July 12, 2019

Dear members of the Medicaid Policy Unit:

The Vermont Department of Financial Regulation supports proposed rule HCAR 4.238, regarding gender affirmation surgery for the treatment of gender dysphoria. The proposed rule contains important updates to Medicaid coverage requirements for gender affirmation surgery that would help prevent discrimination on the basis of gender identity, increase access to medically necessary services for lower income Vermonters, and protect Vermont’s LGBTQ+ youth.

Vermont law prohibits discrimination based on “an individual’s actual or perceived gender identity, or gender-related characteristics intrinsically related to an individual’s gender or gender identity, regardless of the individual’s assigned sex at birth.” Proposed rule HCAR 4.238 would update clinical criteria and expand Medicaid coverage of gender affirmation surgery for the treatment of gender dysphoria when medically necessary and developmentally appropriate, including by allowing individuals under age 21 to access to such services. These changes better align not only with Vermont’s anti-discrimination statute, but with DFR’s recent guidance for private insurers regarding medically necessary gender affirmation surgery.

On June 12, the Department issued Insurance Bulletin #174, which clarifies that, under existing law, insurance companies, nonprofit hospital and medical services corporations, non-ERISA employer group plans, and managed care organizations shall not exclude coverage for medically necessary gender affirmation surgery for gender dysphoria or deny such coverage on the basis of age. By updating Medicaid coverage requirements, proposed rule HCAR 4.238 would help

\[1\] 1 V.S.A. § 144
ensure that medically necessary gender affirmation surgery is available to all Vermonters, whether they are covered by Medicaid or a private insurance policy.

The Department appreciates the opportunity to comment on proposed rule HCAR 4.238. Please do not hesitate to contact me if you have questions or require additional information.

Sincerely,

Michael S. Pieciak, Commissioner
By email to: AHS.MedicaidPolicy@vermont.gov

July 17, 2019

Ashley Berliner, Director of Healthcare Policy and Planning
Agency of Human Services
280 State Drive, Center Building
Waterbury, VT
05671-1000

Re: Comments on HCAR 4.238 Gender Affirmation Surgery for the Treatment of Gender Dysphoria

Dear Ashley Berliner,

Thank you for the opportunity to provide written comments on AHS’ proposed rule, “Gender Affirmation Surgery for the Treatment of Gender Dysphoria.” Vermont Legal Aid (VLA) submits the following comments in response to the proposed rule.

4.238.5 (a) (1) Conditions for Coverage

AHS proposed language:

4.238.5 Conditions for Coverage

(a) For a beneficiary to receive coverage for gender affirmation surgery, the following conditions must be met:

(1) Written clinical evaluation documenting eligibility and medical necessity from qualified mental health professional(s):

(A) For breast surgery, a written clinical evaluation must be submitted by one qualified mental health professional.

(B) For genital surgery, two written clinical evaluations must be submitted by two separate qualified mental health professionals. The first referral should be from the individual’s treating qualified mental health professional, and the second referral may be from a person who has only had an evaluative role with the individual.

(C) A written clinical evaluation by a qualified mental health professional will include at a minimum:
(i) A diagnosis of persistent gender dysphoria, with demonstrated:
   (1) Participation in a treatment plan in consolidating gender identity, and
   (2) Participation in addressing interpersonal issues as part of a treatment plan,
(ii) Diagnosis and treatment of any co-morbid conditions,
(iii) Counseling of treatment options and implications,
(iv) Psychotherapy, if indicated,
(v) Formal recommendation of readiness for surgical treatment, documented in a letter that includes:
   (1) Documentation of all diagnoses,
   (2) Duration of professional relationship and type of therapy,
   (3) Rationale for surgery, and
   (4) follow-up treatment plan.

Comment:

VLA is concerned that the “written clinical evaluation” comprises an onerous barrier to accessing this care. In the past five years, we have more than 50 cases with clients seeking gender affirming surgery. In over 50 cases, we have seen zero “written clinical evaluations.” Instead, providers have provided effective “referral letters” (World Professional Association for Transgender Health (WPATH) Standards of Care) as well as “letters of reference” (the current Medicaid policy language) and “letters of support.”

Clinical “evaluations,” in the language of health care, typically include an hours-long, arms-length assessment process by a qualified professional using a standardized tool or questionnaire that results in a structured product with assessment under the criteria. The format of an evaluation is onerous and will pose a barrier to qualified mental health professionals who are otherwise informed and supportive and ready to write a “letter of support.”

We understand that Vermont Medicaid is concerned that letters of support do not contain sufficient information about the whether the treatment professional has met and assessed the patient. That concern could be addressed by explicitly requiring that the written clinical letters of support include that assurance.

Instead, we propose the language be change to

“Written clinical letters of support documenting eligibility and medical necessity from qualified mental health professional(s)”

The “letter of support” can have the same content. VLA is concerned that providers will be unwilling to complete a lengthy evaluation and this will pose a barrier to patients accessing this care.

4.238.7 Non-Covered Services
We are concerned by the list of “non-covered services.” We recommend eliminating or substantially scaling back the “non-covered services” list, and instead simply noting that cosmetic procedures (as defined in HCAR 4.104 Medicaid Non-Covered Services) will not be covered. This allows for a case-by-case analysis to ensure coverage of medically necessary care that some people need, such as facial feminization surgery, while at the same time making it clear that procedures that “change a beneficiary’s appearance but are not medically necessary to treat the patient’s underlying gender dysphoria” will not be covered.

Procedures on the non-covered services list are medically necessary for the treatment of gender dysphoria in some Medicaid beneficiaries. For example, while electrolysis is cosmetic for some people, it is medically necessary for the treatment of gender dysphoria in other individuals, particularly as preparation for medically necessary genital or chest surgery. Medicaid beneficiaries may be barred from accessing this covered genital or chest surgery for gender dysphoria if the prerequisite electrolysis for these services is excluded with a non-covered services list.

This case-by-case analysis is consistent with WPATH Standards of Care and with Medicaid’s coverage of medically necessary treatment.

4.238 (overall)

Comment:

Finally, VLA would like to take this opportunity to note our overall support for many pieces of this rule. We appreciate the work to align this rule with current gender affirmation surgery best practices and medical knowledge, including WPATH Standard of Care. It also removes many unnecessary barriers to receiving medically necessary services for Medicaid beneficiaries with gender dysphoria.

We are particularly grateful that DVHA’s proposed rule does not require “Progress in dealing with work, family, and interpersonal issues resulting in improved mental health.” This requirement did not accurately assess whether gender affirmation surgery is medically necessary. Many Medicaid beneficiaries with and without gender dysphoria have unresolved work, family, and/or interpersonal issues, yet continue to require and receive other necessary medical treatment.

The following additional requirements and limitations, which are present in the Gender Reassignment Surgery policy dated November 16, 2016, are eliminated in the current draft of rule 2.238. These eliminations will have a significant positive impact on Medicaid beneficiaries with gender dysphoria:

- the age limit
- the doctorate degree requirement,
- the breast development limit
- the photograph requirement
- the substance abuse treatment success requirement
- the education of family members and significant others requirement
- the hormone therapy 24 month requirement for genital surgeries and mastectomy

The current draft of rule 4.238 includes many significant improvements in assessing medical necessity for gender affirming surgery. Thank you for the opportunity to submit additional comments on this rule draft.

Sincerely,

Vermont Legal Aid

s\ Mike Fisher, Chief Health Care Advocate
s\ Barb Prine, Staff Attorney
s\ Amelia Schlossberg, Health Care Communications Coordinator
July 16, 2019

Ashley Berliner, Director of Healthcare Policy and Planning
Agency of Human Services
280 State Drive, Center Building
Waterbury VT 05671-1000
Re: Comment on HCAR 4.238 Gender Affirmation Surgery for the Treatment of Gender Dysphoria

Dear Ashley Berliner,

We appreciate the opportunity to provide written comments on the proposed rule “Gender Affirmation Surgery for the Treatment of Gender Dysphoria”. The University of Vermont Children’s Hospital Transgender Youth Program (TYP) submits the following comments for consideration.

We, the providers at The Transgender Youth Program are appreciative of the Agency of Human Services recognizing the need to update current Medicaid guidelines to better align with national and international standards of care for transgender and non-binary patients. Many of the improvements made within the proposed rule address previous gaps and barriers to access for surgical care for individuals across the state of Vermont.

The Transgender Youth Program supports significant changes that have been proposed that will positively impact transgender and non-binary Medicaid beneficiaries including:

- Elimination of age requirement for coverage of surgery. This change recognizes that determination of coverage should be based upon medical necessity as evaluated by qualified providers in collaboration with the patient and their support network.
- Elimination of the requirement that a qualified mental health provider be of doctoral level. This change will reduce barriers to accessing care for many transgender and non-binary individuals who often already have established relationships with qualified mental health providers who may not be of the doctoral level.
- Elimination of photo requirement.
- Elimination of requirement of successful substance abuse treatment
- Changes to the hormone therapy time requirements for genital surgery and mastectomy
- Elimination of the breast development limit.

The Transgender Youth Program would also advocate for the following additional change to the proposed rule.

- Section 4.238.5 Conditions for Coverage (a)(1)
  - "Written clinical evaluation documenting eligibility and medical necessity from a qualified mental health professional(s)"
We recommend changing this phrase to: “Written clinical letters of support documenting eligibility and medical necessity from a qualified mental health professional(s).”

Section 4.238.5 Conditions for Coverage (a)(4)
- “Documentation of hormonal therapy, as appropriate to the beneficiary’s gender goals, unless such therapy is medically contraindicated.”
- In recognition of the fact that patients may choose not to use hormone therapy, even if there is no medical contraindication; we recommend changing this phrase to: “Documentation of the use of hormonal therapy, as appropriate to the beneficiary’s gender goals, recognizing that the patient may not be using hormone therapy due to medical contraindication or other reasons.”

Section 4.238.5 Conditions for Coverage (a)(5)
- “For minors under 18 years of age, documented informed consent of a parent(s), legal custodian, or guardian is also required unless the minor is emancipated by court order.”
- We recommend changing this phrase to: “For minors under 18 years of age, documented informed consent of a parent(s), legal custodian, or guardian is also required unless the minor is allowed to consent to treatment alone per existing Vermont law”. Court order for emancipation is not the only circumstance when a minor can consent to treatment, see “Adolescent & Young Adult Health Care in Vermont: A Guide to Understanding Consent & Confidentiality Laws” Abigail English, JD, Center for Adolescent Health & the Law

Section 4.238.7 Non-Covered Services (a)(b)(c)
- We believe that (c) adequately explains that cosmetic surgeries that “change a beneficiary’s appearance but are not medically necessary to treat the patient’s underlying gender dysphoria” is sufficient to describe what procedures will not be covered.
- We recommend deleting the list of non-covered surgeries in (a) and listing a small smaller sample of non-covered surgeries under (c).

The proposed rule “Gender Affirmation Surgery for the Treatment of Gender Dysphoria” makes significant changes to better align with standards of care set forth by the World Professional Association for Transgender Health (WPATH) and we encourage revisions to the proposed rule as standards of care continue to develop. We believe the state’s proposed changes are in keeping with our mission to meet the health care needs of the people we serve, and will enhance access to medically necessary care for transgender and non-binary patients including those in our Transgender Youth Program. We continue to be dedicated to providing affirming and safe care for transgender and non-binary members of our community.

Thank you for the opportunity to provide comment on these vital proposed updates.

Sincerely,

[Signatures]

University of Vermont Children’s Hospital Transgender Youth Program

/ Erica Gibson, MD, Medical Director of the Transgender Youth Program

/ Theresa Emery, MSW, Social Work Care Coordinator of the Transgender Youth Program
July 13, 2019

Medicaid Policy Unit
Agency of Human Services
280 State Drive, Center Building
Waterbury, VT 05671-1000

Re: HCAR 4.238 “Gender Affirmation Surgery for the Treatment of Gender Dysphoria”

We appreciate this opportunity to provide comments in response to the Agency of Human Services (“the Agency”) proposed regulations on Gender Affirmation Surgery for the Treatment of Gender Dysphoria. The National Center for Transgender Equality (NCTE) is one of the nation's leading social justice organization working for life-saving change for transgender people at the federal, state and local level. We believe in the critical importance of eliminating health disparities and ensuring that all people, transgender individuals and their families, do not face discriminatory barriers when seeking quality, affordable health coverage and care. We therefore strongly support and applaud the Agency's proposal to adopt this rule, which significantly improves upon the Department of Vermont Health Access' current policy for coverage of transition-related medical care.

Over the past decade, NCTE has worked with state Medicaid programs across the country to ensure access to medically necessary care for transgender Americans, including transition-related care. Vermont has long been among the increasing number of states with affirmative coverage policies for transition-related care. This latest step to improve its policy and formalize it through this rule is an opportunity to demonstrate the state’s commitment to ensuring equitable access to medical care for all Vermonters. NCTE is thankful for the opportunity for providing comments on this proposed rule, including suggestions to ensure that the final rule is in line with appropriate medical standards of care and does not broadly exclude coverage of specific procedures that can be medically necessary.

Health treatment for gender dysphoria is widely recognized as medically necessary, and affirmative coverage is increasingly routine in private and public insurance

Medical consensus has established that gender identity is an inherent aspect of human identity. Transgender people are those whose innate gender identity is different from that typically associated with their assigned sex at birth. An estimated 0.6 percent of the U.S. adult population—at least 1.4 million adults—are transgender, including 3,000 Vermonters. Sources such as the Institute of Medicine, Healthy

1 These states include California, Colorado, Connecticut, the District of Columbia, Hawaii, Maryland, Massachusetts, Minnesota, Michigan, Montana, Nevada, New Jersey, New York, Oregon, Pennsylvania, Rhode Island, and Washington. Illinois is in the process of adopting regulations.
2 See, e.g., World Prof'l Ass'n for Transgender Health, Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, Seventh Edition, 16 (2011).
People 2020, the Substance Abuse and Mental Health Services Administration, and the National Healthcare Disparities Report indicate that transgender individuals experience significant disparities in health indicators such as experiences of abuse and violence, mental and behavioral health concerns, and HIV infection. This in turn links to higher levels of poverty, uninsurance, stigma, and discrimination—particularly when seeking health care.

The estimated 3,000 transgender people in Vermont, like everyone else, need acute care when they are sick and preventive care to keep from becoming sick. In addition, many transgender Vermonters need access to medically necessary care related to gender transition. For many transgender people, their identity—the essence of who they are—is closely connected with a medical condition known as gender dysphoria (formerly known as gender identity disorder). The American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM 5) defines gender dysphoria as: (1) a marked incongruence between one’s experienced/expressed gender and assigned gender (manifested in at least two of six specific symptoms), which (2) is associated with clinically significant distress or impairment in social, occupational or other important areas of functioning.

