

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES
Health Care Department Operations Manual

1.2.16 Gender Affirming Surgery Review Committee

(a) Policy

California Correctional Health Care Services (CCHCS) patients may request gender affirming surgery (GAS) or revision to GAS, in accordance with California Code of Regulations Title 15, Section 3999.200. Patient requests for GAS, including revisions to GAS shall be referred by the institution to the Gender Affirming Surgery Review Committee (GASRC).

(b) Responsibility

(1) Statewide

(A) CCHCS and California Department of Corrections and Rehabilitation (CDCR) departmental leadership, at all levels of the organization shall ensure administrative, custodial, and clinical systems are in place and appropriate tools, training, technical assistance, and levels of resources are available so that care teams can successfully implement the GASRC policy.

(B) CCHCS Deputy Director (DD), Medical Services, and the CDCR DD, Statewide Mental Health Program, are responsible for the statewide planning, implementation, and evaluation of the GASRC policy.

(2) Regional

Regional Health Care Executives are responsible for adherence to this procedure at the subset of institutions within an assigned region.

(c) Procedure

(1) Referral Process

(A) When a patient or staff member on behalf of a patient submits a verbal or written request for GAS to any health care staff, an appointment shall be scheduled with the primary care provider (PCP) within 30 calendar days.

(B) The PCP shall submit an electronic Request For Service (eRFS) for GAS as treatment for Gender Dysphoria (GD) at the time of this initial visit.

(C) If a GD diagnosis is not currently established by a mental health clinician, the PCP shall order a Mental Health Gender Dysphoria Diagnostic Evaluation, which is to be completed within five business days by utilizing the Mental Health Gender Dysphoria Diagnostic Criteria PowerForm in the Electronic Health Record Systems (EHRS).

1. The institution shall compile and submit all required information within 90 calendar days following the original eRFS generated for GAS, absent a showing of good cause for an extension, in which case an extension may be granted by the GASRC Co-Chairperson(s) or designee in consultation with GASRC voting or non-voting members if necessary.

2. The institution staff shall follow the referral guidelines and required information as outlined in the Referral for Consideration for Gender Affirming Surgery.

3. The institution shall neither recommend approval nor disapproval of the request for GAS at the first and second institutional levels of review.

(2) GASRC Membership and Meetings

(A) Voting members (and alternate designees) shall be appointed by the DD, Medical Services, and the DD, Statewide Mental Health Program, as follows:

1. A minimum of three physicians or advanced practice providers (APPs) from Medical Services, at least one of which must be a physician;

2. A minimum of three psychiatrists from the Statewide Mental Health Program; and

3. A minimum of three psychologists from the Statewide Mental Health Program.

(B) The two Co-Chairpersons shall be appointed by the DD, Medical Services, and the DD, Statewide Mental Health Program and shall consist of:

1. One Deputy Medical Executive (DME), Assistant DME, CME, or Chief Physician and Surgeon (CP&S); and

2. One Chief Psychologist, Senior Psychologist, Chief Psychiatrist, or Senior Psychiatrist.

3. The Co-Chairpersons are non-voting members, unless needed to reach a quorum as noted below.

4. The Co-Chairpersons may designate any voting member to chair the GASRC in their absence.

5. There must be at least one Co-Chairperson, or designee, present at each GASRC meeting.

(C) Mandatory standardized training requirements approved by the GASRC shall be completed prior to serving as the committee Co-Chairperson, a voting member, or an alternate designee for the GASRC.

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- (D) A quorum for purposes of voting shall include at least two psychologists, two psychiatrists, and two physicians or APPs from Medical Services. In reaching the quorum requirement, alternate designees of the same clinical discipline may be counted toward a quorum, and the Co-Chairpersons may serve as a member for their clinical discipline, if necessary, to reach a quorum.
 - 1. In the event of a tie amongst voting members, the Co-Chairpersons have the option to request additional information and review the case additional time(s) at a future GASRC meeting.
- (E) Non-voting participants may include the author of the mental health evaluation (or designated Mental Health clinician), the author of the medical evaluation or a provider familiar with the patient's physical health, and may include, if deemed appropriate for the discussion by the Co-Chairperson(s):
 - 1. Institution medical, mental health, or nursing leadership.
 - 2. Warden or designee.
 - 3. The patient's care team, including medical, mental health, or nursing.
 - 4. Nursing representation from headquarters including, but not limited to, the Statewide Chief Nurse Executive or designee.
 - 5. Other pertinent CCHCS or CDCR staff.
- (F) All voting members (including when there is more than required for a quorum) who are present at a GASRC meeting, vote to approve or not approve GAS, unless there are an even number of voting members, in which case the least senior voting member of the GASRC does not vote. Voting members with conflict of interest shall not vote [see Section (c)(3) below]. The Co-Chairpersons may also, at their sole discretion, postpone any meeting in which the number of available attendees will not achieve a quorum or allow for a full discussion and review.

(G) The GASRC shall be scheduled to meet weekly unless there are no requests for the committee to consider.

(3) GASRC Conflict of Interest

- (A) A committee member shall not participate in the committee deliberation or vote on a case being reviewed if the member was a designated provider or author in the GASRC evaluation and review, or has provided longitudinal care for the patient in the past 12 months. This member may still present information to the committee and be available for questions.
- (B) The GASRC committee member shall self identify a potential conflict and voluntarily notify the committee chair and recuse themselves for that case(s).

