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HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
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OTSG/MEDCOM Policy Memo 16-060

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Expires 3 August 2018

MEMORANDUM FOR COMMANDERS, MEDCOM REGIONAL HEALTH COMMANDS

SUBJECT: Interim AMEDD Guidance for Transgender Medical Care

1. References.

a. DoD Directive-Type Memorandum (DTM) 16-005, "Military Service of Transgender Service Members, 30 June 2016.

b. DoD Instruction 1300.28, In-Service Transition for Transgender Service Members, 30 June 2016 (effective 1 October 2016).

c. Army Directive 2016-30, Army Policy on Military Service of Transgender Soldiers, 1 June 2016.

d. American Psychological Association, "Guidelines for Psychological Practice with Transgender and Gender Nonconforming People," American Psychologist, December 2015, 70(9): 832-864. Available at www.apa.org/practice/guidelines/transgender.pdf.

e. Center of Excellence for Transgender Health, Department of Family and Community Medicine, University of California, San Francisco, "Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary Peoples," 2nd Edition, Deutsch, MB, editor, June 2016. Available at <http://www.transhealth.ucsf.edu/guidelines>.

f. Hembree, Cohen-Kettenis, et. al., "Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline," Journal of Clinical Endocrinology & Metabolism, September 2009, 3132-3154.

2. Proponent: The proponent for this policy is the Clinical Policy Services Directorate, Health Care Delivery, MEDCOM G-3/5/7.

3. Applicability: All Major Subordinate Medical Commands, Regional Health Commands (RHCs) and subordinate activities.

MCZX

SUBJECT: Interim AMEDD Guidance for Transgender Care

4. Purpose: To provide interim guidance regarding the medical evaluation and treatment of active duty transgender Service Members, including those Service Members who are seeking an exception to policy (ETP) in accordance with (IAW) References 1b and 1c, in order to ensure consistent and evidence-based care to transitioning Service Members. This guidance will expire upon publication of updated policy on the provision of medical care to transgender Service Members, on or about 1 October 2016.

5. Background.

a. The Army recognizes a Service Member's gender by the Service Member's gender marker in the Defense Enrollment Eligibility Reporting System (DEERS). Coincident with that gender marker, the Army applies, and the Member is responsible to meet, all standards for uniforms and grooming; body composition assessment (BCA); physical readiness testing (PRT); Military Personnel Drug Abuse Testing Program (MPDATP) participation; and other military standards applied with consideration of the Service Member's gender. Additionally, Service Members will use those barracks, bathroom, and shower facilities associated with the Member's gender marker in DEERS.

b. At present, the Army does not have codified procedures and policy for completing a gender marker change in DEERS. Until the Army establishes such procedures and policy, the ETP guidance outlined in Army Directive 2016-30 (Reference 1c), will be utilized.

6. Guidance for Medical Care and Treatment.

a. The Army Medical Department (AMEDD) plays a critical role in the diagnosis and treatment of Service Members who identify as transgender. In accordance with (IAW) References 1b and 1c, the role of the AMEDD and military medical providers with regard to transgender Service Members includes the following:

(1) Establishing the Service Member's medical diagnosis, recommending medically necessary care and treatment, and, in consultation with the Service Member, developing a medical treatment plan for gender transition.

(2) IAW established military medical practices, advising the commander on the medical diagnoses applicable to the Service Member, including:

(a) An assessment of medically necessary care and treatment that includes the timeline of the proposed treatment plan.

(b) The likely impact of the treatment plan on the Service Member's readiness and deployability.

MCZX

SUBJECT: Interim AMEDD Guidance for Transgender Care

(c) The scope of the human and functional support network needed to support the Service Member.

(d) Providing medical information relevant to a Service Member's request for an ETP, if applicable.

(e) In consultation with the Service Member, formally advising the commander when the Service Member's gender transition is complete, and recommending to the commander a time at which the Member's gender marker may be changed in the DEERS.

(3) Providing the Service Member with medically necessary care and treatment after the Member's gender marker has been changed in DEERS.

b. RHCs and MTFs will be prepared to offer or arrange for all medically necessary care for transgender Service Members.