Necessary treatment for gender dysphoria may include mental health care, hormone therapy, and a variety of possible surgical treatments. These medical services are not unique to transgender people. The same hormone therapy used for transgender patients, for example, is provided to patients with endocrine disorders and menopausal symptoms. The surgical procedures that may be used in gender transition, such as breast removal or augmentation, hysterectomy, oophorectomy, orchiectomy, salpingectomy, and various reconstructive procedures, are regularly covered by Medicaid programs for non-transgender individuals for purposes such as treating injuries or for cancer treatment or prevention. The use of this range of treatments to treat gender dysphoria is commonly referred to as “transition-related care.”

It is the overwhelming consensus among medical experts that transition-related treatments, including surgical procedures, are medically necessary, effective, and safe when clinically indicated to alleviate gender dysphoria. According to the American Medical Association (AMA), untreated gender dysphoria can result in clinically significant psychological distress, dysfunction, debilitating depression and, for some

9 Sandy E. James et al., The Report of the 2015 U.S. Transgender Survey 96–97 (2016), www.us transgender.org/report (finding that one-third of transgender respondents who saw a health care provider in the year prior to the survey were denied treatment, turned away or suffered mistreatment or discrimination for being transgender) Center for American Progress, Discrimination Prevents LGBTQ People from Accessing Health Care (2018) https://www.americanprogress.org/issues/lgbt/news/2018/01/18/445130/discrimination-prevents-lgbtq-people-accessing-health-care/ (finding that among transgender people who had visited a doctor in the past year, 29% said a doctor or other health care provider refused to see them because of their actual or perceived gender identity)
10 See, e.g., Schwenk v. Hartford, 204 F.3d 1187, 1193 (9th Cir. 2000) (referring to “gender dysphoria [as] the technical diagnosis for transsexuality”); Farmer v. Haas, 990 F.2d 319, 320 (7th Cir. 1993) (using “transsexuality” and “gender dysphoria” as interchangeable); Glenn v. Brumby, 724 F. Supp. 2d 1284, 1304, n.5 (N.D. Ga. 2010) aff’d, 663 F.3d 1312 (11th Cir. 2011) (stating that “GID and transsexuality are closely related and are sometimes used as synonyms.”)
11 Am. Psychiatric Ass’n, Diagnostic and Statistical Manual of Mental Disorders 452 (5th ed., 2013).
12 See World Professional Association for Transgender Health, Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People 16 (7th edition, 2011).
people without access to appropriate medical care and treatment, suicidality and death.”

Numerous studies and meta-analyses—including a recent comprehensive literature review on the issue—have similarly demonstrated the significant benefits of transition-related care in the treatment of gender dysphoria. As such, treatments for this condition cannot be considered “cosmetic” or “experimental.”

Recognizing this, the Medicare program rescinded its 30-year exclusion of transition-related surgical care in 2014 after concluding that gender confirmation surgery “is safe and effective and not experimental,” “has gained broad acceptance in the medical community,” and “is an effective treatment option.” Following the removal of the exclusion, the Medicare Appeals Council issued a decision in favor of covering transition-related surgery when medically necessary.

There are also 19 states and DC that prohibit transgender exclusions in private health insurance. Insurance regulators and state officials in many of these states have interpreted or adopted state nondiscrimination statutes and statutory prohibitions on unfair trade practices in private health insurance to prohibit insurers from discriminating against transgender enrollees. At the federal level, the Office of Personnel Management directed Federal Employee Health Benefit plans to eliminate blanket exclusions for transition-related care in 2015. A study by Out2Enroll of over 600 plans being sold in the individual marketplace in 2019 in 37 states found that 94% of Marketplace plans did not have an exclusion on transition-related care. Nearly half of all plans (41%) had affirmative coverage protocols for treatment of gender dysphoria, up from 18.5% in 2017.

Seventeen states and the District of Columbia—including Vermont—have adopted affirmative coverage standards for transition-related care to help ensure that their Medicaid programs do not discriminate against transgender beneficiaries. These states have updated their regulations or issued new guidance to 1)

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18 Dep’t of Health and Human Services, NCD 140.3, Transsexual Surgery, 12 (2014); HHS Department Appeals Board, Decision of Medicare Appeals Council, Docket Number M-15-1069, United Healthcare/AARP (January 21, 2016).


20 FEHB Program Carrier Letter No. 2015-12, Covered Benefits for Gender Transition Services, (June 24, 2015).

remove transgender-specific exclusions and 2) adopt affirmative coverage standards for the coverage of transition-related care. State coverage protocols typically address the scope of covered services (including hormone therapy, mental health services, and surgeries) and direct providers to provide treatment in accordance with the latest version of the nationally and internationally recognized WPATH Standards of Care.

Transition-related care coverage does not impose significant costs while significantly enhancing the well-being of beneficiaries.

Where state Medicaid programs have assessed the cost of covering transition-related care, minimal costs have been observed. The Oregon Health Authority, for instance, spent an estimated $435,000 on transition-related care, a number that will likely reduce significantly in subsequent years after catching up with the initial demand. Overall, a report issued before the announcement of benefits stated that the cost of adding hormone therapy “would likely be minimal to the [Medicaid] program” and the cost of adding gender certification surgery would be “higher than that of cross-sex hormone therapy alone, but still very low.”

Policymakers also noted the potential for cost savings through reduced suicide attempts. Additionally, the number of individuals seeking surgical treatment for gender dysphoria tends to be extremely low. For example, approximately 0.59% of Vermonters identify as transgender. Of that limited pool of individuals, only a small portion are both Medicaid-eligible and require surgery to treat a diagnosis of gender dysphoria.

Private and public employers that have covered transition-related care for their employees have similarly found it to be highly cost-effective. When San Francisco eliminated its exclusion in 2001, the city responded to cost concerns by limiting the scope of the benefit and implementing a $1.70 premium surcharge for all employees. Actual cost and utilization data were so much less than expected that the surcharge produced a multi-million-dollar surplus. The city eventually raised the dollar cap and ultimately eliminated the surcharge entirely. This example has led other states and cities such as California, Massachusetts, Minnesota, Nevada, New York, Oregon, Pennsylvania, Washington, the District of Columbia, Atlanta, Austin, Bloomington, Chicago, Cincinnati, Columbus, Dayton, Detroit, Minneapolis, Missoula, Orlando, Phoenix, Rochester, and St. Louis to eliminate exclusions in their employee plans.

In an Economic Impact Assessment of its 2012 rule that prohibited insurance discrimination against transgender people, the California Department of Insurance concluded that “any such costs are immaterial and insignificant.” Similarly, the removal of transgender exclusions from the Massachusetts Group


16 26 22 23 24 25 26 27 28 29
Insurance Commission was found to be highly cost-effective, with a budget impact of $0.016 per member per month that was offset by a reduction in negative health outcomes, such as HIV infection, depression, and suicidality. More recently, in August 2018, the Wisconsin Group Insurance Board voted to remove the exclusion of treatment of gender dysphoria from its state employee plan. Memos from the Wisconsin Department of Employee Trust Funds to the Board cited positive developments in employer coverage of transition-related care and low costs of implementation, which they estimated to be between 0.007% and 0.018% of the $1.3 billion in state health plan premiums.

Private companies also report minimal economic impact from providing equal coverage for transgender employees. The Human Rights Campaign’s Corporate Equality Index reports that for the 750 employers who did so, eliminating exclusions “comes at an overall negligible cost to the employers’ overall health insurance plans. This holds true across industries.” A survey of employers by the Williams Institute at the UCLA School of Law found that transition-related health care benefits have “zero or very low costs” and low utilization rates estimated at 1 per 10,000 to 20,000 employees. Overall, the report finds that “transition-related health care benefits have very low costs, have low utilization rates by employees, and yet can provide benefits for employers and employees alike.” More than 86 leading universities and colleges, including state universities in at least 28 states, have similarly found that it is cost-effective to provide this coverage in their student health plans.

Failing to adequately treat gender dysphoria can result in negative outcomes for individuals as well as society—but the opposite is equally true and attainable. Affirming transgender individuals by ensuring nondiscriminatory coverage significantly improves the lives of these individuals and society at large. While the costs to ensure trans-related care provisions are minimal, the benefits are significant. The California Economic Impact Assessment has similarly found that eliminating transgender exclusions results in “lower costs associated with the high cost of suicide and attempts at suicide, overall improvements in mental health and lower rates of abuse,” and “will not only save insurers from the costs associated with suicide, but prevent significant numbers of transgender insureds from losing their lives.” Finally, failing to provide coverage for transition-related care can lead to higher costs as a result of litigation. For example, the state of Wisconsin was recently ordered by a jury to pay almost $800,000 in damages for two transgender state employees for denying coverage of medically necessary care. Only a small fraction of the total paid was for the actual cost of the procedures (around $80,000), with $720,000 constituting reparations for the discrimination suffered.

34 Id. at 17.
36 A systematic literature review study by Cornell University analyzed all peer review articles published in English between 1991 and 2017, and concluded that 93% of the studies on this topic found that gender transition—including transition-related care—improves the well-being of transgender people. The remaining 7% reported mixed or null findings and no studies concluded that gender transition causes overall harm. Cornell University, Public Policy Research Portal, What does the scholarly research say about the effect of gender transition on transgender well-being? https://whatweknow.inequality.cornell.edu/topics/lobt-equality/what-does-the-scholarly-research-say-about-the-well-being-of-transgender-people/.
37 Cal. Dep’t of Ins., supra note 40 at 9, 11.
The proposed rule will improve access for transgender Medicaid beneficiaries and is an important step to bring the policy in line with the latest medical standards of care

The Proposed Rule significantly updates and improves Vermont’s current Medicaid policy for coverage of transition-related care. In particular, NCTE applauds the Proposed Rule’s provisions on informed consent (4.328.5(a)(5)), which eliminate the current policy’s arbitrary age limitation for access to medically necessary care. By clarifying that transgender people under 21 can also access transition-related care, the proposed rule will significantly improve access to care for transgender beneficiaries, and bring Medicaid's policy formally in line with the latest medical standards of care, and the Medicaid Act. In implementing this provision, NCTE urges the Agency to ensure that transgender beneficiaries under 21 can access to all medically necessary procedures, in accordance with the latest medical standards of care, including the standards of care of the World Professional Association of Transgender Health (WPATH), the American Academy of Pediatrics, and EPSDT standards.

NCTE also supports the proposed rule’s provisions that update requirements about clinical referrals, hormonal therapy, and referring health professional credentials under section 4.238.5, all of which help bring Medicaid’s coverage of transition-related care more in line with medical standards of care when compared to the current policy. However, we are concerned that certain requirements in this section would, as written and applied to specific procedures, contradict WPATH’s standards of care and constitute an undue barrier for beneficiaries to access services. In order to help improve the proposed rule and increase access to care by transgender beneficiaries, we recommend the following changes:

First, we recommend the Agency amend 4.238.5(a)(3) to clarify that the requirement that an individual seeking prior approval for any gender affirmation surgery must complete "12 months of living in a gender role that is congruent with their gender identity," is only applicable to persons seeking metoidioplasty, phalloplasty, or vaginoplasty. Under WPATH standards of care, this requirement is only applicable for these specific genital surgeries. Therefore, this should not be a requirement for any other procedures, such as chest surgeries, hysterectomy, salpingo-oophorectomy, or orchiectomy.

Second, we recommend the agency amend the proposed requirement that an individual must have documentation of hormonal therapy surgery for "at least 24 months for breast augmentation mammoplasty." Under WPATH standards of care, it is recommended (but not required) that patients undergo 12 months for hormone therapy prior to breast augmentation mammoplasty. This is with the purpose to maximize growth to obtain better surgical results. We recommend that the regulation reflect this standard.

The proposed rule’s blanket exclusion of coverage for procedures that are medically necessary for some people is discriminatory and contradicts medical standards of care

We are concerned about the provisions under Section 4.238.7, which explicitly and broadly excludes of coverage for several procedures that can be medically necessary to treat gender dysphoria, including facial feminization surgery. Blanket exclusions of coverage of specific procedures some transgender people need contradicts current medical practices, the WPATH Standards of Care, as well as federal law.

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40 World Prof. Ass'n for Transgender Health, Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People 16 (7th ed. 2011), https://www.wpath.org/publications/soc
The WPATH Standards of Care ("Standards of Care") are internationally recognized as the authoritative guide for treatment of individuals with gender dysphoria. WPATH is global association of over 2,000 medical and mental health professionals worldwide specializing in the treatment of transgender people. The American Medical Association, the Endocrine Society, the American Psychological Association, the American Psychiatric Association, the World Health Organization, the American Academy of Family Physicians, the American Public Health Association, the National Association of Social Workers, the American College of Obstetrics and Gynecology and the American Society of Plastic Surgeons all endorse protocols in accordance with the WPATH Standards of Care.

In 2016, WPATH issued a statement reiterating that transition-related care is medically necessary and should be covered by both public and private health insurance plans in the United States. In particular, WPATH stated that gender affirming surgeries, including non-genital surgeries such as facial feminization surgery, are not in any way "cosmetic," "elective" or "for the mere convenience of the patient." According to WPATH, these types of reconstructive procedures "are not optional in any meaningful sense but are understood to be medically necessary for the treatment of the diagnosed condition." As written, Section 4.238.7 would prevent medical providers from being able to exercise their professional discretion when treating patients and would deprive patients of access to necessary medical care.

Determinations of which procedures are medically necessity should be made by a medical professional with professional expertise in treating gender dysphoria who has actually examined the individual seeking treatment. Ultimately, a provision expressly excluding "cosmetic" surgeries from Medicaid coverage is not necessary to ensure that individuals do not receive coverage for medically unnecessary procedures. If an individual were to seek Medicare coverage for a cosmetic procedure that was wholly unrelated to gender dysphoria or another medical diagnosis, that coverage would already be prohibited under HCAR 4.104.1 ("Any service or procedure performed solely for the purpose of improving appearance is considered cosmetic and is not covered.")

From a medical standpoint, no procedure is inherently cosmetic or reconstructive—that distinction depends on the purpose for which a procedure is conducted. A breast augmentation may be an elective cosmetic procedure for one individual, but that same procedure would be medically necessary reconstructive surgery for another individual—for example, someone who underwent a mastectomy to prevent or treat breast cancer or a transgender individual for whom hormone therapy or other treatment is insufficient to treat their gender dysphoria. Many of the non-covered services deemed to be "cosmetic" under the proposed rule are in fact frequently considered medically necessary treatment for gender dysphoria, such as electrolysis or laser hair removal of facial hair or in preparation for vaginoplasty or phalloplasty, and facial feminization surgeries.

