

<b>Number:</b> Med 166A	<b>Date:</b> August 20, 2012	<b>Page:</b> 1 of 1
<b>Subject:</b> Final Stage Gender Reassignment Surgery Program	<b>Reference:</b> May 13, 2010 Special Bulletin to Psychiatrists regarding GRS Program	

**NOTE: Med 166A replaces Med 166. The travel criteria has been updated.**

### To: all physicians

Effective June 15, 2012, funding through the Final Stage Gender Reassignment Surgery (GRS) Program is available for eligible Albertans diagnosed with Gender Identity Disorder who meet the established program criteria.

The GRS Program provides funding for Alberta residents to receive final stage GRS at the Clinique de Chirurgie in Montreal, Quebec. The GRS Program covers the cost of the final stage GRS, such as phalloplasty or vaginoplasty.

The GRS Program does not provide funding for:

- GRS services provided outside of Canada;
- Cosmetic procedures that are not deemed medically necessary, such as facial feminization, tracheal shave and voice pitch surgery;
- Non-medical interventions required prior to final stage GRS, such as electrolysis, laser hair removal or massage therapy; or
- Any other additional costs such as take-home medications, equipment, meals, accommodations and other personal expenses.

A practitioner registered under the *Health Professions Act*, who is authorized to use the title psychiatrist, may apply on behalf of a patient for funding for final stage GRS. Alberta Health must provide prior approval for funding before any final stage GRS is received.

Specific criteria must be met for an individual to be considered for funding under the GRS Program. Attached is a summary of the GRS Program criteria for reference. Copies of the Registration of Intent and Request for Out of Province Funding forms discussed in the summary are also attached.

The GRS Program does not replace funding previously approved under the GRS Phase-Out Strategy. Those approved under the Phase-Out Strategy will continue to receive funding as directed under that strategy.

If you need further information, please call the Special Programs Unit (see contact information below). All required documentation related to final stage GRS should be sent to:

Special Programs Unit  
 Alberta Health  
 PO Box 1360 Stn Main  
 Edmonton AB T5J 2N3  
 Fax: 780-415-0963

<b>Contact:</b> Special Programs Unit	<b>Approved by:</b> Donna Manuel
<b>Telephone:</b> Edmonton 780-415-8744 Toll free 310-0000	<b>Position:</b> Executive Director Health Insurance Programs Branch
<b>Fax:</b> 780-415-0963	

## Summary of Program Criteria for the Final Stage Gender Reassignment Surgery Program

The Final Stage Gender Reassignment Surgery Program (the “GRS Program”) is created in recognition that such specialized treatment services are not currently available in Alberta, and that the facility accommodation component is not covered by the inter-provincial hospital reciprocal billing agreements.

The GRS Program provides funding for Alberta residents to receive final stage gender reassignment surgery (GRS) at the Clinique de Chirurgie, a private hospital in Montreal, Quebec.

- The GRS Program covers the cost of transportation for patients and includes economy class return airfare and transportation to and from the airport. Any additional costs such as take-home medications, equipment, meals, accommodations and other personal expenses are the responsibility of the patient.
- The GRS Program does not provide funding for:
  - GRS services outside of Canada;
  - Non-medical interventions required prior to final stage GRS;
  - Cosmetic procedures (not deemed medically necessary) such as facial feminization, tracheal shave and voice pitch surgery.

### General Referral Criteria

- The patient must be a resident of Alberta who is eligible for coverage under the Alberta Health Care Insurance Plan;
- The patient must be a permanent resident of Canada and have lived in Alberta for at least twelve (12) consecutive months prior to the application for funding of final stage GRS;
- The patient must be 18 years of age or older; and
- The patient must have submitted a registration of intent form to enter the Final Stage GRS Program.

### Clinical Referral Criteria

(Eligibility and readiness criteria based on *the World Professional Association for Transgender Health Standards of Care, 2001*)

- The patient must have been diagnosed with “Gender Identity Disorder” by a practitioner registered under the *Health Professions Act*, who is authorized to use the title “psychiatrist”;
- The patient must have obtained the necessary preliminary surgeries required prior to final stage GRS;
- The patient must have completed a minimum of twelve (12) months of the appropriate hormone therapy (if deemed appropriate by the treating physician and the patient was medically able to take hormones);
- The patient must have completed at least one year of the “real-life experience” as defined in *the World Professional Association for Transgender Health Standards of Care, 2001* (e.g. functioning in the desired gender, legal name changes);
- Two psychiatrists registered in Alberta must provide letters recommending final stage GRS and establishing the patient’s eligibility and readiness for surgery. These recommendation letters must, in combination, confirm that the patient meets the following clinical referral criteria. The patient:
  - must be physically fit and have no significant physical health problems that would contraindicate or complicate the proposed surgery. An Alberta physician must provide a report confirming that the patient is physically fit to receive final stage GRS,
  - must be psychologically prepared for surgery,

- must not have current substance abuse problems (alcohol or drugs), antisocial or behavioural issues,
- must have realistic goals and expectations of the surgery,
- must have a clear understanding of the interventions to be performed,
- must be informed of, and understand, any alternative procedures,
- must be aware and understand the risks and complications of the surgery,
- must provide their informed consent for participation into the GRS Program,
- must have an adequate support network, a stable lifestyle, and the gender identity of the individual has remained stable over time,
- must have engaged in a responsible way with the assessment/treatment process,
- must not have an Axis 1 psychiatric disorder that is symptomatic or likely to become so, and
- must not have significant problem on Axis II (personality) psychiatric disorder such as acting out behaviours, antisocial activities.

