

Sex Reassignment Surgery

April 2014

Implementation of Funding for Sex Reassignment Surgery

Background

The process leading up to sex reassignment surgery (SRS) is complex and typically involves a number of stages. This can include counselling, medical assessment, endocrine (hormone) therapy, surgery, and follow-up care.

Nova Scotia currently insures the required counselling and hormone therapy in specific clinical circumstances. Government has committed to insuring sex reassignment surgery by April 1, 2014.

SRS can be broadly categorized into three areas:

- Removal of the internal and external organs associated with the current sex
- Reconstruction of the external characteristics of the desired sex
- Procedures to enhance the appearance and more closely match the desired sex

The Department of Health and Wellness has performed a comprehensive review of this issue, which included economic analyses, literature review, jurisdictional scan, and policy considerations.

The department discovered that:

- Eligibility for SRS can be considered in two ways:
 - Clinical eligibility, referencing a patient's clinical suitability and appropriateness for surgery, and
 - Insurance eligibility relative to a Province's health coverage plan.

On both fronts, the eligibility requirements for SRS vary by Province.

- Similarly, the scope of insured surgical procedures varies by Province, as well as what aspects of the care are covered. The procedure may be covered, but the facility fee or the travel expenses may be the responsibility of the patient. Certain procedures may be insured, but only under certain clinical conditions.
- There are some surgical procedures related to SRS that can be performed in NS and others require referring the patient out of Province.

Process to access Insured SRS benefits in Nova Scotia

Nova Scotia will follow the lead of other provinces in the types of procedures for which it provides public funding and the process it uses to provide access to care.

To access sex reassignment surgery, a patient should start with their family physician, Community Mental Health or access prideHealth through the Capital District Health Authority. Clinical eligibility for SRS will be determined through application of the World Professional Association for Transgender Health (WPATH) criteria for assessment. This involves an initial psychiatric and medical assessment and management before considering surgery, ongoing psychiatric and medical management, if appropriate, and is consistent with other Canadian jurisdictions that insure SRS.

Medical assessment and management may include counseling, and determining clinical eligibility for endocrine treatment depending on a particular patient's needs. A physician, community mental health team member or prideHealth care provider will assist the patient in making the necessary connections to these services.

Once a patient has received a positive recommendation to continue with surgery, they work with their physician and a surgeon or surgeons (depending on the number of surgeries being performed) to develop a surgical plan. The patient will discuss with the surgeon or surgeons and their family physician about what after-care could be needed after SRS, and how that will be administered.

If the surgical plan requires out of province travel, the patient's surgeon needs to work with Medical Services Insurance (MSI) staff to review the supports available under the DHW's "Out of Province Treatment" and

"Out of Province Travel and Accommodation" policies. Patients seeking out of province coverage for SRS require pre-approval by MSI.

Surgeries Insured in Nova Scotia

Following extensive analysis of what surgeries are publically funded in other provinces in Canada and what surgeries are currently available in Nova Scotia, the Department of Health and Wellness has determined that the following surgeries will be publically funded in Nova Scotia for the purposes of sex reassignment surgery:

A. Removal of the external and/or internal organs associated with the current sex:

Female to Male (FtM):

- Mastectomy
- Oophorectomy
- Hysterectomy

Male to Female (MtF):

- Penectomy
- Orchiectomy

B. Reconstruction of the external characteristics of the desired sex:

Female to Male (FtM):

- Phalloplasty
- Metoidoplasty

Male to Female (MtF):

- Vaginoplasty

All of the reconstruction surgeries will require travel out of the province, as these surgeries are currently not performed in Nova Scotia.

If you are interested in accessing sex reassignment surgery, you are encouraged to contact your family physician, a community mental health provider in your area or prideHealth (<http://www.cdha.nshealth.ca/pridehealth>).

For questions about these surgeries, please contact the Department of Health and Wellness at (902) 424-5744 or at gibbonca@gov.ns.ca

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What is medical management?

Medical management depends on the particular needs of the patient and may include access to endocrinology (hormone therapy).

What if a patient doesn't have a family physician?

Those who wish to begin the process of sex reassignment surgery and who are without a family physician can go to the Department of Health and Wellness website <http://novascotia.ca/dhw/physicians/> or Community Mental Health in their area.

What is PrideHealth?

PrideHealth provides safe and accessible primary health care services for people who are gay, lesbian, bisexual, transgender, intersex and queer.

If a comprehensive assessment is required, can someone be refused sex reassignment surgery?

An assessment is required to ensure the health, wellness and safety of the patient. A positive recommendation for sex reassignment surgery or refusal would be determined after the assessment by a healthcare professional. The assessment was developed by the World Professional Association for Transgender Health (WPATH) and is used by other Canadian jurisdictions that insure these surgeries.

Is chest masculinization and/or chest contouring now publically funded?

The province is now funding mastectomies, including nipple-sparing mastectomies which can be part of a transition from Female to Male. The outcome of mastectomies for a FtM transition would be to create a chest that more closely resembles a male chest. The province is not covering chest masculinization and/or chest contouring, which typically involve liposuction and implants.

What will the cost be per patient? How many patients annually are expected to apply for sex reassignment surgery?

We have estimated that about four to eight patients annually will request funding for sex reassignment surgery. This is based on our analysis of other provinces. It is difficult to determine the cost per patient. It depends on the type and amount of surgeries required. The costs for transitioning from male to female and from female to male differ.

Are there enough doctors in Nova Scotia trained to help patients with these transitions?

We will be monitoring the demand for these health services and the distribution of public funding, to determine whether action is needed to improve access to treatment.