The WPATH Standards of Care are clear that transition-related surgeries such as facial feminization surgery should not be considered "cosmetic" when medically necessary to treat gender dysphoria. According to WPATH, medically necessary reconstructive procedures include procedures such as "nipple resizing or placement of breast prostheses, facial hair removal, certain facial plastic reconstruction, and voice therapy and/or surgery", as deemed medically necessary to treat gender dysphoria in each individual patient. WPATH also clarifies that surgical intervention such as facial feminization surgery "are often of

greater practical significance in the patient's daily life than reconstruction of the genitals."\textsuperscript{45}

A blanket exclusion of coverage for specific procedures in the regulation without taking into account individual medical necessity would also violate federal law. Federal courts have found that under the Medicaid Act and Affordable Care Act state Medicaid programs must ensure access to medically necessary care for gender dysphoria treatment. For example, a federal court last year held that Wisconsin Medicaid's exclusion of coverage for transition-related care violated Section 1557 of the Affordable Care Act.\textsuperscript{46}

Similarly, New York was required to amend its Medicaid regulations\textsuperscript{47} to remove its list of non-covered gender affirming services after a federal court found that having blanket exclusions of specific procedures for gender dysphoria treatment (such as facial feminization surgery) violated the Medicaid Act's availability and comparability provisions.\textsuperscript{48} Oregon\textsuperscript{49} and Connecticut\textsuperscript{50} similarly removed their lists of non-covered services after revisions to their Medicaid program coverage guidelines. More recently, the state of Wisconsin had to pay $780,500 in damages for two transgender state employees for denying coverage of services after revisions to their Medicaid program coverage guidelines. More recently, the state of Wisconsin had to pay $780,500 in damages for two transgender state employees for denying coverage of services after revisions to their Medicaid program coverage guidelines. More recently, the state of Wisconsin had to pay $780,500 in damages for two transgender state employees for denying coverage of services after revisions to their Medicaid program coverage guidelines. More recently, the state of Wisconsin had to pay $780,500 in damages for two transgender state employees for denying coverage of services after revisions to their Medicaid program coverage guidelines.

In light of these considerations, we urge the Agency to remove the list of specific procedures excluded from coverage under 4.238.7 and instead maintain only the language of 4.238.7(c).

Additionally, to ensure that Medicaid is covering all medically necessary care and not reimbursing costs for procedures that are purely cosmetic, we recommend that the Agency include the following language in the proposed rule under 4.238.2 (adapted from New York Medicaid regulations):

"For individuals meeting the requirements of medical necessity as outlined in this rule for surgeries, services, and procedures in connection with gender affirmation surgery not specified in this rule, or to be performed in situations other than those described in this rule, including those done to change the patient's physical appearance to more closely conform secondary sex characteristics to those of the patient's identified gender, shall be covered if it is demonstrated that such surgery, service, or procedure is medically necessary to treat a particular patient's gender dysphoria, and prior approval is received. In compliance with HCAR 4.104.1, coverage is not available for surgeries, services, or procedures that are purely cosmetic, i.e., that change a beneficiary's appearance but are not medically necessary to treat the patient's underlying gender dysphoria."\textsuperscript{51}

This language will allow for a case-by-case analysis to ensure coverage of medically necessary care that some people need, such as facial feminization surgery (FFS), while at the same time making it clear that procedures that "change a beneficiary's appearance but are not medically necessary to treat the patient's underlying gender dysphoria" will not be covered.

Finally, we urge the Agency to remove section 4.238.7(b), which states that Vermont Medicaid will not cover "the reversal or modification of the surgeries approved under this rule." This because the provision


\textsuperscript{46} Flack \textit{v. Wis. Dept. of Health Servs.}, 328 F.Supp.3d 931 (W.D. Wisc. 2018).

\textsuperscript{47} New York Codes, Rules and Regulations. Volume C (Title 18), Subchapter E, Article 3, Section 505.2.


\textsuperscript{49} Oregon Medicaid. Prioritized List of Health Services. Guideline Note 127 (October 1, 2019).

\textsuperscript{50} Husky Health Connecticut. Provider Policies & Procedures, Gender Affirmation Surgery (updated February 2019).

could be misinterpreted to bar coverage for procedures related to revisions, complications, non-healing, or suboptimal outcomes from a previous transition-related surgery. At a minimum, failure to provide coverage in these scenarios would be unethical and discriminatory, and likely to cause severe physical and emotional harm to patients.

**Conclusion**

We reiterate our appreciation to the Agency for this significant step in improving coverage for Medicaid beneficiaries in Vermont. NCTE is thankful for the opportunity to provide comments on this proposed rule, including suggestions to ensure that the final rule is in line with appropriate medical standards of care and does not broadly exclude coverage of *specific* procedures that can be medically necessary, which we hope the Agency will accept. Please do not hesitate to reach out to Harper Jean Tobin (hjtin@transequality.org) and Arli Christian (achristian@transequality.org) if we can provide any additional information with respect to this matter.

Sincerely,

Luc Athayde-Rizzaro
July 17, 2019

BY EMAIL

Ashley Berliner
Agency of Human Services
Medicaid Policy Unit
280 State Drive, Center Building
Waterbury, Vermont 05671-1000
AHS.MedicaidPolicy@vermont.gov

Re: 19P049 Gender Affirmation Surgery for the Treatment of Gender Dysphoria (HCAR 4.238, Proposed GCR 19-021)

Dear Ms. Berliner:

Thank you for the opportunity to comment on the proposed rulemaking by the Vermont Agency of Human Services (the Agency) amending the Health Care Administrative Rules, part of Vermont’s Medicaid program rules, with the addition of HCAR 4.238, “Gender Affirmation Surgery for the Treatment of Gender Dysphoria” (Proposed Rule).

The Transgender Legal Defense and Education Fund (TLDEF) is committed to achieving equality— including equal access to health care— for transgender and non-binary people. We have significant experience in matters related to ensuring access to appropriate care for gender dysphoria, and submit these comments to help improve the rule by ensuring equal access to care for Medicaid recipients with gender dysphoria.

Support for elimination of age barrier

We appreciate the Agency’s efforts to attempt to remove unfair barriers for Vermonters with gender dysphoria to receive the care and treatment they deserve under Vermont’s Medicaid program. In particular, we commend the Agency for expanding coverage to all Medicaid participants, not just those over 21 as is the case under the current Department of
Vermont Health Access (DVHA) Medical Policy. This age limit was based on an incorrect interpretation of federal law which provides that Medicaid coverage is available for sterilizations only if the individual was at least 21 years old at the time consent is obtained. However, the law defines sterilization as “any medical procedure, treatment, or operation for the purpose of rendering an individual permanently incapable of reproducing.” Sterilizations occurring in relation to the treatment of gender dysphoria are incidental and not for the purpose of sterilization and therefore are not covered by the federal rules.

Age is not an appropriate basis in determining the medical necessity and appropriateness of surgical treatment for gender dysphoria in minors. Enclosed are two literature reviews that detail the appropriateness of surgeries in people under 18: Transcend Legal, Medical necessity of mastectomy and male chest reconstruction to treat gender dysphoria in people under 18 (July 15, 2019) and Transcend Legal, Medical necessity of vaginoplasty to treat gender dysphoria in people under 18 (July 15, 2019).

**Suggested changes to the Proposed Rule**

While eliminating age-based barriers to coverage is a positive step, there are a number of remaining barriers included in the Proposed Rule in its current form. Certain provisions are inconsistent with best medical practice and relevant federal law. These provisions should be updated to accord with the standards and laws governing transgender health care, as further detailed below.

4.238.2 “Covered services” is overly restrictive

The Proposed Rule lists on a subset of medically necessary surgeries used to treat gender dysphoria. An overly limiting list unfairly singles out treatments for gender dysphoria for disparate treatment and means that recipients with gender dysphoria are denied individualized assessments of medical necessity. This can be rectified by either eliminating the list altogether in favor of a statement that medically necessary treatments for

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1 DVHA Medical Policy on Gender Reassignment Surgery (November 16, 2016). Coverage Criteria: “The services will only be considered for individuals who are active Vermont Medicaid beneficiaries, age 21 or older, which complies with federal regulations for sterilization.”

2 42 C.F.R. §441.253(a).

3 42 C.F.R. §441.251 (emphasis added).
gender dysphoria are covered or by indicating that the listed procedures are representative, not exclusive:

Coverage includes, only the specific but is not limited to, procedures stated as covered and does not include procedures that are excluded from coverage by section 4.238.7 of this rule. … Covered surgeries procedures include are limited to the following: …

(b) Breast surgeries:

(1) Breast augmentation mammoplasty, and
(2) Mastectomy, and
(3) Nipple/areola complex reconstruction.

(c) Non-genital, non-breast treatments:

(1) Hair removal
(2) Hair grafts
(3) Voice therapy
(4) Voice modification surgery
(5) Facial reconstruction
(6) Thyroid chondroplasty
(7) Body reconstruction/contouring

4.238.4 The definition of “qualified providers” in the Proposed Rule is overly restrictive and should be eliminated.

The Proposed Rule restricts Medicaid coverage of gender-affirmation surgeries to those performed by a narrow range of “qualified providers.” There is no need to single out treatments for gender dysphoria to impose by regulation that providers must meet qualification hurdles above and beyond what is required for any other procedure covered by Medicaid. HCAR 4.238.4 should simply be eliminated altogether.

The limitation of coverage to “board-certified” surgeons is overly restrictive and may cause unnecessary delays for transgender people in their receipt of medically necessary care. At a minimum, we suggest replacing “board-certified” with “licensed.” The requirement that the surgeon must have demonstrated “specialized competence in genital and/or breast reconstruction as indicated by documented supervised

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4 Proposed Rule HCAR 4.238.4 (“a board-certified urologist, gynecologist, or plastic or general surgeon, as appropriate to the requested service”).
training” is also overly restrictive and should be eliminated. The requirement of “documented supervised training” is particularly onerous and is likely unnecessary for most procedures. This provision may leave recipients with few to no providers and amount to a constructive denial of care.

While Medicaid recipients desire to and are entitled to go to qualified providers, singling out transgender health care for the imposition of unique requirements of health care providers amounts to unfair discrimination. To the extent that the Agency is concerned about a lack of experienced, qualified providers—the inevitable result of past discrimination and insurance exclusions for transgender-related health care—the Agency can itself can invest in ensuring that there are an adequate number of qualified providers in Vermont who accept Medicaid rather than continue to impose onerous restrictions on transgender health care access.

4.238.5(a)(1)(c)(i) Requiring participation in a treatment plan in consolidating gender identity and participation in addressing interpersonal issues as part of a treatment plan as a prerequisite to gender affirmation surgery is arbitrary and should be deleted.

The Proposed Rule stipulates that in order for an individual to receive coverage for gender affirmation surgery, they must demonstrate participation in a treatment plan in consolidating gender identity and participation in addressing interpersonal issues as part of a treatment plan. This is not in line with the World Professional Association for Transgender Health (WPATH) Standards of Care, which specifically state that psychotherapy is not a requirement for surgery. The WPATH Standards of Care note that mental health professionals can help facilitate an individualized plan with specific goals and timelines but that this can take place throughout all phases of exploration of gender identity, gender expression, and possible transition—not just prior to any possible medical interventions. WPATH rejects a minimum number of sessions because it

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*Id.*


8 WPATH Standards of Care at 28-29.
“tends to be construed as a hurdle, which discourages the genuine opportunity for personal growth.” 9 There is no medical basis for the requirement that an individual “address[] interpersonal issues” prior to receiving medical treatment. That requirement is paternalistic at best and has no basis in the clinical literature or practice.

(C) A written clinical evaluation referral by a qualified mental health professional will include at a minimum:

(i) A diagnosis of persistent gender dysphoria, with demonstrated:

(1) Participation in a treatment plan in consolidating gender identity, and
(2) Participation in addressing interpersonal issues as part of a treatment plan;

4.238.5(a)(1) codifies evolving practices and should be replaced with a more flexible approach.

To the extent that the requirements of 4.238.5(a)(1) are loosely based on the criteria for referral letters in the Standards,10 and contain requirements that are not in accordance with clinical practice, we recommend eliminating the detailed requirements altogether in favor a statement that allows for the on-going evolution of the WPATH Standards of Care:

(a) For a beneficiary to receive coverage for gender affirmation surgery, the following conditions must be met:

(1) Written clinical evaluation referral documenting eligibility and medical necessity from qualified mental health professional(s) in accordance with the WPATH Standards of Care.

(A) For breast surgery, a written clinical evaluation must be submitted by one qualified mental health professional.

(B) For genital surgery, two written clinical evaluations must be submitted by two separate qualified mental health professionals. The first referral should be from the individual’s treating qualified mental health professional, and the second referral may be from a person who has only had an evaluative role with the individual.

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9 WPATH Standards of Care at 28.

10 WPATH Standards of Care at 27-28.
(C) A written clinical evaluation by a qualified mental health professional will include at a minimum:

(i) A diagnosis of persistent gender dysphoria, with demonstrated:

(1) Participation in a treatment plan in consolidating gender identity, and

(2) Participation in addressing interpersonal issues as part of a treatment plan,

(ii) Diagnosis and treatment of any co-morbid conditions,

(iii) Counseling of treatment options and implications,

(iv) Psychotherapy, if indicated,

(v) Formal recommendation of readiness for surgical treatment, documented in a letter that includes:

(1) Documentation of all diagnoses,

(2) Duration of professional relationship and type of therapy,

(3) Rationale for surgery, and

(4) Follow-up treatment plan.

4.238.5(a)(3) Requiring 12 months of living in a gender role should be eliminated.

Requiring individuals to live full-time prior to any surgery is not in accordance with the WPATH Standards of Care, which have the criteria “12 continuous months of living in a gender role that is congruent with their gender identity” only for genital surgeries. It is clinically inappropriate to require individuals to live full-time for a year prior to breast surgeries and other non-genital surgeries. Forcing, for example, a transgender man who is on testosterone and has a deep voice and facial hair to live with breasts for a year will exacerbate his gender dysphoria, create physical harms caused by chest binding, and create safety concerns due to being visibly transgender.

This requirement should be eliminated altogether as even for genital surgeries, the WPATH Standards of Care are flexible guidelines and there

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11 WPATH Standards of Care at 59-60.
may be clinically appropriate reasons why an individual may not be able to transition in all contexts prior to surgery. At a minimum, the Proposed Rule should be modified as follows:

*For genital surgeries, completion of at least 12 months of living in a gender role that is congruent with their gender identity, across a range of life experiences and events that may occur throughout the year.*

**4.238.5(a)(4) Clarify that hormone therapy is not required.**

As nonbinary individuals in particular may not use hormone therapy, it can be made clear that hormone therapy is not required:

(4) Documentation of hormonal therapy, as appropriate to the beneficiary’s gender goals, including no hormone therapy, unless such therapy is medically contraindicated. Specific hormonal therapy pre-requisites are as follows:

**4.238.5(a)(4) & 4.238.5(b) The 24-month hormone therapy prerequisite for breast augmentation mammoplasty in the Proposed Rule is an overly burdensome requirement and should be revised in line with the WPATH Standards of Care.**

Requiring 24 consecutive months of hormone therapy for augmentation mammoplasty is overly burdensome. WPATH does not include hormonal therapy as an explicit criterion for breast augmentation mammoplasty, but recommends 12 months in order to obtain better surgical (aesthetic) results. The appropriate length of hormone treatment prior to surgery is decision that is best left in the hands of medical and mental health providers who are in the best position to evaluate a given individual’s need for surgery. Regulating this requirement reflects an approach to transgender health care that is not rooted in best practice or the needs of the patient, but rather continues a legacy of discriminatory restriction. A longer period of hormonal therapy is not medically indicated and unduly delays medically necessary surgical treatment for gender dysphoria. Delaying surgery can exacerbate gender dysphoria and contribute to misgendering that creates a safety risk.

