



National Capital Region Medical Directorate



IMPLEMENTATION GUIDANCE

MAR 03 2017

CLINICAL

SUBJECT: Medical Care and Treatment for Transgender Patients

References: See Enclosure 1

1. PURPOSE. This NCR MD interim Implementation Guidance, based on the authority of References (a) and/or (b), and in accordance with the guidance of References (c) through (g) provides implementation guidance regarding the medical evaluation and treatment of active duty and TRICARE eligible transgender patients, including those patients who are seeking an exception to policy (ETP) in order to ensure consistent and evidence-based care to transitioning transgender patients. This Implementation Guidance is enforced throughout the National Capital Region Medical Directorate (NCR MD).

2. APPLICABILITY. This Implementation Guidance applies to:

a. All NCR MD Medical Treatment Facilities (MTFs) including the Walter Reed National Military Medical Center and the Fort Belvoir Community Hospital, their associated clinics, and the assigned or attached personnel, Service members, federal civilians, and others assigned temporary or permanent duties to NCR MD MTFs.

b. The NCR MD MTFs and associated clinics using contract staff. These NCR MTFs and associated clinics must comply with this Implementation Guidance and must ensure that copies are maintained in the clinic area along with all other applicable Implementation Guidance references.

3. POLICY IMPLEMENTATION. It is NCR MD's guidance, IAW References (c) through (e), to provide Service members a process by which they may transition gender while serving on active duty. The guidance is premised on the determination that open service by transgender persons who are subject to and can meet the same standards and procedures as other members with regard to medical fitness for duty, physical fitness, deployability, and retention, is consistent with military service and readiness.

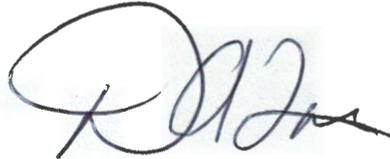
4. RESPONSIBILITIES. See Enclosure 2

5. PROCEDURES. See Enclosure 3

6. RELEASABILITY. **Cleared for public release.** This Implementation Guidance is available on the Internet from the Website at www.capmed.mil.

7. EFFECTIVE DATE. This Implementation Guidance:

- a. Is effective upon publishing to the NCR MD Website above.
- b. Will expire effective 10 years from the publication date if it has not been reissued or cancelled before this date.



D. A. Lane
Rear Admiral, MC, USN
Director

Enclosures

1. References
 2. Responsibilities
 3. Procedures
 4. Sample Action Memorandum
 5. Sample Memorandum for the Record
- Glossary

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ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, "Assistant Secretary of Defense, Health Affairs, (ASD ((HA))," September 30, 2013.
- (b) DoD Directive 5136.13, "Defense Health Agency," September 30, 2013
- (c) DoD Directive-type Memorandum (DTM) 16-005, "Military Service of Transgender Service Members," June 30, 2016
- (d) DoD Instruction 1300.28, "In-Service Transition for Transgender Service Members," October 1, 2016
- (e) Assistant Secretary of Defense (Health Affairs) Memorandum, "Guidance for Treatment of Gender Dysphoria for Active and Reserve Component Service Members," July 29, 2016
- (f) American Psychological Association, Guidelines for Psychological Practice with Transgender and Gender Nonconforming People, *American Psychologist*, 70(9); 832-864, December 2015
- (g) Guidelines for the Primary and Gender Affirming Care of Transgender and Gender Nonbinary People, Center of Excellence for Transgender Health, University of California, San Francisco, Department of Family and Community Medicine
- (h) American Psychiatric Association, *Diagnostic and Statistical Manual for Mental Disorder*, Fifth Edition, May 18, 2013
- (i) Title 32, Code of Federal Regulations, Section 199.16, "Supplemental Health Care Program for Active Duty Members," July 1, 2001

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ENCLOSURE 2

RESPONSIBILITIES

1. NCR MD. NCR MD shall:

- a. Provide guidance while adhering to DoD and DHA policies.
- b. Coordinate training requirements from the DHA and the Services on transgender care.
- c. Will ensure availability of the most recent Service specific procedural requirements.

