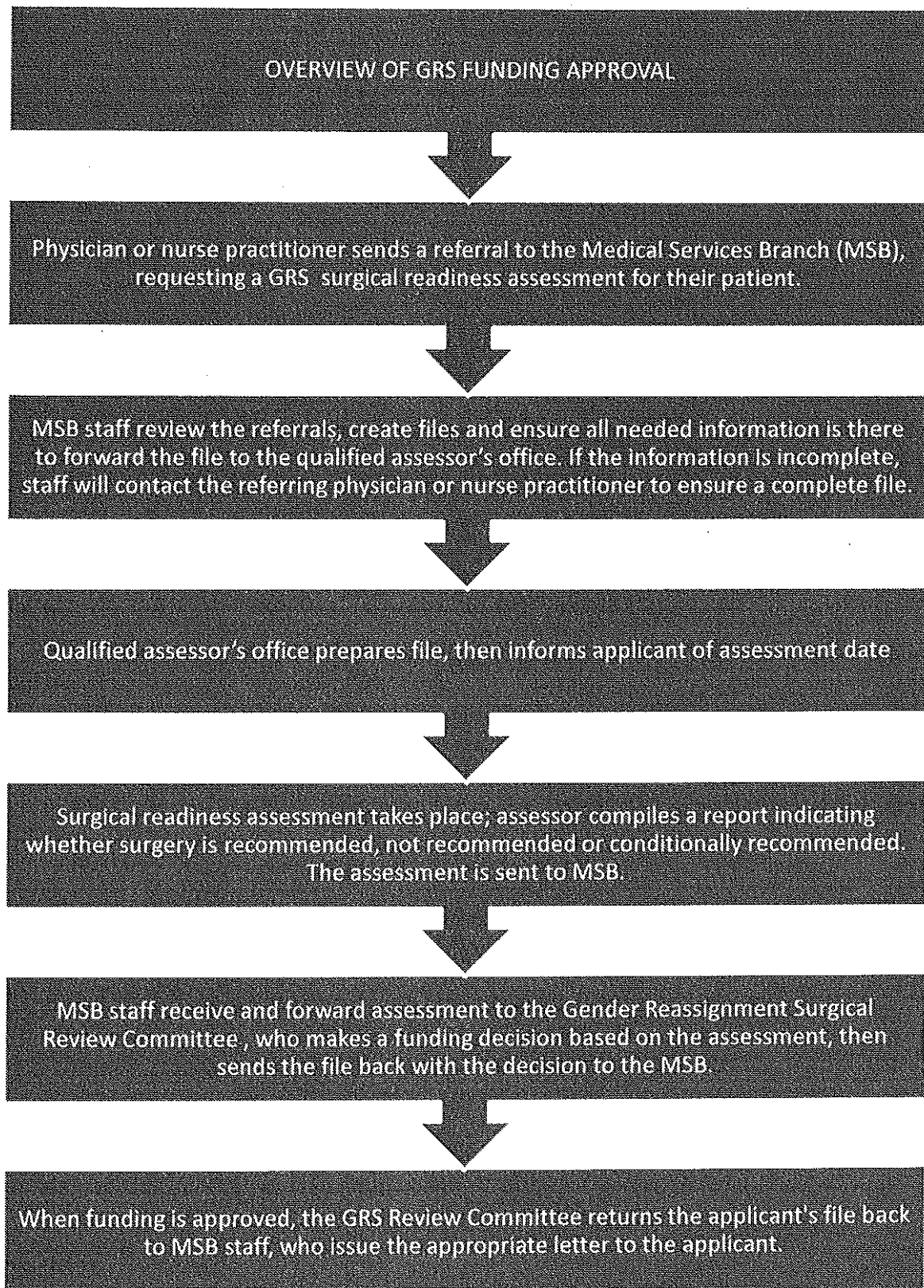
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**MINISTRY OF HEALTH
DECISION BRIEFING NOTE**

Cliff# 889521

PREPARED FOR: Graham Whitmarsh, Deputy Minister of Health - **FOR DECISION**

TITLE: Insuring Phalloplasty for Female to Male (FtM) Transgender Males

PURPOSE: Obtain approval to add phalloplasty (for FtM males) to the list of insured benefits under the Medical Services Plan (MSP).

