# TRANS AND GENDER-AFFIRMING CARE

## in IHS/Tribal/Urban Facilities: Strategic Vision and Action Plan

2ND EDITION

PATHS (RE)MEMBERED PROJECT

Northwest Portland Area Indian Health Board

**Northwest Portland Area Indian Health Board**
Paths (Re)Membered Project
www.pathsremembered.org

The Paths (Re)Membered Project at the Northwest Portland Area Indian Health Board (NPAIHB) centers the Two Spirit and LGBTQ+ community—its strengths, resiliencies, and histories—in our movement toward health equity. Through community engagement, research, and advocacy, we work toward a liberated 2SLGBTQ+ future, which includes the memories of Two Spirit ancestors, the wisdom of our elders, and the creativity of our young people. The seven parts of our logo, designed by Zo Yazzie (Diné), represent the seven generations which guide our work. The circle represents the unceasing ties between our Nations, art, medicines, and ceremonies, as well as our health as individuals and communities. It is with the memories of our ancestral pasts, where our Two Spirit people were highly regarded and integral to our villages, and the thoughts and dreams of our (Re)Membered futures, that we restore our places in the circle.

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# STRATEGIC PLAN 2.0 ARTIST'S STATEMENT

Taylor Dean (they/them) is a Puyallup artist. Their art practice focuses on Coast Salish design through digital illustrations, a skill Taylor utilizes to promote the health and wellness of Native youth at NPAIHB via social media campaigns, posters, flyers, logos, design projects, and brochures.

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## APPENDICES

# STATEMENT OF INTENT

***Note**: We are aware that terminology is quickly changing and varies regionally and culturally. In this document, we use the phrase 'gender-expansive' to refer to Two Spirit, Indigiqueer, trans, genderqueer, nonbinary, agender, and other patients with gender identities other than cisgender. We include all identities and gendered ways of being held by Indigenous persons beyond the colonial gender binary. We use the term Indigenous where possible to refer to the original peoples of the Americas; however, we also use "Native" or "Indian" when referencing institutions like the **Indian Health Service**.*

Since time immemorial, Indigenous cultures have appreciated complex and numerous concepts of gender identity. Occupation and settlement of North America by Europeans, however, violently interrupted the systems that supported much of that traditional diversity and acceptance. Today, Indigenous people who do not identify as cisgender face discrimination in workplaces, education centers, and healthcare settings (to name a few). In 2014, 37% of Indigenous gender-expansive people postponed necessary medical care because they feared mistreatment as a gender-expansive person. Of those who did access care, 50% reported having at least one negative experience related to their gender-expansive identity. These experiences include refusal of gender-affirming care, having to educate providers about that care, and learning of the unavailability of gender-affirming care at their clinic.[1] The disparities faced by gender-expansive individuals, including increased levels of depression and anxiety, can be greatly minimized by reducing barriers to access of healthcare and by ensuring gender-expansive people are affirmed in their gender identities. Simply using a person's correct name and pronouns has been associated with a 65% decrease in suicidal thoughts in gender-expansive youth.[2] Such practices of naming and gendering exemplify gender affirmation in daily interaction and their profound effect on health and wellness.

Gender affirmation is a universal right for all Indigenous people. Affirmation means seeing, naming, and accepting a person across all aspects of their character and self-realized identities, inclusive of gender. Gender affirmation in healthcare spaces – commonly called gender-affirming care – nurtures health and wellbeing for individuals of all genders as they embody, or live in, their gender. However, it is important to acknowledge that medical care and healthcare institutions are predominantly structured as safe, affirming spaces for cisgender, endosex[3] men and women across the lifespan. To be gender-affirming, healthcare institutions and their staff must recognize the normative healthcare systems, structures, and practices that disenfranchise and make invisible gender-expansive people. Beyond this recognition of systemic and structural gender biases, they must be committed to transcending them in order to create inclusive clinic environments and support patients of all genders to access safe, appropriate medical care. With appropriate planning and support, gender-affirming healthcare can be highly successful at all levels of the medical system, including primary care, behavioral health care, pharmaceutical care, Indigenous medicine, and various other specialties. If effectively applied, gender-affirming care becomes integrated throughout all clinical services. Incorporating welcoming clinical spaces and holistic and affirming care with respect to both gender and culture for all patients ensures gender-expansive patients have access to the care they medically need and that they feel safe accessing that care.

Furthermore, Two Spirit and Indigiqueer people, and those who identify with roles only named in their tribal languages, may strive for gender embodiment that does not align with colonial definitions of gender, including the male/female binary. The medical needs of Two Spirit and Indigiqueer people may or may not align with western concepts, diagnoses, and/or interventions. Gender-affirming clinical spaces are those in which Two Spirit and Indigiqueer people will feel affirmed and supported in moving toward their fullest gender expression. This requires affirming not only their gender-expansive realities or their Indigenous realities, but the intersection of those two.

*[1] 2015 U.S. Transgender Survey: Report on the Experiences of American Indian and Alaska Native Respondents. National Center for Transgender Equality (2015): https://transequality.org/sites/default/files/docs/usts/USTS-AIAN-Report-Dec17.pdf*
*[2] Russell ST, Pollitt AM, Li G, Grossman AH. Chosen Name Use Is Linked to Reduced Depressive Symptoms, Suicidal Ideation, and Suicidal Behavior Among Transgender Youth. J Adolesc Health. 2018;63(4):503-505. doi:10.1016/j.jadohealth.2018.02.003*
*[3] Endosex means having bodily characteristics that fit typical ideas for bodies sexed as male and female, as defined in a society or culture. For example, in our society, endosex males are considered those bodies with XY chromosomes and penises, prostates, and testes, whereas endosex females are considered those bodies with XX chromosomes and vaginas, uteruses, ovaries, and breasts. Endosex is an antonym of intersex, which means having bodily characteristics that do not fit typical binary standards for male and female bodies, as defined in a society or culture.*

This strategic plan supports the Indian Health Service (IHS), tribal, and urban Indian clinics (I/T/U) as they begin to provide gender-affirming care to their patients by emphasizing the following four goals:

1. **Develop and pass protective policies at the federal, tribal, and local levels;**
2. **Ensure affirming clinical environments for gender-expansive patients;**
3. **Ensure best practice care for Indigenous gender-expansive patients; and**
4. **Improve I/T/U health systems support for initiatives focused on the wellness of gender-expansive community members.**

These recommendations are not individual-level interventions. They are structural and community-level interventions to ensure the health and wellbeing of gender-expansive patients. We hope that the Northwest Portland Area Indian Health Board (NPAIHB), the various tribal nations in the Pacific Northwest, and partnering agencies use this plan to guide program planning, catalyze community outreach efforts, and foster a coordinated response to the health and wellbeing of gender-expansive members of our tribal communities.

***Note**: We have focused here on support for gender-affirming initiatives. However, we realize many of these supports, including funding and trainings, will also broadly address Two Spirit and LGBTQ+ health. We also recognize that recommendations put forth in this strategic plan could be adapted by non-healthcare organizations, including academic, social service, political, and business institutions. We consider commitments to features presented in this plan to be important for a wide spectrum of organizations seeking to better serve Indigenous gender-expansive individuals.*

# GUIDING PRINCIPLES

The authors created the strategies and action plans outlined in this document with the following priorities and perspectives. These principles are upheld throughout this work:

- **Indigenous understandings and practices are integrated.** Prior to colonization, Indigenous cultures and communities had diverse concepts of gender, many of which were accepting of—or in some cases required—a wide array of gender roles. We center these diverse Indigenous concepts of gender identity and de-center the compulsory binary gender embedded in colonial culture in the following ways:
  - We do not assume that a person identifies with their assigned sex at birth and do not assume a person seeking gender-affirming care wishes to "pass" as a gender opposing their assigned sex at birth.
  - We recognize that some within our communities are also intersex, and we do not assume that sex assigned at birth is always binary, clear, or accurate.
  - We do not assume all individuals use consistent pronouns or use pronouns at all. We recognize pronouns are themselves a construction of the colonizer's language.
  - We recognize gender as "the mental, emotional, and social aspects of one's expression and identity rather than an individual's physical or biological makeup."[1] We prioritize healthcare that takes this holistic approach and emphasizes supporting an individual's authentic self-expression, and in many cases, social transition.
  - We strongly encourage the integration of Indigenous healing practices in clinical settings. We also strongly encourage support for gender-expansive practitioners to provide these services.

- **Initiatives are led by gender-expansive people**. It is necessary that any initiative aimed at improving the clinical experiences and wellness of gender-expansive individuals must meaningfully include those voices and individuals not only as consultants but in compensated, leadership roles.

- **Initiatives are led by Indigenous people**. It is necessary that any initiative aimed at improving the clinical experiences and wellness of Indigenous individuals must meaningfully include those voices and individuals not only as consultants but in compensated, leadership roles.

- **Initiatives recognize Indigenous diversity in gender concepts, roles, and practices**. This work begins with the recognition that tribes have always had diverse cultures, histories, and varied gender identity concepts, each of which also has had a unique history of colonization and has been altered in specific ways. There are also diverse historical and contemporary manifestations of acceptance of gender-expansive tribal members in various tribal nations and communities. Our recognition of tribal diversity includes:
  - Offering sample policies for tribes to adapt as their needs demand.
  - Creating protections for gender-expansive community members at the federal, state, and tribal levels.
  - Identification of cultural leaders and wisdom/story-keepers to advise implementation of recommendations outlined in this document.

*[1] From K'É INFOSHOP's "Settler Sexuality, an Indigenous Feminist Zine. Available: http://keinfoshop.org/zines/settler-sexuality.htm*

# POLICY

Legislative and policy initiatives are needed to protect basic rights and access to comprehensive healthcare for gender-expansive community members and patients. Laws and policies must ensure nondiscrimination clauses that protect healthcare access for all people regardless of gender identity or sexual orientation, and best-practice guidelines must be acknowledged and validated in politico-legal spaces as cornerstones of quality healthcare for gender-expansive people. Listed below are existing and desirable policies at the clinical, tribal, state, and federal levels to aid in, assist with, and guarantee protections for gender-expansive individuals.

## Existing Policies

### TRIBAL ORGANIZATIONS

| Policy | Organization(s) | Year | Relevant Excerpt |
|---|---|---|---|
| Support for Delivery of Gender-Affirming Medical Care for Two Spirit, and American Indian/Alaska Native Transgender, and Gender-Diverse Children, Youth, and Adults | Northwest Portland Area Indian Health Board | 2023 | NOW THEREFORE BE IT FURTHER RESOLVED, that NPAIHB asserts that Tribal Nations have the inherent sovereign authority to provide gender-affirming medical care to their patients, including Tribal citizens and Indian Health Service beneficiaries, at their Tribal health clinics or to refer any patient to a healthcare facility in a “sanctuary state.” |
| Support of Reproductive Rights of American Indian and Alaska Native People | Northwest Portland Area Indian Health Board | 2022 | BE IT FURTHER RESOLVED, that the NPAIHB promotes the sovereignty of Tribal Nations to determine access to comprehensive reproductive and sexual health services within their own territories and hereby declares that no state law restricting or criminalizing such services shall have the force of law within Tribal jurisdiction. |
| Support for Trans Gender-Affirming Care in IHS, Tribal, and Urban Indian Health Facilities – 2021 Strategic Vision and Action Plan | National Congress of American Indians; Affiliated Tribes of Northwest Indians; Northwest Portland Area Indian Health Board | 2021 | BE IT FURTHER RESOLVED, that Northwest Portland Area Indian Health Board supports advocacy for the continued dissemination of, and implementation of the goals within, the Strategic Vision and Action Plan within the Northwest and throughout Indian Country over the next five years to ensure that our healthcare facilities and communities affirm all sexual orientations and gender identities. |
| Support for Quality Care and Improved Health Outcomes for Two Spirit and LGBTQ+ People | Affiliated Tribes of Northwest Indians; Northwest Portland Area Indian Health Board | 2020 | NOW THEREFORE BE IT RESOLVED, that NPAIHB supports initiatives that promote quality care and improved health outcomes for Two Spirit and LGBTQ+ people. |
| In Support of Native Students, Educators, and Community Members who Identify as LGBTQ2S | National Indian Education Association | 2019 | THEREFORE BE IT RESOLVED, that the National Indian Education Association recognizes and supports LGBTQ2S Native students, educators, and community members as a means of building culture-based educational systems where all American Indian, Alaskan Native, and Native Hawaiian students can be inspired, engaged, and thrive. |
| Standing in Support of our Two Spirit Relatives in our Communities and Nations | National Congress of American Indians | 2015 | NOW THEREFORE BE IT RESOLVED, that the NCAI hereby declares its support of the full equality of all tribal persons, including two spirit, lesbian, gay, bisexual and transgender tribal citizens, in the interest of furthering the cause of human rights and the principle of non-discrimination for all our citizens wherever they reside. |

## TRIBAL POLICIES

| Policy | Nation | Year |
|---|---|---|
| Declare Monday as Youth Mental Health Awareness Day | Rosebud Sioux Tribe | 2021 |
| Hate Crimes Law Inclusive of Sexual Orientation and Gender Identity | Oglala Sioux Tribe | 2020 |
| Proclamation Establishing June as Pride Awareness Month | Tohono O'odham Nation | 2020 |
| Same-sex Inclusive Marriage Laws | Coquille Tribe | 2009 |
| Gender-Affirming Tribal ID Documents (Appendix C) | Confederated Tribes of Siletz Indians | 2015 |

**Note**: We realize there are likely many exemplary tribal policies protecting gender-expansive tribal members. If your tribe has a policy protecting the rights of gender-expansive individuals, email **pathsremembered@npaihb.org** to let us know, and we will include them here.

## FEDERAL POLICIES

| Policy | Year | Relevant Excerpt |
|---|---|---|
| HHS Gender Identity Non-Discrimination and Inclusion Guidance (in accordance with guidance from the Office of Personnel Management) | 2023 | HHS must maintain a workplace free from harassment, retaliation, and discrimination based on race, religion, color, sex (including pregnancy, sexual orientation, gender identity, sex characteristics, intersex traits, or expression), parental status, national origin, age, disability, genetic information, family medical history, political affiliation, military service, or other non-merit-based factors. |
| Title IX; Section 1557; HHS Policy Interpretation | 2021 | Covered entities are prohibited from discriminating against consumers on the basis of sexual orientation or gender identity. |
| Affordable Care Act | 2010 | Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs and activities. |
| Title VII – Civil Rights Act; IHS Policy Interpretation | 1964; 2020 | Title VII prohibits employment discrimination based on race, color, religion, sex and national origin. [Includes sexual orientation and gender identity, by rule of Supreme Court in 2020.] |

## INDIAN HEALTH SERVICE POLICIES

| Policy | Year | Relevant Excerpt |
|---|---|---|
| Data Capture of Sexual Orientation and Gender Identity Information - IHS Circular | 2023 | The current system allows Patient Registration to enter SO/GI data in the demographics section, however, this entry will not automatically appear in other parts of the Resource and Patient Management System (RPMS) until further analysis and development occur. The facility must adopt a process for communicating SO/GI data from Patient Registration to other departments. Some communication examples are listed below, but require discussion for each facility for implications on the legal health record, business process, and locally defined workflow. |
| National Core Formulary | 2023 | The NPTC voted to (1) ADD norgestrel 0.075mg tablets (Opill®) to the NCF. |
| National Core Formulary | 2022 | Use of hormone therapy for gender affirmation in transgender people experiencing gender dysphoria is an accepted international standard of care. Adding testosterone and estradiol to the National Core Formulary will help the IHS address the needs of a socially and medically vulnerable population of patients. |
| National Core Formulary | 2022 | Following clinical review and analysis, the NPTC voted to ADD any depot formulation of leuprolide to the National Core Formulary. |
| Purchase and Referred Care Medical Priority Levels | 2023 | Gender-Affirming Care Services are currently listed as “ELECTIVE (Priority 3): Justifiable” |

**Note:** For more information on practical implications and implementation of the National Core Formulary policies, please see **this memo.**

## STATE POLICIES

As of August 2023, 22 states ban best practice medication and surgical care for transgender youth, though these bans may not be in effect yet. In five of these states, it is a felony to provide best practice medical care for trans youth.

Fourteen states and the District of Columbia currently have shield laws, protecting access to gender-affirming care for youth and protecting clinicians who provide that care.

Twenty-two states currently have laws prohibiting health insurance discrimination based on gender identity. Please visit Movement Advancement Project for a map of health insurance nondiscrimination policies by state.

The effects of these policies of IHS, tribal (638), and urban Indian facilities or federally qualified health centers are different than non-Indigenous facilities. For more information about how these policies may affect your clinic, see this guide.

# DESIRABLE POLICIES

**Tribal Resolutions:**

- Support for Delivery of Gender-Affirming Medical Care for Two Spirit, and American Indian/Alaska Native Transgender, and Gender-Diverse Children, Youth, and Adults
- Gender-Affirming ID Documents & Enrollment Cards

**Clinic Guidelines and Statements:**

- Posted Nondiscrimination Statement: "It is the policy of [Clinic Name] to treat all patients and not to discriminate with regard to race, religion, national origin, age, sex, sexual orientation, gender identity or expression, intersex status, or disability."
- Nondiscrimination Policy including Sexual Orientation and Gender Identity
  - Accounting for Residential Care Facilities (Assisted Living, Treatment, etc.)
- Adoption of Indigenous Gender-Affirming Care Model by the Paths (Re)Membered Project
- Best Practice Guidelines and Protocols for Trans & Gender-affirming Care
- Guidelines for SOGI Data Collection (See Guidelines from Fenway Institute and Guidelines from OHSU)

**IHS Policies:**

- **We encourage IHS to issue specific guidance on the implementation of gender-affirming services** (particularly medical and behavioral health) **across the lifespan within IHS service units as federal sites, regardless of state.**
  - Additionally, we advocate for strong protections to be extended to all clinicians who provide gender-affirming care to adults and adolescents, regardless of criminalization within the state and local laws, and for full disclosure of relevant legal processes and their implications.