(1) RHC and MTF commanders will ensure that transgender Service Members receive all medical care with dignity and respect. In no circumstance will a provider be required to deliver care that he or she feels unprepared to provide either by lack of clinical skill or ethical objection. However, referral to an appropriate provider or level of care is required in such circumstances to ensure the Service Members receive medical care in a manner that treats them with dignity and respect.

(2) Until further guidance is provided, MTFs will develop an internal process to align Service Members seeking transgender care with the most appropriate clinician(s). This may include establishing a small group of providers with particular expertise, interest, and knowledge regarding transgender care.

(3) RHCs will ensure support for MTFs that require assistance in the diagnosis and treatment of Service Members with gender dysphoria or other transgender-related concerns, and ensure that qualified medical support teams are able to provide a continuum of care throughout the Service Member's diagnosis, treatment plan development, and gender transition. Support may be provided in person or through Virtual Health capabilities, such as video teleconferencing, telephonic consultation, and other information management/information technology capabilities.

c. Establish the medical diagnosis.

(1) Gender transition begins when a military Behavioral Health (BH) provider diagnoses a Service Member with gender dysphoria and determines that gender transition is medically necessary. For the purposes of this guidance, a BH provider is defined as a psychiatrist, psychologist, psychiatric nurse practitioner, licensed clinical social worker, or other masters-level clinical BH provider credentialed at an MTF.

MCZX

SUBJECT: Interim AMEDD Guidance for Transgender Care

(2) Evaluating a Service Member who may have gender dysphoria includes an assessment of gender identity and the duration of dysphoric symptoms associated with gender identity, the history and development of gender dysphoric feelings, the impact of stigma attached to gender nonconformity on behavioral health, and the level of support the Service Member has from family and/or social networks. The BH provider will conduct and document a complete clinical evaluation, including the following:

(a) The BH provider will seek to fully understand the Service Member's motivation for gender transition, establish why the Service Member feels he or she is transgender, and establish how long the Service Member has wished to proceed with transition.

(b) The BH provider will specifically assess for the presence of gender dysphoria as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V).

(c) The BH provider will also evaluate for other diagnoses of clinical significance, to include depression, anxiety, substance use disorders, autism spectrum conditions, psychotic disorders, paraphilias, body dysmorphic disorder, and factitious disorder. If other behavioral health conditions are so severe as to impair the Service Member's capacity to engage in the medical care required in gender transition, those conditions will be treated to a sufficient degree to allow the Service Member to fully engage in the gender transition.

(3) If the BH provider diagnoses the Service Member with gender dysphoria, the BH provider will assess whether gender transition is medically necessary to address the dysphoria, and address the severity of the Service Member's condition such that it may affect the timeline for the transition plan.

(4) BH providers conducting evaluations of transgender Service Members will be able to recognize and diagnose coexisting BH conditions and distinguish those conditions from gender dysphoria. BH providers will maintain up-to-date knowledge about gender-nonconforming identities and the assessment and treatment of gender dysphoria, sexuality, and sexual health concerns.

d. Development of a Medical Treatment Plan.

(1) Treatment plans for gender transition must be individualized to the Service Members based on their unique goals and health care needs. Transition plans may involve the following:

(a) Psychotherapy.

(b) Real life experience (RLE), consistent with DoDI 1300.28.

MCZX

SUBJECT: Interim AMEDD Guidance for Transgender Care

(c) Cross-sex hormone therapy.

(d) Surgical transition.

(2) Following the initial evaluation by a military BH provider, including a diagnosis of gender dysphoria and a determination that gender transition is medically necessary, the RHC and MTF will establish an interdisciplinary treatment team for each transgender Service Member IOT collaboratively develop and execute a medical treatment plan for gender transition.

(3) The treatment team will consist of, at a minimum, a Primary Care Manager (PCM), Nurse Case Manager (NCM), and the treating BH provider. Depending on the goals of the Service Member, the treatment team may also include endocrinologists and surgeons with the appropriate expertise. The selection of the treatment team will apply the principles described in paragraph 6.b. (1) – (3) above. The MTF commander will ensure that each member of the treatment team is capable of providing ongoing care that is receptive to the unique, complex needs of the transgender Service Member, supportive of the Service Member, and sensitive to the ethical issues involved in such care.

