



National Center for
**TRANSGENDER
EQUALITY**

VETERANS HEALTH ADMINISTRATION TRANSGENDER HEALTHCARE DIRECTIVE

June 2011

The Veterans Health Administration (VHA) has issued a Directive to all of its facilities establishing a policy of respectful delivery of healthcare to transgender and intersex veterans who are enrolled in the Department of Veterans Affairs (VA) healthcare system or are otherwise eligible for VA care. This Directive is an important first step in securing equal access for transgender veterans, and healthcare access for transgender people generally, by setting an example of how healthcare providers in both the public and private sector should be treating transgender patients.

SUMMARY OF NEW DIRECTIVE

The new directive does several things:

- Indicates that all VA staff are to **provide care to transgender patients “without discrimination in a manner consistent with care and management of all Veteran patients;”**
- Clearly states that all personal information about **transgender status and medical care is kept confidential;**
- Reiterates that, under existing regulations, sex reassignment surgery cannot be performed or paid for by the VA;
- Reiterates that **all other medically necessary healthcare for transgender veterans is covered**, including sex-specific care like mammograms and pap smears, as well as transition-related care such as hormones and mental health services.

QUESTIONS AND ANSWERS ON THE NEW DIRECTIVE

1. Who does the VHA directive apply to?

This Directive was issued by the Veterans Health Administration, which exclusively oversees medical and mental healthcare for military veterans. VHA does not have the authority to amend policies in the TRICARE or CHAMPVA programs. What this generally means is that this Directive applies only to military veterans, and does not apply to active duty service members or dependents of active duty, retired, or veteran service members.

2. Why doesn't this Directive apply to Active Duty military, Retired military, or military dependents?

The TRICARE and CHAMPVA programs are run by different departments and have different sets of rules than the Veterans Health Administration. TRICARE is the healthcare program run by the Department of Defense and serves active duty and retired members of the uniformed services and their dependents. This program

is completely disconnected from the Veterans Health Administration or the Department of Veterans Affairs, and therefore is not subject to direct influence by VA policies.

VHA also has no authority over CHAMPVA because it is a separate department within VA and has a different set of regulations to follow. Under CHAMPVA's current regulations, "services or supplies related to transsexualism" are barred from coverage (38 CFR § 17.272). NCTE will continue to work with policymakers to amend these regulations and provide full medical coverage to transgender military personnel and dependents in both the CHAMPVA and TRICARE programs. At this time, the Directive issued by the Veterans Health Administration does not apply to CHAMPVA or TRICARE.

3. What medical services and supplies will VA cover?

With one notable exception, all medically necessary, transition-related medical and mental healthcare are provided to transgender patients. This includes hormone therapy, mental healthcare, preoperative evaluation, post-operative long-term care, and any routine health screenings (such as breast, prostate, or cervical cancer screenings). The single exception is sex reassignment surgery (SRS).

4. Why doesn't the Directive cover sex reassignment surgery?

This Directive is a memorandum stating an internal service policy within the Veterans Health Administration. It does not establish new services, but rather clarifies existing VHA policies. These types of Directives are designed to implement and clarify applicable Department of Veterans Affairs regulations. One such regulation specifically excludes sex reassignment surgery from VHA health coverage. As such, this Directive clarifies that the current regulation barring sex reassignment surgery in the VHA system applies only to surgical procedures, and does not preclude VA facilities from providing hormone treatments, mental healthcare, routine checkups, pre-operative evaluation, post-operative care, or any other transition-related medically necessary care for transgender Veterans.

5. Sex reassignment surgery can mean many things. What does VHA mean when they say they won't cover SRS?

The Directive defines sex reassignment surgery as:

"any of a variety of surgical procedures (including vaginoplasty and breast augmentation in MTF transsexuals and mastectomy and phalloplasty in FTM transsexuals) done simultaneously or sequentially with the explicit goal of transitioning from one gender to another. This term includes surgical revision of a previous sex reassignment surgery for cosmetic purposes."