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4.238.5(a)(4)(B) At least 24 consecutive months for breast augmentation mammoplasty, and

4.238.5(b) Breast augmentation mammoplasty may be considered medically necessary when clinical criteria is met and when 24 months of continuous hormone therapy has not resulted in breast development that, in the opinion of the qualified mental health professional, is sufficient to treat the beneficiary’s symptoms of gender dysphoria. No more than one breast augmentation mammoplasty will be covered in a lifetime.

4.238.5(b) The Proposed Rule should eliminate the provision “No more than one breast augmentation mammoplasty will be covered in a lifetime.”

The Proposed Rule states that no more than one breast augmentation mammoplasty will be covered in a lifetime. However, implants can deteriorate over time and replacements can be medically necessary where the implants cause discomfort or medical complications. Breast implants also have a known rate of deflation/rupture rate ranging from 1-16%, which means that a certain percentage of transgender women will require a second operation to replace the implants. There are myriad medically necessary reasons why an individual might require more than one augmentation mammoplasty surgery in a lifetime, including revision or replacement.

Ambiguities about the coverage of breast augmentation mammoplasty for transgender women are potentially harmful. In Beger v. Acting Commissioner, Division of Medical Assistance, a Massachusetts court deemed that the denial of coverage by Medicaid of a transgender woman’s breast reconstruction surgery was “arbitrary and … not supported by

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14 Proposed Rule HCAR 4.238.5(b) (“No more than one breast augmentation mammoplasty will be covered in a lifetime.”).


substantial evidence.” Ms. Beger had suffered a cyst in her right breast, 25 years after a successful gender reassignment surgery. The Division provided coverage for the removal of the implants but not for the replacement. The court found this distinction to be arbitrary and capricious, noting that their action punished Ms. Beger simply because her implants failed after 25 years. The court further found that “Ms. Beger’s right to breast reconstruction, which is a substantial right, has been unlawfully withheld and unreasonably delayed.”

The proposed rule arbitrarily denies medically necessary care or at a minimum creates discriminatory hurdles or confusion simply because the diagnosis is gender dysphoria. Such a restriction is based on stereotypes, not a rational basis and therefore should not be adopted.

(b) Breast augmentation mammoplasty may be considered medically necessary when clinical criteria is met and when 24 months of continuous hormone therapy has not resulted in breast development that, in the opinion of the qualified mental health professional, is sufficient to treat the beneficiary’s symptoms of gender dysphoria. No more than one breast augmentation mammoplasty will be covered in a lifetime.

4.238.7 The categorical exclusion of medically necessary surgeries in the Proposed Rule should be removed as it constitutes unlawful discrimination against transgender people.

The Proposed Rule discriminates against transgender individuals by singling out medically necessary gender dysphoria treatments for exclusion. This creates unnecessary and unlawful barriers to care. HCAR 4.238.7(a) categorically excludes certain gender affirming surgeries as “non-covered services” even where such surgeries are deemed medically necessary. Non-covered services include, among others, facial gender reassignment surgery, reduction thyroid chondroplasty and voice


18 Id. at *4.

19 Id.

20 Id.

21 Proposed Rule HCAR 4.238.7(a).
modification surgery as well as “any service not explicitly listed as a covered service.”

This list of exclusions is arbitrary and excludes medically necessary care. See, for example, the enclosed literature review, Transcend Legal, *Medical necessity of facial gender reassignment surgery for transgender women* (2018), which demonstrates that for at least some individuals with gender dysphoria, facial gender reassignment surgery is medically necessary.

We urge that the Agency eliminate 4.238.7(a) or replace it with a simple statement of coverage: “Payment is available for other gender affirmation surgeries medically necessary to treat gender dysphoria.” This would make clear that treatment for gender dysphoria is to be determined solely based on a medical provider’s judgment of medical necessity, not an arbitrary, distinct standard applied only to people with gender dysphoria. It would also be consistent with the language in HCAR 4.238.7(c), which limits coverage of surgeries or procedures that are “cosmetic … i.e., that change a beneficiary’s appearance but are not medically necessary to treat the patient’s underlying gender dysphoria.”

The failure to make such a change violates state and federal law in several respects. We therefore urge the Agency to revise its regulation to remove the categorical exclusion of certain gender affirmation surgeries and bring it into compliance with state and federal law, which now makes abundantly clear that the burdens the Proposed Rule will place on transgender individuals to receive care are unlawful, as detailed below.

**Proposed HCAR 4.238.7(a) violates Section 1557 of the Affordable Care Act**

*Section 1557 bars discrimination against transgender individuals in health insurance*

Section 1557 of the Affordable Care Act (ACA) prohibits discrimination on the basis of sex and disability in health programs or activities such as Medicaid. Vermont’s Medicaid program is a “covered entity” under the implementing regulations as it is “an entity that operates a health program or activity, any part of which receives Federal financial assistance.”

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22 Id.


24 45 C.F.R. § 92.4.
“health program or activity” includes “all of the operations of a State Medicaid program.”

The regulation makes clear that discrimination against transgender people is unlawful discrimination on the basis of sex. More specifically, a covered entity may not “[h]ave or implement a categorical coverage exclusion or limitation for all health services related to transition.” Nor may a covered entity “deny or limit coverage, deny or limit coverage of a claim, or impose additional cost sharing or other limitations or restrictions on coverage, for specific health services related to gender transition if such denial, limitation, or restriction results in discrimination against a transgender person.”

HHS explained in the preamble that covered entities “will be expected to provide a neutral, nondiscriminatory reason for the denial or limitation that is not a pretext for discrimination.”

The Proposed Rule imposes arbitrary additional burdens on access to transgender-related health care

As described above, the Proposed Rule includes a number of provisions which impose arbitrary additional burdens on transgender individuals seeking medically necessary surgical treatment. In particular, the categorical exclusion of gender-affirming surgeries in HCAR 4.238.7(a) is an arbitrary and capricious, animus-based burden on transgender-related health care that lacks a rational basis. Vermont’s Medicaid program funds “covered physician services” including surgeries based on medical necessity, without an automatic presumption against authorizing payment for treatment. It is not necessary to single out treatments for gender dysphoria for unique, categorical exclusions based on medical necessity because existing Medicaid provisions are sufficient to ensure that only medically necessary services will be covered. Vermont Medicaid covers

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25 Id.

26 Id. ("On the basis of sex includes, but is not limited to, discrimination on the basis of . . . gender identity."); Nondiscrimination in Health Programs and Activities, 81 Fed. Reg. 31,376, 31,385 (May 18, 2016) (to be codified at 45 C.F.R. pt. 92) ("[W]e interpret references to the term “gender identity” as encompassing . . . “transgender status.”").

27 45 C.F.R. § 92.207(4).

28 45 C.F.R. § 92.207(5).

29 Nondiscrimination in Health Programs and Activities, 81 Fed. Reg. at 31,433.

30 DVHA Medicaid Covered Services Rules, Rule 7301.1.
only “those services certified as medically necessary in the judgment of a qualified physician for the proper management, control, or treatment of an individual’s medical problem and provided under the physician’s direction and supervision.”\textsuperscript{31} This generic provision has been sufficient guidance for making coverage determinations for treatments other than gender dysphoria.

Vermont Medicaid does not cover “cosmetic” medical services or surgery.\textsuperscript{32} Cosmetic medical services are those “performed solely for the purpose of improving appearance.”\textsuperscript{33} Cosmetic surgery is further defined as encompassing “any surgical procedure directed at improving appearance (including removal of tattoos), except: […] (3) Surgery for therapeutic purposes that coincidentally serves some cosmetic purpose.”\textsuperscript{34} This is reinforced in the Proposed Rule, which makes reference to the standard in HCAR 4.104.1 in determining whether surgeries are medically necessary to treat gender dysphoria or whether they are cosmetic.\textsuperscript{35} HCAR 4.101.1 does not bar the “non-covered services” listed in the Proposed Rule when they are medically necessary, because they are not directed at improving appearance but at resolving the patient’s gender dysphoria.

\textbf{Proposed HCAR 4.238.7(a) is unlawful sex and disability discrimination under Section 1557}

This double standard is not only arbitrary and capricious, but it also violates the nondiscrimination provision contained in Section 1557, as elaborated upon in § 92.207(5) of the implementing regulation.\textsuperscript{36} Under

\textsuperscript{31} DVHA Medicaid Covered Services Rules, Rule 7105.2.

\textsuperscript{32} HCAR 4.104.1.

\textsuperscript{33} HCAR 4.104.1(a).

\textsuperscript{34} HCAR 4.104.1(b).

\textsuperscript{35} Proposed Rule, HCAR 4.238.7(c).

\textsuperscript{36} In addition, the unlawfulness of the Proposed Rule is bolstered by the U.S. Department of Labor’s regulation banning federal contractors from discriminating on the basis of gender identity. Under the regulation codified at 41 C.F.R. §60-20.6, which goes into effect August 15, 2016, federal contractors may not “discriminate on the basis of sex with regard to fringe benefits,” including “medical [and] hospital” insurance plans. As the Department of Labor explains, this regulation prohibits both categorical exclusions of treatment for gender dysphoria as well as a discriminatory “denial or limitation” of medical services. This guidance explains that “[c]ontractors must apply the same generally applicable standards in determining coverage for
HCAR 4.238.7(a), transgender people seeking access to treatment for their gender dysphoria will be barred from accessing medically necessary care on the basis of an unjustified categorical exclusion. This exclusion does not apply to other Vermont Medicaid participants seeking medically necessary care.

This disparity between the standards is discriminatory and invalid under Section 1557 and § 92.207 of the implementing regulation, for if the general standard applied to treatment of gender dysphoria there would be no presumption against the care at issue here. That is a clear violation of § 92.207’s prohibition of a denial of coverage where “such denial, limitation, or restriction results in discrimination against a transgender person.”37 Moreover, it is an unlawful “categorical coverage exclusion or limitation for all health services related to transition”38 because of the initial blanket classification of these procedures as “cosmetic” without regard to individual medical necessity. “Transgender patients do not pursue treatments that alter their physical features to simply improve their looks, but rather to cure or mitigate the distress and maladaptation caused by gender identity disorder.”39 As detailed below, part of the treatment recognized for gender dysphoria are procedures meant to allow an individual to live in accordance with their affirmed gender. Such services should not be categorically excluded under a standard that singles out health-care services to all employees, regardless of their gender identity or transgender status. If a contractor generally provides coverage for a particular treatment or service, e.g., hormone replacement or mental health care, where it is medically necessary, the contractor cannot decline to provide coverage for that same treatment when it is deemed medically necessary for a transgender individual because the treatment is related to his or her gender identity or transgender status.”81 Fed Reg. 39,136. The regulation also noted that “numerous medical organizations . . . have rejected the myth that such treatments are “cosmetic” or “experimental” and have recognized that these treatments can provide safe and effective treatment for a serious health condition.” Id. n.166. Although federal spending on state Medicaid programs is commonly considered a grant rather than a contract, the regulation and its guidance are still persuasive authority for the proposition that under federal regulations (such as that promulgated under HHS’s Section 1557), non-discrimination requirements include a mandate to provide all medical services on an equal basis to beneficiaries.


treatment for gender dysphoria. There is no legitimate purpose served by excluding medically necessary procedures from coverage. This constitutes unlawful discrimination under Section 1557.

Under the regulation, no restrictions may be applied to transgender people seeking care related to gender transition in a discriminatory manner. It is not enough for Medicaid to cover some services related to gender transition and not others; it must provide the services on precisely the same basis as they would be provided for other people or other diagnoses. For all other procedures, Vermont Medicaid applies the standard of medical necessity.\(^\text{40}\) HHS’s guidance makes clear the broad scope of this nondiscrimination provision as applied to transgender individuals, noting that “under § 92.207(a), a covered entity would be barred from denying coverage of any claim (not just sex-specific surgeries) on the basis that the enrollee is a transgender individual.”\(^\text{41}\) The presumptive exclusion of certain medical procedures for treatment of gender dysphoria under the Proposed Rule serves no purpose other than to single out transgender individuals for discriminatory treatment.

**The Proposed Rule violates federal law requiring Medicaid recipients to have comparable access to healthcare services as all other recipients of care**

The more burdensome requirement imposed upon transgender people seeking medical care related to gender dysphoria also violates the requirement under federal law that the standards for care under Medicaid be comparable across all beneficiaries. Federal law requires that medical assistance “made available to any individual” must not be “less in amount, duration, or scope than the medical assistance made available to any other such individual.”\(^\text{42}\) A state’s Medicaid plan must further provide that “the services available to any individual . . . are equal in amount, duration and scope” for all eligible beneficiaries.\(^\text{43}\) The Second Circuit has held that “[t]he comparability provision of the Medicaid Act seeks to ensure that the categorically needy receive maximum access to benefits provided under

\(^{40}\) DVHA Medicaid Covered Services Rules, Rule 7103.

\(^{41}\) Nondiscrimination in Health Programs and Activities, 81 Fed. Reg. at 31,429 n.227 (emphasis added).


\(^{43}\) 42 C.F.R. § 440.240(b) (2016).
Accordingly, this comparability standard “prohibits discrimination among individuals with the same medical needs stemming from different medical conditions.” In addition, the court explained that under this regulation, “a selective distribution of medical assistance offers an unequal ‘scope’ of benefits to individuals within the categorically needy class, violating the plain language” of the statute and regulation at issue.

The statute, the regulation, and court interpretation demonstrate that the Agency’s practice of setting a higher standard for transgender individuals to access medical care for gender dysphoria than for similar care unrelated to gender dysphoria violates the comparability requirement. The Proposed Rule, in particular HCAR 4.238.7(a) ensures that transgender people seeking medical care for gender dysphoria receive services on an unequal basis to everyone else. For all other persons, their physician must avow that the procedure is medically necessary in order to obtain coverage, while for care related to gender dysphoria, individuals are excluded from coverage even where the procedure is medically necessary. An individual with a broken nose, for example need show only that her rhinoplasty was medically necessary in light of her medical condition. By contrast, a transgender person may not receive such treatment even if such a procedure is medically necessary to treat her gender dysphoria. That dual, discriminatory standard is not equal in “scope” to the care provided to other people or for other diagnoses. It thus violates federal law for Vermont Medicaid to limit payment for medical coverage for medically necessary treatment in a manner that discriminates against transgender persons.

