



## Public Funding of Transgender Health Care in Canada October 1, 2015

### Report Background

The United Food and Commercial Workers Canada (“UFCW”) and the Canadian Professional Association for Transgender Health (CPATH) collaborated to inventory existing public health insurance coverage for gender/transition related medical procedures in Canada.

Gender/transition related health care is medically necessary and can be lifesaving for individuals who are transgender, transsexual, two-spirit, non-binary, etc. (“trans”). (Attached at Schedule “A” is a partial list of academic publications, statements, and resources supporting the need for accessible, comprehensive, high-quality and publicly paid gender/transition related medical and surgical procedures.) Accordingly, we are pleased to present this executive summary and coverage map, which provide an overview of provincial and territorial coverage that currently exists for gender/transition related health care services in Canada.

Approval standards and procedures for coverage of surgical procedures by public health insurance plans are specific to each jurisdiction. **As a second phase of this project, we have begun collecting data on the authorization/approval procedures that are used by each ministry of health that provides gender/transition related surgical care across Canada.**

Health plan coverage information was collected from a number of sources, including provincial and territorial health ministries as well as local trans health and mental health providers, so that official information about coverage could be compared to the experience on the ground. To the extent possible, all ministry of health data was verified by at least one reviewer based in the particular region of the country.

### Result Highlights

Public health insurance coverage for gender/transition related medical treatments or surgical procedures varies across jurisdictions within Canada. Coverage continues to expand, both in terms of number of jurisdictions that provide coverage as well as the range of procedures that are covered as ministries of health gain a better appreciation of the necessity for these services, with only New Brunswick, North West Territories, and Nunavut, without any current coverage.

Nevertheless, even where coverage exists, access to services has been hindered by a number of issues including, but not limited to:

- Lack of coverage for all integral elements of certain procedures (including chest contouring).



- Delays resulting from approval processes that are under resourced and administratively onerous, coupled with a reluctance to make effective use of WPATH SOC 7 qualified health and mental health professionals to facilitate approvals in the community.
- Lack of surgical capacity for vaginoplasty, phalloplasty, and other genital surgeries across Canada, consisting of a lack of trained surgeons as well as operating room access, and variable coverage for travel to attend the only Canadian (private) clinic delivering these services (Montreal).

These procedures can be approved on a case by case basis by some Ministries of Health, while in some cases, such as chest contouring, provision depends on the surgeon and how that individual performs the chest surgery and bills the Ministry for the procedure.

Important procedures such as facial feminization, tracheal shaving, electrolysis/laser hair removal are not currently covered by any public health insurance plan in Canada, despite SOC 7 support for the medical necessity of these procedures.

### **Conclusions**

While there is continuing progress across Canada for transgender health care coverage (i.e. Nova Scotia announced coverage in June 2014 and PEI implemented some coverage in February 2015), there is still much disparity from jurisdiction to jurisdiction, and region to region, in terms of individual's ability to access to the range of care that is required.

Gender/transition related surgical procedures that meet the same standards set out in WPATH SOC 7, are readily available in Canada and around the world for those with the ability to pay for these procedures privately. If, due to the pressing need for access to gender/transition surgical care, those who have the financial means opt to pay for access to these medically necessary procedures, while others are unable to afford it, the result is a two-tiered system that shifts financial responsibility for health care coverage to individuals who can pay to get more timely access to care, while creating delay and access barriers for those who rely on the publicly funded system.

In August 2014 the Canadian Medical Association passed a resolution calling for "accessible, comprehensive and high-quality care for transgender patients." The results of this national scan clearly identify areas where coverage inequalities exist between provincial and territorial public health insurance plans and where additional coverage is necessary.



## Appendix

Bauer GR, Scheim AI, Pyne J, Travers R, Hammond R. Intervenable factors associated with suicide risk in transgender persons: a respondent driven sampling study in Ontario, Canada. BMC Public Health 2015; 15: 525.

(<http://www.biomedcentral.com/1471-2458/15/525/>)

Travers R, Bauer G, Pyne J, Bradley K, for the Trans PULSE Project; Gale L, Papadimitriou M. Impacts of Strong Parental Support for Trans Youth: A Report Prepared for Children's Aid Society of Toronto and Delisle Youth Services. 2 October, 2012.

(<http://transpulseproject.ca/wp-content/uploads/2012/10/Impacts-of-Strong-Parental-Support-for-Trans-Youth-vFINAL.pdf>)

De Vries, ALC, McGuire, JK, Steensma, TD, Wagenaar, ECF, Doreleijers, TAH, Cohen-Kettenis, PT. Young Adult Psychological Outcome After Puberty Suppression and Gender Reassignment

(<http://pediatrics.aappublications.org/content/early/2014/09/02/peds.2013-2958.abstract>)

Bauer GR, Scheim AI, for the Trans PULSE Project Team. *Transgender People in Ontario, Canada: Statistics to Inform Human Rights Policy*. London, ON. 1 June 2015.