### **GRS Program Application to Alberta Health**

- A practitioner registered under the *Health Professions Act*, who is authorized to use the title “psychiatrist”, may apply to the Health Insurance Programs Branch of Alberta Health on behalf of a patient to request approval for funding for final stage GRS.
- The application for funding must include sufficient information, to the satisfaction of the Health Insurance Programs Branch Medical Consultant (Medical Consultant), to address the following GRS Program requirements:
  - a. A “Request for Out of Province Funding Final Stage Gender Reassignment Surgery” form completed by a psychiatrist, who has a specialized interest in the area of gender identity;
  - b. Diagnosis of “Gender Identity Disorder” (GID) and patient history as it relates to GID and confirmation that final stage GRS is the recommended treatment for the patient;
  - c. Consultation report from a second psychiatrist supporting the diagnosis and recommendation for final stage GRS;
  - d. Consultation report from an endocrinologist/physician who has been supervising the hormonal aspects of treatment;
  - e. Operative report on the patient’s prior GRS associated surgeries;
  - f. Consultation report by an Alberta physician confirming that the patient is physically fit to receive final stage GRS;
  - g. Confirmation that treatment options available in Alberta have been fully exhausted, and rationale provided as to why in-patient treatment at the Clinique de Chirurgie in Montreal, Quebec is recommended; and
  - h. Confirmation that follow-up outpatient support will be provided in Alberta. Note: Responsibility for outpatient support must be identified and be in place prior to the patient being approved for the GRS Program.



**Final Stage Gender Reassignment Surgery (GRS) Program  
Registration of Intent**

Out-of-Province/Out-of-Country  
Special Programs Unit  
Alberta Health  
PO Box 1360 Stn Main  
Edmonton, AB T5J 2N3  
Phone: 780-415-8744  
Fax: 780-415-0963

The information on this form is being collected and used by Alberta Health pursuant to sections 20 (b), 21, 22, 27 (1) (b) (g) and 27 (2) of the *Health Information Act*, for the purpose of registering for the Final Stage Gender Reassignment Surgery (GRS) Program. If you have any questions about the collection of this information, you can contact the Alberta Health Out-of-Province/Out-of-Country Special Programs Unit, 13th Floor, Telus Plaza North Tower, 10025 Jasper Avenue NW, Edmonton, Alberta, T5J 1S6. Telephone: 780-415-8744, Fax: 780-415-0963.

<b>Section A – Patient information</b>	
Patient last name	Patient first name (in full)
Date of birth (yyyy/mm/dd)	Personal health number
Current mailing address	Daytime phone number

<b>Section B – Intent to enter the Final Stage GRS Program - to be completed by the patient</b>
<p>I intend to participate in the Alberta Health Final Stage GRS Program. My psychiatrist has informed me of the program's criteria.</p> <p>I declare that I am 18 years of age or older and I am a permanent resident of Canada. I have lived in Alberta for at least 12 consecutive months.</p> <p>I understand I am responsible for health services not insured under the Alberta Health Care Insurance Plan; for example:</p> <ul style="list-style-type: none"> <li>• Medication costs;</li> <li>• Psychotherapy, family therapy, private clinical psychologist services;</li> <li>• Tracheal shaving, facial feminization, voice feminization surgery;</li> <li>• Liposuction, lipofilling;</li> <li>• Electrolysis/laser hair removal for the preparation of the donor site for phalloplasty;</li> <li>• Augmentation mammoplasty (breast augmentation);</li> <li>• Massage therapy; and</li> <li>• Non-medical interventions, including services provided by non-medical personnel in private facilities.</li> </ul> <p>I understand that this program is limited to funding for final stage GRS at the Clinique de Chirurgie in Montreal, Quebec.</p> <p>Additional costs such as take-home medications, equipment, meals, accommodations and other personal expenses are my financial responsibility.</p>

--	--	--

**Name of patient**  
(Please Print)

**Signature**

**Date (yyyy/mm/dd)**

**Section C – Clinical information - to be completed by the referring Alberta psychiatrist**

The patient has been diagnosed with Gender Identity Disorder on \_\_\_\_\_  
Date (yyyy/mm/dd)

The patient will require the following final stage GRS

- Female to Male (phalloplasty or metoidioplasty)       Male to Female (vaginoplasty)

Any other psychiatric or medical condition(s) the patient has that would contraindicate or complicate the final stage GRS