The Proposed Rule violates federal law requiring state Medicaid programs to provide all reasonably necessary care to sufficiently alleviate recipients’ covered medical conditions

Under federal law, each state’s Medicaid plan must specify the services it covers, as related to particular diagnoses. Once a state decides to cover certain medical services, it must then ensure that the treatment it offers is

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44 Davis v. Shah, 821 F.3d 231, 255 (2d Cir. 2016) (emphasis added).

45 Id. at *21.

46 Id. at *19.

47 42 C.F.R. § 440.230(a).
“sufficient in amount, duration, and scope to reasonably achieve its purpose,” namely by treating those diagnoses it is covering through a given procedure.\(^{48}\) Moreover, under the same federal regulation “[t]he Medicaid agency may not arbitrarily deny or reduce the amount, duration, or scope” of such treatment “because of the diagnosis, type of illness, or condition.”\(^{49}\) Instead, a state Medicaid plan may “place appropriate limits on a service based on such criteria as medical necessity.”\(^{50}\) As the Eighth Circuit has explained, “[o]nce a state chooses to offer such optional services it is bound to act in compliance with the Act . . . including the requirement that ‘[e]ach service must be sufficient in amount, duration, and scope to reasonably achieve its purpose.’”\(^{51}\) As the court noted, the federal regulation’s prohibition on arbitrary denials of treatment due to diagnosis, illness or condition, combined with its invocation of medical necessity as the appropriate standard, “has been interpreted to require that a state Medicaid plan provide treatment that is deemed ‘medically necessary’ in order to comport with the objectives of the Act.”\(^{52}\)

The Proposed Rule, in particular HCAR 4.238.7(a), will directly violate this federally-mandated standard. Since 2008, Vermont Medicaid has recognized the elimination of gender dysphoria as a medically necessary goal, given its coverage of gender reassignment surgery.\(^{53}\) Having rightfully chosen to cover treatment for gender dysphoria, Vermont must ensure that the treatment it offers is “sufficient in amount, duration, and scope to reasonably achieve its purpose,” as determined by the standard of medical necessity, and may not arbitrarily deny or reduce the amount, duration or scope of treatment because the treatment is for gender dysphoria. HCAR 4.238.7(a) fails this test: it prevents transgender patients experiencing gender dysphoria from obtaining sufficient treatment to eliminate that gender dysphoria. As the World Professional Association for Transgender Health has made clear, procedures related to visible sex-differentiated characteristics such as feminizing facial reconstruction are “often of greater practical significance in the patient’s life than reconstruction of the

\(^{48}\) 42 C.F.R. § 440.230(b) (2016).
\(^{49}\) 42 C.F.R. § 440.230(c) (2016).
\(^{50}\) 42 C.F.R. § 440.230(d) (2016).
\(^{51}\) Weaver v. Reagen, 886 F.2d 194, 197 (8th Cir. 1989).
\(^{52}\) Id. at 198 (citing Beal v. Doe, 432 U.S. 438, 444 (1977)).
\(^{53}\) DVHA Medical Policy on Gender Reassignment Surgery (Nov 16, 2016).
genitals.” 54 The exclusion of non-covered services under HCAR 4.238.7(a) are in fact vital treatments for gender dysphoria, and their exclusion from coverage thus violates this sufficiency principle mandated by federal law.

**Conclusion**

The arbitrary and discriminatory barriers to care detailed above under the Proposed Rule leave the Agency open to future lawsuits or sanction by HHS’s Office of Civil Rights. The most effective way to ensure nondiscriminatory coverage of gender dysphoria treatments is to update the language in the Proposed Rule as described above, and to simply repeal HCAR 4.238.7(a), providing coverage for surgical treatments for gender dysphoria on the same terms as all other medical treatment.

Very truly yours,

Noah E. Lewis

Enclosures (3)

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Public Comments Received on Proposed Rule:

HCAR 4.238 – Gender Affirmation Surgery for the Treatment of Gender Dysphoria

Comment 1:

Thank you for the proposed coverage changes! As I'm still relatively early (18 months) in my transition to female it means a lot to me. However, a point I'd like to bring up is that electrolysis of the genital area is not optional nor cosmetic in the case of M2F (and I imagine F2M as well, though I'm not 100%). It's a requirement before bottom surgery, as otherwise one would have hairs growing in what would then be internal tissue. Since electrolysis of that one area is a necessary step toward gender-affirming surgery I feel it should be covered, whereas electrolysis of other areas would fall into the 'cosmetic' category along with things like facial feminization surgery, the stitching of vocals cords to raise voice pitch, etc. While I would love to no longer grow facial hair, it's far more important to me to have bottom surgery. If these changes to Medicaid coverage take effect as they stand now, the only thing in the way (and in many other's way) of me finishing my transition within the next year would be the money for electrolysis, which will take a minimum of 4 years to save. Thank you for taking this into consideration!

Comment 2:

Please see below my comments for the proposed rule: Gender Affirmation Surgery for the Treatment of Gender Dysphoria.

Section 4.238.5 (a) (1) (C) (i) (2) wrongly assumes that all individuals with gender dysphoria have interpersonal issues either as a result of their diagnosis or independently of it. It also requires that patients with gender dysphoria participate in treatment for a different issue in order to obtain medically necessary treatment for gender dysphoria. Of note, WPATH expressly does not require participating in psychotherapy for medical treatment of gender dysphoria and states, "psychotherapy is not an absolute requirement for hormone therapy and surgery." (Additionally, please see WPATH Section VII - Mental Health, page 28-29 of version 7.) This requirement should be removed.

Section 4.238.5 (a) (4) uses the phrase "medically contraindicated" and then states, "Specific hormonal therapy pre-requisites are as follows" which is not consistent with WPATH and is exclusionary of individuals that do not wish to undergo hormone therapy but do need to have surgical procedures that are medically necessary to treat their gender dysphoria. Specifically, this is exclusionary of non-binary identified individuals who are comfortable with their current hormones but do experience dysphoria related to certain parts of their bodies. Related to the hormone requirements, WPATH states, "as appropriate to the patient's gender goals (unless hormones are not clinically indicated for the individual)." This requirement should be modified to match the WPATH language which is more inclusive of all individuals that experience gender dysphoria.

Section 4.238.7 (a) specifically excludes surgical procedures which in many cases are medically necessary to treat gender dysphoria. It is understood that many of these are cosmetic in nature however there should be a process (pre-authorization or appeals system) by which a person could request and potentially be approved for procedures outside the list of covered procedures. Of note, other insurances and jurisdictions are covering some
of the procedures that are excluded in this rule under certain conditions. Standards for treatment of gender
dysphoria are rapidly changing and by specifically excluding and not allowing for a system of possible approval,
Vermont is publishing a rule that will already be out of date. This section should be modified to include a process
for reviewing medical necessity and approving procedures for the purpose of treating gender dysphoria. (Please
see language included in New York's Rules and Regulations 505.2 - Physicians' services 2016)

Comment 3:

Dear Folks:

I am writing to provide public comment on the proposed Medicaid rule: Gender Affirmation Surgery for
the Treatment of Gender Dysphoria.

As an attorney with an interest in civil rights, I am pleased that the Agency of Human Services is
proposing a new rule to govern Medicaid payment for gender affirmation surgeries. The following comments
bring attention to some areas that need attention and revision.

1. The proposed rule is overly restrictive because Section 4.238.5 (a) (4) requires hormone treatment prior to
certain surgical procedures unless “medically contraindicated.” The definition section 4.238.1(c) recognizes that
gender identity includes “an individual’s intrinsic sense of being a man, a woman, neither, both, or an alternative
gender…” Requiring individuals to take hormones in order to qualify for surgery contradicts the definitional
recognition of the variety of individual gender identities.

For both non-binary and binary transgender people, there may be individualized reasons why a person may not
want to take hormones, even though gender affirmation surgery is medically necessary to address their gender
dysphoria. There is no one way to express being a man or a woman or a non-binary person. For example, some
people are comfortable with their native hormones, but experience dysphoria with respect to some of their
physical characteristics. To require hormone therapy for all transgender persons as a prerequisite for medically
necessary surgery violates the autonomy of the person. The requirement for hormone therapy prior to surgery
should be reviewed on a case-by-case basis consistent with the WPATH Standards of Care: pre-surgery
hormones should be prescribed “as appropriate to the patient’s gender goals (unless hormones are not clinically
indicated for the individual.)"

2. The proposed rule stated in Section 4.238.7 (a) excludes many medically necessary services that may in some
cases be essential to treating diagnosed gender dysphoria. There is a difference between cosmetic procedures
and medically necessary ones, and these should be reviewed on a case-by-case basis by medical personnel. For
example, genital electrolysis is necessary before genital surgery can be performed on trans-feminine
patients. Another example is that some surgeons find that chest liposuction is necessary during surgery in
combination with mastectomy to fully treat gender dysphoria in some trans-masculine patients since liposuction
reduces the need for revision surgery. These procedures, and others, are not merely cosmetic - they are
medically necessary to address the patients’ gender dysphoria. A system of physician review and appeal rather
than exclusion would allow appropriate medical care consistent with best medical practices for treatment of
gender dysphoria.
Thank you for your consideration of my comments on the proposed rule.

Comment 4:

I am a transgender woman living in Burlington VT. I am writing to urge you to cover gender affirmation surgery procedures for transgender Vermonters and broaden the scope of what that term encompasses. To reduce it down to only covering bottom surgery and select surgeries involving the addition or removal of breast tissue is nonsensical. These are not the parts of us that the majority of people interact with. I don’t know about you, but I don’t go to work naked. To reduce the massive cognitive strain forced on transgender people by our current presidential and societal conditions, you must provide services that aid our ability to be perceived as our actual gender. What good does a vagina do if I’m facing down a cop who only sees my unshaven stubble?

To elaborate on "cognitive strain", imagine you have a bucket full of thoughts and concerns on your head. It’s heavy. Each concern you have about life is in the bucket. Getting beaten up for going to the wrong bathroom, street harassment for wearing a dress, getting misgendered are just a few items from an average transgender person’s "bucket". We carry these daily, and it wears us down. Receiving facial feminization surgery allowed me to dump many of these concerns from my bucket, making it much easier to carry what I have left. The bucket refers to our brains, they function much better when they’re free from the worry and burden of making sure we don’t die, get raped, or beaten.

If you want healthy, happy transgender communities in our state, you must change your definition of "cosmetic" surgeries. What gatekeepers call cosmetic, we call life changing, lifesaving, life giving. These facial surgeries and hair removal procedures are not to "improve" our appearance. Our appearance isn’t the problem here. The way society punishes us for defying the strict system of gender enforced on us since birth is the problem. Women with facial hair (including cis women with PCOS) wouldn't have to worry about removing it if the social punishments for not doing so weren’t so severe. We don’t seek improvement; we seek equal treatment.

To that end, you must remove the ridiculous barriers to treatment currently in place. "Written clinical evaluations" must become "written clinical letters" of support, as Vermont Legal Aid has already suggested. In addition to the written clinical evaluation, you mandate that we "make progress in dealing with work, family, and interpersonal issues resulting in improved mental health". You’re putting the onus on us, individual trans people, to fix the society that causes us to seek so many of these surgeries in the first place. I wouldn't need a new face if I could walk down the street without someone giving me an unwanted rhinoplasty by breaking my goddamn nose. It also just has nothing to do with whether or not we need surgery. Try asking a heart transplant patient to make progress with their family life before receiving a donor organ and see how that goes.

Finally, we must also seek "in-network follow-up care" from a network that can’t follow-up or care. You don't have the providers we need in your network and won't pay for us to go out of network. It's a catch 22, only instead of a 1961 novel by Joseph Heller, it's a non-functional healthcare system. The changes we (actual trans people and our allies) propose would enable us to get the treatment holding your coverage is supposed to entitle us to.

I will end on a positive note; removing the following list of requirements is a gigantic step in the right direction. Please continue to improve your policies to serve our transgender population.
o the age limit
o the doctorate degree requirement,
o the breast development limit
o the photograph requirement
o the substance abuse treatment success requirement
o the education of family members and significant others requirement
o the hormone therapy 24 month requirement for genital surgeries and mastectomy

These requirements don’t serve a functional purpose besides restricting who can transition to only those who can afford the required treatment and survive long enough to get it. Which isn’t easy to do as a transgender person in America today.

Comment 5:

Hello,

The following is my original testimony along with important documentations. Thank you and please feel free to share this. If you have any questions, please contact me.

Thank you for the opportunity to speak to you today:

(Intro myself, and the Alliance mission and purpose:)

The LGBTQIA Alliance of Vermont is comprised of representatives from a range of LGBTQIA organizations and individuals from the broader Vermont community.

Our mission is to anticipate and collaboratively respond to proposed & enacted laws, policies, actions, and community-level crises that impact on LGBTQIA Vermoneters.

The Alliance provides expert advice to elected officials, political activists, state agencies, community based & professional organizations, and other interested parties on representing and protecting the interests and rights of LGBTQIA Vermoneters. The group seeks to fairly represent the collective voice of LGBTQIA Vermoneters through advocacy, community building, education, and representation.

I am here today to voice some concerns that have been brought to our attention from the Lgbtqia community, and my transgender community.

First, let me thank you all for the long-needed update to some very outdated practices and language and speak briefly on what is so very good to see in the proposed revisions:

Changing age limits, hormone therapy time requirements, breast development limits, photograph requirements as well as doctorate degrees for evaluations, and removing the requirement to educate family and significant other, along with substance abuse treatment success,

These thoughtful changes will go a long way to remove barriers to successful outcomes for transgender individuals.

Let me now speak to some of the concerns that are present in the document that we have been able to review:
The exclusion of facial feminization surgery and electrolysis as non-covered services is of concern to my community especially for male to female transgender people.

While the idea of safety and a sense of self may not be on your minds, I assure you that most M2F transgender women have that in mind every time they look in the mirror or go out in public.

Hormones allow F2M transgender folks to grow beards feel good about their presentation, but it is not the same for women who identify as transgender. Not being able to eliminate facial hair that can be dark and grow quickly may totally keep those individuals from ever leaving their home or feeling that they cannot overcome the fear of being discovered or outed when out in public.

Should they travel outside, the fear of being beat up, outed, or harassed can be overwhelming. This can lead to depression and suicide. Compare those costs to have someone in treatment or the cost to the families when someone takes their life. Our own youth risk survey shows the appalling statistic of suicide in this demographic. Please reconsider allowing for these procedures. It will save lives and cost very little compared to suicide.

Another provision that really needs to be visited is our concern that the "written clinical evaluation" is a barrier to accessing this care. Medical "evaluations" suggest in the language of healthcare requiring an assessment process by a qualified professional using a standardized tool or questionnaire that results in a document that will burden our medical professionals with hours of unnecessary paperwork.

That additional time and the cost will be a barrier to doctors and mental health professionals who would otherwise support these medically necessary procedures.

