

**MINISTRY OF HEALTH  
DECISION BRIEFING NOTE**

**Cliff # 1002560**

**PREPARED FOR:** Stephen Brown, Deputy Minister of Health - **FOR DECISION**

**TITLE:** Sex Reassignment Surgery: Cap on Funding for Phalloplasty

**PURPOSE:** Request elimination of funding cap for Phalloplasty procedures

**BACKGROUND:**

- Sex Reassignment Surgery (SRS) is deemed medically necessary and is recognized within international standards of care for Gender Identity Disorder.
- Medical Services Plan (MSP) benefits for Female to Male (FtM) individuals include hysterectomy, oophorectomy, bilateral mastectomy and a limited number of phalloplasties.
- MSP benefits for Male to Female (MtF) include penectomy/orchidectomy, vaginoplasty and breast augmentation (under specific conditions).
- Phalloplasty was approved as an MSP benefit for FtM individuals on August 7, 2012.
- Surgeries and medical follow-up are performed in Montreal and paid from the MSP budget for physician care and Regional Programs for in-patient facility. Out-patient services, such as the step down facility, are paid by the patient.
- On a trial basis the number of phalloplasty approvals for surgery was initially capped at five procedures per year. By comparison, there is no cap on either:
  - (i) the number of vaginoplasty surgeries which are funded for MtF individuals; or
  - (ii) any other medically required surgeries that are funded by MSP.

**DISCUSSION:**

- More than 90 patients are on the MSP waitlist for an assessment in order to obtain a recommendation for phalloplasty.
- Not every patient that receives a recommendation for surgery will go through with phalloplasty. This may be for personal or financial reasons. Some patients may be unable to afford the personal costs of travel, accommodation and the expense of a step-down facility, while others may only wish to have metoidioplasty, a variation of phalloplasty. Other patients may pay privately and have their surgery performed outside of Canada.
- The existing policy of approving only 5 procedures per year means individuals will have to wait up to 18 years for this service. This may lead to further Human Rights complaints regarding access to gender reassignment surgical services.
- Currently, Ontario, Quebec, and Alberta are the only other provinces that cover phalloplasty surgery. They send all patients approved for this service to the Gender Reassignment Surgery Centre Métropolitain de Chirurgie in Montréal. Alberta has a cap on the final stages of genital surgeries. This cap is 25 patients per year with an approximate budget of \$1 million annually; 15 MtF and 10 FtM surgeries.

**OPTIONS:**

#### **FINANCIAL IMPLICATIONS:**

##### **Appendix A**

- Total cost for completion of Stages 1, 2 and 3 of phalloplasty is approximately \$65,000 per patient. Total costs for metoidioplasty, is approximately \$23,000 per patient.
- Funding committed since 2012 for 15 phalloplasties is approximately \$970,000.
- Payments from committed funds for phalloplasties since 2012 are zero.
- Funding commitment for 90 patients on waitlist would be up to \$5.8 million, though actual expenditures may be much lower.
- The Gender Reassignment Surgery Centre Métropolitain de Chirurgie in Montréal is currently booking phalloplasty surgeries for October 2015. The Medical Beneficiary Branch will work on a plan for the facility to take on additional work that will be required.

#### **RECOMMENDATION:**

Option C: Discontinue the policy of approving only five phalloplasty surgeries per year and manage phalloplasty surgery in the same manner as other surgeries.



*September 12, 2014*

\_\_\_\_\_  
Approved/Not Approved  
Stephen Brown  
Deputy Minister

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Date Signed

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**Program ADM/Division:** Barbara Walman, Medical Beneficiary & Pharmaceutical Services  
**Telephone:** 250 952-3190  
**Program Contact (for content):** Stephanie Power, Executive Director, MBB  
**Drafter:** Bronwen Jollymore  
**Date:** September 9, 2014

<u>Phalloplast Surgery : Costs</u>	<u>Implant</u>	<u>Surgery</u>	<u>Anaesthesia</u>	<u>CMCP</u>	<u>Operating Room LOC Locastion GST+PST</u>	<u>Asclepiade</u>	<u>Totals</u>
Phalloplasty Stage One (4 Night Hospital Stay)	0.00	25,182.00	2,345.00	10,754.00	2,888.00	3,000.00	<b>\$44,169.00</b>
Testicular Implant Insertion Stage Two (Out Patient)	900.00	1,928.00	0.00	1,846.00	385.00	500.00	<b>\$5,559.00</b>
Penile Implant Insertion Stage Three (1 Night Hospital Stay) <sup>1</sup>	6,275.00	3,939.00	533.00	2,430.00	481.00	1,250.00	<b>\$14, 908.00</b>
						Total for all 3 stages of Phalloplasty	<b>\$64,636.00</b>
Metiodoplasty (3 Night Hospital Stay)	0.00	8,292.00	1066.00	10,474.00	963.00	2,000.00	<b>\$22,795.00</b>