(4) In consultation with the other members of the treatment team and the Service Member, the PCM will establish a medical treatment plan for gender transition. The treatment plan should include:

(a) A statement of medical necessity based on the diagnosis of gender dysphoria.

(b) Outline of the components of the plan, including psychotherapy, RLE, hormone therapy, and any anticipated surgical procedures.

(c) A proposed timeline for the initiation and execution of the treatment plan.

(d) An assessment of the likely impact of the medical care and treatment on the Service Member's readiness and deployability.

(e) Anticipated point at which the Service member's gender transition will be complete and the Service Member will be medically ready for a change to the gender marker in DEERS.

(5) The Service Member, and the PCM as required, will present the treatment plan to the unit commander. Transition treatment beyond psychotherapy may not proceed until the timeline for medical treatment is approved by the unit commander, with full consideration of impacts to readiness and pending mission requirements IAW DoDI 1300.28. Formal mechanisms for communication with the commander by the

MCZX

SUBJECT: Interim AMEDD Guidance for Transgender Care

PCM and/or members of the treatment team are forthcoming, but any required communication must safeguard protected health information while informing the commander of conditions that affect the Service Member's readiness.

(6) Upon approval of the treatment plan timeline by the unit commander, MTFs may commence treatment. The treatment team will support the Service Member as required in providing updates regarding the Service Member's progress. The treatment team will ensure the commander is informed of any changes to the treatment plan that impact readiness.

e. Determination that Gender Transition is Complete.

(1) IAW DoDI 1300.28, gender transition is complete when the Service Member has completed the medical care identified or approved by the treatment team in a documented medical treatment plan as necessary to achieve stability in the preferred gender. When the treatment team determines that the Service Member's gender transition is complete, the treatment team will formally advise the Service Member's commander that the Service Member's gender transition is complete and recommend to the commander a time at which the Service Member's gender marker may be changed in DEERS. Medical care may continue beyond the date of the gender marker change for the continuum of care of the Service member.

(2) The treatment team will consider the following factors in determining whether gender transition is complete and making recommendations as to the timing of the Service Member's gender marker change in DEERS:

(a) The Service Member consistently demonstrates mental and emotional commitment to proceed with full transition to the preferred gender.

(b) If part of the treatment plan, the Service Member has completed an appropriate period of RLE.

(c) The Service Member has completed a sufficient course of hormone therapy and has achieved physiological stability IAW the individual treatment plan.

(d) If the Service Member has undergone surgery as part of the treatment plan, no functional limitations or complications exist.

(3) The recommendation to the commander will follow the general format provided in Annex B. Prior to advising the commander that the Service Member's gender transition is complete, the treatment team will get the written endorsement of the MTF Deputy Commander with oversight of the clinical treatment team.

MCZX

SUBJECT: Interim AMEDD Guidance for Transgender Care

7. Additional Guidance When Service Members Are Seeking an ETP. During the interim period pending issuance of Army policy, some transgender Service Members who have already undergone some or all stages of a gender transition plan may present to an MTF seeking medical support for an ETP. Medical profiles will not be used in place of the process for submitting ETP to Army standards.

a. Service Members who report having already completed a transition plan but who are awaiting a change to their gender marker may request an ETP to comport to the requirements of the Service Member's preferred gender with regard to uniform standards, grooming standards, Army Body Composition Program, Army Physical Fitness Test standards, MPDATP standards, and other standards applied with regard to the Service Member's gender, and, as applicable, to use the billeting, bathroom, and shower facilities that accord with the Service Member's preferred gender. In such cases, RHCs and MTFs will make every effort to expedite the Service Member's evaluation to validate such completion and prepare a recommendation for the Service Member's commander, as outlined in paragraph 6.

(1) If a diagnosis of gender dysphoria has not been established by a military BH provider and documented in the electronic medical record, a military BH provider will conduct and document a complete clinical evaluation as outlined in paragraph 6c.