- **We advocate for the expansion of 2SLGBTQ+ affirming mental health, surgical care services, and reproductive health as direct care services within an IHS facility so that these services may be accessed with less reliance on Purchased and Referred Care** (PRC).

- **We advocate for medically safe, life-sustaining, guidelines-driven gender-affirming referral care services to be removed from the list of excluded services within the current IHS PRC policy**[1].
  - Additionally, we advocate for gender-affirming referral care services to be explicitly identified within authorizable medical priority levels (e.g. MP 1 or 3), and whenever possible, for gender-affirming interventions to be deemed "acutely urgent" (MP1).

- **We advocate for robust review of the IHS pharmaceutical core formulary to ensure access to the best and most evidence-based gender-affirming medications for both adolescent and adult patients**, and including explicit National Pharmacy & Therapeutics Committee authorization of medications for indications of gender dysphoria / incongruence, including puberty blockers and gender-affirming hormone therapy.

- **We advocate for low and reasonable ages of consent for accessing gender-affirming hormone therapies and for strong informed consent processes for gender-affirming care to be adopted at IHS facilities.**

- **We advocate for systems-wide strengthening of and funding for electronic health records (EHR) systems** so they can better capture, record, and flag patients' sexual and gender identity (with robust and culturally-relevant options), chosen name, gender pronouns, and organ inventory. Additionally, we advocate that all pertinent IHS staff be trained on those protocols.

*[1] https://www.ihs.gov/prc/eligibility/requirements-priorities-of-care/*

- **We advocate for protocols and staff training to make clear that for the purposes of the EHR, a patient does not need legal documentation to validate chosen name and gender pronouns.**

- **We advocate for rigorous updates to EHR systems employed within IHS facilities, and mandatory comprehensive trainings for all clinics and their staff to support affirming data capture and patient intake practices.** This must be paired with safe storage and ethical use of all gender and sexuality data with the same level of care and protection as other Personal Health Information when collected in clinical settings.

- **We advocate for IHS-mandated trainings through the HHS learning portal to include regular, mandatory trainings on Two Spirit and Indigiqueer tribal traditions and the specific needs of Two Spirit and gender-expansive patients.**

- **We advocate for more explicit legal protections for patients who travel across state lines to access gender-affirming care at an IHS facility.**

- **We advocate for the adoption of existing best-practice guidelines for gender-affirming care** (like the guidelines produced by University of California San Francisco and Fenway Health)[2] **as part of the Indian Health Manual** and for the strengthening of these guidelines to meet the culturally-specific needs of Indigenous people.

- **We advocate for provision of access to gender-affirming Indigenous medicine across the I/T/U, and for ensuring that providers of that care are reimbursed and such care is treated with parity to clinical care.**
  - Additionally, we strongly recommend that all Indigenous Medicine providers be offered mandatory training on Two Spirit and gender-expansive affirmation to increase the linkages between cultural healing and reduction of health disparities between 2SLGBTQ+ Indigenous people and their cisgender/heterosexual peers.

- **We advocate for continued robust support for the community-of-practice clinician training model developed through the Indian Country ECHO Trans and Gender Affirming Care Adult and Pediatric Tracks.** This is a mechanism for providing clinical continuing education credits and offering clinical certification in best practices associated with providing Indigenous Gender-Affirming Care (IGAC).

- **We advocate for diversity in hiring practices to expand representation of sexual orientation and gender identity within IHS personnel across the agency and its facilities.**

- **We advocate for holistic, affirming, and consent-driven reproductive care for all gender-expansive patients**. This includes peripartum, contraceptive, abortion and ending a pregnancy, fertility, and sexual-assault-related care.
  - In particular, we strongly advocate for gender-expansive patients, regardless of age, to be supported in their fertility and reproductive goals, and to be guaranteed the benefit of full-spectrum fertility and reproductive options. This includes, but is not limited to, access to traditional birthworkers, access to and funding for fertility preservation and assisted reproduction as a direct or referral care service, funding for transportation to care, and access to and funding for peer support relating to fertility and reproduction.

- **We advocate that all IHS treatment and residential care settings, including inpatient and outpatient treatment centers** (for example, MAT settings) **be required to support, affirm, and ensure the emotional, physical, mental and spiritual safety of all 2SLGBTQ+ clients throughout their stay at the facility.**

*[2] "Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People, 2nd Edition." (2016). Center of Excellence for Transgender Health, Department of Family & Community Medicine, University of California, San Francisco. Available: https://transcare.ucsf.edu/sites/transcare.ucsf.edu/files/Transgender-PGACG-6-17-16.pdf; Medical Care of "Gender Diverse Children and Adolescents: Protocol for the Gender Affirming Care of Transgender, Non-binary, and Gender Diverse Children and Adolescents." (2019) Fenway Health. Available: https://fenwayhealth.org/wp-content/uploads/Medical-Care-of-Gender-Diverse-Children-Fenway-Health-Spring-2019-1.pdf*

**Federal Government and State Policies:**

- We call on the Executive Branch, including the Department of Health and Human Services, Office of Civil Rights, the Department of Justice, and the entire federal government to recognize the inherent sovereign authority of Tribal Nations to provide gender-affirming care to their patients and to conduct regular and ongoing tribal consultations to align policies, protections, and funding opportunities with this inherent sovereign authority to provide gender-affirming medical care.

- We call on the Executive Branch, including the Department of Health and Human Services, Office of Civil Rights, the Department of Justice, and the entire federal government to protect Tribal Nations and their patients, including tribal citizens and IHS beneficiaries from being prosecuted for seeking or accessing gender-affirming medical care and healthcare providers and caregivers, in a state with legislation restricting, banning, or criminalizing gender-affirming care.

- We call on the Executive Branch, including the Department of Health and Human Services, Office of Civil Rights, the Department of Justice, and the entire federal government to adopt policies that support the referral and funding of gender-affirming medical care of patients including tribal citizens and IHS beneficiaries living in states with legislation restricting, banning, or criminalizing gender-affirming care.

- We advocate for the federal de-regulation of testosterone (currently listed as a Schedule III Controlled Substance) in order to increase accessibility of the hormone for gender-affirming care indications and to decrease unnecessary surveillance of a medically safe and necessary gender-affirming medication.

- We advocate for mandated trainings on the creation of 2SLGBTQ+ affirming environments for all school staff, including nurses and other clinicians working in school systems.

- We advocate for federal protections from physical, emotional, and political violence for all gender-expansive people. This violence presents significant risk to physical and mental health. We realize that safe and accessible care may not be available to individuals impacted by this violence due to difficulty of accessing gender-affirming care.

- We advocate for training for all employees of the justice system and all law enforcement on strategies to affirm 2SLGBTQ+ people and mitigate harm. We advocate for trained mental health professionals and community health workers to be first responders in mental health crises instead of law enforcement.

- We advocate for the rights of “children born with variations in their physical sex characteristics, and the adults they will become, through the enactment of policies and procedures that respect their right to self-determination and bodily autonomy by deferring decisions about medical or surgical intervention until the individual can understand the long-term impact of such procedures and request them if they wish.”[1]

- ·We advocate for adoption of a broadened criteria for access to comprehensive reproductive care at all levels and for all patients, regardless of jurisdiction.
  - Additionally, we advocate for mandatory training for all reproductive healthcare providers to be trained in gender-affirming clinical practices necessary to meet the needs of all gender-expansive patients and their families, whether or not their family structures are normative.
  - Additionally, we advocate for gender-expansive patients, regardless of age, to be offered opportunities to engage with their medical providers on conversations about fertility preservation, and to be guaranteed the benefit of a full spectrum of supportive fertility and assisted reproduction options available to all other patients affordably, or with full funding.

*[1] “Sample Resolution – Intersex Legislative Recognition,” (2021). LGBTQ+ Advocacy Clinic, Harvard Law School and InterAct Advocates for Intersex Youth. Available: https://static1.squarespace.com/static/5e5821d555aa43474493b45d/t/615f50767383994fddbe2314/1633636470638/Sample+Resolution+%E2%80%93+Intersex+Legislative+Recognition_10.7.21.pdf*

- We advocate for explicit federal protections from prosecution for any patient who crosses state lines in order to access gender-affirming care due to bans or unavailability of the services in their state of residence.

- We advocate for protections for private data collected in medical, educational, and other institutions regarding gender identity. In the case of Indigenous citizens, such attempts at data collection should engage sovereign Nations in direct consultation regarding said collection and its intended uses.[2]

- We advocate for the explicit banning of conversion therapies aimed at changing the identities of gender-diverse and queer individuals federally and in all states.

- We advocate for the rights and safety of gender-expansive children to access spaces (including restrooms, locker rooms, etc.) that correspond best with their gender-identity, and advocate that gender-neutral spaces be made available wherever possible to ensure the physical and psychological safety of those young people.
  - Additionally, we advocate for the affirmation of gender-expansive children to participate in youth sports on teams and in leagues that best correspond with their gender self-identification or within which they feel most safe and free from harm.

- We advocate for explicit protection from discrimination for all people with non-normative families in adoption services, hospital visitation policies, youth care services and all other relevant services.

- We advocate for easy and streamlined processes for ID document name and gender changes, as in Washington state.

- We advocate that all treatment and residential care settings, including inpatient and outpatient treatment centers (for example, MAT settings) be required to support, affirm, and ensure the emotional, physical, mental and spiritual safety of all gender-expansive clients throughout their stay at the facility.

*[2] Additional advice on data collection can be found in the following article: Final (Year 2) Report to OHA on SOGI Demographic Standards for Minors*

# BEST PRACTICE CARE FOR GENDER-EXPANSIVE PATIENTS

The University of California, San Francisco (UCSF[1]), the Endocrine Society[2], and the American Academy of Pediatrics[3] developed guidelines that equip primary care providers and health systems with the tools and knowledge to meet the healthcare needs of gender-expansive patients. These best practice guidelines, developed in consultation with a medical advisory board, are updated regularly to reflect the most recent medical research and evolving best practices.

These guidelines include, but are not limited to, the following:

- recommendations for creating a safe and welcoming clinical environment;
- recommendations for physical examination of gender-expansive people;
- recommendations for prescribing gender-affirming hormone therapy;
- sexual and mental health considerations for gender-expansive people;
- recommendations for supporting a patient's social transition, including voice therapy, identity documents, and health insurance; and
- recommendations for gender-affirming surgical procedures and aftercare.

Any clinic can implement these guidelines, and they are appropriate for all clinic environments, including primary care, reproductive healthcare, behavioral healthcare, pharmacy, emergency departments, and other specialties. By following these guidelines, a clinic ensures the care it offers is in keeping with current best practices and remains updated as those practices continue to develop.

None of the above guidelines are specifically designed for Indigenous communities. They should be adapated to integrate cultural practices and Indigenous medicine. Indigenous Gender-Affirming Care constitutes all of the above guidelines while accounting for complex and millennia-old Indigenous gender concepts and ways of being beyond Western definition. It also accounts for Indigenous concepts of wellness and health, which are not limited to the individual but may include the family and the community, and are not limited to physical health, but encompass one's mental, emotional, spiritual, and cultural health. It also means accounting for the fact that gender dysphoria is based on a Western cultural framework, which was not considered a disease in Indigenous nations, and that gender embodiment can include a constellation of cultural and decolonial ideas that don't exist in the settler imagination.

If you have questions about implementing any of the above best practice guidelines as they relate to an individual patient case, you can access a one-on-one consult through Indian Country ECHO here.

**Note:** We recognize that some clinics and clinicians will rely on **World Professional Association of Transgender Health (WPATH) Standards of Care**. We believe that there are other practice guidelines that exist and are more culturally responsive to Indigenous people.

*[1] https://transcare.ucsf.edu/welcome*
*[2] https://www.endocrine.org/clinical-practice-guidelines/gender-dysphoria-gender-incongruence*
*[3] https://pediatrics.aappublications.org/content/142/4/e20182162*

**In addition to adopting the best practice guidelines outlined by the organizations listed above, I/T/U clinics can implement the following suggestions to best support gender-expansive patients:**

**1. Routinely collect demographic data on sexual orientation and gender identity (SOGI) and conduct meaningful analysis of that data for all patients.**

- Apply the latest EHR solutions to meet the needs of gender-expansive patients;[1]
  - Include pronoun and name markers on patient records;
  - Document organ inventory within patient records; and
- Implement appropriate cancer screening guidelines based on organ inventory.
- Include sexual orientation and gender identity fields on patient intake forms;
- Integrate these measures into clinical EHR;
- Ensure SOGI information capture is age-appropriate, that the questions are asked in a way that encourages valid responses, and that the source is the patient themself;[2]
- Train clinical staff on when to ask and what to ask;
- Ask about sexual behavior during clinical visits to ensure appropriate medical care;
- Train clinical providers to discuss SOGI during clinic visits when relevant to improve patient care and experience;
- Ensure data collection practices follow the principles of data sovereignty;[3] and
- Create resource lists for frontline staff with policies for legal name change and other non-medical transition-related services where available.

**2. Provide culturally-attuned care to all Indigenous patients.**

- Offer Indigenous medicine and culturally-specific services;
- Integrate these services into existing clinical services whenever possible;
- Train healthcare providers on diversity and expansiveness of traditional gender practices within Indigenous communities and center Indigenous gender embodiment;
- Ensure patients can access Indigenous medicine services, and ensure these practices are treated with parity alongside colonial medicine;
- Advocate for sustainable mechanisms to provide adequate pay to Indigenous cultural practitioners, whether through insurer reimbursement, revenue, or other sources not reliant on grants and without undue burden on the practitioners;
- Ensure patients can access traditional birthworkers for all relevant reproductive health services;
- Ensure patients can access substance use treatment (inpatient and outpatient) that provides physical, emotional, and cultural safety and that is affirming for gender-expansive clients;
- Provide inpatient services in which housing is not gender-segregated; if facilities are gender-segregated allow gender-expansive clients to make an informed decision about their housing placement with the support of their integrated care team;
- Provide long-term care/assisted living services (inpatient/residential) which are not gender-segregated and which ensure the emotional, physical, mental, and spiritual safety for all gender-expansive residents;
- Ensure unique and expanded access for Indigenous people to all federally managed lands for many purposes related to holistic health, including the gathering of traditional Indigenous medicines;
- Provide safe and culturally-attuned group- and community-level interventions such as the talking circle, sweat lodge, canoe family, potlatch, or other affirming cultural practices for gender-expansive youth and adults;
- Provide access to first foods nutrition, traditional crafts and arts, traditional reproductive and birth-related care, and lactation support; and
- Ensure providers of Indigenous medicine are trained in trauma-informed care.

*[1] Some clinics are working around EHR limitations. The Nisqually Tribe has recently included whiteboards in exam rooms with patient name and pronouns listed, so that all clinical staff interacting with the patient are able to easily check and use correct language when addressing them. The Indian Health Service also encourages the use of accurate SOGI documentation in EHR, Available: https://www.ihs.gov/newsroom/ihs-blog/june-2022-blogs/ihs-encourages-the-inclusion-of-sexual-orientation-and-gender-identity-in-electronic-health-records/*

*[2] Visit Final (Year 2) Report to OHA on SOGI Demographic Standards for Minors for more information.*

*[3] Best practices for AI/AN Data Collection*

**3. Reduce multi-system barriers to gender-affirming care including but not limited to gender-affirming surgery, puberty blockers, voice coaching, gender expression coaching, and others.**

- Provide clear and transparent guidelines to patients regarding necessary documentation needed to access such treatments at the outset of their pursuit of those services;
- Ensure that no patient is turned away or denied access based on ability to pay;
- Ensure that transportation and/or technological support for care is provided for all patients;
- Ensure clinical staff operating in educational settings (school health centers, colleges and universities, sports medicine) are trained in best practices to provide Indigenous gender-affirming care when appropriate and are informed about local affirming providers for referrals;
- Work to educate providers and PRC specialists to ensure all patients can access gender-affirming care either within IHS clinical sites or outside of the IHS system through PRC funds;
- Work to educate community members to facilitate conversations about gender-affirming spaces and services;
- Provide patients with guidance for covering expenses for gender-affirming surgery;
- Provide access to a primary care provider, nurse practitioner, physician assistant, naturopath and Indigenous herbalist, or endocrinologist for gender-affirming hormone therapy, including in preparation for gender-affirming surgery if hormone therapy is medically necessary;
- Provide clear, patient-centered guidance for use of topical gender-affirming hormone therapy and for self-injection;
- Protect reproductive sovereignty for gender-expansive patients including assistance with costs associated with fertility preservation, access to pregnancy support and decision-making; and
- Provide legal and social support services for gender-expansive youth, especially minors, who may struggle to have conversations about gender-affirming care with their parents and providers, or who may require other additional assistance related to social or legal support for transition.

**4. Ensure commitment to gender-affirming care within the patient pharmacy.**

- Ensure a variety of gender-affirming medications are available on clinic pharmacy formulary to allow for patient choice;
- Integrate pharmacists into the multidisciplinary gender-affirming healthcare team;
- Pharmacists, lab techs, rad techs, and other healthcare staff have a responsibility to train themselves to navigate and understand gender-expansiveness;
- Advocate for comprehensive gender-affirming medications and contraceptive medications to be included on the IHS Pharmacy & Therapeutics National Core Formulary explicitly for gender-affirming use; and
- Ensure pharmacy staff use clients' correct names and pronouns when dispensing medication.