In a society that already has marginalized transgender folks, we need to remove these "requirements" not add to them. Placing additional evaluations where none existed is not progress.

Truly the format of an evaluation will burden both professionals and the individuals who seek only to be who they were meant be, simply their authentic selves.

In closing I would ask if you have ever heard the saying "nothing about me, without me" that often is a driver for social reform.

I will leave you with a couple questions.

Who from my transgender community sat with you and guided you to make these changes? Was my voice present in the discussions? I hope it will be in your recommendations in the future, thank you for your time.

Additional information regarding non-covered procedures in other states:

**Connecticut** does not have a non-covered services list: [http://www.huskyhealthct.org/providers/provider_postings/policies_procedures/Gender_Affirmation_Surgery.pdf](http://www.huskyhealthct.org/providers/provider_postings/policies_procedures/Gender_Affirmation_Surgery.pdf)

**New York** does not have a non-covered services list: [https://regs.health.ny.gov/volume-c-title-18/1262489358/section-5052-physicians-services](https://regs.health.ny.gov/volume-c-title-18/1262489358/section-5052-physicians-services)


Maine is moving to remove non-covered services and is also in the public comment phase of the process as well.

Please consider changing the draft to cover what you have listed as non-covered services. It will save lives.
Comment 6:

I enthusiastically support the changes that have been made to improve access for trans affirmative surgeries for Vermonters. It is a vital and timely step forward!! The goal of the changes should be minimizing obstacles to these medically necessary procedures but still maintaining safety and strong clinical care. I believe these changes meet this goal.

I am especially pleased by the following:
1) The change in the designation of “qualified mental health professional” from doctorate (MD, PhD) to include Masters level clinicians. Since finding doctorate level mental health providers if quite difficult, this change helps support access and appropriately values the skills and client-patient relationship of master level clinicians and their patients.

2) Eliminating the requirement for hormone therapy for chest masculinizing surgery (or mastectomy). Testosterone therapy is not always a choice or medically appropriate.

3) Eliminating an age requirement. This is in keeping with professional guidelines. I do not believe that this will increase risk for patients, but rather allow patients in conjunction with their medical and mental health provider to establish the best plan of care for an individual patient based on appropriate mental health screening and current established guidelines.

When reviewing the new eligibility requirements I am not clear what the term “written clinical evaluation” means, in comparison to the previous “letters of support”. Hopefully that will be clarified and not cause obstacles in having mental health providers write these important documents.

Finally, as a long term provider of care for trans gender Vermonters, I am aware of the stigma and at times harassment and abuse they can experience in public when identified as transgender. Electrolysis is a relatively inexpensive but hugely productive procedure for transgender woman trying to feminize their appearance. I realize that this is not currently a covered procedure but hopefully it will be some day in the future.

I realize that there has been much debate and opposition to these changes, but they are vital for the health and safety of transgender Vermonters.

Comment 7:

Thank you for the opportunity to offer my professional opinion regarding the proposed revisions the guidelines regarding **Gender Affirmation Surgery for the Treatment of Gender Dysphoria, HCAR 4.238**.

I am a Professor of Psychiatry at the Robert Larner, MD, College of Medicine at the University of Vermont. I have been engaged in the clinical care of persons with gender dysphoria since 1995 and helped to found a clinical program for the treatment of gender dysphoria at the University of Michigan Medical Center in the 1990s. I have taught, in national and international venues, and published extensively on this subject. My comments are based on national standards, the current medical literature, and over 25 years of clinical practice.

Overall, it is excellent that the State of Vermont is working to make services available to this medically underserved group. The medical necessity of hormonal and surgical treatments for gender dysphoria is beyond
questioning, in light of the weight of the medical and mental health literatures. Objections at this point in time are not based in science.

My concerns with the revised policy as it stands are the following:

**4.238.4:** “The surgeon must have demonstrated specialized competence in genital or breast reconstruction, as indicated by supervised training.” For some procedures, specialty board certification and hospital privileges would suffice. It would not be practical or useful to have the State of Vermont micro-evaluate the qualifications of surgeons who have already been certified by their specialty boards and granted privileges to perform these procedures by their hospitals or surgical centers.

**4.238.5 (a) (1) (C):** “A written clinical evaluation by a qualified mental health professional will include, at a minimum...(2) Participation in addressing interpersonal issues as part of a treatment plan...” Many persons who are transgender also experience conditions that affect their interpersonal relationships and are distinct from the effects of gender dysphoria. I have treated many people who were transgender and had autism. The implication of this sentence are unclear and may be unduly burdensome to some patients. Gender dysphoria is a medical condition that warrants treatment regardless of the interpersonal skills of the individual. This should be removed.

**4.238.5 (a) (3):** “Completion of at least 12 months of living in a gender role that is congruent with their gender identity, across a range of life experiences and events that may occur throughout the year,” should be followed by “and/or participation in regular psychotherapy addressing the gender dysphoria for at least 12 months.” What is an appropriately congruent gender role to a particular gender identity? This would seem to rely on stereotypes that are often outdated or inappropriate and would be difficult to document or enforce. Psychotherapy is simpler to document and would be more appropriate for persons for whom gender identity is more complex.

**4.238.5 (a) (4) (A):** “Documentation of hormonal therapy, as appropriate to the beneficiary’s gender goals, unless such therapy is medically contraindicated,” is too restrictive for many people with a non-binary gender identity, who may need mastectomy by not hormonal treatment. This should be removed, or revised to “if, or as, appropriate to the beneficiary’s gender goals.”

**4.238.5 (a) (5):** This is unnecessarily proscriptive, bulky, and may be discriminatory. “Documented informed consent” is sufficient, the same as for any other surgical procedure.

Thank you very much for your consideration in these important matters.

**Comment 8:**

Hello,

I am a non-binary individual. I am also on Medicaid. The language and coverage as is not inclusive to people like me. Not all non-binary people want to be on testosterone/estrogen but may want surgeries. This should be fixed. I would also like to see certain surgeries covered for gender affirmation. That entire list that is currently not covered, should be. Having hair/not having hair in places, for example, is a major dysphoria trigger for people in the community. It might be good to interview individuals in the community to get personal feedback.
Comment 9:

To Whom It May Concern:

I am writing to submit commentary on proposed changes to the Medicaid policies for "Gender Affirmation Surgery for the Treatment of Gender Dysphoria."

As a transgender individual myself, and also as a Vermonter, I believe ensuring services are available to help further the health of Vermonters- in this case, specifically transgender Vermonters- to be a hugely important task.

With regard to Section 4.238.7, detailing "Non-Covered Services," I would like to acknowledge that I do believe that it is important to limit extra procedures that are not necessary, specifically when not doing so might otherwise lead to elective "vanity" surgeries under the guise of "standard procedure." While we must protect the patients, we also must ensure that they are being provided the best care that is efficient and cost-effective.

However, I would request- and even caution- that this matter be looked into more in depth. For certain members of the transgender population, some of these procedures are important in order to be able to lead lives in their post-operative gender. While some are comfortable being out about being trans-men and trans-women and while some can easily "pass," others just want to live their lives authentically without undue notice, and for some this is quite difficult due to their physical characteristics. In some cases procedures such as electrolysis, facial feminization or thyroid chondroplasty reduction are perhaps as necessary as breast augmentation, breast reduction or whatever form of genital affirmation surgery are needed.

These procedures are perhaps more vital for older transgender individuals who are just now able to attend to their needs. As we know, the younger an individual the more success at mitigating cross-gender characteristics antagonistic the gender confirmation.

Not only can the lack of ability to have these procedures performed affect the psychology of the individual, but it can prevent social stigmas, either internal or external, and, despite laws and platitudes to the contrary, can make it more difficult for people to secure gainful employment or to be able to function well in society.

Therefore, I ask that the consideration be made within these rulings that such procedures, when deemed necessary by one or more qualified professionals, will be allowed.

If the reason for having such rules and regulations is to protect the patient and to prevent abuse (either by the patient, providers or anyone else) then it is imperative that patients are given the best opportunity for the full benefit from the treatments that they are receiving.

Comment 10:

Gentlepersons,

Thank you for the work you have done to improve the policy regarding surgery for transgender patients.

I am a gynecologic surgeon in South Burlington, VT who has provided gender affirming surgeries throughout my medical career. It is with that perspective that I share the following comments.

1) 4.238.4 Qualified Providers:

I’m not sure what “as indicated by documented supervised training” means, or how Medicaid will monitor that. For example: Some genital reconstruction procedures, eg phalloplasty, are outside of usual ob/gyn training and usually require additional training; however, hysterectomy and removal of tubes and/or ovaries is a routine part of ob/gyn training and no additional training would be required (and are not “genital reconstruction” per se). Is
Medicaid going to request proof and decide who is qualified? Nobody want any surgeons to practice outside of their expertise, but that would be a matter of hospital/ambulatory surgical center privileging - not something for Medicaid to get in the weeds of.

I would propose, instead:

“The surgeon must have competence in the requested surgery/ies.” And let hospitals/ASCs sort out the privileging per usual.

2) 4.238.5 (a)(4) Conditions for Coverage

“Documentation of hormonal therapy, as appropriate to the beneficiary’s gender goals, unless such therapy is medically contraindicated.”

In a world with more nonbinary folks and those who want to avoid risks of hormones, there are plenty of patients who are opting against hormones for reasons other than medical contraindications.

I would recommend a subtle but importantly different wording:

“Documentation of hormonal therapy, if or as appropriate to the beneficiary’s gender goals, and/or unless such therapy is medically contraindicated.”

3) 4.238.5 (a)(5) Conditions for Coverage

“Documented informed consent, including knowledge of risks, hospitalizations, post-surgical rehabilitation, and compliance of treatment.”

I would propose, instead:

“Documents informed consent.” For any medically necessary surgery, a surgeon is going to cover risks, etc. as a matter of course, so this is no different. Deleting the “including...” part again takes Medicaid out of a policing role and appropriately leaves to surgeons what “informed consent” means.

Thank you for your consideration, and I would be happy to discuss any of this with you.

Comment 11:

To whom it may concern, I agree that transgender youth should have access to medical coverage. It’s about time! I disagree with the continuing exclusion of Facial Feminization Surgery, Electrolysis and Laser hair reduction. Facial features, hair on the face and body are unmistakably masculine identifiers that humans use to identify gender in the blink of an eye. Without this coverage many trans women are routinely misgendered, othered, ridiculed, stigmatized and subject to violence at the hands of the public. This has been my lived experience along with personally funding electrolysis and laser hair reduction on my face and body. The Transgender community has advanced in my lifetime, written standards of care and coverage for example. This is not progress, however. These standards of coverage are no different then the unwritten unspoken rules that gender identity clinics and independent surgeons used during the 1960’s and 70’s. If you were seen as “pretty” or “passed” you were excepted for surgery. It is well past time these exclusions should be dropped. Thank you for this opportunity to comment on the proposed Medicaid rule changes concerning transgender coverage.
Comment 12:

I am very much OPPOSED to lowering the age or sex reassignment surgery. Children cannot give informed consent to permanent sterilization, lifelong medical patienthood, sexual dysfunction, and a host of psycho-sexual difficulties that will increase their risk of mental illness and suicide, as well as making the possibility of dating and or finding a life partner very slim.

Where are the long-term studies on CHILDREN who get SRS showing, that it is safe and helpful in the long run? There are NONE. So how can the government prove that this "treatment" is beneficial? It cant. There is NO GOOD QUALITY DATA, no evidence base, for such a policy. If you are looking at the small body of existing transgender youth studies, note that they are categorized as "poor quality" by medical researchers. These studies have HUGE numbers of patients "lost to follow up". and were conducted by gender providers driven by financial and ideological motivations, with histories of being on correlated pharmaceutical companies' payrolls. This will be the medical scandal of our generation. It would be recklessly negligent to put such a policy in place. If you would like more information, please do not hesitate to contact me. I have spent 3 years researching this topic because I have a transgender-identified child myself. I would NEVER DREAM of making choices like hormones or SRS for my child at an age where she cannot understand, and therefore cannot consent, to, the lifelong consequences of such actions. When she is 21 (preferably 25, as that is the age now recognized as the end of "adolescence" and brain maturity) she can make her own informed choices.

At 14, socially isolated, depressed, and heavily influenced by youtube videos about transition, my child was very distressed about her breasts. She wanted to bind them, and planned on moving to Oregon to get SRS after high school instead of going to college. Now, at 17, with lots of patience, love and 1.5 year of basic therapy focused on "distress tolerance", she is no longer miserable about them, and does not plan to have them removed. Instead she wears masculine clothing to minimize them. My daughter is an A student and a thriving political activist who still struggles a bit socially and with emotions and has some occasional anxiety, but is doing much better now than she was at 14. I am convinced that the discomforts of puberty, social expectations of "femininity", internalized sexism and homophobia may have influenced her sudden identification as "male". I expect that she will most likely end up identifying as androgynous, gender queer, bisexual or lesbian instead of "trans". If I had rushed her to a gender clinic at 14 and followed the advice of activists and so-called "progressives (note that I am a registered democrat and a second wave feminist), she would have been put on hormones, binding, or even had her breasts removed by now. Give kids time to explore their identity sexuality- (this is the role of adolescence!) and mental health support if they are distressed- not hormones and surgery!

We are failing these children by pathologizing and medicalizing their gender non-conformity and non-heterosexuality!

Comment 13:

Hello

I am not a Vermont Resident but I have serious concerns about this change.

Mostly, the surgical altering of healthy due to the feeling of gender dysphoria. This cannot be the right treatment in most cases and certainly not at young ages. PLEASE research the number of young people having SRS at young ages.

Also, having provided this treatment, the bill specifically precludes reversal. This is counter to the initial premise that a feeling of gender dysphoria is serious enough to warrant surgery.
Comment 14:

Transitioning has become a dangerous trend among teens and young adults sold as a cure-all for mental health problems on social media and at schools and colleges. My son fell into this trap but fortunately detransitioned after taking female hormones for three months. He now has permanent breasts and a pituitary gland tumor, both of which may require surgery. I read stories and watch videos of detransitioners which are becoming more and more common. Kids should absolutely not be allowed to have surgeries until they are adults, and preferably not until their brains are fully developed at age 25. Way too many regret having surgeries and many of them are botched. They are still experimental. Thank you, and please protect our children!

Comment 15:

Please stop this insanity. No child is able to know who they are before the age of 25. The average age of desisters is 22. Thats how old they are before they realize their mistake, and the damage is done. Soon parents will be able to hand over newborns to get corrective sex surgery to match what they wanted. Does that sound far fetched? So does an 8 - 12 year old getting reassignment surgery.

Comment 16:

This is a terrible idea. Kids change their minds all the time, and setting them on a path of life-long medicalization can ruin their lives. Please reconsider.

Comment 17:

Is this really an appropriate decision to make by removing the minimum age? Are setting up children to make decisions they may live to regret at a time when their bodies and brains are not even fully grown? This is wrong and unethical. Children should not be having such invasive surgery until they are adults.