BACKGROUND:

- Since 1982, with the exception of a one-year interval, the Ministry of Health (the Ministry), has authorized MSP funding for gender reassignment surgery (GRS).
- Currently, British Columbia insures: vaginoplasty, breast augmentation, hysterectomy and bilateral mastectomy (including chest contouring), in the context of GRS.
- GRS is deemed medically necessary by the fact that Gender Identity Disorder (GID) is listed as a recognized medical condition (with a psychiatric basis) in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). GRS is considered to be one of the accepted standards of care for GID.
- Historically, Male to Female (MtF) surgery (vaginoplasty) has been sourced out of province or out of the country, while it has been assumed that FtM services would be available in BC.
- Currently, BC does not insure phalloplasty.

DISCUSSION:

- Since approximately 2000, the Ministry has deemed phalloplasty 'experimental', and therefore not a benefit of MSP. A literature review conducted in 2006 came to the same conclusion, and another review was completed by a medical consultant in the fall of 2010.
- The main conclusion from the 2010 review is that (in spite of this surgery being performed for decades) there is still a lack of evidence that phalloplasty is a viable procedure. However, patient satisfaction is high, and regret is largely not a factor. It is therefore, likely that due to the complexity of the surgery, and the relatively low volumes performed, the type of evidence required to make a decision on its viability will never be available to decision makers.
- Dr. Pierre Brassard, a Montreal surgeon who has provided GRS for BC patients for many years, has provided the Ministry with his own statistics on phalloplasty (Appendix A).
- Most recently the Ministry has responded to two Human Rights Tribunal (HRT) complaints. Both complaints are regarding the fact that phalloplasty is not insured for transgender males.
- MSP pays for fee items 08296 (penile prosthesis) and 06022 (free flap grafts) for 'gender normative' males when medically necessary, but not transgender males. Between 1990-2010, MSP paid for approximately 25 such services.

- Ontario insured GRS in 2008, including phalloplasty, after a Human Rights Commission decision. To date, Ontario reports that they have paid for fewer than five phalloplasty surgeries. Recently, Quebec has insured phalloplasty surgery.
- If phalloplasty was added to the list of insured services in BC, an immediate solution would be to send approved patients to Montreal. However, the availability of qualified specialists in BC would still need to be confirmed for the follow up care of patients who receive phalloplasty surgery in Montreal.

OPTIONS (FOR PROS AND CONS, SEE APPENDIX B):

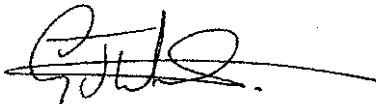
- Option A: Status quo - do not add phalloplasty to the list of insured services;
- Option B: Add phalloplasty to the list of insured services for FtM individuals. Cap the number of surgeries to five per year (performed in Montreal).

FINANCIAL IMPLICATIONS:

- In Montreal, annual expenditures for the services are estimated at S. 17
- Surgery in Montreal would be funded from the out of country/out of province budget.

RECOMMENDATION:

- Option B: Add phalloplasty to the list of insured services for FtM individuals. Cap the number of surgeries to five per year (performed in Montreal).



August 7, 2012

Approved/Not Approved
Graham Whitmarsh
Deputy Minister

Date Signed

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APPENDIX A

Received in 2010: Dr. Brassard's 2000-2009 numbers for female-to-male genital surgeries.

Phalloplasty

- number of surgeries performed: 56
- revision (vascular): S. 22
- necrosis/loss S. 22
- mucocoele: S. 22
- urethral stenosis: 23 (41%) – (this is the most common complication of phalloplasty surgery. Dr. Brassard reports that now this rate is down to 35%)
- urethrocutaneous fistula (minor S. 22 this is a repair under local anesthesia)

Testicular implants: 72 (this is also done for a number of patients undergoing metadioplasty surgery)

Penile (erectile) implants: 43

- revision S. 22

Dr. Brassard provided a further note to the effect that all patients who suffered urethral stenosis in this patient group received revision surgery and are now asymptomatic.

APPENDIX B

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