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**MINISTRY OF HEALTH  
BRIEFING DOCUMENT ASSIGNMENT FORM**

**ISSUE:** Reimbursement request for GRS - FTM mastectomy / chest contouring

**DUE DATE:** Aug 5 / 08

**CLIFF #:** 737565

**TO:** ☐ MINISTER: \_\_\_\_\_ ☐ DM ☒ ADM ☐ Executive Committee

**A. ASSIGNED TO:**

**DATE:** July 28, 2008

names (pt & doc)  
dollar amts

**B. TYPE OF ASSIGNMENT:**

☐ Information BN

☒ Decision I

Aug. 26/08  
I approve

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**C. FINANCIAL IMPLICATIONS:**

☐ NO

☐ YES - If yes, FI

draft #2

**NOTES:**

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easy to highlight, etc.

**D. APPROVALS:**

Where the assignment has cross-divisional impacts, please ensure that the appropriate approvals have been included.

POSITION	Mark Y or N for required approval	NAME	SIGNATURE	DATE COMPLETE
ADMIN SUPPORT				
WRITER		CA MacNeill	CA MacNeill	July 28/08 Aug 1/08
FINANCE (where applicable)				(changes) Aug 6/08
MANAGER				Changes.
DIRECTOR		S Power	S Power	
EXECUTIVE DIRECTOR		P Chuly	P Chuly	
ASSISTANT DM		S Brown	<input type="checkbox"/> fwd to MO w/o DM appr	Aug 29/08
DEPUTY MINISTER				



**MINISTRY OF HEALTH  
DECISION BRIEFING DOCUMENT**

**Cliff #737565**

**PREPARED FOR:** Stephen Brown, ADM, Medical Services Division  
**FOR DECISION**

**TITLE:** Request for reimbursement of Gender Reassignment Surgery (GRS) mastectomy costs for Female to Male (FtM) transgender patient

**PURPOSE:** To receive executive support to proceed with reimbursement of full cost of FtM mastectomy surgery performed in British Columbia (BC)

**BACKGROUND:**

A request has been received from <sup>s22</sup> asking the Ministry of Health Services (the Ministry) to provide full reimbursement for mastectomy services (the uninsured portions of surgery and private facility fees) that were rendered in BC.

**DISCUSSION:**

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<sup>s22</sup>


- FtM reassignment is ostensibly done in BC. The surgery involves a mastectomy, oophorectomy and hysterectomy, which are insured services. Male chest contouring is not an insured benefit. A cross country scan revealed that male chest contouring is not a benefit in any other province that insures GRS.
- Chest wall reconstruction, rather than cosmetic chest contouring, is a necessary step in a GRS mastectomy and is often mistaken for cosmetic chest contouring undertaken by biological males.
- Many plastic surgeons in BC are unwilling to perform this work in a public hospital under the current fee structure, and are also uncomfortable working with this patient group and performing this type of surgery. This is consistent across Canada. Some provinces, such as Alberta, are sending their approved patients to the GRS Clinic in Montreal to have this surgery done (the Clinic has provided an estimate to the Ministry of \$8,500.00 for a GRS mastectomy).
- Two prior Human Rights Tribunal (HRT) challenges regarding GRS have resulted in decisions against the Ministry – both cases involved FtM patients.
- MSP funds the full slate of MtF (male to female) GRS, including genital surgery. In contrast, only hysterectomy/oophorectomy is currently accessible to FtM patients. There is a growing perception that FtM transgender patients are discriminated against within the provincial health system.

### FINANCIAL IMPLICATIONS:

- s.22
- The facility cost (\$2,820) is not the responsibility of MSP - this could be referred to the Health Authorities Division for consideration.
- Deducting the facility cost of \$2,820, MSP would then reimburse the balance of \$2,504.32. There would be no reimbursement for the garment fee (\$100), or the GST (\$346.88).

### CONCLUSION:

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\_\_\_\_\_  
Approved/ Not Approved  
Stephen Brown  
Assistant Deputy Minister  
Medical Services Division

\_\_\_\_\_  
Date Signed

**Program ADM:** Stephen Brown/Wendy Hill  
**Title/Division:** Medical Services / Health Authority Divisions  
**Program Contact:** Stephanie Power, Director  
**Date:** August 22, 2008  
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FtM DN.doc