**5. Ensure access to gender-affirming behavioral health support and continuation of any medical treatment across all levels of behavioral health care and substance use and addiction medicine services (inpatient/outpatient).**

- Provide patient access to therapists, psychologists, counselors, psychiatrists (both for inpatient and outpatient services), and substance use specialists with experience working with both Indigenous and gender-expansive patients;
- Integrate affirming traditional medicine practitioners, healers, and storytellers into behavioral health services and substance use and addiction medicine services with parity;
- Integrate substance use and addiction medicine services, including access to inpatient and outpatient treatment services that provide physical, emotional, and cultural safety that is affirming for gender-expansive people;
- Ensure access to strengths-based behavioral health care for gender-expansive youth;
- Provide inpatient services in which housing is not gender-segregated; if facilities are gender-segregated allow gender-expansive clients to make an informed decision about their housing placement with the support of their integrated care team;
- Initiate behavioral health referrals to gender-affirming providers as needed; and
- Recognize that being Two Spirit or gender-expansive alone does not mean a person needs behavioral health care services.

**6. Disseminate information about the clinic's current and pending abilities to provide competent gender-affirming care as well as its current limitations, and be transparent with patients about each.**

- Support the free flow of information about the current and pending status of national, state, and tribal policies and their impact on current care access;
- Publish patient- and community-facing protocols for I/T/U gender-affirming care and make those present and accessible within the clinic by request;
- Facilitate referrals to providers known to be affirming (endorsed by other patients/clients) for services not currently provided at the clinic;
- Be transparent about the specific limitations a clinic or provider may face[1] in supporting gender-expansive youth, especially legal minors.

**7. Provide care coordination and navigation support for gender-expansive clients.**

- Hire and train a patient navigator or social worker to coordinate gender-affirming care within and beyond the healthcare system.
- Support gender-expansive patients in their navigation of social, emotional, and physical wellness care[2];
- Mandate regular training for Community Health Aide Program (CHAP) staff, Dental Health Aide Therapists (DHATs), and Behavioral Health Aids (BHAs) to ensure affirming and knowledgeable support for gender-expansive patients accessing these low-barrier care providers;
- Support gender-expansive youth and their families through pre-pubertal, pubertal, and post-pubertal stages of gender-affirming care; and
- Recruit patient navigators and social workers who reflect the communities they serve.

**8. Commit to integration of gender-affirming care across the continuum of clinical and cultural services and across the lifespan.**

- Institute a multidisciplinary gender-affirming healthcare team in each clinic[3];
- Ensure a level of SOGI competency across clinical and human services staff;
- Ensure support for gender-expansive people with other health considerations, including complex medical conditions and needs relating to STIs, HIV, and HCV;
- Ensure access to gender-affirming specialty care, including palliative and end-of-life care; and
- Integrate non-medical care at each clinic to include:
  - Access to Indigenous, gender-affirming voice therapists;
  - Access to pro-bono legal services to assist with ID documents, emancipation, and any other legal needs; and
  - Access to Indigenous practitioners with knowledge of the importance of pre-colonial gender systems.

*[1] Provider training and comfort; access to medications; capacity of affirming providers if available; systems-level funding limitations; limitations due to state law; limitations created by EHRs, intake processes, and other clinical systems.*
*[2] This can include finding medical care, behavioral healthcare, crisis services and other providers, assisting with name change and other legal needs, securing housing, employment, or food access, substance use and addiction medicine, intimate partner violence services, emancipation, etc. (such as a Community Health Representative, Health Aide, or Centers for Medicare/Medicaid reimbursable position).*
*[3] (may include primary care provider, endocrinologist, behavioral healthcare provider, frontline staff, naturopath or Indigenous herbalist, pharmacist, substance use specialist, traditional medicine practitioner, and community health representative)*

# ASSURING AFFIRMING PHYSICAL ENVIRONMENTS

**To safely and effectively access healthcare, gender-expansive patients need clinical environments in which they feel safe and accepted. Clinicians or medical directors are encouraged to take a quick survey to determine how affirming their clinic is for gender-expansive patients. After taking the survey, you'll receive information via email about your clinic's level of affirmation, and relevant next steps.**

**Steps to help create an affirming clinic environment include:**

- **Ensuring the office space has visible Two Spirit and gender-expansive representation in its pamphlets, posters, and other materials.** For help with this, you can order a free Affirming Environments Toolkit.
- **Encouraging staff to make their pronouns visible and to use clients' correct pronouns.** If you need pronoun buttons, you can order them here.
- **Ensuring access to gender-neutral restrooms.**
- **Hiring and retaining Two Spirit and gender-expansive employees.**
- **Posting an inclusive non-discrimination policy.** Examples are listed in the appendices.
- **Being transparent about what care is available at your clinic or through referral and about the cost and challenges of accessing that care.**
- **Making gender-affirming supports and prosthetics** (like make-up compacts, packers, binders, and other items) **available to patients at low or no cost.**

The Paths (Re)Membered Project at the Northwest Portland Area Indian Health Board offers custom **virtual and in-person trainings** to help ensure clinics and community organizations serving Indigenous people are affirming for all of their clients. For more information on the steps above and on additional considerations for affirming clinical environments, request a training (or more information) here.

Get more information about national standards for affirming clinic environments at the Healthcare Equality Index.

# IHS/TRIBAL/URBAN SYSTEMS SUPPORT

**IHS, tribal, and urban Indian clinics need support to implement clinic-level changes in policy, affirming environments, and providing best practice care. The following are avenues of potential support for I/T/U and partner agencies:**

**1. Locate grants and resources to support the needs of gender-expansive people.**

- Propose and support grants for gender-expansive health equity, explicitly funding initiatives that support:
  - Access to behavioral healthcare for gender-expansive patients;
  - Clinical training to create affirming clinic environments;
  - Increased capacity of healthcare providers to offer gender-affirming care;
  - Identification of champion affirmative clinicians in each IHS region;
  - Education of gender-expansive populations about medical and preventative care;
  - Access to gender-desegregated, safe, and affirming inpatient and outpatient substance use and addiction medicine treatment settings;
  - Integration of Indigenous medicine; and
  - Inclusion of data in program planning, implementation, and evaluation to better understand and meet the needs of gender-expansive people across the lifespan.

**2. Continue to support regular training on gender-affirming environments and care for all clinical staff. Clinical staff include healthcare providers, as well as intake, front-desk, transportation, and security staff.**

- Prioritize support for and application of trainings intended to increase awareness of gender diversity and to promote gender-affirming care across the I/T/U system; and
- Include training on insurance access, PRC as well as other referral systems, coverage of gender-affirming care, and appeals.

**3. Support the recruitment and retention of behavioral healthcare providers who have experience affirming gender-expansive patients, both youth and adults.**

- Train providers to provide trauma-informed and strengths/resiliency-focused care; and
- Implement a model that Integrates Indigenous methods of healing.

**4. Support access to gender-affirming providers.**

- Provide a patient-facing list of gender-affirming and Indigenous-affirming providers.

**OKLAHOMA CITY INDIAN CLINIC**
**POLICIES AND PROCEDURES**

| **Nondiscrimination and Gender-Affirming Care** | | |
|---|---|---|
| **Ownership:** Administration | | |
| **Applicable Departments:** All Departments | | |
| **Effective Date**:<br>July 27, 2018 | **Last Review:**<br>August 17, 2023 | **Last Board Review Date:**<br>October 21, 2022 |
| **Last Policy Revision:**<br>August 26, 2021 | **Approved By:**<br>Janice Hixson, MD<br>Chief Medical Officer | **Board Approval Date:**<br>July 27, 2018 |
| **Last Procedure Revision:**<br>August 17, 2023 | **Approved By:**<br>Robin Parker<br>Director of Policy Development | Board Approval Not Required |

**Reference / Regulatory Standard:**

- AAAHC Chapter 1: A
- National Center for Transgender Equality www.transequality.org/know-your-rights/healthcare
- The Center of Excellence for Transgender Health (CoE) at the University of California - San Francisco *Guidelines for the Primary and Gender - Affirming Care of Transgender and Gender Nonbinary People*. http://transhealth.ucsf.edu/trans?page=protocol-00-00
- The Fenway Institute, Boston, MA http://doaskdotell.org/ehr/toolkit/
- Human Rights Campaign www.hrc.org
- Section 1557 of the Affordable Care Act (2010)
- Indian Health Service https://www.ihs.gov/lgbt/providerresources/
- Northwest Portland Area Indian Health Board 2020 Strategic Vision and Action Plan

**Purpose:**
Studies have shown that transgender individuals may avoid seeking care due to prior discrimination in a health care setting. Providing a gender-affirming environment that is safe, welcoming, and culturally appropriate is essential to ensure that transgender and gender diverse indigenous people not only seek care, but return for follow-up. Under the Affordable Care Act, it is illegal for any health care provider, health insurance company, health program or organization that receives any federal funding (including accepting Medicare or Medicaid payments for any patients) or is administered by a federal agency to discriminate against anyone because they identify as transgender or because they don't conform to gender stereotypes.

**Policy:**
Oklahoma City Indian Clinic (OKCIC) will provide a safe, welcoming and culturally appropriate clinical environment that does not discriminate against any person on the basis of gender identity, gender expression, sexual orientation, or transgender status. OKCIC will comply with all federal regulations to protect gender-diverse patient rights. All patients will be treated with respect, and according to their gender identity.

OKCIC promotes patient and family-centered care by allowing patients to be accompanied by a visitor(s) of their choice including, but not limited to, a spouse, domestic partner (including a same sex domestic partner), family members, or a friend, for emotional support during the course of their visit, except treatment areas where visitors are generally not allowed (i.e. dental operatory). Visitors designated by the patient or health care proxy, where appropriate, do not have to be legally related to the patient and patients are able to withdraw or deny such consent at any time.

**Types of Prohibitive Discrimination by Health Care Providers:**
It is illegal for health care providers that receive federal money to do any of the following based upon a patient's gender identity:

- Refuse to admit or treat the patient
- Force the patient to have intrusive and unnecessary examinations
- Refuse to provide services that are provided to other patients
- Refuse to treat a patient according to their gender identity, including providing access to restrooms consistent with the patient's gender identity
- Harass or refuse to respond to harassment by staff or other patients
- Refuse to provide counseling, medical advocacy or referrals, or other support services
- Isolate or deprive the patient of human contact, or limit patient participation in social or recreational activities offered to others
- Require the patient to participate in "conversion therapy" for the purpose of changing their gender identity
- Harass, coerce, intimidate, or interfere with the patient's ability to exercise their health care rights
- In every state, most insurance companies aren't allowed to exclude transition-related care

**Definitions and Terminology:**
OKCIC adopts the following definition of "family" for purposes of clinic-wide visitation policy:

- **Family:** Any person(s) who plays a significant role in an individual's life. This may include a person(s) not legally related to the individual. Members of "family" include spouses, domestic partners, and both different-sex and same-sex significant others. "Family" includes a minor patient's parents, regardless of the gender of either parent. Solely for purposes of visitation policy, the concept of parenthood is to be liberally construed without limitation as encompassing legal parents, foster parents, same-sex

parents, step-parents, those serving in loco parentis, and other persons operating in caretaker roles.

The following definitions are some commonly encountered terms, based on North American English language use. A detailed discussion of terminology in the context of the great diversity of transgender and gender nonconforming people encountered across cultures and languages is beyond the scope of these guidelines.

- **Cisgender**: A person whose gender identity and assigned sex at birth correspond (i.e. a person who is non-transgender) (cis = same side in Latin).

- **Cross Dresser / Drag Queen / Drag King**: These terms generally refer to those who may wear the clothing of a gender that differs from the sex, which they were assigned at birth for entertainment, self-expression, or sexual pleasure. Some cross dressers and people who dress in drag may exhibit an overlap with components of a transgender identity.

- **Gender Affirming Hormone Therapy**: The administration of hormones for those who wish to match their physical secondary sex characteristics to their gender identity.

- **Gender Affirming Care:** Refers to health care that affirms a person's gender identity in social interactions and allows gender-diverse individuals to live more authentically. To be gender-affirming, providers must create positive and optimistic medical care systems, inclusive clinic environments, and patient support.

- **Gender Affirming Surgery (GAS)**: Surgeries used to modify one's body to be more congruent with one's gender identity. "Top surgery" and "Bottom surgery" are colloquial way of describing gender affirming surgery

- **Gender-Diverse:** An umbrella term used to refer to gender identities or gender expression other than cisgender (gender assigned at birth). It is another term used to communicate transgender, Two-Spirit, nonbinary, etc.

- **Gender Dysphoria**: Distress experienced by some individuals whose gender identity does not correspond with their assigned sex at birth. Manifests itself as clinically significant distress or impairment in social, occupational, or other important areas of functioning. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) includes gender dysphoria as a diagnosis. Gender dysphoria is not the same as gender nonconforming or being gay/lesbian.

- **Gender Expression**: The outward manner in which an individual expresses or displays their gender. This may include choices in clothing and hairstyle, or speech and mannerisms. Gender identity and gender expression may differ; for example a woman (transgender or non-transgender) may have an androgynous appearance, or a man (transgender or non-transgender) may have a feminine form of self-expression.

- **Gender Fluid**: Describes a person whose gender identity is not fixed. A person who is gender fluid may always feel like a mix of the two traditional genders, but may feel more one gender some days, and another gender other days

- **Gender Identity**: A person's internal sense of self and how they fit into the world, from the perspective of gender. An internal sense of being a man/male, woman/female, both, neither, or another gender.

- **Gender Identity Data**: Includes chosen name, chosen pronouns, current gender identity, and sex listed on original birth certificate. Failure to collect and use gender identity data has several important repercussions, including difficulties in tracking the organ inventories and preventive health needs of transgender people, invisibility of gender and sexual minority populations to policy makers and researchers, and reduced patient satisfaction due to a failure to use chosen names and pronouns.

- **Gender Nonconforming**: A person whose gender identity differs from that which was assigned at birth, but may be more complex, fluid, multifaceted, or otherwise less clearly defined than a transgender person. **Genderqueer** is another term used by some with this range of identities.

- **Intersex:** Group of rare conditions where the reproductive organs and genitals do not develop as expected. Intersex is also used as an identity term by some community members and advocacy groups. (Avoid the outdated term of Hermaphrodite)

- **2LGBTQ**: (Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer (or Questioning), Community. Two-Spirit refers to a person who expresses their gender, sexuality, or spiritual identity in a traditional, non-Western way.

- **Nonbinary:** Transgender or gender nonconforming person who identifies as neither male nor female.

- **Sex**: Historically has referred to the sex assigned at birth, based on assessment of external genitalia, as well as chromosomes and gonads. In everyday language is often used interchangeably with gender, however there are differences, which become important in the context of transgender people.

- **Sexual Orientation**: Describes sexual attraction only, and is not directly related to gender identity. The sexual orientation of transgender people should be defined by the individual. It is often described based on the lived gender; a transgender woman attracted to other women would be a lesbian, and a transgender man attracted to other men would be a gay man.

- **SO/GI**: Refers to sexual orientation and gender identity data used to track and improve LGBT health outcomes.

- **They/Them/Their**: Gender neutral pronouns used by some who have a nonbinary or nonconforming gender identity.

- **Transgender**: A person whose gender identity differs from the sex that was assigned at birth. May be abbreviated to **trans**. A **transgender man** is someone with a male gender identity and a female birth assigned sex; a **transgender woman** is someone with a female gender identity and a male birth assigned sex.

- **Trans-masculine / trans-feminine**: Terms to describe gender nonconforming or nonbinary persons, based on the directionality of their gender identity. A trans-masculine person has a masculine spectrum gender identity, with the sex of female listed on their original birth certificate. A trans-feminine person has a feminine spectrum gender identity, with the sex of male listed on their original birth certificate. In portions of these Guidelines, in the interest of brevity and clarity, transgender men/women are inclusive of gender non-conforming or nonbinary persons on the respective spectra.

- **Transsexual**: A more clinical term which had historically been used to describe those transgender people who sought medical intervention (hormones, surgery) for gender affirmation. Term is less commonly used in present day and is considered pejorative by many in the trans community; however some individuals and communities maintain an affirmative connection to this term.

- **Two-Spirit**: A contemporary term that connects today's experiences of LGBT Native American and American Indian people with the traditions from their culture**.**

- **Ze/Hir/Hirs:** Gender neutral pronouns used by some who have a nonbinary or nonconforming gender identity. Pronounced zee/hear/hears

**Procedures:**
For the purposes of clarity and simplicity, the term *transgender* will be used throughout these guidelines to refer to transgender, gender nonconforming, and genderqueer people as a set, unless otherwise indicated. *Non-transgender* people will be referred to as such.

1. Oklahoma City Indian Clinic (OKCIC) has established a committee (OKCIC Pride) who is responsible for addressing Two-Spirit/LGBTQ health and health care inequities throughout the Clinic. The committee has developed a strategic plan to increase data collection, ensure highest quality of care, and collaborate with community groups to better serve patients.

2. A transgender care team has been established in the Endocrinology Clinic. Patients will still maintain their PCP care team for all other medical services. The Prevention Specialist in the Public Health department will serve as the Case Manager to navigate transgender services within and outside the Clinic as warranted.

3. OKCIC personnel should be aware of basic terminology used by the 2SLGBTQ community. In addition to the terminology described in these guidelines (which are based on North American English language use), other local or individual terms may exist and also may change over time.

