

Number: Special Bulletin to Psychiatrists	Date: May 13, 2010	Page: 1 of 2
Subject: Gender Reassignment Surgery Program Modified Phase-Out	Reference: n/a	

To: All Psychiatrists

The phase-out for the discontinued Gender Reassignment Surgery (GRS) program has been modified. This bulletin provides information for psychiatrists on eligibility requirements for Albertans who may now be included in the modified phase-out of the program.

The GRS program was established in 1996/1997 to provide funding for final stage GRS. The GRS program was discontinued in the 2009/2010 provincial budget process as publicly announced on April 7, 2009. The GRS program funded only the final stage surgery for patients who met established criteria.

Initially, the phase-out included all patients who on or before March 31, 2009 had been approved for funding during the last three fiscal years or were on the waitlist for GRS funding for fiscal year 2009/2010.

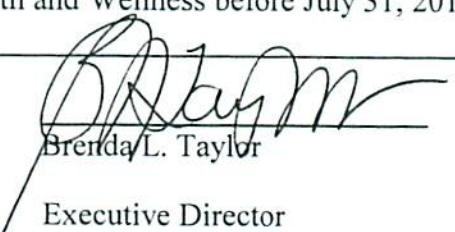
The modified phase-out of the GRS program is a two-part process.

1. Registration form must be submitted by July 31, 2010

To be eligible for the modified GRS phase-out, patients must have met the following eligibility criteria as at April 7, 2009:

- A resident of Alberta with Alberta Health Care Insurance Plan coverage; and
- Aware of Alberta Health and Wellness' GRS program; and
- Diagnosed with Gender Dysphoria or Gender Identity Disorder; and
- In an irreversible physical state between sexes with hormone therapy or initial surgeries being completed in reliance on GRS program funding being available for the final stage GRS.

Psychiatrists with a special interest in Gender Identity Disorder have been asked to submit registration forms for all of their patients who potentially qualify for the phase-out of the GRS program. The completed registration form must be received by Alberta Health and Wellness before July 31, 2010.

<p>Contact: Out-of-Province/Out-of-Country Special Programs Unit</p> <p>Telephone: Local 780-415-8744 Toll free 310-0000</p> <p>Fax: 780-415-0963</p>	<p>Approval:  Brenda L. Taylor</p> <p>Position: Executive Director Health Care Insurance Plan Administration Branch</p>
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2. Funding application form must be submitted by March 31, 2011

Each patient must meet all previously established GRS program requirements and have a psychiatrist with a special interest in Gender Identity Disorder submit an application form to Alberta Health and Wellness, including all necessary support documents by March 31, 2011. Criteria for inclusion under the GRS program were previously established and remain unchanged.

If you have questions about the phase-out of the program, please contact the Out-of-Province/Out-of-Country Special Programs Unit intake line at 780-415-8744.

Registration forms and requests for funding for final stage GRS should be sent to:

Out-of-Province/Out-of-Country Special Programs Unit
Alberta Health and Wellness
13th Floor, 10025 Jasper Avenue NW
PO Box 1360 Stn Main
Edmonton AB T5J 2N3
Fax: 780-415-0963

Appendix A, B, C

**Registration Form
Request for Funding
Final Stage Gender Reassignment Surgery (GRS)**

Out-of-Province/Out-of-Country Special Programs Unit
Alberta Health and Wellness
13th floor, 10025 Jasper Avenue NW
PO Box 1360 Stn Main
Edmonton, AB T5J 2N3
Fax: 780-415-0963

Patient name:	Personal Health Number:
Date of birth (yyyy/mm/dd):	New gender after surgery:

As at April 7, 2009:

	Yes	No
Is the patient an Alberta resident with Alberta Health Care Insurance Plan coverage?		
Had the patient been diagnosed with Gender Dysphoria or Gender Identity Disorder? If yes, please provide the <u>date</u> of the diagnosis (yyyy/mm/dd) and the name of the <u>physician</u> who made the diagnosis:		
Was the patient informed of Alberta Health and Wellness' GRS program? If yes, please provide <u>who</u> informed the patient and the <u>date</u> informed (yyyy/mm/dd):		
The patient is in an irreversible physical state between sexes: 1) The patient has had surgery related to his/her Gender Dysphoria or Gender Identify Disorder, If yes, provide <u>type of surgery</u> and <u>date</u> of procedure (yyyy/mm/dd): OR, 2) The patient has started his/her hormone therapy, If yes, provide <u>start date</u> (yyyy/mm/dd) and details related to <u>irreversible</u> effects:		
Estimated date by which application for GRS funding will be submitted, if available. If known, provide <u>date</u> (yyyy/mm/dd): <u>Applications must be submitted before March 31, 2011.</u>		

Name of referring Physician

Signature

Date (yyyy/mm/dd)

General

- Patient must be a resident of Alberta for at least three months and have coverage with the Alberta Health Care Insurance Plan.
- Patient must be 18 years of age or older by the date of application for out-of-province funding for final stage Gender Reassignment Surgery.