**Appendix A**

Table of actual costs versus MSP coverage

<b>Surgical Procedure</b>	<b>Cost</b>	<b>MSP Coverage</b>	<b>Shortfall</b>
Surgical Facility Fee	\$2,820.00	\$0	\$2,820.00
Anesthesia	\$1080.00	\$189.54	\$890.46
Garment	\$100.00	\$0	\$100.00
Surgeons Fee - Mastectomy and Nipple reconstruction	\$1250.00	\$1110.24	\$139.76
Surgeons Fee - Male Chest Contouring	\$1250.00	\$0	\$1250.00
Surgical Assistant Fee	\$437.50	\$213.40	\$224.10
Sub Total	\$6937.50	\$1513.18	\$5424.32
GST	\$346.88	\$0	\$346.88
<b>Total</b>	<b>\$7284.38</b>	<b>\$1513.18</b>	<b>\$5771.20</b>



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To Whom It May Concern:

**Re: Gender Reassignment Surgery (GRS)**

The Medical Services Commission is the legislative authority overseeing the Medical Services Plan in BC, and has delegated authority to the Ministry of Health, Medical Services Branch, for the administration and policy coordination of GRS. In general, The Medical Services Commission abides by the accepted Canadian standard of practice criteria for approval of GRS, used by the Centre for Addiction and Mental Health.

The policy for approval for payment of GRS has been modified due to a decision by the Ministry of Health, Medical Services Branch, in consultation with the Transgender Health Program, Vancouver Coastal Health Authority.

As of now, the policy for approval of payment for GRS requires that:

1. The patient must be sufficiently emotionally and psychologically stable such that although a delay in surgery may be disappointing, it would not be a crisis.
2. The patient must have had at least one full year of full societal immersion or real life experience (RLE) in their 'felt' gender role. A patient can fulfill this criterion through full-time employment in a public workplace, full-time attendance at an educational or other training institution, significant time spent in voluntary service in a public occupation or any combination of the foregoing.
3. After the patient has completed the required one year RLE and had the appropriate hormones prescribed, the patient's physician should forward information substantiating the above criteria to the Ministry of Health, c/o the Medical Services Branch. If it appears the patient meets the criteria, the Ministry will arrange for the patient to be assessed by two psychiatrists with recognized and demonstrable expertise in the treatment of gender dysphoria for consultation regarding the appropriateness of surgery.
4. Once the psychiatrists have been consulted and agree that surgery is appropriate, they will contact MSP requesting approval for surgery. The Gender Reassignment Surgical Review Committee, Ministry of Health will consider the psychiatric recommendation, and write the referring physician and patient to advise if surgery has been authorized.

Gender reassignment surgical procedures are not a benefit of MSP except when specifically approved by the Medical Services Commission, prior to services being rendered.

In cases of male to female, the following services would be covered: penectomy, orchidectomy and vaginoplasty. Breast augmentation may or may not be covered, depending on the degree of breast development attained by the patient as a result of hormonal treatment. Authorization is based on the same criteria used for phenotypic females.

In instances of female to male, coverage would be extended for mastectomy, oophorectomy and hysterectomy.

Charges for phalloplasty and/or metoidioplasty are still considered in the developmental / experimental stages and are therefore not considered a benefit.

Tracheal shaving to modify voice and hair epilation are also not considered benefits and not payable.

Please note that there has also been a recent change in the policy regarding gender re-assignment surgery rendered outside of British Columbia. The MSC Guidelines do not provide coverage for out-of-province medical care when the appropriate standard of medical care is available for treatment in BC, as it would be irresponsible to direct British Columbia healthcare dollars to fund discretionary out-of-province services. It is important to understand that if appropriate treatment is available in BC, then funding for out-of-province medical care is rarely authorized. In this regard, MSP is aware that these services are now available in this province. Surgery, if approved, would be authorized to be rendered in BC only, unless there are extenuating circumstances that would necessitate surgery to be rendered out-of-province.

When a patient cannot find a primary care physician who is confident in diagnosing Gender Identity Disorder (GID), the Vancouver Coastal Health Authority's Transgender Health Program will act as the agent for referrals to general practitioners who the Program recognizes as suitable to co-ordinate the patient's care. They can be contacted at:

**Transgender Health Program**

Three Bridges Community Health Centre  
301- 1290 Hornby Street, Vancouver, BC V6Z 1W2  
Phone: 604-734-1514 or 1-866-999-1514 (toll free in BC)  
Fax: 604-633-4241  
Email: [transhealth@vch.ca](mailto:transhealth@vch.ca)  
Web: <http://www.vch.ca/transhealth>



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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.



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- 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):**



*August 7, 2012*

Approved/Not Approved  
Graham Whitmarsh  
Deputy Minister

\_\_\_\_\_  
Date Signed

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**Program ADM/Division:** Nichola Manning, Medical Services and Health Human Resources Division  
**Telephone:** 250 952-3166  
**Program Contact (for content):** Dianne Kirkpatrick, A/Director, Medical Services Operations and Policy, MSB  
**Drafter:** Bronwen Jollymore, Policy Analyst  
**Date:** August 1, 2012  
**File Name with Path:** SAMCU\DOCS PROCESSING\Briefing Documents\2012\Approved\MSHHRD\DM BN's\889521 - Insuring Phalloplasty for Female to Male Transgender Males.docx

**APPENDIX A**

Received s.22

numbers for female-to-male genital surgeries.