4. Each patient should be approached as an individual with no preconceptions. When addressing patients, avoid using gender specific terms like “sir” or “ma’am”. Ask “How may I help you today?” as an alternative.

5. Patient privacy must be protected and discussions related to an individual’s gender identity must be done privately. Never “out” someone without their permission. Once a patient’s preferences are known, they should be referred to by their preferred (chosen) name and pronoun during the entire visit.

6. When conducting patient care, clinical staff should use a gender affirming approach. Gender affirmation is when an individual is affirmed in their gender identity through social interactions. This may also include using general terminology for body parts, or asking patients if they have a preferred term to be used.

7. Personnel are encouraged to foster an environment of accountability and not be afraid to politely correct a colleague if they use the wrong name and pronoun, or if they make insensitive comments. Creating an environment of accountability and respect requires everyone to work together.

8. Single-occupant gender neutral restrooms are available throughout the OKCIC campus for the comfort of gender-diverse patients and visitors.

9. All patients are given an opportunity to communicate their Sexual Orientation / Gender Identity (SO/GI) preferences including chosen name, so that they may be addressed in the way they wish to be addressed. Collecting this data in the electronic health record is essential to providing high-quality, patient-centered care. Chosen (aka Preferred) names are identified in RPMS/EHR with an asterisk to the right of the name. Pronouns and SOGI data will be communicated to clinical staff through the use of Patient Flags in RPMS/EHR. Pronouns typically include she/her/hers for transgender women and he/him/his for transgender men. However, some individuals may identify outside of the gender binary and not identify strictly as male or female. They may use gender neutral pronouns that can include they/them/their or other, new pronouns such as ze/hir/hirs (pronounced zee/hear/hears). SO/GI data will be captured and recorded as follows:

    a. SO/GI data is entered into the Patient Registration package (BPRM).

    b. Data collected at the provider-level should be communicated to the Patient Registration department for data entry.

c. Registration personnel will notify the Health Information Management (HIM) Director to set up a patient identity flag in the electronic health record that includes the patient's chosen name and pronoun.

d. Clinical personnel are presented with the flag (dialog box) when accessing a patient's electronic health record to initiate care. The chosen name and pronoun should be used consistently in all conversations with or about the patient. The SO/GI information will also assist the care team in providing services and treatments that fit the patient's individual health care needs.

11. The patient's sex assigned at birth will be identified in the "Birth Sex" field in BPRM to ensure appropriate preventative health reminders are addressed. For example: an affirmed woman will still have a prostate gland and an affirmed man may still have his uterus and ovaries.

12. The "legal sex" gender marker may be identified in BPRM in the SO/GI section and must include the legal document source and effective date.

13. Health Level Seven (HL7) refers to a set of international standards for transfer of clinical and administrative data between software applications used by various healthcare providers. HL7 codes for "administrative gender" are separate and distinct from current gender identity and assigned sex at birth. Administrative gender data should only be used as necessary, such as for insurance billing purposes and should not be used for identifying, housing, or communicating with patients. As rules regarding insurance coverage for transgender individuals change, this use is expected to become obsolete.

14. Section 1557 of the Affordable Care Act (ACA) prohibits discrimination in health coverage and care based on sex, including discrimination based on gender identity or sexual orientation. That means that most insurers, including Medicare, Medicaid, and insurance companies that offer state and federal Marketplace plans, cannot deny or limit coverage simply because the treatment someone is receiving is related to their gender identity. For example, an insurance company cannot automatically deny coverage for transition-related care. If the plan covers a treatment for other people, the carrier cannot refuse to cover the same treatment simply because it is being used by a transgender individual, or because it is being used to treat transgender dysphoria. This law applies to Marketplace insurance plans in Oklahoma. Patients that believe a health insurance plan is violating their rights should be referred to the Senior Benefits Coordinator for assistance.

# APPENDIX B: EXAMPLE RESIDENTIAL TREATMENT CENTER NONDISCRIMINATION POLICY- MUCKLESHOOT BEHAVIORAL HEALTH

**Subject:** Resident's Rights
**Revised:** 4/30/23
**Section:** 2 of 3

**The ARH shall make every reasonable effort to assure each resident:**

1. Be treated in a manner promoting dignity and respect.
2. Receives fair and equal access to all services, placement, care, treatment, and benefits, and be free from discrimination or harassment based on sex, race, color, religion, ancestry, national origin, disability, medical condition, sexual orientation, gender identity, mental or physical disability or HIV status or perception of having one or more of those characteristics, subject to the MIT Tribal Preference Policy.
3. Be protected from invasion of privacy: provided that reasonable searches may be conducted or other means used to detect and prevent contraband and prohibited items from being possessed or used on the premises.
4. Have all personal information treated confidentially in communications with individuals not directly associated with the ARH.
5. Have the opportunity to review his or her resident file in the presence of the RH Supervisor or an appropriate designee.
6. Be provided a reasonable opportunity to practice the religion of their choice, alone and in private, insofar as such religious practice does not infringe on the rights and treatment of others or the program. Also, the client has the right to refuse participation in any religious practice.
7. Not be denied communication with significant others in emergency situations or with an attorney.
8. Not be subjected by ARH staff to physical abuse, corporal punishment, or other forms of abuse administered against their will, including being denied food, clothing, or other basic necessities.
9. To receive a copy of the "Recovery House Grievance Procedures" upon request.
10. Have the opportunity to have the same gender RH Case Manager, if available and approved by ARH Supervisor.

We hold the confidentiality of your stay at the Recovery House in the highest regard. The ARH may not identify you as a resident or disclose any information which could identify you as an alcohol /substance use person outside the program unless:

1. You consent in writing,
2. The disclosure is allowed by court order,
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research or program evaluation,
4. The client commits or threatens to commit a crime against another staff or agency.

Tribal, Federal, and State Laws do not protect any information about suspected child abuse or neglect from being reported to appropriate state or local authorities.

**Signature of Applicant:** _____ **Date:** _____

**Signature of ARH Staff:** _____ **Date:** _____

**Policy**:
Residents will abide by the ARH Resident Rules at all times. A copy of the Resident Rules follows this policy.

**Procedure**:
A. ARH personnel will review the Resident Rules with the resident at the time of intake/orientation,
1. ARH personnel will have the resident initial by each rule,
2. ARH personnel conducting intake and the resident will both sign and date the Resident Rules,
3. A copy of the Resident Rules will be given to the resident after signing.
B. ARH personnel will ensure adherence to the Resident Rule policy and take necessary action with residents when the policy is violated.
C. Violation of Resident Rules can lead to termination of services.

**RECOVERY HOUSE RESIDENT RULES**
ARH personnel will ensure adherence to the Resident Rules and take necessary actions with residents who have violated the policy. A violation of resident rules can lead to termination of services and eviction from the ARH.
____ 1. The use of controlled substances and/or alcohol is prohibited. Instances of noncompliance will result in termination of services and eviction from the RH. A zero-tolerance policy is strictly enforced.
____ 2. Upon request by ARH staff, residents are required to take an Alcohol Breath Test “Breathalyzer”, observed urine test “Urinalysis,” or oral saliva tests. Failure to do so upon request will result in termination of services and eviction from the ARH.
____ 3. Destruction of property includes modifying the building, nails/thumbtacks, tape, and stickers in or on walls/doors may result in arrest and/or suspension.
____ 4. Termination or non-compliance with ongoing treatment programs or failure to attend two AA, NA, approved support group church/school/HWC/MH Mind Care meetings per week may result in progressive consequences or suspension of services from the ARH.
____ 5. Attendance is required at house meetings. If you are unable to attend, let the Case Manager know at least 24 hours in advance. Failure to attend may result in progressive consequences and termination of services and eviction from the RH.
____ 6. There will be a monthly meeting with the Case Manager and resident, failure to attend a monthly meeting will result in progressive consequences and may lead to the suspension of services from the ARH.
____ 7. As responsible adults, residents are expected to show respect for each other’s property; theft or intentional destruction may result in arrest and suspension of services.
____ 8. Each resident is responsible for keeping their assigned area (rooms, unit) reasonably clean. Odor, garbage, and clutter affect everyone else and can contribute to fire hazards, damage to property and/or attract insects and rodents. The RA lead will assign household chores to residents weekly, and room inspections will be done randomly. Failure to keep the assigned area clean will result in corrective action.
____ 9. The curfew will be strictly enforced; failure to abide by the curfew policy will result in corrective action, including possible suspension of services and eviction from the ARH. Subject to SOP 2.17
____ 10 Weapons and Fireworks are prohibited. Failure to comply with this rule will result in suspension of services and eviction from the RH.
____ 11. Repair needs must be reported to ARH personnel in a timely manner. Residents are responsible for any damage to their units.
____ 12. No pets are allowed.
____ 13. Keep noise within limits. Your right to enjoy yourself does not include a right to harass others. Headphones may be required following quiet time hours.
____ 14. Storage space is limited. No furniture or large items are allowed on the property without prior approval. Residents must remove all personal property from the premises upon leaving, whether voluntarily or upon dismissal. Property left at the ARH will be considered abandoned after seven (7) days (See Section 2.27, Property Storage).
____ 15. Overnight visitors are not permitted. All visitors must remain in the common areas of the facility. Visitors are expected to obey all the rules while visiting the RH. No visitors are permitted without the adult resident(s) they came to visit being present (See Section 1.14).
____ 16. Visitors must leave by 10:00 p.m. on weeknights and by midnight on Friday and Saturday nights.
____ 17. All residents who desire to drive/operate a motor vehicle must demonstrate a valid and non-expired state of Washington driver’s license and proof of current auto liability insurance. The auto liability insurance and driver’s license must be kept up to date.

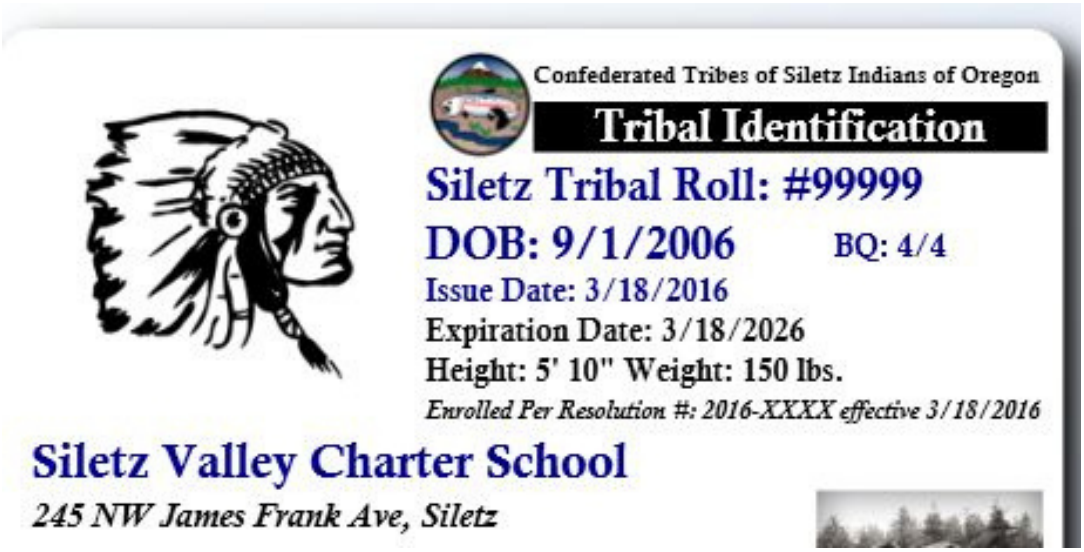
____ 18. Residents are only allowed to have one vehicle on the property per adult in the house. Inoperable or unlicensed automobiles may not be parked or stored on the property in any parking area provided for the property, street, or alley serving the property. including BHP parking areas and will be subject to towing at the owner's expense.
____ 19. Residents will establish personal goals and objectives within the first three business days of residency.
____ 20. The heat must be kept at reasonable levels – 68 to 74 degrees.
The undersigned recipient agrees to release and hold harmless the MIT Adult Recovery House or any of its agents or employees from liability for any injury or damage to any property or person happening on or about the premises being occupied, or for any injury or damage to the premises or to any property of the undersigned or of any person contained herein. Also, the undersigned recipient understands that the MIT Adult Recovery House is not responsible for any personal property left when the unit is vacated.
____ 22. Residents may not provide child care for other residents or visitors.
____ 23. Residents will not physically touch, push, assault, or threaten staff, volunteers, residents, or visitors (see Assault Policy Statement).
____ 24. Personal medicine must be stored in a locked medicine cabinet provided by ARH. Any prescribed narcotic or psychotropic drugs must be registered with the ARH Case Manager.
____ 25. Upon request of ARH staff, residents may be required to complete additional paperwork during their stay at the ARH.
____ 26. Nothing can be stored on the deck or on the property of the ARH without approval from ARH personnel.
____ 27. All garbage must be properly disposed of in the provided garbage receptacle (including the recycle and yard waste containers). If garbage is left outside the garbage containers or improperly disposed of, corrective action will be taken.
____ 28. All minor children must be supervised at all times (residents must be on the premises, awake, and available to assist with any accidents or disputes). Supervised visitation with minor children that are required or mandated must take place at the required facility.
____ 29. Residents will not engage in any public displays of affection that are sexually stimulating (including kissing, sexual behaviors, etc.).
____ 30. Restrictions on electrical equipment is closely monitored; no personal heaters, power strips, or extension cords are allowed inside dorm rooms.
____ 31. The dress code is strictly enforced, and no clothing displaying paraphernalia/drugs or alcohol. Restriction on length of shorts and skirts, see-through clothes etc.
____ 32. Visitation may be restricted following public health emergencies.
____ 33. Every effort will be made to make shared living accommodations comfortable for all the residents, regardless of sex, race, color, religion, ancestry, national origin, disability, medical condition, sexual orientation, gender identity, mental or physical disability or HIV status or perception of having one or more of those characteristics. Reasonable accommodations are made subject to the space limitations of the house.

**Signature of Applicant:** _____ **Date:** _____
**Signature of ARH Staff:** _____ **Date:** _____

# APPENDIX C: EXAMPLE TRIBAL ID DOCUMENTS- CONFEDERATED TRIBES OF SILETZ INDIANS

The Confederated Tribes of Siletz Indians does not include a gender marker on their Tribal ID Card.

Their Tribal Identification Request Form therefore does not need to ask about gender.




See the next two pages for examples of their ID request and name change request forms for the enrollment office. The Confederated Tribes of Siletz Indians include “Nonbinary” as a gender option for individuals seeking to change their name on the tribal roll.

FORM # ENROLL-008

Confederated Tribes of Siletz Indians
Enrollment Department
201 SE Swan Ave
PO Box 549
Siletz, Oregon 97380-0549
Telephone: (541)444-8258 ● Toll Free: (800) 922-1399 ext. 1258
E-Mail: angelar@ctsi.nsn.us

- Enrollment Staff Use -

Rec'd: _____
By: _____

Entered: _____
By: _____

# Siletz Tribal Identification (ID) Request

Please print clearly in blue or black ink

**INSTRUCTIONS**: If you are not able to come into the Enrollment office to have your Tribal ID issued in person, you can order it by submitting this form. If there is no photo/signature on file or your photo on file is over twelve (12) months old, complete this form to order a Siletz Tribal ID to be issued and it will be sent to you via Certified mail.

Siletz Tribal Member: _____ Roll#: _____

☐ 1. Updated Address: Submit an "Address & Contact Information Update" form

☐ 2. Height: _____ feet _____ inches Weight: _____ pounds

☐ 3. Digital Photo Specifications: Email to "angelar@ctsi.nsn.us"

a. In color, no filters and clearly focused
b. Plain white or off-white background
c. Taken within the last six-months to reflect your current appearance
d. Taken in full-face view directly facing the camera, no shadows on your face
e. Both eyes open, neutral/smiling facial expression, no hats
f. No sunglasses (even if tinted prescription glasses)
g. Glare on clear glasses is not acceptable. Glare can be avoided by slight downward tilt of glasses, turning off the flash or removing the glasses.

☐ 4. Photo Verification: Submit a color copy of your State issued ID to confirm your identity

☐ 5. Signature: Sign within the box in front of a notary as this is what will be used on your ID card

| |
|---|
| |

_____
Date

Relationship to Tribal Member: ☐ Self ☐ Parent ☐ Guardian of Minor* ☐ Guardian of Adult*
*Attach court or other legal documentation to show Guardianship/Power of Attorney

**REQUIRED NOTARIZATION FOR SIGNATURE VERIFICATION**

STATE OF _____

COUNTY OF _____

This instrument was acknowledged before me on _____ (date) by

_____ (name of person).

Notary Public:

_____

Print Name: _____

My Commission Expires: _____

FORM # ENROLL-004

**SILETZ TRIBAL OFFICE USE ONLY**

RECEIVED DATE: _____ RECEIVED BY: _____

COMPLETE DATE: _____ POST #: _____

Confederated Tribes of Siletz Indians
Enrollment Department
201 SE Swan Ave
PO Box 549
Siletz, Oregon 97380-0549
Telephone: (541) 444-8258 ● Toll Free: (800) 922-1399 ext. 1258

# Request for Name Change

**INSTRUCTIONS**: To change your name on the Siletz Tribal Roll you must submit legal documentation (Marriage Certificate, Court Order, Divorce Decree, etc.) and a copy of your social security card showing your legal updated name. **Failure to provide these documents will result in no action being taken**.