(2) A treatment team will be established as outlined in paragraph 6d IOT assess or make necessary adjustments to the Service Member's existing treatment plan.

(3) If the Service Member has completed the treatment plan, the treatment team will evaluate whether the Service Member's gender transition is complete following the guidelines in paragraph 6e. If requested, the treatment team will provide advice to the commander with regard to an ETP while the Service Member awaits a change to their gender marker in DEERS, using the general format provided in Annex B.

b. All other Service Members (i.e., those whose gender transition is not otherwise complete) may request ETPs relating to their gender transition (for example, an ETP to one or more of the specific standards applicable to their current gender). In such cases, the treatment team may be asked to provide the commander with medical information relevant to the request. This medical information will generally follow the format provided in Annex C, and generally should include:

(1) The medical diagnosis from a military BH provider indicating that gender transition is medically necessary.


(2) An approved medical treatment plan identifying medically necessary treatment, a projected schedule for such treatment, and an estimated date for completion of treatment pursuant to the medical treatment plan.

MCZX

SUBJECT: Interim AMEDD Guidance for Transgender Care

(3) A statement describing the medical considerations relevant to the desired ETP(s).

FOR THE COMMANDER:



3 August 2016

ROBERT L. GOODMAN
Chief of Staff

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1. Annex A-Responsibilities
2. Annex B-Sample medical recommendation
3. Annex C-Sample medical recommendation

Annex A to Interim Guidance for Transgender Medical Care – Roles and Responsibilities

1. Applicability. All Major Subordinate Medical Commands, Regional Health Commands (RHCs) and subordinate activities.

2. Responsibilities:

a. OTSG/MEDCOM.

(1) Provide guidance and policy based on DOD and DA policy on the treatment of transgender Service Members.

(2) Provide medical representation to the Service Central Coordination Cell (SCCC).

(3) Develop and provide AMEDD training guidance on Transgender care.

b. Regional Health Commands (RHCs).

(1) Inform all appropriate RHC staff and MTF Commanders of the DoD Directive-type Memorandum (DTM) 16-005, Military Service of Transgender Service Members, June 30, 2016, Army Directive 2016-30 (Army Policy on Military Service of Transgender Soldiers), 1 July 2016, and Interim AMEDD Guidance for Transgender Medical Care in order to disseminate the way forward in providing care and treatment of transgender Service Members.

(2) Coordinate training requirements for military and civilian personnel, as training guidance is developed.

(3) Identify and report lessons learned in the treatment of transgender Service Members to allow best practices to be incorporated throughout the AMEDD.

c. MTF Commander.

(1) Inform all appropriate MTF staff of the DoD Directive-type Memorandum (DTM) 16-005, Military Service of Transgender Service Members, June 30, 2016, Army Directive 2016-30 (Army Policy on Military Service of Transgender Soldiers), 1 July 2016, and Interim AMEDD Guidance for Transgender Medical Care in order to disseminate the way forward in providing care and treatment of transgender Service Members. Will ensure treatment and communication with Service Member and commanders conform to all current and developing policies.

(2) Establish a team of clinical personnel (at a minimum: Primary Care Manager (PCM), Behavioral Health (BH), and Nurse Case Manager (NCM) to provide care and treatment of transgender Service Members. MTFs may utilize virtual health with the RHC or other MTFs if specific capabilities do not reside within the parent MTF.

(3) Ensure all those providing transgender care are appropriately trained to provide such care. Specific training and certification requirements TBD.

Annex A to Interim Guidance for Transgender Medical Care – Roles and Responsibilities

d. MTF Deputy Commander for Clinical Services (DCCS) or equivalent.

- (1) Provide clinical oversight for transgender care within the MTF.
- (2) Prior to communication with a Service Member's commander, validate and approve medical recommendations of the treatment team concerning diagnosis, treatment plans, and suitability for an ETP or change in DEERS gender marker.

e. Transgender Treatment Team.

(1) The treatment team will be composed of, at a minimum, a BH provider, PCM, and NCM.

(2) The BH provider will:

- (a) Establish the Service Member's medical diagnosis of gender dysphoria,
- (b) Recommend the Service member for medically necessary transition care and treatment.
- (c) In consultation with the Service Member, develop desired goals in relation to transition.