If the patient has started his/her real life experience, provide the **start date** (yyyy/mm/dd)

If the patient has started hormone therapy, provide the **name of the medication** and the **start date** (yyyy/mm/dd)

If the patient has had surgery(s) related to his/her Gender Identify Disorder, provide the **name(s) of the surgery(s)** and the **date(s) of the procedure(s)** (yyyy/mm/dd)

If known, **estimated date** by which application for GRS funding will be submitted (yyyy/mm/dd)

\_\_\_\_\_  
**Name of referring psychiatrist**  
(Please Print)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date (yyyy/mm/dd)**



Out-of-Province/Out-of-Country  
 Special Programs Unit  
 Alberta Health  
 PO Box 1360 Stn Main  
 Edmonton, AB T5J 2N3  
 Phone: 780-415-8744  
 Fax: 780-415-0963

**Final Stage Gender Reassignment Surgery (GRS) Program  
 Request for Out of Province Funding**

The information on this form is being collected and used by Alberta Health pursuant to sections 20 (b), 21, 22, 27 (1) (b) (g) and 27 (2) of the *Health Information Act*, for the purpose of determining your eligibility to receive funding from the Final Stage Gender Reassignment Surgery (GRS) Program. If you have any questions about the collection of this information, you can contact the Alberta Health Out-of-Province/Out-of-Country Special Programs Unit, 13th Floor, Telus Plaza North Tower, 10025 Jasper Avenue NW, Edmonton, Alberta, T5J 1S6. Telephone: 780-415-8744, Fax: 780-415-0963.

**Section A – Patient information**

Patient last name	Patient first name (in full)
Date of birth (yyyy/mm/dd)	Personal health number
Current mailing address	Daytime phone number

**Section B – Patient’s consent for final stage GRS – to be completed by the patient**

I declare that:

- I am 18 years of age or older.
- I am a permanent resident of Canada.
- I have lived in Alberta for 12 consecutive months as of the date of this application and am registered with the Alberta Health Care Insurance Plan.
- My psychiatrist has explained the risks and complications associated with final stage GRS.
- I have previously submitted a Registration of Intent form for the Final Stage GRS Program.

\_\_\_\_\_  
**Name of patient**  
 (Please Print)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date (yyyy/mm/dd)**

**Section C – Proposed surgery – must be completed by an Alberta psychiatrist, please check one**

For female to male:

- Phalloplasty with penile implant and testicular implants
- Metoidioplasty with testicular implants

For male to female:

- Vaginoplasty

\_\_\_\_\_  
**Name of psychiatrist**  
 (Please Print)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date (yyyy/mm/dd)**

**Section D – Clinical referral criteria - must be completed by an Alberta psychiatrist who has a special interest in the area of Gender Identity Disorder**

	Yes	No
The patient has been diagnosed with Gender Identity Disorder		
The patient has obtained the necessary preliminary surgeries required prior to final stage GRS		
The patient has completed a minimum of twelve (12) months of the appropriate hormone therapy		
The patient has completed at least one year of the “real-life experience” as defined in <i>the World Professional Association of Transgender Health Standards of Care, 2001</i>		
The patient is physically fit and has no significant physical health problems that would contraindicate or complicate the proposed surgery		
The patient is psychologically prepared for surgery		
The patient does not have current substance abuse problems (alcohol or drugs), antisocial or behavioral issues		
The patient has realistic goals and expectations of the surgery		
The patient has a clear understanding of the interventions to be performed		
The patient is informed of, and understands, any alternative procedures		
The patient is aware and understands the risks and complications of the surgery		
The patient is able to provide informed consent to the proposed surgery		
The patient has an adequate support network, a stable lifestyle and the gender identity of the individual has remained stable over time		
The patient has engaged in a responsible way with the assessment/treatment process		
The patient does not have an Axis I psychiatric disorder that is symptomatic or likely to become so		
The patient does not have significant problem on Axis II (personality) psychiatric disorder such as acting out behaviors, antisocial activities		

**Section E – Documents included for submission – must be completed by an Alberta psychiatrist, unless otherwise specified below**

	Yes	No
Confirmation that treatment options available in Alberta have been fully exhausted, and rationale provided as to why in-patient treatment at the Clinique de Chirurgie in Montreal, Quebec is recommended		
Patient case history to be completed by the submitting Alberta psychiatrist		
Consultation report from the 2 <sup>nd</sup> Alberta psychiatrist supporting the diagnosis and recommendation for final stage GRS		
Consultation report from an Alberta endocrinologist/physician who has been supervising the hormonal aspects of treatment		
Operative reports on the patient's prior GRS associated surgeries		
Consultation report from Alberta physician indicating the patient is physically fit to receive final stage GRS		
Letter from the patient's Alberta physician confirming that follow-up outpatient support will be provided in Alberta		

\_\_\_\_\_  
**Name of referring psychiatrist**  
 (Please Print)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date (yyyy/mm/dd)**