Comment 18:

There needs to be safeguarding to protect children who cannot possibly consent to permanent body modifications. This is child abuse and absurd pandering to ideology. I'm a registered D and liberal since I learned what politics are. I am appalled by the lack of common Sense surrounding this issue. Transactivism has deeply fractured the Democratic party. I am not a bigot because I want science based treatment, and there is NO proof transing minors even lowers rates of dysmorphia or suicide.

Comment 19:

It is difficult to comment on this proposal without my emotions getting the better of me. How can it be possible that anyone can rationally consider supporting young people to make a decision that will render them unable to EVER conceive children? These youths have not lived enough of life to know what they are choosing. They want immediate relief from their discomfort and confusion. They have no real understanding of what they are denying themselves in the future. Adults who DO know, should be making decisions to protect them from destructive choices. Some girls believe they will be happier if they were boys. They don't yet know what it's like to be a woman, yet they are making a choice that means they will never be real men either! Removing a girl's
breasts does not make her a boy, as we all know. Why would we encourage her to believe that it does? These kids are confused and they need help to see what is real, not help to make a life-altering decision as a result of their confused viewpoint.

Comment 20:

I support LGBT rights. I do not support surgery for anyone under the age of 21. Teenagers' brains are not fully developed until the are 25. Imagine being dead set on surgery at age 18 or 19 when the risk portion of your brain is not capable of telling you to think about this life altering surgery. Then imagine realizing that you made a mistake at 25 but you have now mutilated your body with no recourse of going back. And Medicaid is only willing to pay for the initial surgery. Medicaid will not pay to repair you if you change your mind.

Comment 21:

JUST SAY NO TO THE INSANITY!

FACT: Gender identity and gender dysphoria can't be scientifically quantified. It's not a medical issue. It's a cultural and social issue.

FACT: People can change their gender identity. Google detransitioners. Sterilizing children has such an ugly history. There is no doubt in my mind whatsoever that the medical transitioning of children will eventually go the way of lobotomies and other hideous human experiments.

Children are being sterilized with GnRH analogues and hormones. Girls as young as 13 and 14 years of age are getting mastectomies.

There has been a huge increase in the number of children being medically transitioned. Dr. Lisa Littman's research shows that cultural factors and comorbidities play a role in the the huge spike in the number of children identifying as transgender. This makes no sense at all. Vermont will use Medicaid for "gender confirmation surgery" on teenagers but won't pay to reverse these surgeries. So, people are basically on their own if they live to regret it later.

"Vermont Medicaid does not cover reversal or modification of the surgeries approved under this rule. Cryopreservation, storage, or thawing of reproductive tissue is not covered."

Comment 22:

This is an irresponsible proposal that will negatively impact underage children who do not have the capacity to make these kinds of life altering decisions.

The Swedish Pediatric Society recently published a statement saying that “giving children the right to independently make life-changing decisions [about hormonal interventions for gender dysphoria...] lacks scientific evidence and is contrary to medical practice.”

Allowing children to undergo unnecessary, life altering surgeries before the age of the age of reason is absolutely irresponsible, especially with detransitioning surgeries on the rise.

Comment 23:
I am absolutely opposed to funding under 21 transgender transitioning. The fact that the Rule offers NO FUNDING for de-transitioning should be enough to defeat this effort. But even with this funding, the torture that young children and adolescents go through should never be funded... double mastectomies for young girls. This is outrageously horrible.

Comment 24:

Children, minors, are not equipped to make drastic decisions about changing their sex, a permanent mutation to their bodies, a permanent sterilization. Removing age limits here is Not O.K. We do not allow children to smoke marijuana, to drink alcohol, why in the world would we allow them to make surgically permanent decisions about their sex and sexuality?? No one is equipped at that age to make these decisions. This is child abuse, and it should not be allowed, let alone sanctioned and paid for by Medicaid.

Comment 25:

As one of an alarmingly growing number of people who have detransitioned and desisted from identifying as transgender, I caution Vermont about their plan to allow gender surgeries on minors. Even more shocking about the proposed policy is “Vermont Medicaid does not cover reversal or modification of the surgeries approved under this rule,” because a number of young girls who have undergone double mastectomies as part of gender transitions now regret that decision. Where does this policy leave them? In 2016, I became the first American in history to have their sex declared as non-binary. Today, I am back to my male birth sex. My tale is a cautionary one.

The youth seeking transgender surgeries most need the same thing I did: mental health care, not surgical mutilation.

Comment 26:

I am shocked that any state would participate in the transitioning of those under 21. There are many studies and much data that show if one does not go through one’s natal puberty the outcome is sterility. Why would a state allow the off label use of hormone blockers? These drugs were developed to stop hormone responsive cancers and now they are used unethically to stop puberty. Are children capable of making this decision before their brains are finished maturing, about age 25? Studies show that a majority of those who are questioning their gender are actually gay and lesbian. Many teens have issues give the homophobic nature of the USA about coming out, so they hide in the trans-community. Is Vermont ready to deal with those who are transitioned as youths who then grow up and realize it was a mistake? Or is the state of Vermont like the country of Iran, that pays for transition of homosexuals, so they can pretend that homosexuals do not exist. Furthermore these surgeries are merely cosmetic, so is Vermont now going to pay for any cosmetic surgery to make anyone feel more like the image they wish to be. Please for the safety of children do not pass this rule.

Comment 27:

Even after trans ideology becomes unfashionable, even after the class action lawsuits by the child victims of experimental surgery, these people will bear the terrible scars of unnecessary surgery and hormone regimens for the rest of their shortened lives. No winners.
Comment 28:

Letting young children and adolescents make life long medical decisions that will leave them sterile and mutilated is unethical and barbaric. Please do not pass this measure.

Comment 29:

Hi, as a transgender woman I am pleased to hear that the Vermont government is considering the changes for Medicaid requirements for gender-affirming surgeries, considering how prohibitively expensive they can be for many trans folk who need them as a treatment for gender dysphoria. However, I need to point out something to you: it is possible that around this date (2nd of July, 2019) you might have received a lot of comments expressing concern about this proposal: they do not come from an organic effort but rather from UK-based pressure groups Transgender Trend and 4thWaveNow, who go against the medical consensus supporting trans people, instead opting for the advocacy of untested, harmful approaches.

TransgenderTrend was founded by failed sculptor and former cult member Stephanie Davies-Arai, who has no experience on working with transgender people other than talking to "about 10" trans children.

Yesterday, the group asked their followers to direct "concerns" at this direction through an article from a deeply biased source, that presents the situation in a deeply disingenuous narrative.

https://twitter.com/Transgendertrd/status/1145714774866583552?s19

This group does not have trans children's health in best regard. Just two days ago, speaking about a transgender teen who committed suicide, the group wrote a long twitter thread lying about the situation, blaming trans people for his death, and incorrectly referring to him with feminine pronouns, on purpose.

https://twitter.com/Transgendertrd/status/1145266862198054912?s19

These groups are also proponents of conversion therapy as an "alternative method" of dealing with gender dysphoria.

I hope you will understand, all of these groups will send their followers all over the world to pressure any organization whatsoever that tries to improve conditions for trans people, under misguided, fake concerns of "safeguarding" and "protecting women's sex based rights" as a veil for transphobia. It's no doubt that you'll likely have received many of these comments.

I hope you will accurately see those comments for what they are: not a genuine concern about any complications this proposal might bring, but rather a transparent effort to deny trans people the most necessary medical care, especially those in a situation that depend on a program like Medicaid.

Thank you for listening, and I hope you will take this into consideration.

Comment 31:

I'm a trans girl from Bristol and I can't express enough the hope that hearing about this law gave me. My family isn't incredibly wealthy so I was worried that I'd never even be able to transition but I started last year wearing my own clothes around my friends and family and hopefully I'll even be starting hormones soon. I see the horror stories people write about trans people online all the time and honestly that's made me want to stop living more than anything else but seeing how much normal people actually care about is reassuring, I think I already said
this but it makes me feel hopeful, like I'll actually have a future where I can just be myself and not have people constantly telling me that my parents brainwashed me. Have you seen the horrible things they say about us online? They try to pretend it's because they're concerned for my safety but when I try to talk with them they act like I'm not even a person... Like I've never been able to make my own decisions because I'm only 16 but if I can be trusted to drive why can't I be trusted to know myself? What makes them know me better than I do? Sorry that went on a while and I'm not even sure if anyone is even gonna this but I just wanted to say thank you so much for this. I can't express how much this means to me and all the other trans people in the state!

Comment 32:

Prepare yourselves for a massive amount of future lawsuits in the billions of dollars. This is mutilation of minors for which you have promised to care and protect. It is a crime against humanity in its most vile form supported and promoted by the drug lobby looking for lifetime customers and god knows who else. How can you possibly explain to anyone who has never had an orgasm that they will give that up forever. You have got to see how barbaric irresponsible and ignorant this motion is. A child under twelve years of age cannot work cannot vote cannot support themselves cannot reason in the adult world and you are suggesting that they are lucid enough to permanently change their gender while having laws in place against abortion and genital mutilation. This is a social sickness on the part of adults who are charged with the well being of children and the future. I can't wait till the lawsuits kick in. It will be the downfall of humanity and be remembered as a dark dark and sick period of history where we trusted children to decide that self mutilation was the answer to their problems... And you will have led the way. Sickest saddest thing that's happened in the last 100 years.

Comment 33:

Good morning,
I am very disappointed that you are considering to reduce or abolish the minimum age for sex reassignment surgery. I am a woman and I used to be a tom boy all of my childhood, I was thinking I am a boy, I was playing with boy's toys and I was playing with boys only, I wanted to be a boy. Eventually when I grew up older I began to identify again with my birth sex. Today I am 40 years old more than happy with my birth sex, more than happy being a woman and I am mother of three children.

Why if there are so many people like me with gender confusion that begin to identify eventually with their birth sex you are considering to abolish or reduce the minimum age for gender reassignment surgery? Gender reassignment surgery shouldn't be performed to people below the age of 22-25 at least. There are as well many detransitioners that I meet every day who are speaking out about being mislead by medical professionals and friends to believe that they are born in the wrong body. By knowing the facts above I think is madness that you are even considering to reduce or abolish the minimum age for sex reassignment surgery.

Comment 34:

A letter to a parent from Transsexual:

Comment 35:

Please young children, especially those dealing with anxiety and depression, cannot make life altering decisions at such a young age. They do not have the ability to fully comprehend the gravity of their decisions. I know half a dozen young women who regret sex change.

There is a serious ethical problem in allowing irreversible, life-changing procedures to be performed on children who are too young themselves to give valid consent.

My 15 years old daughter told me a few months ago: "Thank you mom, you didn't let me change my gender a year ago, I don't know what was I thinking! I'm so thankful you were strong for me!"

Study shows 75 to 95 percent of gender-dysphoric youth end up happy with their biological sex after simply passing through puberty.

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Comment 37:

I am a psychologist and I am appalled by this. Developmentally children don’t have an adult brain until they are 25 years old and developmentally delayed much later. The transgender ideology is a nightmare for prepubescent and adolescent kids. There are going to be many regrets and lawsuits because kids are being pushed and affirmed way too quickly. Please help to stop this madness.

Comment 38:

As a licensed therapist I find many adult client struggle to know who they are. Children as we know are often swayed by adults and their ideologies, in fact most children are. Allowing children to make adult decisions that affect them the rest of their lives seems highly irresponsible and unethical. They will have plenty of time to do this kind of decision when they’re adults.

Many young adults do not know who they are yet. Its easy for adults to manipulate children or indoctrinate them into their own agendas. It would be a crime against children to let them make be subject to an adult decision that stays with them in adult hood when they are still children.
Comment 39:
They are children for God's sake! How can they know, want or decide what they want? They should be allowed to reach late puberty at the very least before even ANY tests and investigations are done. Ridiculous.

Comment 40:
As a child I suffered from gender dysphoria. I am so thankful that my school psychologist didn't recommend that I transition. I am so thankful that I got help and learned to love my body instead of causing it to become dysfunctional with hormones and surgery. Please stop these damaging and harmful practices. 
https://youtu.be/w2aIeWOkcjo

Comment 41:
Please stop the physical "conversion" of these mentally distressed children. We don't let children drive, drink, vote, or get tattoos, but we let them make dramatic surgical decisions such as sex changes? The inconsistency is staggering. It is gross ignorance to push destructive cosmetic surgery and hormone therapies on developing children who don't understand, cannot understand this extreme pretend. Most children who have identified as gender confused, overcame their dysphoria by puberty, even more, into adulthood. Let them grow up and make their own decisions as adults. Instead of making them sterile experiments.

Comment 42:
There is no scientific basis for offering so called “gender affirming surgery” to minors. Almost 90 of children and adolescents with gender dysphoria will have resolution of their dysphoria by age 20. In addition, there is also no convincing evidence that gender reassignment surgery improves the lives of those with persistent gender dysphoria. In fact, long term outcome studies show worse outcomes. This means there is a 100 chance that surgery on a minor will be done in error (causing more harm than good). In 2016, CMS stated the following regarding adults: “Based on a thorough review of the clinical evidence at this time, there is not enough evidence to determine whether gender reassignment surgery improves health outcomes for Medicare beneficiaries with gender dysphoria.” We are in the midst of an unscientific medical craze, that is doing harm to many. It is your responsibility to conduct an independent review of the literature before enacting such a medically unsound rule change.

Comment 43:
No more slicing and dicing of children's flesh and genitals. No more mastectomies, hysterectomies, and phalloplasties for girls and young women who think they are male (and end up having to urinate through their anuses). No more gonadectomies for boys and young men who think they are female. No more wrecked cardiovascular and endocrine health from regimens of puberty suppressants and wrong sex hormones. No more teen sterilizations. No more surgical interventions that amount to mutilation and result in disfigured bodies and fractured psyches. No more. NO MORE. Stop this now.

Comment 44:
Please stop! This is a child abuse. I had gender dysphoria in the 1980s. Puberty resolved the dysphoria for me and I went on to find fulfilment and
be a productive member of society. I live in fear that children today won't have that opportunity to become at peace with their sexed bodies and will instead suffer preventable harms from unnecessary surgery and hormones.

**Comment 45:**

This is not a democrat vs. republican issue, a religious or non-religious issue - this is about saving the lives of our young people - who need to go all the way through adolescence and young adulthood before taking irreversible, permanent, fertility endangering steps to medically try to change to the opposite sex. They’re simply not mature enough to make those kinds of decisions that affect them for their entire lives!! And the doctors, therapists, and school authorities that support transition uncritically, are simply put, cowards. They turn a blind eye - or blind eyes and deaf ears - in order to placate the affirmation ideologists.

Just because you “feel” different, and find out (online mostly) that being transgender is a “thing I didn’t know I could do” doesn’t mean you should do it. Please think about this critically beforehand? Do your research! Be skeptical! Rant over.