Phalloplasty

- number of surgeries performed: 56
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Testicular implants: 72 (this is also done for a number of patients undergoing metadioplasty surgery)

Penile (erectile) implants: 43

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**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, s.22  
s.22 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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## OPTIONS:

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## RECOMMENDATION;

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### Decommission the Gender Reassignment Review Committee

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**Program ADM/Division:** Nichola Manning, ADM / Medical Services Health Human Resources Division  
**Telephone:** 250-952-2671

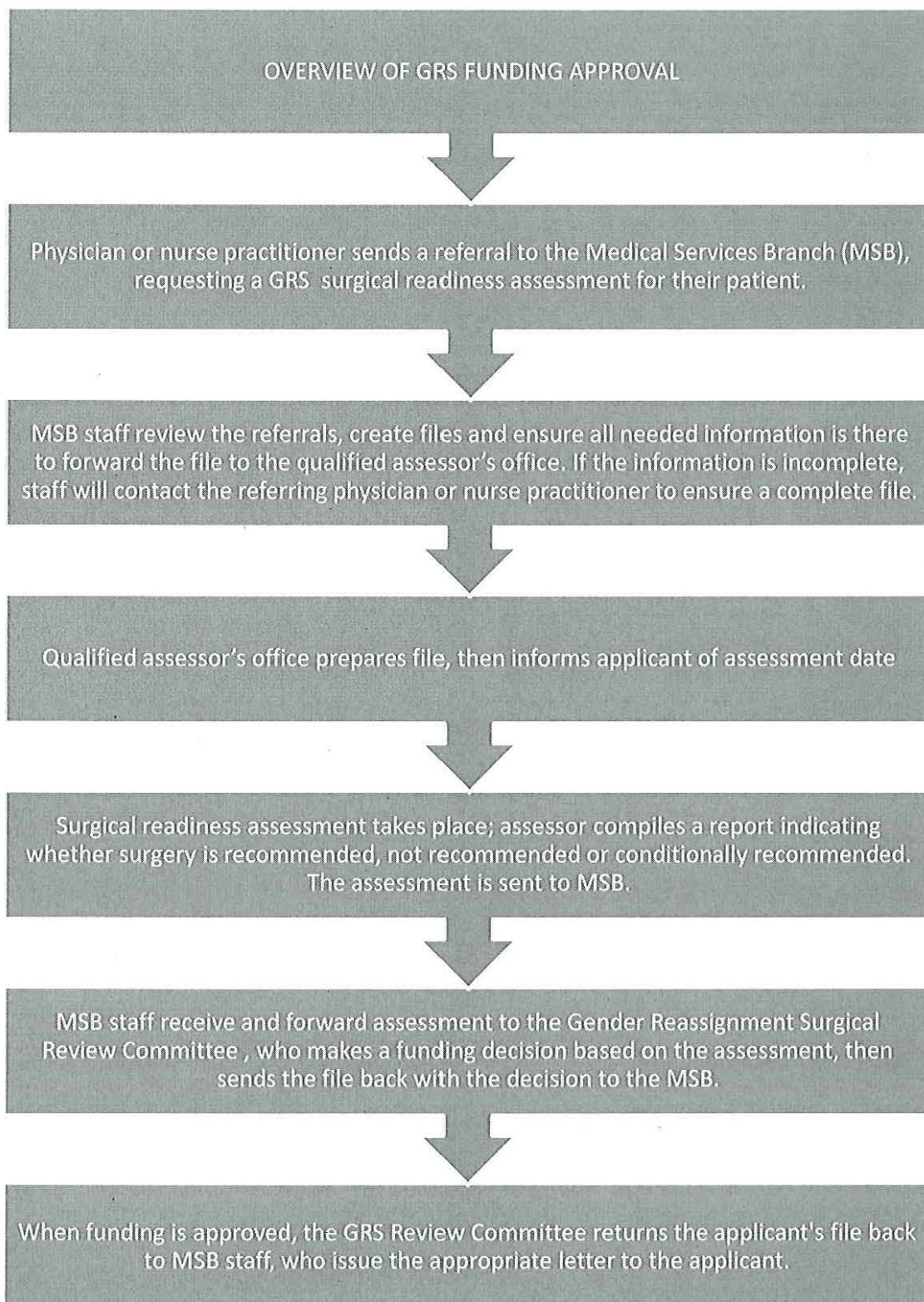
**Program Contact (for content):** Stephanie Power, ED / Medical Services Branch

**Drafter:** Carol Anne McNeill, Manager, Payment Schedule Administration

**Date:** June 24, 2012

**File Name with Path:**

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Pages 17 through 18 redacted for the following reasons:

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