Clinical

(Eligibility Criteria for Sex Reassignment Surgery as proposed by Dr. L. Warneke – June 2000)

- Must have completed a one year minimum of the 'real life test' (based on Harry Benjamin International Standards for treatment of Transgenderism, *latest version*).
- At least six months of the real life test must have been completed while under the supervision of a psychiatrist with a special interest in Gender Identity Disorder.
- The other six months of the real life test (minimum) if completed before being first assessed must be accompanied with collateral evidence of this. This recognizes that many patients have lived as their preferred gender for many years before formally requesting SRS or even hormone therapy.
- The Real Life Test is defined as living *full-time* in the preferred gender role and either working, going to school or doing volunteer work.
- At least six months on the appropriate hormone therapy.

When the above criteria are fulfilled then referral for funding can be made if:

- The patient is fully aware of the pros and cons of the proposed surgery.
- Has no significant physical health problems that would contraindicate or complicate the proposed surgery.
- Has no Axis 1 psychiatric disorder that is symptomatic or likely to become so.
- Has no current problems with excessive use of alcohol or drugs.
- Has no significant problem on Axis II such as acting out behaviours, antisocial activities.
- Has realistic expectations of the anticipated surgery.
- Has an adequate support network.
- Has a stable lifestyle.
- Has engaged in a responsible way with the assessment/treatment process with respect to the issue of transgenderism.
- The gender identity of the individual has remained stable over time.

Referral to Alberta Health and Wellness is to include:

- A "Request for Out of Province Funding Final Stage Gender Reassignment Surgery" form completed by a psychiatrist, who has a specialized interest in the area of gender identity.
- Consultation report from second psychiatrist to confirm gender identity disorder.
- A letter from an endocrinologist/physician who has been supervising the hormonal aspects of treatment.
- Patient's case history.

Approved November 2, 2004

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

Out-of-Province/Out-of-Country Special Programs Unit
Alberta Health and Wellness
13th floor, 10025 Jasper Avenue NW
PO Box 1360 Stn Main
Edmonton, AB T5J 2N3
Fax: 780-415-0963

Patient Name: _____

PHN: _____

DOB: _____

New Gender After Surgery: _____

Clinical Information

	Yes	No
18 years of age	_____	_____
No active Axis I psychiatric disorder, no unresolved major life issues, no current problems with drug or alcohol abuse, and no physical contraindications to SRS surgery or the associated anaesthetic	_____	_____
Completed 1 year continuous "Real Life Test" with no return to original gender. At least six months of the "Real Life Test" have been completed while under the supervision of a psychiatrist with a special interest in Gender Identity Disorder. Includes the following requirements: Full or Part-time employment and/or function as a student and/or function in community-based volunteer activity	_____	_____
Patient has completed at least 6 months of appropriate hormone therapy under the supervision of an endocrinologist or a family doctor knowledgeable in this area	_____	_____
Patient has consulted with 2nd psychiatrist and Gender Identity Disorder has been confirmed	_____	_____
Patient is fully aware of the pros and cons of the proposed surgery	_____	_____
Patient has met all clinical eligibility criteria for gender reassignment surgery established by Alberta Health and Wellness	_____	_____
Gender reassignment surgery is recommended for this patient	_____	_____

Documents included for submission

Consultation report from 2nd psychiatrist to confirm gender identity disorder	_____	_____
Patient case history	_____	_____
Consultation report from an endocrinologist/physician who has been supervising the hormonal aspects of treatment	_____	_____

Referring Physician: _____

Signature: _____

Date: _____

This section is to be completed by Alberta Health and Wellness		Date:	
	Yes	No	
18 years of age	_____	_____	
This patient is an Alberta resident for at least 3 months and have coverage with the Alberta Health Care Insurance Plan	_____	_____	
Consultation report from 2nd psychiatrist received	_____	_____	
Patient case history received	_____	_____	
Consultation report from an endocrinologist/physician who has been supervising the hormonal aspects of treatment received	_____	_____	
Alberta Health and Wellness Gender Reassignment Surgery funding criteria met	_____	_____	

This form is to be completed by an Alberta psychiatrist, who has a special interest in the area of Gender Identity Disorder, and submitted on behalf of the patient as an official request for funding of Gender Reassignment Surgery.