**NOTE**: *For IRS tax purposes (per capita, etc.) it is important your name on the Tribal Roll and your Social Security Card match exactly.*

**Siletz Tribal Roll #:**_____

**Change From (Current Name on Tribal Roll):**

| FIRST NAME | MIDDLE | LAST |
|---|---|---|
| | | |

**Change To: (As listed on Social Security Card)**

| FIRST NAME | MIDDLE | LAST |
|---|---|---|
| | | |

**GENDER:** *If not marked, will remain the same as currently listed in the Enrollment records*

☐ Male ☐ Female ☐ Non-binary

**Required documentation submitted:**

☐ ORIGINAL* legal documentation showing my name change

☐ A clear COLOR COPY of my social security card showing the name change

*Originals will be returned via Certified mail after staff has made a copy for your request

***I certify the above information is correct and current.***

X _____

Date

Signature of Tribal Member/Guardian required *(Sign with new name inside the box)*

Phone Number: _____

Email Address: _____

# APPENDIX D: EXAMPLE GUIDELINES FOR GENDER-AFFIRMING CARE

UCSF Transgender Care Navigation Program

Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline

Ensuring Comprehensive Care and Support for Transgender and Gender-expansive Children and Adolescents (American Academy of Pediatrics)

World Professional Association for Transgender Health SOC-8
(Note: Some of the language used by WPATH could be considered outdated and/or less helpful for Indigenous patients)

# APPENDIX E: INDIGENOUS GENDER-AFFIRMING CARE GUIDE

**Gender-affirming care** is a supportive form of healthcare. It consists of an array of services that may include medical, surgical, mental health, and non-medical services for transgender and nonbinary people. For transgender and nonbinary children and adolescents, early gender-affirming care is crucial to overall health and well-being as it allows the child or adolescent to focus on social transitions and can increase their confidence while navigating the healthcare system. (HHS 2022)

**Indigenous Gender-Affirming Care** constitutes all of the above definition, while accounting for complex and millennia-old Indigenous gender concepts and ways of being beyond Western definition. It also accounts for Indigenous concepts of wellness and health, which are not limited to the individual but may include the family and the community, and are not limited to physical health, but encompasses mental, emotional, spiritual, and cultural health. It also means accounting for the fact that gender dysphoria is based on a Western cultural framework, and that gender embodiment can include a constellation of cultural and decolonial ideas that don't exist in the settler imagination. (Paths (Re)Membered 2023)

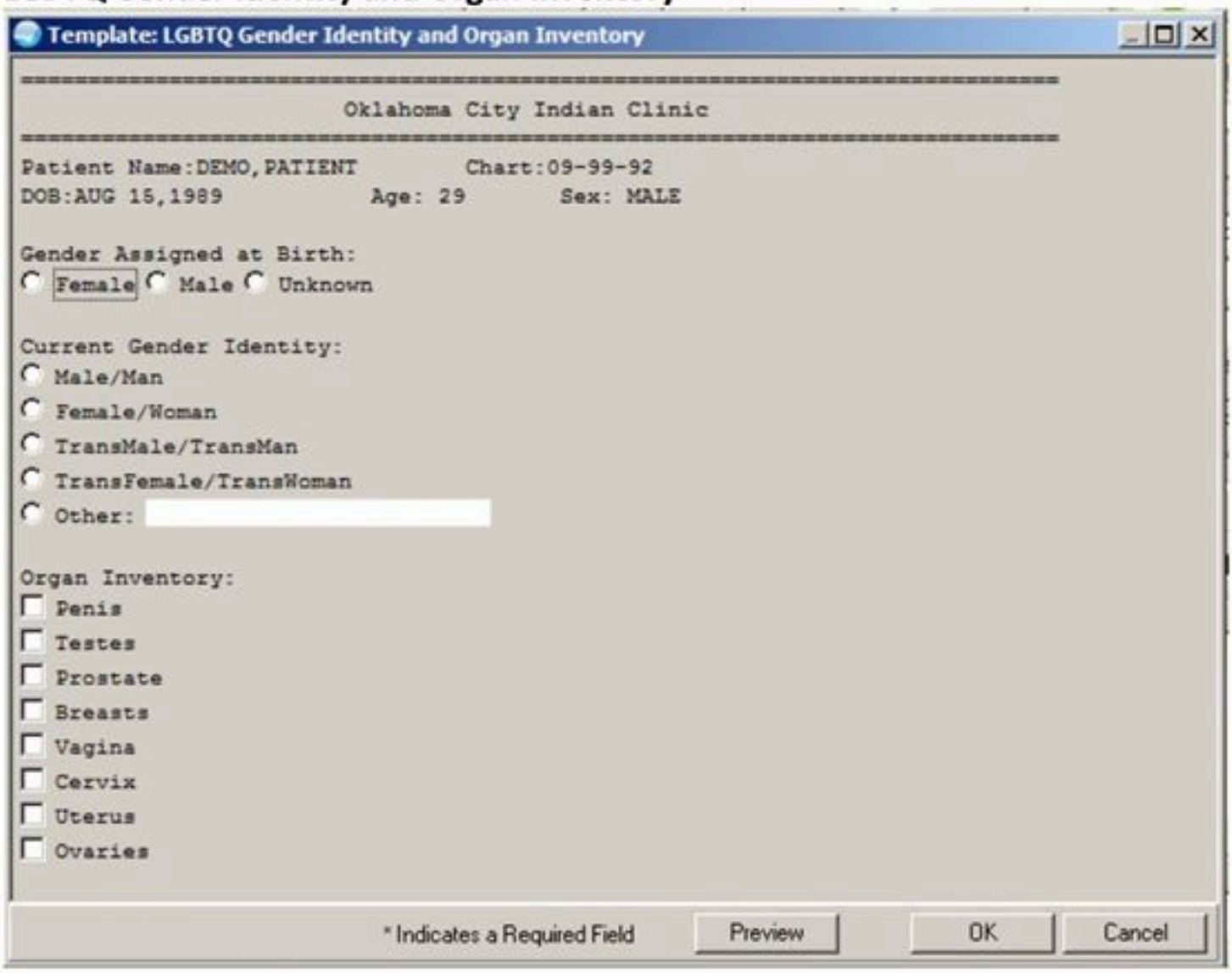
In clinical settings, Indigenous Gender-Affirming Care includes, but is not limited to:

- Intake forms and processes that account for Indigenous, tribal, and SOGI identities that are broad and inclusive
  - This guide offers comprehensive information about improving SOGI data collection practices for Indigenous young people
- Indigenous (and Indigiqueer) representation in clinical spaces
  - Using affirming signs, symbols, and creating a welcoming environment
  - Hiring and retaining 2SLGBTQ+ professionals
- Access to safe and affirming ceremony and Traditional Indigenous practitioners
  - Curating knowledge of local traditional cultural spaces that are less, or differently gendered
  - Indigenous herbal hormone and embodiment support
  - Knowing whether and how services offered by Indigenous Medicine practitioners can be compensated and/or reimbursed. When resources are lacking, advocating locally for financial support for the ceremonies and/or remedies needed
- Indigenous and Indigiqueer affirming behavioral healthcare/counseling
- Cross-I/T/U patient navigation support
  - Knowing viable pathways for access and referral to safe, affirming providers, clinics, etc., and training patient navigators to offer direct support to patients navigating multiple systems to seek care
  - Identifying insurance and funding gaps patients may experience when navigating multiple systems while accessing gender affirming care, and committing to locating resources to fill those gaps
- Support for envisioning de-colonial embodiment goals and restoration of tradition
  - Support for affirmation and embodiment realization beyond the binary (masc/fem) and inclusive of ancient and new Indigenous genders
  - Body size standards and BMI are based on dominant culture standards and problematic cultural ideas of beauty and health. Providers should support each patient’s visions for their own health and body as keepers of their own sovereign bodies
- Care plans that include family (inclusive of blood, chosen, and extended kinship like clans, etc.) and community
  - Western medicine is highly individualized in ways that do not account for Indigenous concepts of community and support/connection

- Concepts of good health that account for self-definition, community health, emotional and spiritual health, and cultural health
    - Focusing exclusively on physical health and outcomes may limit the extent to which Indigenous gender-expansive patients will experience the protective and life-saving effects of gender-affirming care interventions.
- Access to social support services like schools, boarding schools, summer camps, remedial education centers, criminal justice system and detention centers, child protective and adult protective services, substance use treatment, behavioral health inpatient facilities, supportive housing; transitional housing, Domestic Violence/Intimate Partner Violence housing settings, etc. that are affirming and account for 2SLGBTQ+ diversity
    - All spaces where individuals may access supportive care should be gender desegregated, and intake, client encounters, and the environment in which the service is being accessed should be affirming.
- Trust Indigenous 2SLGBTQ+ people to be experts in their own health and experience

## APPENDIX F: EXAMPLE ORGAN INVENTORY IN EHR- OKLAHOMA CITY INDIAN CLINIC

### LGBTQ Gender Identity and Organ Inventory



Data Entry _____
Verified _____
HRN _____

# COWLITZ INDIAN TRIBE

Health Services Registration Form

☐ New Patient
☐ Update
☐ CHS/PRC

Legal Name: _____ DOB: _____
Preferred Name (optional): _____ Maiden/Other: _____
Gender Assigned at Birth: ☐F ☐M ☐Intersex ☐Not listed: _____
Gender Identity (optional): ☐ Two Spirit ☐Woman ☐Man ☐Transgender ☐Trans Man
☐Trans Woman ☐Nonbinary ☐Agender ☐Genderfluid ☐Not listed: _____
Preferred Pronouns (optional): ☐She/Her ☐He/Him ☐They/Them ☐Not listed: _____
Social Security #: _____ Marital Status: ☐S ☐M ☐D ☐W ☐Other: _____
Physical Address: _____ Or: ☐Unsheltered ☐No Fixed Address
City: _____ State: _____ Zip: _____ County: _____
Mailing Address (if different): _____
City: _____ State: _____ Zip: _____ County: _____
Primary Phone: _____ Permission to leave general message: ☐Yes ☐No
Secondary Phone: _____ Email: _____
Emergency Contact: _____ Relationship: _____
Address: _____ Phone: _____
Work Status: ☐Full Time ☐Part Time ☐Retired ☐Disabled ☐Unemployed ☐Student
Student Status: ☐K-12 ☐College ☐Full Time ☐Part Time ☐School: _____
Employer Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

## PRIMARY INSURANCE INFORMATION

(☐) *I do not have primary insurance _____ (initials)*

Medical Insurance: _____ Phone: _____
Address: _____ Effective Date: _____
Policy Holder: ☐Self ☐Spouse ☐Parent ☐Other: _____ ☐Purchased Through Health Plan Finder
Policy Holder Name (if other than self): _____
Policy Holder DOB: _____ Social Security No. (if other than self): _____
Employer Providing Coverage (if applicable): _____ Phone: _____
ID #: _____ Group #: _____ Rx Name/ID#: _____
Dental Insurance Name/ID#: _____
Optical Insurance Name/ID#: _____

## SECONDARY INSURANCE

(☐) *I do not have secondary insurance _____ (initials)*

Medical Insurance: _____ Phone: _____
Address: _____ Effective Date: _____
Policy Holder: ☐Self ☐Spouse ☐Parent ☐Other: _____
Policy Holder Name (if other than self): _____
Policy Holder DOB: _____ Social Security # (if other than self): _____
Employer Providing Coverage (if applicable): _____ Phone: _____
ID #: _____ Group #: _____ Rx Name/ID#: _____
Dental Insurance Name/ID#: _____
Optical Insurance Name/ID#: _____

## TRIBAL AFFILIATION INFORMATION

Name of Tribe or Corporation: _____

☐ Enrollment #: _____ ☐Non-Enrolled Descendent (supporting documents required)

Please provide name(s), date(s) of birth, and relationship for other Native members of your household:

_____

Race/Ethnicity: _____ Language: _____ Interpreter Needed: ☐Yes ☐No

## LEGAL DOCUMENTS

Do you have legal documents that pertain to your health and wellness? ☐Yes ☐No

If yes, please list and provide copies (i.e., advanced directives, power of attorney, living will, guardianship, custody, etc.): _____

## VETERAN STATUS

Are you a US Veteran? ☐Yes (Thank you for your service!) ☐No (skip to next section)

If Yes, Entry Date: _____ Do you have a service-connected disability? ☐Yes ☐No

## AUTHORIZATIONS

_____ Initial here confirming you have received a copy of the Notice of Privacy Practice.

_____ Initial here confirming you have received a copy of the Patient's Rights and Responsibilities.

_____ Initial here to consent to receive information related to treatment, payment or health care operations, including receiving autodialed and prerecorded message calls and/or text messages at all telephone or text numbers I have provided or, if not current, to any number I am reasonably found to be associated with.

_____ Initial here confirming you have been notified that most laboratory services will be performed and billed by a facility outside of the Cowlitz Indian Tribe (CIT) and you understand that you and/or your insurance provider are responsible for costs associated with these services.

_____ Initial here confirming the following **(COWLITZ TRIBAL MEMBERS ONLY):** I understand 42 CFR 136.23 mandates that I provide true and accurate information used to make an eligibility determination prior to approval of federal funds being expended on my behalf. I understand that information provided on my application may be verified to ensure compliance with federal law and the Cowlitz Tribe's Self Governance Agreement. I understand that providing false or incomplete information could result in non-compliance with federal regulations, and to the best of my knowledge, I attest to the accuracy of the information submitted on this application. I understand 42 CFR 136.61 mandates that CHS/PRC is a payor of last resort and that I am required to apply for and utilize all alternate resources available to me. If I am un-insured or underinsured, I will be required to apply for state medical/dental coverage and that I may only decline if there is a cost associated with accepting coverage. I am aware that as a CIT Member I must maintain residency in the Tribe's designated service delivery area to access federal funds. If I relocate, I must notify the CHS/PRC program of my new residency. If I relocate to attend college and maintain status as a full-time student, I may remain eligible for CHS/PRC while in attendance. I am aware that demographic (phone/address) information may be shared with the Enrollment Department if applicable.

**ALL CLIENTS/PATIENTS:** My signature indicates, to the best of my knowledge, that all information provided is true and accurate. My signature authorizes the release of medical information necessary for diagnosis, treatment, and billing. I hereby authorize billing and payment of services, assign benefits otherwise payable to me to CIT, and request that payment be made to CIT directly. I agree to remit to CIT any payments sent directly to me for services provided by CIT.

Print Name: _____ Relationship to Patient: _____

Signature: _____ Date: _____

OKLAHOMA CITY INDIAN CLINIC
www.okcic.com

# SOGI Preferences

**Sexual Orientation / Gender Identity**

**This form is OPTIONAL**

Our goal is to address you the way you want to be addressed, treat and acknowledge you in a way you are most comfortable. There is a national requirement that **ALL** patients are given an opportunity to answer the questions outlined below. Many patients do not go by their legal name, so this gives you the chance to provide your chosen name. This information will also help our Two Spirit/LGBTQ patients receive services and treatment that fit their health care needs. We value your privacy. Participation is voluntary and all data collected is confidential. You are not required to complete this form. You may choose to complete all or part of this form. You may choose to answer the questions at another time.

Would you like your health care team to be alerted that you have provided this information (such as chosen name, pronouns, gender identity, etc.) when you come in for an appointment? **[ ] YES [ ] NO**
This alert helps your health care team if you wish to be addressed by a chosen name or pronoun and also helps them provide appropriate health care screenings based on your gender identity.

| **LEGAL NAME:** | **CHOSEN NAME:** _____ *(OPTIONAL)* |
|---|---|
| First: _____<br>Middle: _____<br>Last:_____ | **DATE OF BIRTH:** _____/_____/_____ MM/DD/YYYY |
| | **BIRTH SEX:** *sex assigned at birth*<br>○ Female<br>○ Male<br>○ Other |
| | **LEGAL SEX:** *if different from birth sex - documentation required*<br>○ Female<br>○ Male<br>○ Other |

| **GENDER IDENTITY** *(OPTIONAL)* | **PRONOUNS** *(OPTIONAL)* | **SEXUAL ORIENTATION** *(OPTIONAL)* |
|---|---|---|
| ☐ Female | ☐ He, Him, His, Himself | ☐ Straight |
| ☐ Male | ☐ She, Her, Hers, Herself | ☐ Gay, Lesbian |
| ☐ Transgender female (MTF) | ☐ They, Them, Their, Theirs, Themselves | ☐ Bisexual |
| ☐ Transgender male (FTM) | ☐ Ne, Nem, Nir, Nirs, Nemself | ☐ Do not know |
| ☐ Nonconforming gender | ☐ Ey, Em, Eir, Eirs, Emself | ☐ Decline to answer |
| ☐ Do not know | ☐ Ve, Ver, Vis, Verself | ☐ Something else / Other _____ i.e. pansexual, asexual |
| ☐ Decline to answer | ☐ Xe, Xem, Xyr, Xyrs, Xemself | |
| ☐ Other_____ i.e. Two-Spirit, etc. | ☐ Ze, Hir, Hirs, Hirself | |
| | ☐ Ze, Zir, Zirs, Zirself | |
| | ☐ Do not know | |
| | ☐ Decline to answer | |
| | ☐ Other _____ | |

**» DO NOT SCAN INTO HEALTH RECORD «**
**Update in Patient Registration application and shred afterwards**

**Note:** A court order is required to change the legal name and/or gender marker on a birth certificate in Oklahoma.



8/2023

# APPENDIX I: EXAMPLE QUESTIONS FOR INTAKE FORMS- NATIVE ADVOCACY WORKGROUP FOR TRANS HEALTH

**Sexual Orientation & Gender Identity Measures**

What is your sexual orientation? [Check all that apply.]

