

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), in accordance with California Code of Regulations Title 15, Section 3999.200. Requests for 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 Deputy Director (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.

(3) Institution

(A) The Chief Executive Officer, or designee, has overall responsibility for adherence to this procedure at the institution.

(B) The Chief Medical Executive (CME), or designee, is responsible for the overall medical management of patients and ensures resources are available to meet the needs of the population.

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

2. Institutional health care staff shall follow the referral guidelines as outlined in the [CCHCS/DHCS Care Guide: Transgender](#) attachments.

(C) The Chief, Mental Health, or designee, is responsible for ensuring that the institution has designated mental health clinicians to complete mental health evaluations for patient consideration of GAS.

(D) The Chief Nurse Executive, or designee, is responsible for ensuring that the institution has a designated primary care nurse to coordinate communication with the patient and all relevant staff of the GAS process.

(c) Procedure

(1) Referral Process

(A) When a patient submits a verbal or written request to any health care staff, or a staff member submits a request on behalf of a patient, for GAS, an appointment shall be scheduled with the primary care provider (PCP) within 14 calendar days.

(B) The PCP shall submit an electronic Request For Service for GAS as treatment for Gender Dysphoria.

(C) The institution shall compile and submit all required information within 90 calendar days following an appointment generated by receipt of a documented request for GAS, absent a showing of good cause for an extension, in which case an extension may be granted by the GASRC.

1. The institution staff shall follow the referral guidelines and required information as outlined in the [CCHCS/DHCS Care Guide: Transgender](#) attachments.

(2) Statewide Medical Authorization Review Team (SMART) Review

(A) The GASRC shall forward requests for GAS to the SMART for initial review.

(B) The SMART shall review for any contraindications to surgery and/or other medical conditions that may impact surgical recovery.

(C) The SMART shall communicate their findings via memo to the GASRC within 14 calendar days of receipt of the referral.

(3) 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:

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1. A minimum of two physicians from Medical Services,
 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.
 4. The Chair shall be appointed by the DD, Medical Services, and the DD, Statewide Mental Health Program and shall consist of:
 - a. One Deputy Medical Executive (DME), Assistant DME, CME, or Chief Physician and Surgeon (CP&S); or
 - b. One Chief Psychologist or Chief Psychiatrist.
 5. The Chair is a non-voting member, unless needed to reach a quorum as noted below.
 6. The Chair may designate any voting member to chair the GASRC in their absence.
- (B) Mandatory standardized training requirements approved by the GASRC shall be completed prior to serving as the Chair, a voting member, or an alternate designee for the GASRC.
- (C) A quorum for purposes of voting shall include at least two psychologists, two psychiatrists, and one physician. In reaching the quorum requirement, alternate designees of the same clinical discipline may be counted toward a quorum, and the Chair 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 Chair has the option to request additional information and review the case a second time at a future GASRC meeting.
- (D) Non-voting participants shall include the author of the mental health evaluation, 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 Chair:
1. Institution medical and/or mental health leadership.
 2. Warden or designee.
 3. The patient's care team.
 4. Other CCHCS or CDCR staff.
- (E) 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. The Chair 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.
- (F) The GASRC shall be scheduled to meet weekly.
- (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 Chair.
1. The GASRC shall review cases within 90 calendar days from receipt of the SMART memorandum, absent extenuating circumstances.
- (B) The GASRC shall review, evaluate, and discuss the information provided by the institution (and the patient, if applicable), the SMART findings, and obtain additional information as deemed necessary.
- (C) 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.
1. In the event that the GASRC requires additional information from a surgeon who specializes in GAS, the patient shall be scheduled for a consultation by the patient's care team and the GASRC review deferred until such time that the consultation notes are available in the health record.
- (D) The following criteria 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 gender dysphoria (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.

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2. Any known medical and/or co-existing mental health conditions have been fully assessed and have been well-controlled for at least one year.
3. The current treatment for GD being offered and received to ameliorate the patient's GD from both a medical and mental health perspective will be considered.
4. The level of distress demonstrated by the patient. The GASRC shall review whether the patient's GD symptoms are primarily due to the conditions of confinement, mental illness, or any other factor. The GASRC shall review whether there are available treatments other than GAS that are likely to improve or alleviate the patient's symptoms.
5. There is no evidence suggestive of any external coercion or predation, and the desire for GAS is freely given by the patient.
6. 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.
7. 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.
8. Any other information available, which may be relevant to the discussion or determination.

(E) The findings of the committee shall be based on a majority vote of the members.

(5) GASRC Decisions

(A) Once the GASRC has made a decision on a request for GAS, a memorandum shall be completed conveying the decision and factors considered in the decision based on the criteria noted in Section (c)(3)(D) 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, Mental Health
4. PCP
5. Mental Health Primary Clinician
6. Utilization Management Registered Nurse
7. SMART

(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. The GASRC decision shall be entered into the health record via the institutional secondary reviewer upon receipt.

(C) Patients who are approved for GAS shall be scheduled with their PCP to discuss the findings of the GASRC. A copy of the GASRC decision memorandum shall be provided to the patient at that time.

(D) Patients who are approved for GAS shall be assigned a primary care nurse who will coordinate communication with the patient and relevant staff of the surgery process. The primary care nurse shall inform the GASRC when surgery is scheduled and completed.

(E) Patients who are not approved for GAS shall be scheduled with their mental health primary clinician to discuss the findings of the GASRC within 14 calendar days of receipt of the GASRC decision memorandum. A copy of the GASRC decision memorandum shall be provided to the patient at that time.

(F) 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 SMART and the GASRC reviewed the case.

(G) The GASRC shall submit the GASRC packet for patients that are approved or not approved to Health Information Management for scanning into the health record within 14 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;

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2. Mental health evaluation;
3. Medical evaluation;
4. The GASRC decision memorandum; and
5. Any other documents provided to the GASRC or the SMART 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 Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, Seventh Edition, 2012
- American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, 2013

Revision History

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