(d) Assess the Service Member for stability in the preferred gender as part of the determination as to whether the Service Member's gender transition is complete.

(3) The PCM will:

- (a) Manage all medical care related to the Service Member's transition
- (b) Refer the Service Member to appropriate specialty providers, such as Endocrinology or surgical specialists;
- (c) Compile recommendations from consulted services in order to develop a comprehensive treatment plan for the Service Member's transition;

(d) Advise the Service Member's commander, upon approval of the MTF DCCS or equivalent, on the medical diagnosis applicable to the Service Member, the medically necessary treatment; the proposed care and treatment plan; the likely impact of the care and treatment on the individual's readiness and deployability; the scope of the human and functional support network needed to support the individual; and the medical considerations relevant to the Service Member's request for an ETP or a DEERS gender marker change.

(4) NCM will:

- (a) Coordinate and case manage all care necessary to support the Service

Annex A to Interim Guidance for Transgender Medical Care – Roles and Responsibilities

Member's transition plan.

(b) Actively manage all necessary specialty referrals, to include receiving and compiling recommendations from consulted providers.

(c) Assist in the preparation of all communications to the Service Member's commander.

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DATE

MEMORANDUM FOR RECORD

SUBJECT: Medical Statement re: ***Soldier's Rank, Name***

1. This memorandum provides the medical recommendations pertinent to the request by ***RANK NAME*** [an Exception to Policy (ETP) to comport with all standards applicable to the preferred gender pending Army policy to approve gender marker change in DEERS]. Based on review of this the **Service Member's** and the **Service Member's** medical record, I **DO/DO NOT** recommend that the command support this request.
2. ***RANK NAME*** has received the diagnosis of Gender Dysphoria and a determination that gender transition is medically necessary from a military Behavioral Health provider on or about ***DATE***.
3. ***RANK NAME*** initiated a medical transition plan on ***DATE***. In the opinion of the medical treatment team managing the care of ***RANK NAME***, the Service Member's gender transition [is complete and the Service Member is stable in the preferred gender] [will be complete on or about ***DATE***].
4. The medical treatment team managing the care of ***RANK NAME*** recommends that the request [is medically advisable] [not medically advisable] for the following reasons: *(fully describe the medical considerations relevant to this request)*.
5. The medical treatment team recommends that the requested [gender marker change] [ETP] may occur as soon as ***DATE***.
6. POC for this memorandum is ***XXXXX, at CONTACT INFORMATION***.

NAME
RANK, BRANCH
TITLE

NAME
RANK, MC

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Medical Statement re: ***Soldier's Rank, Name***

Deputy Commander for Clinical Services
(or equivalent)

Annex C – Sample Medical Recommendation for ETPs when Gender Transition is Not Complete

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MEMORANDUM FOR RECORD

SUBJECT: Medical Statement re: ***Soldier's Rank, Name***

1. This memorandum provides the medical recommendations pertinent to the request by ***RANK NAME*** an Exception to Policy (ETP) to **[list all requested ETPs]**. Based on review of this **the Service Member's** and **the Service Member's** medical record, I **DO/DO NOT** recommend that the command support this request.

2. ***RANK NAME*** has received the diagnosis of Gender Dysphoria and a determination that gender transition is medically necessary from a military Behavioral Health provider on or about ***DATE***.

3. ***RANK NAME's*** gender transition plan was approved on ***DATE***. Enclosed is a copy of the approved gender transition plan, including all medically necessary treatment and a projected schedule for such treatment. In the opinion of the medical treatment team managing the care of ***RANK NAME***, the Service Member's gender transition is estimated to be complete on or about ***DATE***.

4. The medical treatment team managing the care of ***RANK NAME*** recommends the following with regard to the medical advisability for the ETP request(s): *(fully describe the medical considerations relevant to each ETP request)*.

5. POC for this memorandum is ***XXXXX, at CONTACT INFORMATION***.

NAME
RANK, BRANCH
TITLE

NAME
RANK, MC
Deputy Commander for Clinical Services
(or equivalent)