(4) GASRC Scope of Review

- (A) Submissions for GAS shall be considered by the GASRC in the order in which they are received, absent extenuating circumstances approved by the Co-Chairpersons.
- (B) The GASRC shall review cases within 90 calendar days from receipt of the required information as outlined in the Referral for Consideration for Gender Affirming Surgery guidelines, absent extenuating circumstances.
- (C) The GASRC shall review, evaluate, and discuss the information provided by the institution (and the patient, if applicable) and obtain additional information as deemed necessary.
- (D) If the GASRC deems additional information is required prior to making a final decision, the GASRC review shall be deferred until the additional information is collected.
- (E) In the event that the GASRC requires additional information from a surgeon who specializes in GAS, the patient shall be scheduled for a consultation with the patient's care team and the GASRC review deferred until such time that the consultation notes are available in the health record.
- (F) The following shall be considered by the GASRC when reviewing a GAS request, if applicable based on the current version of the World Professional Association for Transgender Health Standards of Care and the type of surgery requested:
 - 1. The patient has been diagnosed with GD and diagnosis has been confirmed by a CDCR mental health provider; the diagnosis is supported with appropriate documentation and clinical justification as set forth by CCHCS policies and care guides.
 - 2. Any known contraindications to surgery or other medical conditions that may impact surgical recovery, and whether medical or co-existing mental health conditions have been fully assessed and have been well-controlled for an appropriate amount of time relevant to the patient on a case-by-case basis.
 - 3. The level of distress demonstrated by the patient. The GASRC shall review all relevant documents and determine whether the patient's GD symptoms are primarily due to the conditions of confinement, mental

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illness, or any other factor. The GASRC shall consider whether available treatments other than GAS that are likely to improve or alleviate the patient's symptoms.

4. There is no evidence suggestive of any external coercion or predation, and the desire for GAS is freely given by the patient.
 5. The patient understands that appropriate housing placement will be reviewed on a case-by-case basis by CCHCS/CDCR staff. If applicable, the patient has been provided with necessary and relevant information to enable them to understand that their environment may be evaluated after GAS and any new environment may be unfamiliar and pose significant adaptive challenges.
 6. Whether evidence exists that suggests the patient does not have the ability to successfully and safely transfer, and adjust medically and psychologically to their environment postoperatively.
 7. If applicable to the GAS requested:
 - a) Whether the patient received 12 continuous months of medically supervised hormone therapy appropriate to their gender goals and whether the patient's hormone levels meet the minimum requirements for the requested procedure (unless the patient has a medical contraindication, is unable or does not desire to take hormones, or the gender embodiment goals do not include hormone levels at a specific minimum threshold/range).
 8. Any other information available, which may be relevant to the discussion or determination.
- (G) The findings of the committee shall be based on a majority vote of the members.
- (H) If additional information is obtained after the GASRC has issued an approval, but prior to the completion of the surgery, the GASRC can reconsider the approval if deemed necessary.

(5) GASRC Decisions

- (A) Once the GASRC has made a decision, a memorandum shall be completed conveying the decision and factors considered in the decision based on the criteria noted in Section (c)(4)(F) above, and specific information that the GASRC determines would be helpful to the patient and their care team to understand the decision. The decision memorandum shall be addressed to the CME and copies shall be provided to the following:
1. Patient
 2. CP&S
 3. Chief of Mental Health
 4. Chief of Psychiatry
 5. PCP
 6. Mental Health Primary Clinician (MHPC), if applicable
 7. Mental Health Primary Psychiatrist, if applicable
 8. Utilization Management Registered Nurse
 9. Applicable to approvals, designees from Health Care Invoicing and Direct Care Contracts
- (B) The decision memorandum shall be distributed by the GASRC support staff to the CME via email within seven calendar days from the GASRC decision, absent extenuating circumstances. The GASRC decision shall be entered into the health record via one of the committee Co-Chairpersons.
- (C) Patients who are approved for GAS shall be scheduled with their MHPC to discuss the findings of the GASRC within 14 calendar days of the decision entry in the EHRS. A copy of the GASRC decision memorandum shall be provided to the patient at that time. When an approval is entered into the EHRS, the patient shall then be scheduled for an initial visit with the surgeon.
- (D) Patients who are not approved for GAS shall be scheduled with their MHPC to discuss the findings of the GASRC within 14 calendar days of decision entry in the EHRS. A copy of the GASRC decision memorandum shall be provided to the patient at that time.
- (E) Patients who are not approved for GAS may submit a new request for GAS no sooner than one year after the date of the GASRC decision memorandum not approving the request unless new information is provided that was not previously considered at the time the GASRC reviewed the case.
- (F) The GASRC shall submit the GAS packet for patients that are approved or not approved to Health Information Management for scanning into the health record within seven calendar days of receipt of the signed GASRC decision memorandum. The packet shall include the following documents:
1. CDCR 7466, Gender Affirming Surgery Request checklist;
 2. Mental health evaluation;

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3. Medical evaluation;
4. The GASRC decision memorandum; and
5. Any other documents provided to the GASRC for review of the patient GAS referral.

References

- California Code of Regulations Title 15, Division 3, Chapter 2, Subchapter 2, Article 1, Section 3999.200
- CCHCS/DHCS Care Guide: Transgender
- California Department of Corrections and Rehabilitation, Department Operations Manual, Chapter 6, Article 12, Section 62080.14, Transgender or Intersex Inmates
- World Professional Association for Transgender Health (WPATH) Standards of Care for the Health of Transgender and Gender Diverse People, Version Eight (8), 2022
- American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition Text Revision, 2022

Revision History

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