



AMERICAN SOCIETY OF
PLASTIC SURGEONS®

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THE PLASTIC SURGERY
FOUNDATION™



November 5, 2018

Amy Emerson
Rules and Publications Manager
Washington State Health Care Authority
Olympia, WA 98501

RE: Proposed Rule WAC 182-531-1675, Gender Dysphoria Treatment Program

Dear Ms. Emerson,

On behalf of the Washington Society of Plastic Surgeons (WSPS) and American Society of Plastic Surgeons (ASPS), we are writing **in opposition** to the proposed rule, WAC 182-531-1675. The Washington Society of Plastic Surgeons is the largest association of plastic surgeons in the state, and in conjunction with our national affiliate, represents 140 board-certified plastic surgeons in Washington. Our mission is to advance quality care for plastic surgery patients, including those patients experiencing gender dysphoria, a condition in which a person experiences severe distress due to a disconnect between how they feel and their anatomic characteristics.

While we understand that the purpose of the Gender Dysphoria Treatment Program is to provide quality medical care to transgender patients, we believe that the Washington State Health Care Authority's latest revisions to the proposed rule are a dramatic step in the wrong direction. As you know, individuals diagnosed with gender dysphoria feel as if they were born in the wrong body, and plastic surgery is a key part of the multidisciplinary care process that helps patients align with their preferred gender identity. The proposed rule in its current form fails to recognize these basic principles of transgender health, and if adopted would severely harm transgender individuals in the state.

Specifically, WSPS and ASPS have serious concerns with the Authority's decision to remove Section 2, regarding qualifications of health care providers. One of the provider qualifications outlined in the previous version of the proposal included board certified plastic surgeons, which we believe stresses the importance of patients receiving medical care from trained and experienced plastic surgeons. This is particularly true in the case of gender reassignment surgery, in which surgical care is often required across disparate anatomical areas. Board certified plastic surgeons are the only providers with training in all of them. Beyond that, among patients and the general public, the term "board certified" has come to signify the highest achievement in clinical training and expertise. When individuals seek medical care, the knowledge that their physician is board certified assures them that they are engaging a provider with significant direct training and demonstrated, validated skill in the specialty certification advertised. As a result, it is crucial that the quality associated with the term "board certified" is protected and reinserted into the proposed rule. By striking this section, the proposal lacks necessary provider details that will have adverse effects on patient outcomes.

Moreover, we believe that the early and periodic screening, diagnostic and treatment (EPSDT) program referenced in 182-534 WAC is not sufficiently inclusive. That's why we strongly recommend that the Authority provides a clear example of gender confirmation surgery (GCS) in the EPSDT program to effectively inform individuals under the age of 21 about the services available to them. We believe that our revision adheres to the

informing responsibilities of the agency outlined in 42 C.F.R., Part 441, Subpart B, Section 441.56. Patients need to be fully informed of their care options and we would appreciate the inclusion of a GCS example in the EPSDT program to provide patients with further guidance on covered services.

We also respectfully urge the Authority to continue to recognize breast reconstruction as a medically necessary procedure. The latest revisions to WAC 182-531-1675 are problematic because they change one of the medically necessary procedures from “breast reconstruction” to “augmentation mammoplasty.” Augmentation mammoplasty involves breast implants or a fat transfer to increase the size of a patient’s breast. However, from a billing perspective, augmentation mammoplasty procedures do not include nipple repositioning, which is a critical component of transmen (FTM) procedures. By comparison, breast reconstruction procedures cover the full spectrum of services necessary for a patient including nipple repositioning. For that reason, we encourage the Authority to reconsider breast reconstruction as a medically necessary procedure.

Furthermore, the proposed rule reclassifies certain procedures to treat gender dysphoria as noncovered services, which would limit patients’ access to critical care. As such, we strongly urge you to move the following procedures from the list of noncovered services to the list of covered services with prior authorization:

- a. Brow lift
- b. Cheek/malar implants
- c. Chin/nose implants
- d. Forehead lift
- e. Jaw shortening
- f. Trachea shave

The procedures outlined above help individuals diagnosed with gender dysphoria achieve the physical appearance and functional abilities of their preferred gender identity. Reclassifying these procedures to noncovered services would create significant barriers to access of care. These are Medicaid patients. They can’t afford to secure these services out-of-pocket, meaning many will be left receiving incomplete care.

When finalizing the proposed rule, we encourage the Agency to take into consideration the World Professional Association for Transgender Health’s (WPATH) high standards to enhance health, happiness, and contentment. The procedures detailed above meet those internationally recognized standards and should be classified, at minimum, as covered services with prior authorization. It is our firm belief that both private and public healthcare teams must actively work together to uphold high standards such as these to improve transgender patients’ overall mental and physical well-being.

We look forward to continuing to work with the Authority on this important issue. Thank you for your consideration of our position on this important issue. Please don’t hesitate to contact Patrick Hermes, Director of Advocacy and Government Relations, at phermes@plasticsurgery.org or (84&) 228-3331 with any questions or concerns.

Sincerely,



Alan Matarasso, MD, FACS
President, American Society of Plastic Surgeons



Shannon Colohan, MD, MSc, FRCS, FACS
President, Washington Society of Plastic Surgeons