Sex reassignment surgery only includes surgical procedures such as those listed above and does not include other treatments described elsewhere in the Directive (e.g., hormone therapy, mental healthcare, etc.).

In short, this means that the existing sex reassignment surgery exclusion applies only to actual surgical procedures, and does not bar VA facilities from providing pre- or post-operative evaluations or care. If you have had SRS outside the VA system and need follow-up care or post-operative care, and are eligible for VA benefits, your care will be provided at a VA facility. Similarly, if you are planning on having SRS outside the VHA system and require pre-operative evaluation, VA facilities will provide that care as well. The only thing VHA will not do is perform or pay for any sex reassignment-related surgical procedures.

6. Does the sex reassignment surgery exclusion apply to intersex conditions?

No. The Directive is very clear on this: the prohibition on providing for surgery does not apply to veterans with intersex conditions who need surgery to “correct inborn conditions related to reproductive or sexual anatomy or to correct a functional defect.” VHA is able to allow intersex treatments because the regulation barring sex reassignment surgery does not have any application to intersex conditions, and VHA is aware of the difference between transgender and intersex veterans.

7. Will hormones or other transition-related care cost me any extra when I go to a VA facility?

The costs for transition-related health care and prescriptions will be exactly the same as they would be for any other health care and prescriptions. In all VA facilities, veterans are classified based on the degree of service-related disability they have received, and are charged for medical services, mental health services, and medication based on their classification. For some veterans, some costs would apply, such as \$50 co-pays for mental health care visits, \$15 co-pays for primary care physician visits, and \$8 for a one-month supply of each prescription. For other veterans, all health care and prescriptions are covered. Your health care, whether it is hormone replacement therapy, mental health care services, pre- or post-operative evaluations, or any other transition-related care, would cost you based on your disability classification, and you would see no cost increase due to the nature of the care.

8. Do I need to be diagnosed with Gender Identity Disorder to receive transition-related care at the VA?

No. The policy specifically states: “A diagnosis of GID, or other gender dysphoria diagnoses, is not a pre-condition for receiving care consistent with the Veteran’s self-identified gender.” However, as is true when accessing any care with the VA, each veteran does need a VA physician to say that the specific care is medically necessary for that specific patient.

9. Does the VA provide mental health care to transgender Veterans?

Yes. The Directive includes medical and mental health care services for transgender veterans, consistent with the medical and mental health care provided to all veterans as part of VA coverage. The Directive simply clarifies that all medical and mental health care services related to transgender people and transition-related care (except sex reassignment surgery) are covered care under VA policy.

10. What about my privacy? I've had trouble with privacy at my VA facility.

This Directive very clearly states that all medical and administrative staff will treat any information about a person's transition-related treatment or transgender status as confidential unless the patient gives permission to share this information. The Directive also indicates that all VA staff are to provide care to transgender patients "without discrimination in a manner consistent with care and management of all Veteran patients."

11. Does the new VA policy affect my medical records?

Yes. The documented gender in the VA's medical records will now reflect an individual's self-identified gender. In order to change the name and gender in VA medical records, the individual must provide official documentation as per Veterans Health Administration policies.

12. Who can I contact if I have problems accessing the medical care that I need?

If you need assistance accessing healthcare or need to have an issue resolved, you should talk to the Patient Advocate at your local VA Medical Center. In addition to the new Directive that applies to transgender and intersex veterans, there is a patient's "bill of rights" that applies to every veteran. It can be accessed here: <http://www.patientadvocate.va.gov/Rights.asp>.

Additional Resources

The Transgender Healthcare Directive is available to read on the VA website:
www.va.gov/vapubs

Several resources are available to all veterans:

- Patient Advocate at each VA Medical Center
- Patient's Bill of Rights <http://www.patientadvocate.va.gov/Rights.asp>

Transgender veterans may reach out to:

- Transgender American Veterans Association www.tavausa.org
- Servicemembers Legal Defense Network www.sldn.org