(<http://transpulseproject.ca/wp-content/uploads/2015/06/Trans-PULSE-Statistics-Relevant-for-Human-Rights-Policy-June-2015.pdf>)

### Canadian Medical Association Resolutions

August 20, 2014

(<http://policybase.cma.ca/dbtw-wpd/CMAPolicy/PublicB.htm>):

GC14-35 -The Canadian Medical Association will amend the section of its Code of Ethics relating to discrimination in providing medical services to include the issues of gender identity and gender expression

GC14-36 -The Canadian Medical Association supports the position that all adolescent and adult persons have the right to define their own gender identity

GC14-37 -The Canadian Medical Association calls for accessible, comprehensive and high-quality care for transgender patients

GC14-38 -The Canadian Medical Association calls for the integration of sex/gender diversity education into medical school curricula and programs



## Canadian Psychological Association 2010 Policy Statement

### Gender Identity in Adolescents and Adults

([http://www.cpa.ca/aboutcpa/policystatements/#Gender\\_Identity](http://www.cpa.ca/aboutcpa/policystatements/#Gender_Identity))

The Canadian Psychological Association affirms that all adolescent and adult persons have the right to define their own gender identity regardless of chromosomal sex, genitalia, assigned birth sex, or initial gender role. Moreover, all adolescent and adult persons have the right to free expression of their self-defined gender identity. The Canadian Psychological Association opposes stereotyping, prejudice, and discrimination on the basis of chromosomal sex, genitalia, assigned birth sex, or initial gender role, or on the basis of a self-defined gender identity or the expression thereof in exercising all basic human rights. (October 2010)

### Canadian Psychiatric Association Position Paper on Mental Health Care for People who Identify as Lesbian, Gay, Bisexual, Transgender and (or) Queer

(<http://publications.cpa-apc.org/media.php?mid=1782>)

#### Recommendations:

1. The CPA opposes all public and private discrimination based on sexual orientation, gender identity and gender expression and supports the repeal of discriminatory laws and policies.
2. The CPA supports the passage of laws and policies protecting the rights, legal benefits and privileges of all people regardless of their sexual orientation, gender identity or gender expression.
4. The CPA supports efforts to provide fair and safe environments for people who identify as transgender or who are gender variant or gender nonconforming in institutional settings, such as supportive living environments, long-term care facilities, nursing homes, treatment facilities, shelters and prisons. The CPA also supports access to appropriate treatment in institutional settings for people of all gender identities and expressions, including gender transition therapies.
- 6. The CPA recognizes the efficacy, benefit and medical necessity of gender transition treatments for appropriately evaluated people and calls upon Provincial Health Insurance Plans to cover these medically necessary treatments.**
8. The CPA opposes the use of reparative or conversion therapy, given that such therapy is based on the assumption that LGBTQ identities indicate a mental disorder and (or) the assumption that the person could and should change their sexual orientation and (or) their gender identity and gender expression.

### World Professional Association for Transgender Health

#### Medical Necessity Statement

(<http://www.wpath.org/documents/Med%20Nec%20on%202008%20Letterhead.pdf>)



Sex reassignment, properly indicated and performed as provided by the Standards of Care, has proven to be beneficial and effective in the treatment of individuals with transsexualism, gender identity disorder, and/or gender dysphoria. Sex reassignment plays an undisputed role in contributing toward favorable outcomes...

The medical procedures attendant to sex reassignment are not 'cosmetic' or 'elective' or for the mere convenience of the patient. These reconstructive procedures are not optional in any meaningful sense, but are understood to be medically necessary for the treatment of the diagnosed condition.

### **American Medical Association**

Resolution: Removing Financial Barriers to Care for Transgender Patients

(<http://www.ama-assn.org/ama1/pub/upload/mm/471/122.doc>)

An established body of medical research demonstrates the effectiveness and medical necessity of mental health care, hormone therapy and sex reassignment surgery as forms of therapeutic treatment for many people diagnosed with GID<sup>1</sup> ... Therefore, be it RESOLVED, that the AMA supports public and private health insurance coverage for treatment of gender identity disorder.

### **American Psychiatric Association**

Position Statement on Access to Care for Transgender and Gender Variant Individuals

([www.psychiatry.org/File%20Library/Advocacy%20and%20Newsroom/Position%20Statements/ps2012\\_TransgenderCare.pdf](http://www.psychiatry.org/File%20Library/Advocacy%20and%20Newsroom/Position%20Statements/ps2012_TransgenderCare.pdf))

The American Psychiatric Association:

1. Recognizes that appropriately evaluated transgender and gender variant individuals can benefit greatly from medical and surgical gender transition treatments.
2. Advocates for removal of barriers to care and supports both public and private health insurance coverage for gender transition treatment.
3. Opposes categorical exclusions of coverage for such medically necessary treatment when prescribed by a physician.

### **The American Psychological Association**

(<http://www.apa.org/about/governance/council/policy/transgender.aspx>)

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<sup>1</sup> Gender identity disorder (GID) was removed from the DSM 5 and replaced with gender dysphoria



Canadian Professional Association  
for Transgender Health

Association Canadienne des professionnels en santé  
des personnes transsexuelles



APA recognizes the efficacy, benefit and medical necessity of gender transition treatments for appropriately evaluated individuals and calls upon public and private insurers to cover these medically necessary treatments.

### **Cost of Coverage**

Belkin, A. Caring for Our Transgender Troops — The Negligible Cost of Transition-Related Care. N Engl J Med 2015; 373:1089-1092

[http://www.nejm.org/doi/full/10.1056/NEJMp1509230?query=featured\\_home&](http://www.nejm.org/doi/full/10.1056/NEJMp1509230?query=featured_home&)

### **Human Rights Campaign – U.S.A.**

Transgender inclusive benefits for employees and dependents

<http://www.hrc.org/resources/entry/transgender-inclusive-benefits-for-employees-and-dependents>

<http://s3.amazonaws.com/hrc->

<assets//files/assets/resources/Transgender Healthcare White Paper 4.pdf>