AMERICAN PSYCHIATRIC ASSOCIATION

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September 7, 2018

Michael Shores
Director, Office of Regulation Policy and Management
Office of the Secretary
Department of Veterans Affairs
810 Vermont Avenue NW
Room 1063B
Washington, DC 20420

RE: Notice for Petition for Rulemaking and Request for Comments – Exclusion of Gender Alterations from the Medical Benefits Package

Dear Mr. Shores:

On behalf of the American Psychiatric Association (APA), the medical specialty society representing over 37,800 physicians who specialize in the treatment of mental illnesses and substance use disorders, we thank you for the opportunity to provide comments on including gender alterations in the Department of Veterans Affairs' (VA) medical benefits package. We support inclusion of gender alterations in the VA medical benefits and encourage you to consider the positive impacts providing this care to patients with gender dysphoria would have on our veterans' mental health and their overall health outcomes.

Benefits from medical and surgical gender transition treatments

The VA estimates that 20 military veterans die by suicide each day.[1] Meanwhile, gender dysphoria itself has been associated with an increased risk of psychiatric disorders, particularly major depressive disorder, anxiety disorders, and even suicide. For patients who are both veterans and transgender, a report in the *American Journal of Public Health* found they have a completed suicide rate 20 times higher than the general veteran population.[2]

As physicians, we know that access to care (both medical and surgical) positively impacts the mental health of transgender individuals.[3] The widely-endorsed, evidence-based practice guidelines outlined in the World Professional Association for Transgender Health Standards of Care established that transition-related mental health care, hormone therapy, and surgery are effective and necessary treatment options for individuals with gender dysphoria.[4] These standards have been widely endorsed by the APA and many

[1] U.S. Department of Veterans Affairs. (2018). *VA National Suicide Data Report, 2005-2015.* www.mentalhealth.va.gov/docs/data-sheets/OMHSP_National_Suicide_Data_Report_2005-2015_06-14-18_508-compliant.pdf.
[2] Blosnich, John R., et al. "Prevalence of Gender Identity Disorder and Suicide Risk Among Transgender Veterans Utilizing Veterans Health Administration Care." *American Journal of Public Health*, vol. 103, no. 10, 2013: pp. e27-e32.
[3] American Psychiatric Association (2012). Position Statement on Access to Care for Transgender and Gender Variant Individuals
[4] The World Professional Association for Transgender Health. (2011). *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People* (Standard No. 7).

other medical associations, as well as major insurers, including Aetna and UnitedHealthcare.

Transgender veterans who have received gender-affirming medical and/or surgical treatments reported significantly lower levels of suicidal ideation, compared to those that did not receive appropriate treatment.[5] Additionally, we cannot underestimate the impact that treating a patient's mental health conditions can have on his/her physical health. Patients with serious mental illnesses die years earlier than the general population, with the majority of excess deaths due to general health conditions.[6] Among transgender patients, the risk of physical conditions is also exacerbated with increased rates of tobacco use, HIV and AIDS, and weight problems.[7] **We encourage the VA to consider this evidence demonstrating that gender-affirming care is safe and effective and can improve the overall quality of health for transgender veterans.**

Reducing barriers to care to address stigma an improve outcomes

Despite advances in acceptance for LGBTQ people, stigma and discrimination continue to be the greatest problems facing sexual minorities. Creating barriers to care, such as lack of coverage, for this patient population has the potential to impact long-term health outcomes. Transgender patients are already more likely to delay getting necessary medical care, which therefore increases costs for the VA. In fact, 23 percent of respondents to the 2015 U.S. Transgender Survey reported delaying seeing a doctor because of fear of being mistreated as a transgender person.[7] Of those that had seen a doctor in the past year, one-third reported having at least one negative experience with a doctor or other health care provider related to being transgender, including having to teach the provider about transgender people in order to receive appropriate care, being asked invasive or unnecessary questions about being transgender not related to the reason for the visit, or being refused transition-related health care.

The literature on the minority stress model highlights the impact of social prejudice, isolation and invisibility as the primary factors leading to an increased health burden and greater risk of mental health issues, homelessness and unemployment.[8] Research using the electronic health records of veterans with gender dysphoria found that this population had a higher prevalence of suicide risk, housing instability, unemployment, sexual trauma, and involvement with the criminal justice system than veterans without gender dysphoria.[9] **We urge the VA to eliminate any discriminatory barriers that can prevent this patient population from getting the treatment they need.**

Cost benefit of improving access to care

While there are limited data available on transgender veterans, analyses of available private health insurance data on transition-related health care utilization indicate that there are an estimated 2,450 transgender personnel in the active component (out of a total number of approximately 1.3 million active-

https://www.wpath.org/media/cms/Documents/Web%20Transfer/SOC/Standards%20of%20Care%20V7%20-%202011%20WPATH.pdf

[5] Raymond P. Tucker et al. "Hormone therapy, gender affirmation surgery, and their association with recent suicidal ideation and depression symptoms in transgender veterans." *Psychological Medicine*. 2018: 1-8

[6] Ben Druss et al. "Psychiatry's Role in Improving the Physical Health of Patients with Serious Mental Illness." December 2017.

[7] Sandy James et al. *2015 U.S. Transgender Survey.* (2016). http://www.transequality.org/sites/default/files/docs/USTS-Full-Report-FINAL.PDF

[8] Ilan Meyer. "Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence." *Psychological Bulletin*. 2003 Sep; 129(5): 674–697.

[9] Downing, Janelle, et al. "Transgender and Cisgender US Veterans Have Few Health Differences." *Health Affairs*, vol. 37, no. 7, 2018, pp. 1160–1168.

component service members) and 1,510 in the Selected Reserve.[10] It is important to note that treatment for each patient is determined by that patient's needs and only a fraction of this patient population will seek gender reassignment surgery. Several peer-reviewed studies (retrospective and prospective cohort studies) have demonstrated improvements in a patient's mental health and quality of life following gender-affirming surgery.[11] Such positive outcomes reduce costs to the health system.

We recommend that the VA <u>not</u> exclude gender alteration surgery from its medical benefits to ensure appropriate care for transgender veterans. The APA stands at the ready to join the Department of Veterans Affairs in its efforts to improve the health of transgender veterans. If you have any questions, or if we can be of further assistance, please contact Deana McRae, Associate Director of the Department of Government Relations, at dmcrae@psych.org.

Sincerely,

Altha J. Stewart, M.D.
President
American Psychiatric Association

[10] Agnes Gereben Schaefer et al. "Assessing the Implications of Allowing Transgender Personnel to Serve Openly." Santa Monica, CA: RAND Corporation, 2016. https://www.rand.org/pubs/research_reports/RR1530.html.
[11] Tim C van de Grift et al. "Effects of Medical Interventions on Gender Dysphoria and Body Image: A Follow-Up Study." *Psychosomatic Medicine*. 2017; 79(7):815-823.