- ☐ Two Spirit or Indigiqueer
- ☐ Straight or heterosexual
- ☐ Lesbian or gay
- ☐ Bisexual
- ☐ Pansexual
- ☐ Asexual
- ☐ Questioning
- ☐ Queer
- ☐ Not Listed: _____
- ☐ Choose not to disclose

What is your gender identity? [Check all that apply.]

- ☐ Two Spirit or Indigiqueer
- ☐ Man
- ☐ Woman
- ☐ Trans man
- ☐ Trans woman
- ☐ Transgender
- ☐ Nonbinary or Pre-Binary
- ☐ Agender
- ☐ Genderqueer
- ☐ Genderfluid
- ☐ Not Listed:_____
- ☐ Choose not to disclose

Please indicate your sex assigned at birth:

- ☐ Male
- ☐ Female

or are you Intersex?

- ☐ No
- ☐ Yes

**Additional Clinical Measures**

Name: _____

Last First Middle

Legal Name (if different from above):

_____

Please indicate your pronouns:

_____

I have: [Check all that apply.]

- ☐ Ovaries
- ☐ Penis
- ☐ Prostate
- ☐ Vagina
- ☐ Chest Tissue
- ☐ Uterus
- ☐ Cervix
- ☐ Testes

***ONLY If relevant for care:***

In the past three months, with how many partners have you been sexually active? _____

In the past three months, what kinds of sex did you have? [Check all that apply.]

- ☐ Receptive anal sex
- ☐ Insertive anal sex
- ☐ Receptive vaginal sex
- ☐ Insertive vaginal sex
- ☐ Receptive oral sex
- ☐ Insertive oral sex
- ☐ Stimulation using toys (dildo, butt plug, etc.)
- ☐ Stimulation using hands (fisting, hand job, etc.)

# APPENDIX J: QUICK GUIDE FOR RESIDENTIAL CARE CENTERS: *to affirm Two Spirit and LGBTQ+ Residents [1]*

**Statement of Purpose:**

Since time immemorial, Indigenous cultures have appreciated complex and numerous concepts of gender identity and sexual orientation. Occupation and settlement of North America by Europeans, however, violently interrupted the systems that supported much of that traditional diversity and acceptance. Today, Indigenous people who do not identify as cisgender or straight face discrimination in workplaces, education centers, and healthcare settings (to name a few). The disparities faced by Two Spirit, lesbian, gay, bisexual, and queer (2SLGBTQ+) individuals can lead to increased levels of depression and anxiety, and can be greatly minimized by ensuring 2SLGBTQ+ people are affirmed in their identities. Simply using a person's correct name and pronouns has been associated with a 56% decrease in suicidal thoughts in gender-diverse youth. Incorporating holistic and affirming care with respect to both 2SLGBTQ+ identity and cultural identity, and creating welcoming spaces for all residents ensures 2SLGBTQ+ residents have access to the care they need and feel safe accessing that care.

[Name of Center] is committed to ensuring that each resident receives fair and equal access to all services, placement, care, treatment, and benefits, and is free from discrimination or harassment based on sex, race, color, religion, ancestry, national origin, disability, medical condition, sexual orientation, gender identity or expression, intersex variance, mental or physical disability or HIV status or perception of having one or more of those characteristics.

This Quick Guide is meant to help staff meet the requirements of the above non-discrimination clause for 2SLBGTQ+ residents.

**Section 1: Intake**

- **Creating Resident Label**: When a resident is admitted, the admitting Youth Development Specialist will create a label for the Resident which contains the following information: 1) first initial of resident's chosen name and full last name; 2) resident's date of birth; 3) resident's pronouns; 4) admission date; and 5) case worker.
- **Application for Admission**: As part of the intake process, resident will indicate their chosen name and pronouns (in addition to their legal name and assigned sex at birth) on application for admission. If youth have questions about pronouns, staff can offer their pronouns as an example or as part of their introduction.
- **Resident Information Form**: Within 24 hours, staff will complete Resident Information Form for every new resident. Form will include pronouns and chosen name.
- **Chosen name**: Chosen name will be used by all staff in all settings except in cases when it is legally necessary to use a resident's legal or given name or at any time the resident expresses a need for their legal name to be used (such as with parents or guardians).
- **Medical Screening**: During physical screening, staff will refrain from commenting on scars resulting from gender-affirming care (for instance, top surgery) unless absolutely necessary (such as in the event that an unhealed wound needs care). Staff will also refrain from confiscating any gender-affirming supports or prosthetic items (binders, packers, make-up compacts, etc.). If the incoming resident requests that a different employee, or an employee of a different gender, complete this screening, the screening can be postponed for up to 24 hours to meet that request.

*[1] To include boarding schools, summer camps, remedial education centers, criminal justice system and detention centers, child protective and adult protective services, substance use treatment, behavioral health inpatient facilities, supportive housing; transitional housing, DV/IPV housing settings, etc.*

- **Security Screening**: When screening a resident's possessions for contraband or other illicit items, staff will ensure gender-affirming devices (including packers, binders, duct tape for binding or packing, chest inserts, gender-affirming hormone patches, syringes, vials, etc.) are not confiscated in any manner inconsistent with protocols for other medications, and will refrain from making any unnecessary comments about these items. If a medical hold is placed on a gender-affirming medication, temporary access will be provided (for example, for injectable gender-affirming hormone therapy).
- **Placement**: For all gender-diverse residents accepted for admission, staff will have a conversation with the resident about possible placement in a sex-segregated facility, taking into account first and foremost the safety of the incoming resident. After this conversation, the incoming resident will choose their desired placement. Every effort will be made to meet the resident's desired placement, subject to space limitations.
- Information about a child's legal identity, gender identity, assigned sex at birth, or sexuality should be treated as confidential information. If a resident were to request different gender pronouns be used in different settings (i.e. one set of pronouns in the residential facility and another when parents or guardians are present), every effort by staff will be made to respect those wishes.

**Section 2: Mandatory Trainings for Staff**

- Within 6 months of hiring, all staff will attend Affirming Environments training on creating and maintaining an affirming environment for all residents, regardless of gender identity or expression, sexuality, or other identities. This training will be repeated with all staff annually.
- Anyone who is a licensed clinician, will also attend at least one series of Indian Country ECHO's Trans & Gender-Affirming Care ECHO Pediatric Track.
- Within 6 months of hiring, all security staff and staff who will be screening residents will attend the training: Recognizing Gender-Affirming Devices and Supports.

**Section 3: Resident Orientation**

- During resident orientation, each resident will view a short video, created by Paths (Re)Membered, explaining the importance of using correct name and pronouns and affirming other residents' gender identities and sexual orientations.

**Section 4: During Residence**

- Hygiene Items: Supplies of individual hygiene items and clothing will be either gender-neutral or will be supplied to residents in accordance with resident's gender identity and expression.
- Appropriate Dress: Appropriateness of resident attire will have nothing to do with assigned sex and will be inclusive of clothing that affirms resident's gender identity, sexual orientation, and gender expression.
- Recreational Activities: 2SLGBTQ+ activities (for example Two Spirit Gatherings, Two Spirit Powwows, naming/coming of age ceremonies as appropriate for resident) will be considered recreational activities. We will provide transportation for residents seeking to participate in these activities.
- Mental Health Services:
  - Care should be taken to make sure that psychiatric and behavioral health providers are trained in gender-affirming care and follow federal statute (HR 3570) prohibiting the use of conversion therapy for LGBTQ+ persons.
  - If a 2SLGBTQ+ resident informs staff that the current mental health services are not affirming of their identities, every effort will be made to find a new mental health providers for the duration of their stay. No-cost telehealth counseling is available through Paths (Re)Membered.
- Bathrooms, Changing Rooms, and Locker Rooms: Residents will use bathrooms, changing rooms, and locker rooms where they feel most comfortable using, and no resident will be told they cannot use the bathroom which corresponds to their gender identity.

## CARE CONSIDERATIONS

### Part 1: Gender-Affirming Care

- A need for gender-affirming care will be treated like an other medical care need. Any resident who needs gender-affirming care will be offered necessary transportation and all required support to access that care.
- Staff will follow medication administration guidelines for administering gender-affirming hormone therapy.

### Part 2: Change in Gender Identity

- If a resident notes a change in gender identity to staff and requests support with this transition (including change to pronouns or name used, change to placement, change to gender expression or clothing, or other support), every effort will be made to support the resident's transition.
  - If a request is made to change placement, staff will hold a meeting with resident and appropriate members of staff to discuss a change in placement, taking into account the resident's safety primarily, along with space constraints. Staff will use shared decision making to create a placement plan with the resident that affirms their transition.
- If a resident notes a change in gender identity but wants this information to remain confidential, staff will keep information confidential.

### Part 3: AWOL Resident

- If a gender-diverse resident is missing, employees will provide a description to police with caution regarding confidential information.
  - If resident is out to the community, employees will include both sex assigned at birth, birth name, chosen name, current gender identity, and current pronouns, along with physical description.
  - If resident is not out to the community, employees will include sex assigned at birth and birth name, along with physical description.

### Section 5: Discharge

- In the event that a resident has experienced a shift in gender identity or sexual orientation while in residence, staff will work with mental health team members to identify any concerns about safety during and after discharge that the resident may have. Staff will work to create safety plan with resident to address those concerns when appropriate, as well as connecting resident to resources:
  - Possible Useful Resources:
    - Paths (Re)Membered Mental Health Services: https://www.pathsremembered.org/mental-health-services/
    - Trevor Project: https://www.thetrevorproject.org/
    - Trans LifeLine: https://translifeline.org/

## GLOSSARY

**2SLGBTQ+**
Acronym which stands for Two Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, and other identities. This acronym is often used as an umbrella term for queer people.

**Gender-Affirming Care**
Gender-affirming care is a supportive form of healthcare. It consists of an array of services that may include medical, surgical, mental health, and non-medical services for gender-diverse people. For transgender and nonbinary adolescents, early gender-affirming care is crucial to overall health and well-being as it allows the child or adolescent to focus on social transitions and can increase their confidence while navigating the healthcare system.

**Gender-Affirming Hormone Therapy**
Gender-affirming hormone therapy is one common medical intervention sought by gender-diverse people.

**Gender-Expansive/Gender-Diverse**
Gender-expansive and gender-diverse are umbrella terms used to describe people who are not cisgender, people whose gender identity does not match their sex assigned at birth. Some people prefer genderqueer or other terms.

**Two Spirit**
This term refers to someone who is Indigenous and expressed their gender identity or spiritual identity in traditional, non-western ways. A Two Spirit person may have specific roles and responsibilities within their tribe or community.

# APPENDIX K: EXAMPLE CONSENT FORMS FOR GENDER-AFFIRMING HORMONE THERAPY

**Note:** This document was shared to the Northwest Portland Area Indian Health Board with permission from the **Massachusetts General Hospital Transgender Health Program**.

## Form for Pubertal Blockade Initiation of Care

**MGH uses informed consent with puberty suppression, our first priority is to keep you safe and healthy.**

The way that medications stop the physical changes of puberty is by blocking the signal from the brain to the organs that make the hormones of puberty. These hormones are estrogen, made by the ovaries, and testosterone, made by the testicles.

The medications that do this are called gonadotropic releasing hormone (GnRH) analogues. They work best at the beginning of puberty to stop puberty from happening. They can be used later in puberty to stop further puberty from happening, but they will not reverse physical characteristics that have already developed (like breast growth in natal females or voice pitch in natal males). These medications are fully reversible which means that if they are stopped, your child will go through the puberty of their natal sex after about 6 months. If you and your child decide, when the time is right, to start hormones to go into the puberty that matches your child's gender identity ("gender affirming hormone therapy"), we will add those hormones on to the puberty blockers.

There are different types of medication which are used to block puberty:

- Leuprolide depot (Lupron) – an injection in the muscle either once every month or once every three months
- Histrelin – a small implant which is placed in the upper arm and that releases medicine slowly over 2 years.

Some things to consider:

- It can take a month or so for these medications to be effective, so you may initially see some additional signs of puberty occurring. You will need to let us know of these changes so we can help if they last more than a month.
- These medications are being used "off label" for this purpose, which means they are not FDA-approved for pubertal blockade. However, they have been used for many years to suppress puberty in children whose body went into puberty too early so we have experience with their use for this purpose.
- Your child will need periodic check-ins to ensure that they are responding appropriately to the medications and may need blood tests at these visits.
- We recommend your child seeing a mental health provider if that would be helpful but we do NOT require this in order for your child to receive pubertal blockade.

Risks of pubertal blockers:

- There is a small but significant increase in BMI (body mass index, which relates height to weight), especially in the first 6 months of starting pubertal blockers.
- Puberty is a time for bone development and stopping puberty means that long bones may continue to grow but that bone density will not increase the way it would with puberty. What we know from the research is that children on blockers catch up on bone growth to match the bone growth of children who were not on blockers once their gender affirming hormones are started (or once they stop the blockers to go through their natal puberty).
- While on the pubertal blockers, your child will not make fertile eggs or sperm. If your child would like to have genetic children, your child will need to stop the puberty blockers and complete natal puberty in order to achieve effective fertility. This would mean your child would have the secondary sex characteristics of their natal sex and this process could take several years.
- The types of genital surgeries your child may want in the future are different for people who have not gone through a natal puberty.

**My signature below constitutes my acknowledgement of the following:**

_____

**(name of care provider)** has discussed with me the nature and purpose of pubertal blockade; the benefits and risks; the possible or likely consequences of pubertal blockade; and all feasible alternative diagnostic or treatment options.

- have read and understand the above information regarding the pubertal blockade, and accept the risks involved, including the risk that there may be unknown long-term effects or risks.
- I have had sufficient opportunity to discuss my child's condition and treatment with my medical provider and all of my questions have been answered to my satisfaction.
- I believe I have adequate knowledge on which to base an informed consent to the provision of pubertal blockade for my child.
- My child is in agreement with this treatment.
- I authorize and give my informed consent to the provision of pubertal blockade for my child

_____

**(name of child)**

_____

**Patient signature**

_____

**Date**

_____

**Patient's name used**

_____

**Signature of Legal Guardian**

_____

**Date**

_____

**Legal Name of Guardian (Printed)**

## Consent Form for Feminizing Hormone Therapy Initiation of Care for Minors

**MGH uses informed consent with hormone administration, our first priority is to keep you safe and healthy.**

**Informed Consent for Estrogen Therapy for Transgender Individuals**

Before taking estrogen therapy to make your body look more "feminine," it is important to understand all the possible effects and risks, which are discussed below. Your doctor will discuss this form with you, and, if you are under 18yo, your parents. Please ask any questions to make sure you understand all the information!

*Please note that, throughout this form, "I" refers to the person taking the estrogen. If that person is under 18 years of age, a parent/guardian will also need to sign the consent form in order to start therapy.*

**By signing this form, you agree to the following:**

1. I wish to use estrogen because my gender identity is female, and I understand that estrogen will give me more traditionally "feminine" features like breast development.
2. If I have mental health concerns, I will continue to see my mental health provider or be provided with mental health services. I recognize that I will NOT be required to have mental health services in order to receive gender affirming hormone therapy.
3. Estrogen use for gender transition in adolescents has not been completely studied yet. There are some risks for which we do not have complete information, and there may also be risks we are completely unaware of.
4. Estrogen will take at least several months to have an effect, and probably longer if we are starting with a lower dose. The entire process of feminization is expected to take at least a few years.
5. You will also probably want to be on either androgen-blockers or continue on a GnRH agonist to reduce the effects of testosterone in your body. The most commonly prescribed androgen-blocker in the United States is called spironolactone.
6. These are effects of estrogen therapy that are probably reversible, at least to some degree, if you stop the therapy:
    a. Loss of muscle mass and decreased strength in the upper body
    b. Decreased sex drive
    c. Increased fat distribution in the hips/buttocks and less in the abdomen.
    d. Decreased hair growth on the body and face, although it will not stop completely
    e. Softening of skin
    f. Delay in "male-pattern" balding, although this may still occur
    g. Possible decrease in acne
    h. Decrease in morning erections and spontaneous erections, and erections that may no longer be hard enough for intercourse
    i. Small increase in "good" cholesterol (HDL) and small decrease in "bad" cholesterol (LDL)
7. These are effects of estrogen therapy that are probably not reversible if you stop the therapy:
    a. Development of breast tissue. The degree of breast tissue that develops is different for each person. If you stop estrogen, your breasts may decrease in size somewhat, but the breast tissue will not completely go away.
    b. Decrease in the size of the testicles (may or may not be reversible)
8. These are possible side effects of estrogen, many of which we will monitor with labs while you are on estrogen. You should let us know right away if you notice any side effects!
    a. Development of milky discharge from the nipples
    b. Increase in the risk of blood clotting and strokes. If a blood clot forms in your legs, it could travel to your lungs, which would cause difficulty breathing and could be very dangerous. (While on estrogen, you should seek medical care if you think you are developing a clot or if you have sudden shortness of breath. Also, it is VERY IMPORTANT not to smoke cigarettes while you are on estrogen! Cigarettes and estrogen together increase the risk of clotting and strokes significantly.)
    c. Increase in the risk of breast cancer
    d. Liver damage or inflammation
    e. Increased risk of gall stones
    f. Increased blood pressure
    g. Headaches and/or migraines
    h. Nausea or vomiting
    i. Increased level of a hormone called prolactin, made by the pituitary gland
9. These are possible effects of estrogen we need more research to be sure about:
    a. We are not sure about estrogen's effect on your fertility. Estrogen will probably prevent your sperm from maturing. It is likely to decrease your sperm count and the amount of material you ejaculate, and this may not be reversible. You may stop ejaculating completely on estrogen. If you are interested in options for fertility, we can refer you to a fertility specialist before starting estrogen.
    b. We are not sure what the effects of estrogen on brain structures are – these could be beneficial, damaging, or both.
    c. We are not sure if we are increasing your risk of diabetes by giving you estrogen.
    d. Giving you estrogen may increase your risk of breast cancer. Routine screening for breast cancer will be recommended when you are an adult. Also, you will need to have any desired screening for testicular and prostate cancer.
    e. Giving you estrogen may increase your risk of heart disease or heart attack.
    f. Giving you estrogen may increase the risk of having problems with the veins in your legs

10. These are things that probably will not change with estrogen therapy:
    a. Your penis will not get substantially smaller
    b. Your voice will probably not change very much
    c. Your Adam's apple will not get smaller
11. Use of estrogen alone does not reliably prevent you from getting another person pregnant, and it does not prevent sexually transmitted diseases.
12. Everyone's body is different, so there is no way to predict the exact response to estrogen therapy. It is very important to work with your providers while you are taking estrogen so that we can find the right dose and also make sure you do not have any concerning side effects. Please let us know about any issues that develop, either physical or emotional, while you are being treated!
13. You will need to have regular blood tests every 3-6 months while on estrogen, and possibly more frequently if we are trying to find the correct dose for you.
14. It is very important to take the estrogen dose prescribed, not more. High levels of estrogen may be dangerous to your health.
15. Use of estrogen in transgender individuals is "off label," meaning estrogen is not specifically approved by the U.S. Food and Drug Administration for that purpose. Estrogen will be prescribed to you based on guidelines from experts in transgender care and the clinical knowledge of your provider.
16. You can choose to stop taking estrogen at any time. If you are on a full adult dose, you may want to decrease the dose gradually, because sudden withdrawal may make you feel very poorly for a few weeks to months while your own body starts to make hormones again.