2. MTF DIRECTORS. MTF Directors shall:

a. Inform all MTF staff of relevant DoD and DHA instructions and guidance for transgender care.

b. Ensure that all training requirements from the Services and the DHA are provided to appropriate staff and ensure the requirement is met.

c. Appoint a point of contact (POC) at the MTF who will coordinate the treatment for transgender patients by assisting the transgender multidisciplinary treatment teams.

d. Ensure transgender patients receive all medical care with dignity and respect. In no circumstance will a provider be required to deliver care that he or she feels unprepared to provide either by lack of clinical skill or ethical objection. However, referral to an appropriate provider or level of care is required in such circumstances to ensure patients receive medical care in a manner that treats them with dignity and respect.

3. PATIENTS. Patients shall:

a. Provide an action memorandum from the medical treatment team to his/her Service unit commander for approval of the treatment timeline that provides the diagnosis confirmation (gender dysphoria) and estimated time for completion (Enclosure 4).

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ENCLOSURE 3

PROCEDURES

1. GUIDANCE FOR MEDICAL CARE AND TREATMENT

a. The medical facilities within the NCR MD play a critical role in the diagnosis and treatment of patients who identify as transgender. The NCR MD will be prepared to offer or arrange for all medically necessary care for transgender patients. Request for approval of treatment will follow Service specific expectations as diagramed in figure (1). IAW References (c) through (e), the role of the MTFs and their medical providers with regard to transgender patients includes the following:

(1) Establishing the patient's medical diagnosis, recommending medically necessary care and treatment, and, in consultation with the patient, developing a medical treatment plan for gender transition.

(2) Advising the Service member's Service unit commander on the medical diagnoses applicable to the patient IAW established military medical practices, including:

(a) An assessment of medically necessary care and treatment that includes the timeline of the proposed treatment plan.

(b) The likely impact of the treatment plan on a Service member's readiness and deployability.

(c) The scope of the human and functional support network needed to support the patient.

(d) Providing medical information relevant to a patient's request for an ETP, if applicable.

(e) Formally advising the Service member's Service unit commander when the Service member's gender transition is complete, and recommend to the Service unit commander a time at which the member's gender marker may be changed in the Defense Enrollment Eligibility Reporting System (DEERS).

(f) Providing the patient with all medically necessary care and treatment after the member's gender marker has been changed in DEERS.

b. The MTF Directors will ensure that transgender patients receive all medical care with dignity and respect. In no circumstance will a provider be required to deliver care that he or she feels unprepared to provide either by lack of clinical skill or ethical objection. However, referral to an appropriate provider or level of care is required in such circumstances to ensure patients receive medical care in a manner that treats them with dignity and respect.

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2. ESTABLISH THE MEDICAL DIAGNOSIS

a. Although the patient may access the health care system through various entry points, (e.g., primary care, behavioral health (BH), endocrinology, emergency room, etc.), gender transition begins when a military BH provider diagnoses a patient with gender dysphoria and determines that gender transition is medically necessary per References (c) through (e). For the purposes of this Implementation Guidance, a BH provider is defined as a psychiatrist, psychologist, psychiatric nurse practitioner, licensed clinical social worker, or other masters-level clinical BH provider privileged at an MTF and who maintains up-to-date knowledge about gender-nonconforming identities and the assessment and treatment of gender dysphoria, sexuality, and sexual health concerns.

b. Evaluating a patient who may have gender dysphoria includes an assessment of gender identity and the duration of dysphoric symptoms associated with that gender identity. The BH provider will conduct and document a complete clinical evaluation, including the following:

(1) Assess for the presence of gender dysphoria as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition per Reference (h).

(2) Evaluate for other diagnoses of clinical significance, to include depression, anxiety, substance use disorders, autism spectrum conditions, psychotic disorders, paraphilias, body dysmorphic disorder, and factitious disorder. If other BH conditions are so severe as to impair the patient's capacity to engage in the medical care required in gender transition, those conditions will be treated to a sufficient degree to allow the patient to fully engage in the gender transition. Determine whether gender transition is medically necessary to address the dysphoria, and establish a timeline for the transition plan.

3. DEVELOPMENT OF A MEDICAL TREATMENT PLAN

a. Treatment plans for gender transition must be individualized to the patients based on their unique goals and health care needs. Treatment plans may involve the following:

(1) BH therapy, real life experience (RLE), cross-sex hormone therapy, and/or surgical transition per References (c) through (e).

(2) Each MTF will have a multidisciplinary team that will develop a treatment plan for patients with a diagnosis of gender dysphoria.

