

REFERRAL FOR CONSIDERATION OF GENDER AFFIRMING SURGERY

I. CLINICAL PROCESS

California Correctional Health Care Services (CCHCS) patients may request Gender Affirming Surgery (GAS) or revision of prior GAS. In accordance with California Code of Regulations Title 15, Section 3999.200, those who request GAS shall be referred by the institution to the Gender Affirming Surgery Review Committee (GASRC).

II. REFERRAL

When a patient submits a written or verbal 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 30 calendar days. The PCP shall submit an electronic Request For Services (eRFS) for GAS as treatment for Gender Dysphoria (GD). If the patient has never been diagnosed with GD, the PCP shall refer the patient to a mental health provider in order to assess for a diagnosis of GD. The eRFS shall indicate the GAS to be considered (examples in Section 2). The Chief Medical Executive or Chief Physician and Surgeon shall forward the request to headquarters. Once an eRFS is submitted, appointments shall be scheduled based on local operating procedure to ensure evaluation from the treating medical provider and a written report from the mental health clinician are completed.

- A. The institution shall compile and submit the information as listed below in Section I – Request for GAS within 90 calendar days following an appointment generated by receipt of a documented request for GAS to CDRCCHCSGASRC@cdcr.ca.gov, absent a showing of good cause for an extension, in which case an extension may be granted by GASRC.
- B. The patient shall receive one random comprehensive urine toxicology screening between the time the eRFS is submitted and the time the referral is sent to GASRC. The results of the toxicology screening shall remain confidential and not be disclosed as part of a disciplinary process.
- C. The institution shall neither recommend approval nor non-approval of the request for GAS at the first and second institutional levels of review.

INSTITUTION EVALUATION FOR CONSIDERATION OF GENDER AFFIRMING SURGERY

Section 1 – Request for GAS

CASE MATERIALS TO BE SUBMITTED TO INSTITUTIONAL LEVELS OF REVIEW AND TO GASRC FOR GAS CONSIDERATION

Institution staff shall prepare the following items for submission to the institutional second level of review of a request for consideration of GAS:

I. AN ELECTRONIC REQUEST FOR SERVICES

II. CDCR 7466 GENDER AFFIRMING SURGERY REQUEST CHECKLIST

III. MEDICAL EVALUATION

A. Primary care evaluation to include:

1. A complete medical history and physical exam pertinent to the requested surgery/surgeries within the past year including a notation regarding patient adherence to recommended medical therapies and compliance with scheduled appointments;
2. Body Mass Index;
3. Comprehensive urine toxicology screening results;
4. Identification of all medical conditions; and
5. A complete history of medical therapy for gender dysphoria including pertinent laboratory monitoring and any current hormone therapy.

Note: A physical exam or laboratory refusal should not preclude processing a GAS eRFS but can be noted in the medical documentation.

- B. For requests for revision to GAS, a description of prior GAS and details of current surgery requested; any prior specialist recommendations for additional surgery.

IV. MENTAL HEALTH EVALUATION

- A. The mental health evaluator shall attend the Regional GAS Mental Health Evaluation Training. Send training inquiries to CDCRCCHCSGASRC@cdcr.ca.gov.

- B. For initial requests and re-referrals, complete an **Institution Evaluation for Consideration of Gender Affirming Surgery**.

- C. For requests for revision to GAS, complete an **Institution Evaluation for Consideration of Gender Affirming Surgery Revision**.

NOTE: 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.

INSTITUTION EVALUATION FOR CONSIDERATION OF GENDER AFFIRMING SURGERY

Section 2 – Surgical Procedures

Examples of gender affirming procedures that are commonly requested are provided below. For procedures including those that are not listed below, follow the referral guidelines in Section 1 - Request for GAS

Transwoman/Feminizing:

Vaginoplasty
Orchiectomy
Penectomy
Clitoroplasty
Labioplasty
Vulvoplasty
Breast Augmentation
Facial Feminization
Tracheal Shave

Transman/Masculinizing:

Vaginectomy
Hysterectomy
Salpingo-oophorectomy
Metoidioplasty
Phalloplasty
Urethroplasty
Scrotoplasty
Placement of testicular prostheses
Mastectomy and reduction mammoplasty
Reduction Mammoplasty
Facial Masculinization