_____ _____

**Patient Signature** **Date**

_____ _____

**Signature of Parent or Guardian** **Date**

_____ _____

**Signature of Parent or Guardian** **Date**

_____ _____

**Prescribing Clinician Signature** **Date**

## Consent Form for Feminizing Hormone Therapy Initiation of Care for Minors

**MGH uses informed consent with hormone administration; our first priority is to keep you safe and healthy.**

**Informed Consent for Testosterone Therapy for Transgender Individuals**

Before taking testosterone therapy to masculinize your body, it is important to understand all the possible effects and risks, which are discussed below. Your doctor will discuss this form with you, and, if you are under 18yo, your parents. Please ask any questions to make sure you understand all the information!

*Please note that, throughout this form, "I" refers to the person taking the testosterone. If that person is under 18 years of age, a parent/guardian will also need to sign the consent form in order to start therapy.*

**By signing this form, you agree to the following:**

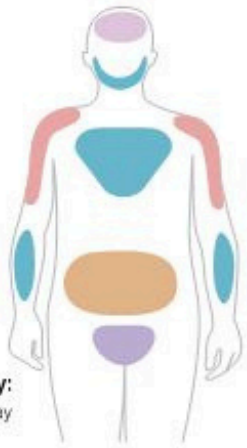
- I wish to use testosterone because my gender identity is male, and I understand that testosterone will give me more traditionally “masculine” features like a deeper voice, more body and facial hair, and more muscle mass.
- If I have mental health concerns, I will continue to see my mental health provider or be provided with mental health services. I recognize that I will NOT be required to have mental health services in order to receive gender affirming hormone therapy.
- Testosterone use for gender transition in adolescents has not been completely studied yet. There are some risks for which we do not have complete information, and there may also be risks we are completely unaware of.
- Testosterone will take at least several months to have an effect, and probably longer if we are starting with a lower dose. The entire process of masculinization is expected to take at least a few years.
- These are effects of testosterone therapy that are probably reversible, at least to some degree, if you stop the therapy:
  - Acne
  - Increased muscle mass
  - Increased sex drive
  - Increased fat distribution in the abdomen and decreased fat in the hips/buttocks
  - Cessation of menstrual periods
- These are effects of testosterone therapy that are probably not reversible if you stop the therapy:
  - Voice deepening (i.e., lower pitched voice)
  - Increased growth of hair on the body, and thicker hair, including on the face, arms, legs, neck, chest, back, and abdomen.
  - Hair loss at the temples and crown of the head
  - Increase in clitoral size (may be reversible to some degree)
- These are possible side effects of testosterone:
  - Possibility of mood changes or increased anger or aggression
  - Increase in the number of your red blood cells, which will be monitored periodically with labs
  - Possibility of liver inflammation, which will be monitored periodically with labs
  - Small increase in “bad” cholesterol (“LDL”) and small decrease in “good” cholesterol (“HDL”), which will also be monitored with labs
  - Possibility of vaginal dryness
  - Possibility of increase in blood pressure
  - Possibility of headaches
  - Testosterone can cause thinning and increased fragility in your cervix and the walls of your vagina. This could lead to tears or abrasions that increase your risk of getting a sexually transmitted disease if you have vaginal intercourse (regardless of the gender of your partner).
  - Increased risk of obstructive sleep apnea
- These are possible effects of testosterone we need more research to be sure about:
  - We are not sure about testosterone’s effect on your fertility if you were to later want to become pregnant and/or use one of your eggs in a fertilization process. There are reports of adult transgender men coming off testosterone therapy and achieving pregnancy, but we are not sure this would be possible for everyone. If this is an issue you would like to know more about, please let us know! We can refer you to a fertility specialist before starting testosterone.
  - We are not sure if giving you testosterone will increase your risk for heart disease or stroke in adulthood. Men have a higher risk of heart disease than women, and taking testosterone may increase your risk.
  - We are not sure what the effects of testosterone on brain structures are – these could be beneficial, damaging, or both.
  - We are not sure if we are increasing your risk of diabetes by giving you testosterone.
  - We are not sure if giving you testosterone will increase your risk of endometrial cancer (cancer in the lining of the uterus) later in adulthood. Testosterone gets converted to estrogen in the body, which could change your endometrial lining. Also, not getting your periods may increase the risk of endometrial cancer. When you reach the appropriate age for screening, it is strongly recommended to have pelvic exams and cervical cancer screenings unless there has been removal of the ovaries, uterus, and cervix. Also, breast exams and breast cancer screenings are still recommended.

- These are things that probably will not change with testosterone therapy:
  - Your breasts will not get substantially smaller
  - Your voice will deepen but may not sound completely male in pitch to you
  - Most people stop having menstrual periods, but some people require additional medication in order to stop menses.
- Use of testosterone alone does not reliably prevent pregnancy, and it does not change the risk of getting sexually transmitted diseases. If you were to get pregnant, use of testosterone during pregnancy could harm the fetus.
- Everyone's body is different, so there is no way to predict the exact response to testosterone therapy. It is very important to work with your providers while you are taking testosterone so that we can find the right dose and also make sure you do not have any concerning side effects. Please let us know about any issues that develop, either physical or emotional, while you are being treated!
- You will need to have regular blood tests every 3-6 months while on testosterone, and possibly more frequently if we are trying to find the correct dose for you.
- It is very important to take the testosterone dose prescribed, not more. High levels of testosterone are dangerous, and higher doses won't necessarily make the changes to your body happen more quickly. Also, testosterone is converted to estrogen in the body, so taking too much may have opposite effects to the ones desired.
- It is important that you keep the testosterone stored safely and, if you are using gels, creams, or patches, follow the instructions for safe use.
- Use of testosterone in transgender individuals is "off label," meaning testosterone is not specifically approved by the U.S. Food and Drug Administration for that purpose. Testosterone will be prescribed to you based on guidelines from experts in transgender care and the clinical knowledge of your provider.
- You can choose to stop taking testosterone at any time. If you are on a full adult dose, you may want to decrease the dose gradually, because sudden withdrawal may make you feel very poorly for a few weeks to months while your own body starts to make hormones again.

| | |
|---|---|
| **Patient Signature** | **Date** |
| **Signature of Parent or Guardian** | **Date** |
| **Signature of Parent or Guardian** | **Date** |
| **Prescribing Clinician Signature** | **Date** |

# APPENDIX L: EXAMPLE GUIDE DESCRIBING EFFECTS OF GENDER-AFFIRMING HORMONE THERAPY

## EFFECTS AND EXPECTED TIME COURSE OF A REGIMEN CONSISTING OF TESTOSTERONE



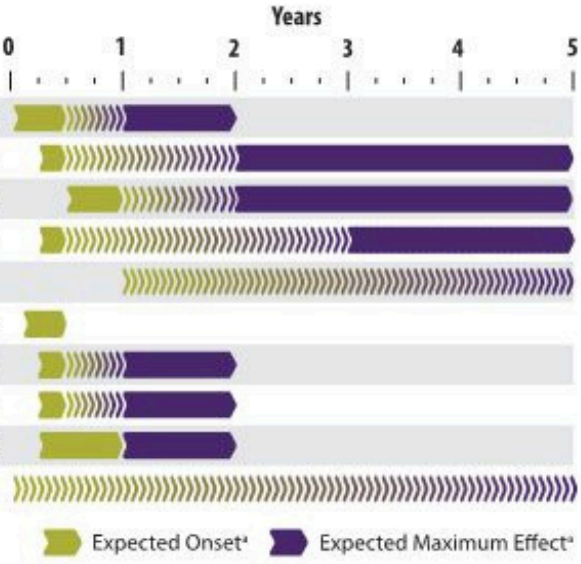
**IRREVERSIBLE**
Scalp hair loss
Deepened voice
Facial and body hair growth
Clitoral enlargement

**REVERSIBLE**
Skin oiliness/acne
Increased muscle mass/strength
Vaginal atrophy

**VARIABLE**
Fat redistribution

**Use client's preferred terminology:**
Terminology such as "clitoral" and "vaginal" may be triggering to some but not all clients.

| PHYSICAL EFFECT | REVERSIBILITY | ONSET |
|---|---|---|
| Skin oiliness/acne | Reversible | 1 - 6 months |
| Body fat redistribution | Reversible/Variable | 3 - 6 months |
| Increased muscle mass/strength[b] | Reversible | 6 - 12 months |
| Facial/body hair growth | Irreversible | 3 - 6 months |
| Scalp hair loss | Irreversible | variable |
| Cessation of menses | Reversible | 2 - 6 months |
| Clitoral enlargement | Irreversible | 3 - 6 months |
| Vaginal atrophy | Reversible | 3 - 6 months |
| Deepened voice | Irreversible | 3 - 12 months |
| Infertility | Irreversible | variable |




a) Estimates represent published and unpublished clinical observations
b) Significantly dependent on amount of exercise

## EFFECTS AND EXPECTED TIME COURSE OF A REGIMEN CONSISTING OF AN ANTI-ANDROGEN AND ESTROGEN

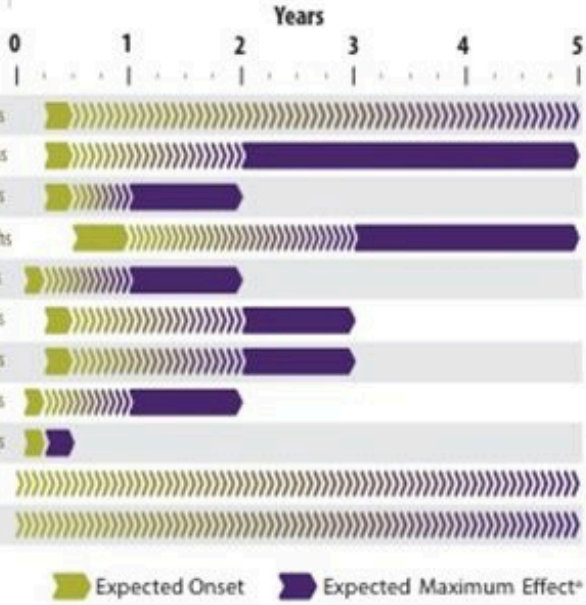
**IRREVERSIBLE**
Chest growth

**REVERSIBLE**
Skin softening/Decreased oiliness
Thinned/slowed terminal hair growth
Decreased muscle mass/strength

**VARIABLE**
Decreased spontaneous arousals
Decreased libido
Decreased testicular volume
Decreased sperm production
Erectile Dysfunction

**VARIABLE**
Fat redistribution

| PHYSICAL EFFECTS | REVERSIBILITY | ONSET |
|---|---|---|
| Softening of skin/decreased oiliness | Reversible | 3-6 months |
| Body fat redistribution | Reversible/Variable | 3-6 months |
| Decreased muscle mass/strength[b] | Reversible | 3-6 months |
| Thinned/slowed growth of body/facial hair[c] | Reversible | 6-12 months |
| Male Pattern Baldness[d] | Reversible | 1-3 months |
| Breast growth | Irreversible | 3-6 months |
| Decreased testicular volume | Variable | 3-6 months |
| Decreased libido | Variable | 1-3 months |
| Decreased spontaneous erections | Variable | 1-3 months |
| Decreased sperm production | Variable | variable |
| Erectile Dysfunction | Variable | variable |




a) Estimates represent published and unpublished clinical observations
b) Significantly dependent on amount of exercise
c) Complete removal of male facial and body hair requires electrolysis, laser treatment, or both
d) No regrowth, loss stops

# APPENDIX M: USING TOPICAL GENDER AFFIRMING HORMONE THERAPY

**What is Topical Testosterone?**


Topical testosterone is a gel or cream that contains a masculine sex hormone called testosterone. Testosterone plays an important part in growth of body hair and building strong bones and muscles. Testosterone also helps develop masculine secondary sex characteristics and increase sex drive.

Testosterone comes in a gel, cream, injection or tablet. The testosterone in testosterone gel, creams and patches is absorbed through the skin.

**Where do I apply testosterone gel?**

Testosterone gel is typically applied to parts of the body that can be easily covered by clothing. This includes the upper arms, shoulders or upper thighs. Your doctor will tell you which part of the body is best, but typically, it is applied to the shoulders and upper arms.

**How Do I Apply the Testosterone Gel?**

These instructions are for testosterone gel or testosterone cream. Follow the doctor's instructions if they are different from the ones below.

1. Make sure your upper arms, shoulders or upper thighs are clean and dry. It is important to apply the gel to clean skin. If you bathe daily, apply the gel after you bathe and dry off your skin.
2. Open the gel pump or packet. If you have a pump, press down on the dispenser a few times until the gel comes out. Squirt any extra gel into the sink. Rinse the sink with hot water and soap.
3. Pump or spread the testosterone gel into your hands. Follow your prescription on how much gel to use.
4. Rub the gel into the appropriate area until it is fully absorbed into the skin.
5. Wash your hands very well with soap and water. Wait until your skin is completely dried before covering your skin with clean clothing. The gel is flammable. Avoid fire, flame, or smoking until the gel has dried.

**What are the Side Effects of Testosterone Gel?**

Call the doctor if you have any of these side effects:

- Acne
- Thinning of your scalp hair
- Mood swings
- Rash or redness where you apply the gel

**Disposal**

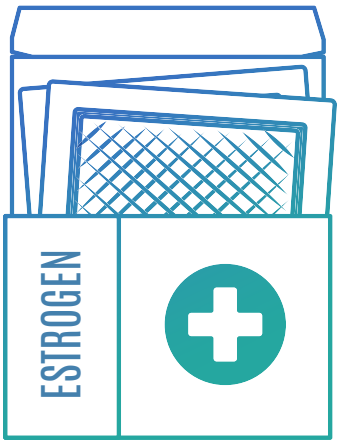
Dispose of the gel in the trash. Make sure the trash is covered and out of reach of family members, children and pets.

**Important Things to Know About Testosterone Gel**

- The skin and clothing where testosterone gel is applied should not touch other people's skin, especially other adults who could be negatively impacted by transmission, children and pets. If this happens, have the other person wash their skin very well with soap and water.

While rare, some patients may develop a skin rash or allergy to a topical testosterone gel. It is typically minor and not life threatening and you may be able to continue on the same topical agent with the addition of another medication. Please contact your doctor as soon as you develop a reaction to your topical medication. If you have a life threatening reaction, contact 911 or go to your nearest emergency room.

# USING ESTROGEN PATCHES




**Why is estrogen given?**

- This medication patch contains a hormone: estrogen. The estrogen patch is usually used along with an anti-androgen in feminizing hormone replacement therapy.
- Some studies have shown that transdermal estrogen is less likely to cause blood clots and less likely to increase the bad levels of cholesterol in your blood.
- Estrogen is needed for the development and maintenance of secondary sex characteristics. It is also important for bone, brain and cardiovascular health.
- The estrogen you will use comes in the form of a patch that you will apply to your skin. There are several strengths and many brand names, but the generic name is estradiol. Depending on what your insurance covers, you will use either one of the brand name or generic varieties available on the market.

**When is an anti-androgen/GnRH agonist started?**

- Typically, an anti-androgen/GnRH agonist is started at the same time as estrogen patches.
- Using an anti-androgen/ GnRH agonist will allow your doctor to safely prescribe a smaller dose of estrogen to produce feminine secondary sex characteristics. There are some risks associated with prescribing higher doses of estrogen including increased triglycerides and blood clots. A lower dose is associated with fewer adverse events.
- Anti-androgens can be taken daily as a pill. GnRH agonists are typically given monthly or quarterly as an injection.