(3) The treatment team will consist of, at a minimum, a primary care manager, clinical case manager, and the treating BH provider. Depending on the goals of the patient, the treatment team may also include endocrinologists and surgeons with the appropriate expertise.

(4) For transgender patients requiring surgical therapy, the MTF will provide such care as appropriate if there are adequate surgical capabilities available in the MTF. If adequate

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surgical capability is not available in the MTF, medically necessary surgical treatment will be referred to private sector care under the existing Military Health System waiver process for Active Duty members utilizing the Supplemental Health Care program as described in Reference (i).

(5) In consultation with the treatment team and the patient, a medical treatment plan will be established for gender transition. The treatment plan should include:

(a) A statement of medical necessity based on the diagnosis of gender dysphoria.

(b) Outline of the components of the plan, including psychotherapy, RLE, hormone therapy, and any anticipated surgical procedures.

(c) A proposed timeline for the initiation and execution of the treatment plan.

(d) An assessment of the likely impact of the medical care and treatment on the readiness and deployability of the Service member.

(e) Anticipated point at which the patient's gender transition will be complete and the patient will be medically ready for a change to the gender marker in DEERS.

b. The patient will provide an action memorandum from the medical treatment team to his/her Service unit commander for approval of the treatment timeline that provides the diagnosis confirmation (gender dysphoria) and estimated time for completion (Enclosure 4). The approved action memorandum will be scanned into the patient's electronic medical record. Transition treatment beyond BH care may not proceed until the timeline for medical treatment is approved by the Service unit commander, with full consideration of impacts to readiness and pending mission requirements IAW Reference (d).

c. Upon approval of the treatment plan timeline by the Service unit commander, MTFs may commence any additional treatment deemed medically necessary (Note: BH treatment can begin prior to the unit commander's approval of the treatment timeline). The treatment team will provide requested updates regarding the Service member's progress and provide information of any changes to the treatment plan that impact readiness to the Service unit commander.

4. DETERMINATION THAT GENDER TRANSITION IS COMPLETE

a. IAW Reference (d), gender transition is complete when the patient has completed the medical care identified in a documented medical treatment plan and achieved stability in the preferred gender. The treatment team will formally advise the Service member's unit commander that the Service member's gender transition is complete and recommend the Service member's gender marker be changed in DEERS. Medical care may continue beyond the date of the gender marker change for the continuum of care of the Service member.

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b. The treatment team will consider the following factors in determining whether gender transition is complete and making recommendations as to the timing of the patient's gender marker change in DEERS:

(1) The patient consistently demonstrates mental and emotional commitment to proceed with the medical plan for transition to the preferred gender.

(2) If part of the treatment plan, the patient has completed an appropriate period of RLE.

(3) If the patient is on hormone therapy, physiological stability has been achieved IAW the individual treatment plan.

(4) If the patient has undergone surgery as part of the treatment plan, no functional limitations or complications exist.

(5) At the completion of gender transition, the patient's provider will provide a Memorandum for the Record to his/her Service unit commander stating that the transition is complete (Enclosure 5). The process for gender marker change in DEERS will be completed per Reference (d).

5. ADDITIONAL GUIDANCE WHEN ACTIVE DUTY PATIENTS ARE SEEKING AN ETP

a. Transgender patients who have already undergone some or all stages of a gender transition plan may present to an MTF seeking medical support for an ETP.

b. If a diagnosis of gender dysphoria has not been established by a military provider, a Transgender Care Treatment Team will review and validate both the diagnosis and existing treatment plan and make adjustments to the plan as necessary .

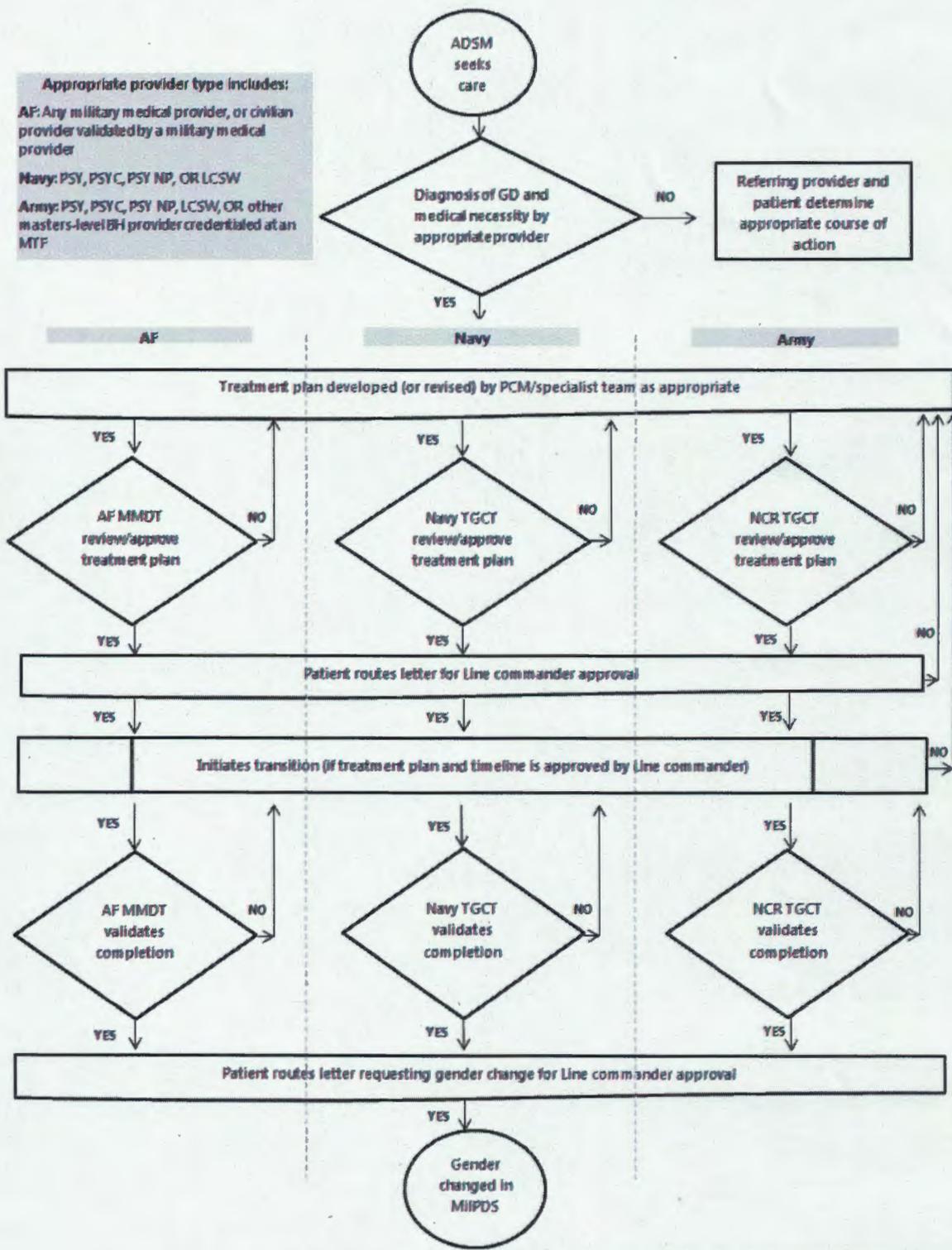
c. If the Service member has completed the treatment plan, the treatment team will evaluate whether the Service member's gender transition is complete following the guidelines in Enclosure 3.

d. Active Duty Service members who report having already completed a transition plan but who are awaiting a change to their gender marker may request an ETP to comport to the requirements of the Service member's preferred gender with regard to Service uniform standards, grooming standards, body composition programs, physical fitness test standards, and other Service-specific standards applied with regard to the Service member's gender, and, as applicable, to use the billeting, bathroom, and shower facilities that accord with the Service member's preferred gender. In such cases, the MTF will make every effort to expedite the Service member's evaluation to validate such completion and prepare a recommendation for the Service member's unit Commander, as outlined in procedures 1–4 above.

6. CONCEPTUAL PROCESS FLOW FOR TRANSGENDER PATIENTS. (See Figure1.)

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FIGURE 1. CONCEPTUAL PROCESS FLOW FOR TRANSGENDER PATIENTS (AIR FORCE, ARMY, NAVY)



*Current as of 2/28/17 but subject to change at the direction of the Services

ENCLOSURE 4

SAMPLE ACTION MEMORANDUM

FOR: PATIENT'S SERVICE UNIT COMMANDER

FROM: Provider Name, Title

SUBJECT: Proposed Medical Treatment for Gender Transition in Case of Patient's Rank and Name

- RANK/NAME has received the diagnosis of gender dysphoria from a military BH provider and a determination that gender transition is medically necessary on DATE.
- The estimated date for completion of gender transition is DATE.
- Approval of the recommendation outlined in this action memorandum is required for initiation of the proposed treatment plan.
- Should additional information be required, the point of contact for this memorandum is XXXXX, at CONTACT INFORMATION.