**What is my estrogen patch dose schedule?**

- Estrogen patches come in several strengths: 0.025 mg, 0.0375 mg, 0.05 mg, 0.075 mg, or 0.1 mg. Typically estrogen is first prescribed in low doses to help get your body used to it and because of individual risk factors.
- The dose may be changed depending on how you respond to it.
- You put a new patch or piece of a patch to your skin as directed by your doctor, either:
  - Once a week – change your patch once each week - always on same day
  - Twice a week – change your patch every 3 to 4 days (e.g. Sunday and Wednesday, or Monday and Thursday). See sample calendars below:

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|

**Or**

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|

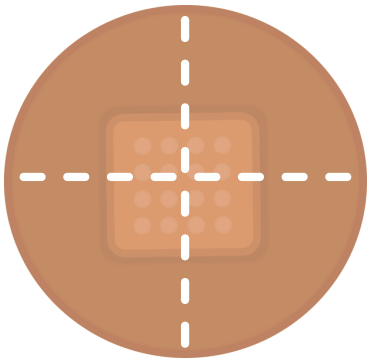
**Example schedules for tracking twice weekly patches**

**How do I store the estrogen patch?**

- Store your patch at room temperature.
- Do not refrigerate your patches and do not allow them to be exposed to heat.

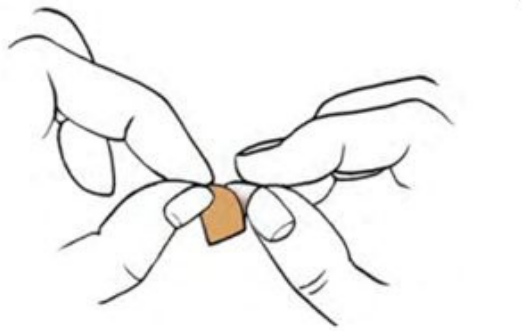
**How do I apply the estrogen patch?**

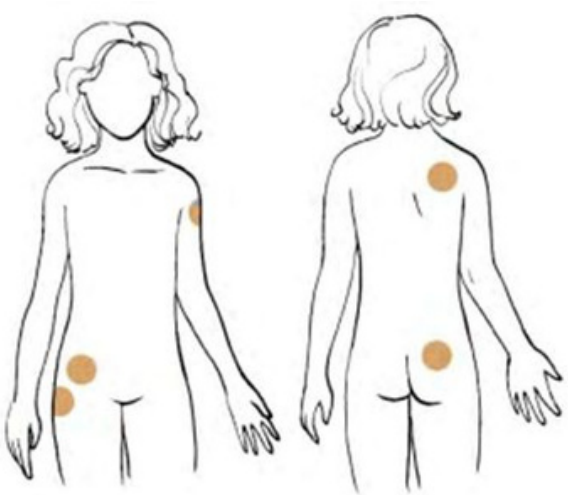
- You may be told to cut the patch in smaller pieces to give a lower dose.
- Use small scissors that you can sterilize to cut the patch to the size you need.
- Some patients use ¼ patch per dose, some use ½ of a patch- your doctor or nurse will show you how to cut it. See example the the right.
- Peel off the size of the patch you need, leaving the rest of the patch on the clear backing. Put it back into the pouch until you need the next dose. See example below:



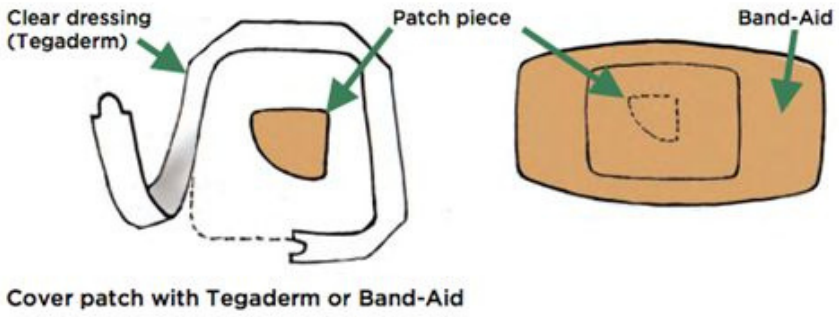
**How do I apply the estrogen patch?**

- You may be told to cut the patch in smaller pieces to give a lower dose.
- Use small scissors that you can sterilize to cut the patch to the size you need.
- Some patients use ¼ patch per dose, some use ½ of a patch- your doctor or nurse will show you how to cut it. See example the the right.
- Peel off the size of the patch you need, leaving the rest of the patch on the clear backing. Put it back into the pouch until you need the next dose. See example to the right.
- Next, apply the patch to a clean, dry area of your body as shown below. Some patients report that cleaning their skin off with an alcohol pad beforehand allows the patch to adhere better. Make sure to rotate sites and apply to a different location each time. If you have patch residue left over from your last patch, you can use an rubbing alcohol swab or a product called uni-solve to clean it off.
- Do not put the patch on the breasts. Do not apply to the waistline or any place that clothes can loosen the patch





- Press the back of the patch firmly in place on your skin for about 10 seconds to ensure that there is good contact (especially near the edges of the patch). If the patch falls off, place it back on.
- Wear your patch 24 hours a day every day, unless otherwise directed. Wear it while you sleep, shower, bathe or swim.
- If the patch loses adhesiveness, you can cover the patch with a bandage or a clear dressing such as a Tegaderm. Your doctor may be able to prescribe you Tegaderm if you have issues with patches falling off often.

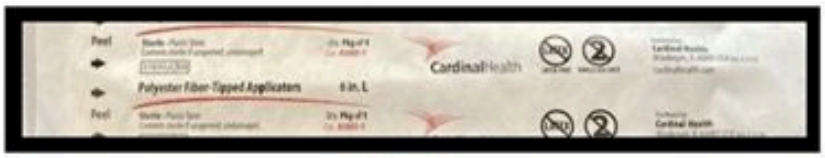



Cover patch with Tegaderm or Band-Aid

# Self-collect PAP Smear Instructions for Clinicians

**Things you will need:**

1. Polyester fiber-tipped applicator
2. BD SurePath collection vial





**Instructions to patient:**

1. In bathroom, open SurePath and set on counter or floor where it will be accessible to you.
2. Pull down underclothes before opening fiber-tipped applicator and either sit on the toilet or stand with leg partially apart.
3. Remove fiber-tip applicator from sleeve.
4. Insert the swab: with the free hand, move the folds of skin at the opening of the vagina and insert the swab about one finger-length (2 inches).
5. Collect sample: rotate the swab gently for 30 seconds (this may feel uncomfortable but should not hurt).
6. Insert swab into larger opening of collection container and either cut or break it so it fits inside, then replace cap.

**Entering Lab Order:**

1. Clinical history tab: self-collect
2. Specimen source: vaginal
3. History: indicate if patient is taking testosterone
4. HPV testing: order based on patient age.

**References:**

Marquardt K, Büttner HH, Broschewitz U, Barten M, Schneider V. Persistent carcinoma in cervical cancer screening: non-participation is the most significant cause. Acta Cytol. 2011;55(5):433–7.

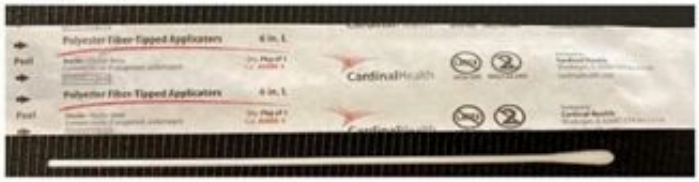
Potter J, Peitzmeier SM, Bernstein I, Reisner SL, Alizaga NM, Agénor M, Pardee DJ. Cervical Cancer Screening for Patients on the Female-to-Male Spectrum: a Narrative Review and Guide for Clinicians. J Gen Intern Med. 2015 Dec;30(12):1857-64. doi: 10.1007/s11606-015-3462-8. Epub 2015 Jul 10. PMID: 26160483; PMCID: PMC4636588.

*Created by Dr. Rachael Carricaburu for the Massachusetts General Hospital Transgender Health Program*

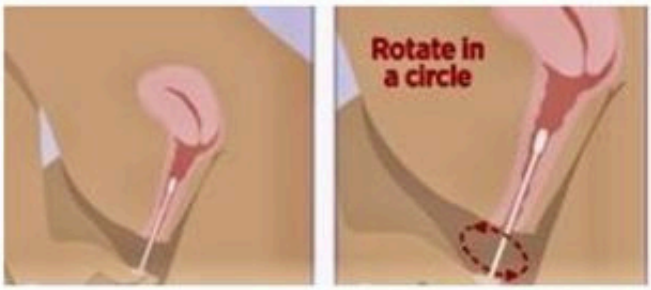
# Self-collect PAP Smear Instructions for Patients

**Instructions:**


1. In bathroom, open SurePath collection vial and set on counter or floor where it will be accessible to you:
2. Pull down underclothes before opening fiber-tipped applicator and either sit on the toilet or stand with leg partially apart.
3. Remove fiber-tip applicator from sleeve:




4. Insert the swab: with the free hand, move the folds of skin at the opening of the vagina and insert the swab about one finger-length (2 inches).




5. Collect sample: rotate the swab gently for 30 seconds (this may feel uncomfortable but should not hurt).

6. Insert swab into **larger opening** of collection container and either cut or break it so it fits inside, then replace cap.

*Created by Dr. Rachael Carricaburu for the Massachusetts General Hospital Transgender Health Program*

# APPENDIX O- EXAMPLE ACCESS GUIDELINES FOR TGD PATIENTS- GALLUP IHS

Gallup Service Unit

| | |
|---|---|
| **Subject:** Access Guidelines for Quality Care for Transgender and Gender Diverse Patients | |
| **Supersedes**: (new) | **Effective Date**: 10/26/2022 |
| **Distribution**: Hospital-wide | |

**I. Purpose**

To provide guidance for staff interaction with transgender and gender diverse patients cared for at the Gallup Service Unit (GSU).

**II. Definitions**

A. Transgender is an umbrella term used to describe people whose gender identity, one's inner sense of being a man or a woman, differs from their assigned or presumed sex at birth. Transgender patients generally are admitted to hospitals for the same types of care as other patients, although transgender patients may also enter hospitals for transition-related
health services.

B. Gender Diverse is used to refer to persons whose gender identity, including their gender expression, is different than what is perceived as being the gender norm in a particular context, including those who do not place themselves in the male/female binary.

C. To "transition" means to undergo a process by which a person changes their physical sex characteristics and/or gender expression to match their inner sense of being male or female. A person may refer to themselves as "in transition" when asked about their gender. The process may include a name change, a change in preferred pronouns, and a change in social gender expression through things such as hair, clothing, and restroom use. It may or may not include hormones and surgery.

D. Gender Identity is one's internal, personal sense of being a man or a woman.

E. Gender expression is how someone outwardly presents their gender to the external world, usually expressed through "masculine", "feminine", or gender-variant behavior, clothing, haircut, voice, or body characteristics; how somebody presents their gender does not necessarily dictate what gender they identify with.

**III. Policy**

When a transgender or gender diverse patient presents for health care, they will be addressed and referred to on the basis of their self-identified gender, using their preferred pronoun and name, regardless of the patient's appearance, surgical history, legal name, or sex assigned at birth.

**IV. Procedure/Responsibility**

Protocol for interaction with transgender or gender diverse patients:

A. A transgender/gender diverse patient's preferred pronoun and preferred name should be determined as follows:

1. Ask the patient what their preferred name and pronouns are and use these with every
clinical encounter.

2. If the hospital staff member uses the incorrect name or pronouns but is then corrected by the patient, the staff member should then use the name and pronouns associated with the gender identity verbally expressed by the patient.

B. Staff may only ask patients about their transgender status, sex assigned at birth or transition-related procedures when such information is directly relevant to the patient's care.

C. Staff may only perform genital or other exams on patients if deemed medically necessary.

D. Room Assignments

Where patients are assigned to rooms based on gender, the unit charge nurse will assign a transgender patient to a room in accordance with the patient's self-identified gender, unless the patient requests otherwise. Transgender patients shall be assigned to in-patient rooms in the following order of priority:

1. If a transgender patient requests to be assigned to a room with a roommate of the patient's same gender identity, and such a room is available, the request should be honored.

2. If a transgender patient requests a private room and there is one available, it should be made available to the patient.

3. If a transgender patient does not indicate a rooming preference, and a private room is available, the private room should be offered to the transgender patient. The offer should be explained to the patient as optional and for the purpose of ensuring the patient's privacy, safety, and comfort.

4. If a private room is not available and the transgender patient does not wish to share a room with a roommate, the transgender patient should be assigned to an empty double room with the second bed blocked.

5. If there is no private room or empty double room available, the patient should be assigned to a room with a patient of the gender with which the transgender patient identifies.

6. If there is no private or empty double room available and a transgender patient does not wish to share a room, other patients may be moved to make a private room available if doing so would not compromise the health or safety of the patient(s) being moved.

E. The unit charge nurse shall determine a patient's self-identified gender prior to assigning the patient a room by reviewing the patient's admitting/registration record. If upon admission it is impossible for the patient to inform the staff of his or her self-identified gender, then, inferences can be drawn from the patient's presentation and mode of dress.

F. Access to Restrooms

All patients of the hospital may use the restroom that matches their gender identity, regardless of whether they are making a gender transition or appear to be gender-diverse.

G. Documentation

Documentation in the electronic health record (EHR) should reflect the patient's preferred name and gender pronouns. For example, if someone assigned male at birth, identifies as a woman and uses she/her pronouns, document as "34 y/o assigned male at birth, identifies as a woman, uses she/her pronouns". Or if someone is assigned female at birth, identifies as a man, and uses he/they pronouns, document as "34 y/o assigned female at birth, identifies as a man and uses he/they pronouns. The rest of the note should refer to the patient by the pronouns that the patient uses.

# APPENDIX P- PROVIDING EXTRA-MEDICAL GENDER SUPPORTS IN A FEDERAL SYSTEM

## Veteran's Affairs

Providing gender-affirming care in federal facilities requires a systems-wide collaborative approach. The following one-pager offers an example of this systems-level collaborative and holistic approach in one federal facility—VA clinics. Note that non-medical gender affirmations such as voice therapy, hair removal, and gender-affirming prosthetics are included here alongside medical interventions. Note also the inclusion of fertility support and family planning as part of a gender-affirming approach to holistic healthcare. Note last the clarity and transparency around what care can't be provided at the VA.

In an Indian Health Service context, this transparent and holistic systems-level collaborative approach to care might include ensuring that traditional medicine practitioners are treated with parity to western medical providers when it comes to insurance reimbursement and patient access. It might also include obtaining funding for non-medical gender-affirming prosthetics, voice training, hair removal, and other aspects of social transition.

Gender-Affirming Care at VA: Resources for Providers

# Pride in Serving
## Transgender & Gender Diverse Veterans

VA provides a wide array of necessary care to all eligible Veterans. This includes **ALL needed gender-affirming care except gender-affirming surgeries.** Here are some of the services VA provides.

**Readiness Assessments for Gender-Affirming Hormones**
Hormone therapy for transgender and gender diverse Veterans is designed to treat gender incongruence and dysphoria. A Gender Dysphoria diagnosis is established before hormone therapy can begin, typically by a mental health professional. Additionally, the provider who prescribes hormone therapy must obtain informed consent for that treatment.

**Voice/Communication Training**
Speech Language Pathologists assist Veterans in understanding and garnering control of their voice and communication styles to help them discover, explore, and expand their communication and voice. This care is sometimes delivered through telehealth.

**Gender-Affirming Prosthetics**
Prosthetic devices provided by Prosthetic and Sensory Aids Service may be clinically indicated for transgender and gender diverse Veterans. Several items are available through the VA if medically necessary. These include, but are not limited to, breast forms, chest binders, dilator sets for post-vaginoplasty, gaffs, packers, surgical compression vests, and wigs.

**Fertility Preservation/Family Planning/ Lactation Support**
All enrolled and eligible Veterans may be provided with infertility services regardless of service connection, sexual orientation, gender identity, or relationship status. This is inclusive of transgender Veterans. Transgender and gender diverse Veterans may need fertility services before or with gender-affirming care such as cryopreservation before hormone therapy. VA has services to help Veterans store eggs and sperm, as well as build and support families. These are coordinated through VA Women's Health Program.

**Medically Necessary Hair Removal**
Permanent hair removal can be medically necessary, such as for pre-surgical hair removal for genital surgery or to treat Gender Dysphoria. Hair removal typically happens through referrals to community-based centers and availability varies widely. VA is working to improve access for all eligible Veterans.

**Letters of Support for Gender-Affirming Surgery (Outside of VA)**
Some Veterans use their private health insurance or pay out-of-pocket for surgical treatments. Most surgeons and private health insurance companies require letters of support for surgeries outside VA, from medical and/or mental health providers.

While VA cannot provide gender-affirming surgeries **at this time**, VA can provide surgical care for the following: long term complications of surgeries, including revision surgeries; gonadectomies (orchiectomy, oophorectomy) for hormone management if a Veteran cannot tolerate prescription hormones; and needed surgeries for other medical indications (e.g., cancer) that may also be consistent with the Veteran's gender-affirmation goals.

**Questions?**

- **Visit the LGBTQ+ Veteran Care Coordinator Directory** (dvagov.sharepoint.com/sites/vhava-lgbt-resources/SitePages/LGBT-Veteran-Care-Coordinator-List.aspx)
- **Visit the LGBTQ+ SharePoint** (dvagov.sharepoint.com/sites/vhava-lgbt-resources)
- **If you need an expert team to review the Veteran's treatment plan, provide guidance, and/or provide a second opinion, place a National Transgender & Gender Diverse E-consultation request** (dvagov.sharepoint.com/sites/vhava-lgbt-resources/SitePages/Transgender-eConsult.aspx)

Pride Counts at VA

VA | U.S. Department of Veterans Affairs

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Northwest Portland Area Indian Health Board

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

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