RECOMMENDATION: Give clear, concise recommendation statement.

Approve _____ Disapprove _____ Other _____

COORDINATION:

ATTACHMENT:

Prepared by:

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ENCLOSURE 5

SAMPLE MEMORANDUM FOR THE RECORD

FOR: Patient's Service Unit Commander

FROM: Provider Name/Rank/Title

SUBJECT: Statement of Completion of Gender Transition Care in Case of Patient's Rank/Name

1. This memorandum provides notification that all planned treatment for RANK/NAME diagnosis of gender dysphoria has been completed and is medically stable.
2. RANK NAME gender transition plan was approved on DATE. The Service member completed gender transition on DATE.
3. RANK/NAME has now met the medical requirements of DoD Instruction 1300.28 to initiate a change of his/her gender marker in DEERS.
4. Point of contact for this memorandum is XXXXX, at CONTACT INFORMATION.

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GLOSSARYPART I. ABBREVIATIONS AND ACRONYMS

| | |
|--------|-------------------------------------------------|
| BH | behavioral health |
| DEERS | Defense Enrollment Eligibility Reporting System |
| ETP | exception to policy |
| IAW | in accordance with |
| MTF | Medical Treatment Facility |
| NCR MD | National Capital Region Medical Directorate |
| RLE | real life experience |

PART II. DEFINITIONS

cross-sex hormone therapy. Feminizing or masculinizing hormone therapy—the administration of exogenous endocrine agents to induce feminizing or masculinizing changes. The use of feminizing hormones in an individual assigned male at birth based on traditional biological indicators or the use of masculinizing hormones in an individual assigned female at birth. A common medical treatment associated with gender transition.

gender dysphoria. Medical diagnosis that refers to distress that some transgender individuals experience due to a mismatch between their gender and their sex.

gender identity. One's innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth.

gender marker. Data element in DEERS that identifies a Service member's gender. A Service member is expected to adhere to all military standards associated with the member's gender marker in DEERS and use military lodging, bathroom, and shower facilities in accordance with the DEERS gender marker.

gender transition process. A process that begins when a transgender Service member receives a diagnosis from a military medical provider for gender dysphoria (or a diagnosis is made by a civilian provider and validated by a military provider) indicating that gender transition is medically necessary. Processes that follow include notification to the Service member's unit commander and development of a gender transition plan. Gender transition concludes when the military medical provider determines (or a civilian provider determines with validation by a

military provider) that a transgender Service member's gender transition is complete. Upon completion of these steps, the transgender Service member's gender marker will be changed in DEERS, and the transgender Service member will be recognized in the preferred gender. At this point in time, the transgender Service member will be responsible for meeting all applicable standards to include medical fitness, physical fitness, dress and appearance standards, deployability, and retention standards of the gender indicated in DEERS. They will use lodging, bathroom and shower facilities that are subject to regulation by the military in accordance with their gender marker in DEERS.

medically necessary. Those health-care services or supplies necessary to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms, and that meet accepted standards of medicine.

preferred gender. The gender that a person feels is their gender identity and the gender they desire to express. The gender in which a transgender Service member will be recognized post-transition.

real life experience (RLE). RLE is the phase in the gender transition process during which the individual commences living socially in the gender role consistent with their preferred gender. RLE may or may not be preceded by the commencement of cross-sex hormone therapy, depending on the medical treatment associated with the individual Service member's gender transition. The RLE phase is also a necessary precursor to certain medical procedures, including gender transition surgery. RLE generally encompasses dressing in the new gender, as well as using preferred gender bathroom, locker room, dormitory areas and showers.

transition. Period of time when individuals change from the gender role associated with their sex assigned at birth to a different gender role. For many people, this involves learning how to live socially in another gender role; for others this means finding a gender role and expression that are most comfortable for them. Transition may or may not include feminization or masculinization of the body through cross-sex hormone therapy or other medical procedures. The nature and duration of transition are variable and individualized.