**Comment 46:**

I am a detransitioned woman, meaning I identified as transgender and transitioned, later realizing my gender dysphoria stemmed from a complex series of emotional issues that could not be resolved by changing my outward appearance. I identified as a trans man from the ages of 15-19, and was on testosterone for nearly 2 years. While I was desiring to transition, I spoke with multiple therapists and other adults at my school, and community members who affirmed my identity in a way that did not encourage critical thought and self examination. While I was transitioning, I began to see a new therapist and had life experiences, such as moving away from my family and living on my own, that helped me to emotionally mature and examine my emotional distress in a new light, and I slowly began to realize that my dysphoria, discomfort with my female sex, was caused by a destructive family dynamic in my upbringing, feelings of depression, low self worth, hopelessness, and my eating disorder.

By this time, however, I had already been on testosterone for 17 months when I realized with horror that I had been led down the wrong path, away from healthy self exploration and growth and towards a very surface level, highly invasive medicalized reality that has left me with a changed body and health complications I am yet to fully understand due to the dearth of research on cross sex hormone usage. As the petition describes, we are currently looking at a global upsurge of adolescent females looking to transition and the current model of care focuses on “affirmation” and medical transition. My own experience of starting testosterone was through “informed consent” where I was given my prescription after only a 1hr appointment at a clinic. There needs to be an emergency investigation into the exponential growth of youth seeking to medically transition, as well as the striking demographic change of those wishing to do so. Nothing can be lost from taking the time to work with a competent therapist to explore emotional issues and taking the time to emotionally mature before making a life changing decision such as medical cross sex transition, but so much can be lost when vulnerable, confused people such as myself are given hormones and surgery more or less on demand. The consequences of this phenomenon going unchecked will be catastrophic.

**Comment 47:**
I was diagnosed with gender identity disorder as a 15-year-old boy in 2001, and underwent SRS three years later at age 18. When I began visiting a gender therapist I felt deeply convinced that I was inwardly female in some way, in my identity, my soul, or my brain. This female gender identity arose suddenly, but I was absolutely persistent in maintaining that I was truly female. My diagnosis was confirmed by two therapists, one of whom had seen me for many years starting from childhood, the second of whom oversaw the period of my transition, and who had many transgender clients and ran group sessions for them. My diagnosis was supported also by the opinion of my endocrinologist, whose practice also served many transgender patients.

I had often wished to be a girl through my childhood, but any dysphoria I might have felt as a child was not too pronounced because gender roles were not pushed too harshly on me. I began to experience severe gender dysphoria beginning at age 14, and began to make gender-nonconforming fashion choices, though these were limited to makeup and grooming, rather than wearing girls' clothing. My choices disturbed my mother, who demanded explanations for my behavior until she teased out the part of me that wished to become a girl, and then told me she had always known, had seen me as a girl when I was an infant, and began buying clothing and accessories to affirm my new identity, despite having made me feel ashamed of much milder forms of gender-nonconforming behavior. Before she chose to affirm cross-gender identity, I was capable of understanding myself as someone who was not a girl, but who wanted to be a girl, and I was attempting to deal with my gender dysphoria on my own terms, as best I could. After she affirmed my cross-gender identity and introduced me to the ideas of transgender (at the time it was still called transsexual) culture, I never backed down from it, and felt I had to pursue hormones and surgery in order to fix my faulty body, since it seemed disgusting for a girl to have a male body.

Though my transition was unusually successful by the standards of the time due to halting male puberty, in my early 20s I began to intellectually question the ideas I had been encouraged to believe, especially that through my transition I had stopped being male and become a real woman. My dysphoria did not subside but became more pronounced in many ways because I no longer had the option of moving past it. I tried to accept what I had been told to believe about my body, that it was a woman's body, that my genitals were just like a woman's, and not disgustingly mutilated. I still experienced the feelings that had made me want to believe I was a woman, and even as my doubts grew I took comfort in my ability to imitate a woman, and pride in the knowledge that I was unusually good at it. By my mid 20s I was no longer able to inwardly regard myself as a woman, and began to accept that I was, in fact, a eunuch who looked like a woman. I began to realize that I had become vulnerable to an ideology that promised to fulfill an impossible desire, and that I had done great damage to my health and wasted many years of my life. I cut off contact with my family. By the time I turned 30, I finally felt able to look back on my life and consider the events and thoughts that led me to experience gender dysphoria, and to consider how I had been encouraged to develop a delusional identity in response to my dysphoria. I tried to distract myself with work, study, and hobbies, but I went through phases of extreme, suicidal depression and distress at my mutilated body, sometimes despairing that it was still not a woman's body, other times wishing it were simply the healthy male body it could have been. As I watched the practice of transgender medicine expand to more and more youth, I began to feel I had an obligation to speak my thoughts truthfully. I felt I couldn't survive speaking my own truth, and I felt deeply suicidal anyway, so I began writing. My suicide attempt failed, but I produced this story: https://archive.fo/oaU7V

I can't know for sure what would have happened in my life without being encouraged by my family and the medical and mental health professionals they hired to see myself as female and to accept the idea that I could alter my body to conform to my feminine identity. Perhaps I would still have decided to transition someday, but I doubt it. I had the awareness to understand myself as someone who wanted to be female but couldn't be, and
I don't think anyone but my family could have influenced me strongly enough to change that idea. I was discovering a compromise that worked for me, but that compromise, mild as it was, was so disturbing to my family that they thought it would be better if I were a girl, and my therapists offered me what seemed like an escape from my shame. I wish I had simply been given the time to explore my own sense of self on my own terms, and to make my own mistakes. If I imagine myself now as an adult man, I know a part of me would still feel feminine, maybe even dream of being a woman, but I think that's fine. Gender identity simply seemed to become less important as I matured. I just wish my body were healthy and whole.

Comment 48:
With so many detransitioning, how can these "treatments" be considered effective? One cannot change their biological sex, these children need mental health treatment, not experimental surgery and drugs.

Comment 49:
I think it is wrong to perform sex reassignment surgery to children. This is a life changing decision that even adults can not take likely. How more difficult can be for young children to make such a decision and not regret it in the future.

There are to many sex change regrets happening. I took screen shots below on few of them on social media.

Comment 50:
I am writing to oppose the modifications to the Vermont Medicaid Rules (Health Care Administrative Rules 4.238) which will permit gender reassignment surgery for children, that is, for human beings under the age of 18.

There are many reasons that I oppose this change in regulation. Foremost, the reality is that under current law a person under the age of 18 is a child. Vermont Law distinguishes between children and adults and limits both the responsibilities as well as the privileges of children.

For instance, under Vermont law a child cannot buy a firearm. In fact, a person must be 21 years old to buy a gun, unless that person has passed a hunter safety course. A child under the age of 21 may not buy alcohol. On Tuesday 23 April 2019 the Vermont House gave preliminary approval to raising the age at which a person could buy tobacco products from 18 to 21. Even Vermont’s laws regarding statutory rape and age of consent are nuanced and implicitly recognize that there is a gradual continuum of aging during which a child may or may not be able to give legal consent depending on the circumstances.

No where in the above situations is there an exception wherein a adult may write a letter on behalf of the child stating, „This 8 year old may buy a pistol. This 11 year old may buy whiskey.“

Therefore, under the proposed changes to the Vermont Medicare Rules, the State may fund and thereby enable surgeries on children, who by definition in this and in other legal areas, are not able to give informed consent. Therefore, as recognized in sections 4.238.3 and 4.238.4 of the proposed changes, an adult, who may claim professional competence, is essentially making the decision on behalf of the child.
The nature of gender reassignment surgery is massive. The consequences are permanent. Should Vermont fund elective treatments which are void of scientific basis? Should Vermont fund treatments by decision makers (the medical professionals) who are in a position of in loco juventis? I think not.

I have two secondary concerns. Parents in cooperation with medical professionals routinely make decisions on behalf of children, for instance, measles vaccines or treatments for injuries and diseases. In each such case, the treatment is based on thorough scientific investigation and long established practice and long demonstrated benefit. I repeat the last phrase for emphasis: long demonstrated benefit. It is beyond the scope of this comment to write a scientific paper, but it is within the scope of this comment to pose the following question: where is the scientific evidence for the need of gender reassignment surgery? For children? For anyone? I mean this question strictly: where is the scientific evidence? There is no scientific evidence. There is anecdotal evidence. There are opinion pieces. There are no case controlled, patient matched, long term studies for gender reassignment surgeries.

In addition, in any funding situation, one must always ask, not if this money is being well spent, but can this money be better spent? I am sure that the department has some data on care provided to Vermonters on Medicaid and perhaps Vermonters on Medicaid who lack care. I suggest that you put the money into dental care. I am not a dentist or related worker, but my dentist has told me stories such as, „I just pulled all the teeth in a patient. She was 24 years old.“ Putting money into dental care would significantly improve the lives of many Vermonters.

Thank you for soliciting and reading my comment.

Comment 51:
As a former resident of Winooski, Johnson and Jeffersonville, I applaud and support this rule, and look forward the progression of Vermont in Human rights.

Comment 52:
Claiming to be transgender has become the go-to coping mechanism for kids who have suffered trauma or sexual abuse, who are on the autism spectrum or are ADHD/OCD, have been bullied or are same-sex attracted, to name some of the more common problems which send kids on a quest to escape their current self and become someone new. Clinicians, rather than exploring the child’s psychological and medical histories, are immediately taking these kids’ self-diagnoses as absolute fact and then putting the kids on the path toward medical transition, despite their being no long-term studies on the safety or efficacy of these medical treatments, many of which are permanent and can include permanent sterility as a side effect.

It is NOT conversion therapy to explore reasons why a child or teen might wish to become the opposite sex. Kids deserve evidence-based care, not short-sighted, activist-driven demands for total capitulation.

Comment 53:
As someone who was a child, who dreamed of being a boy, who chose a boy's name I wanted to switch to, who told others I wanted to "cut off my boobs when I got them" I have to say.. it's not always good to let kids choose these things. I was in my twenties before I felt right being a girl. I'm 41 now and I'm SO glad I never took any action to change that when I so badly wanted to.

Comment 54:
Shame on you for performing surgeries based on feelings. Where did you get your medical degree, a jr. college? God will hold you accountable.

Comment 55:

Harmful hormonal and surgical interventions are performed on gender-nonconforming young people without a single long-term study to support their use. Yet these life-altering treatments are routinely offered to children on the basis of feelings and identities likely to change with maturity. Young adults are now beginning speaking publicly and remorsefully about the irreversible impact these treatments have had on their health, fertility, and sexual function.

Comment 56:

I oppose 19P049, Title: Gender affirmation surgery for the treatment of gender dysphoria.

I lived in Vermont from 1996-2011. I love Vermont and it will always be my home. I worked as an independent contractor. I was active in the community. I had to leave Vermont to take a job in another state because I could no longer afford to pay for my own health insurance. I have personal experience with the challenges of affordable health care in Vermont.

Medicaid dollars should be spent in the best ways possible to improve the health of ALL Vermonters. The proposal to spend ANY Medicaid dollars on Sex Reassignment Surgery is unconscionable and must be opposed:

(1) We know that many young people desist from transgender identification in time.

(2) There is no scientific evidence to support us of cross-sex hormones or surgery, and I am opposed to your reliance on the non-medical, biased transactivist group Outright Vermont for “assistance” in drafting this bill.

(3) We should be providing counselling to help young people understand their distress holistically, rather than rushing to ANY medical intervention.

(4) Medical practice should be based on facts not dogma. You can read more about the dangers of medical transition of young people here: https://www.kelseycoalition.org/

(5) Medical transition will drastically increase the health care expenses in Vermont by making people into permanent patients. Will Vermont Medicaid continue to support lifelong drugs and surgeries needed after SRS? I see that the Vermont bill explicitly prevents use of Medicaid funds to cover reversal or modification of the surgeries approved. So where is the medical consistency here? I see only transgender dogma, not serious concern about the health of Vermonters.

(6) Applying Medicaid funds to unproven, dangerous surgeries takes money away from medically sound support that makes a difference in the lives of Vermonters. Does Medicaid cover expense for insulin for young diabetics? It should! There is no shortage of other, evidence-based medically sound ways to spend Medicaid dollars in Vermont.

“We should “do no harm”

If you want to understand the growing number of detransitioning young people who wish someone had encouraged them to think more carefully before transitioning please check reddit r/detrains
I oppose 19P049, Title: Gender affirmation surgery for the treatment of gender dysphoria

Comment 57:
Wait till a child is of adult consent to decide what he wants to be. It’s natural for children to want to pretend or play. But making a 6 year old transition is a child abuse. You are born with a sex-male or female. Your DNA shows proof of that. Even if you want to be opposite gender at a later date they DNA will be showing their original gender.

Comment 58:
Please vote to keep age restrictions for surgical consent. Sex change surgery is painful and children have no concept of this. Adults should be guardians and guides for young people, not destroyers and mutilators. Trans-activists, of which there are many in Vermont, refuse to consider the possibility that transitioning is not an affirmation of who one thinks they are but the self denial and self destruction of who one is in reality. Let us celebrate gender-non-conforming people, not by cutting them up, but by helping them to have "peace in learning to accept their body and truly inhabit it.

Comment 59:
I’m a Licensed Professional Counselor who has been working with youth and families since 2008. In my private practice, I provide individualized psychotherapy with gender-questioning teens and consult with parents whose child began experiencing gender dysphoria around the age of puberty. My clinical cases indicate that reducing or removing age limits for sex reassignment surgery would prove to be a grossly negligent legislative decision with serious consequences for vulnerable young Medicaid recipients. The state of Vermont, along with its medical care providers, has an ethical responsibility to set age restrictions regarding irreversible medical procedures for minors. This duty to protect children is not a partisan or political issue, but a foundational moral principle of safeguarding the vulnerable. In this response I will provide five lines of evidence supporting my stance.

I’d like to start with a quote from the detrans subreddit, a website where users can post questions or comments about their experience of gender detransition. To clarify, detransitioned people are those who identified as transgender, started a social or medical transition, then changed their minds and reverted back to identifying with their biological sex. At the time of writing this letter there are currently 3,100 members of this detransition subreddit (“r/Detrans,” 2019). The following comment is written by a natal male who began transitioning to the female gender role in his teens.
This post is titled, “I’m questioning whether this entire thing was a good idea” (“catfan2001,” 2019).
“I started my transition at 15, and in the past year I have had both SRS [Sex Reassignment Surgery] and FFS [Facial Feminization Surgery]. I am still unhappy with myself, and I am beginning to question whether I should have done this to myself. I absolutely hate dilating [process by which a medical device must be inserted into the neo-vagina daily and indefinitely to ensure the skin doesn’t anneal or close up] and at this point I’m only doing it to avoid complications of not doing it. I know that this is partially my own fault as an adult, but I can’t help but to be absolutely furious at my parents and the doctors for letting an obviously confused and angry child make the decision to take hormones. Part of me wants to detransition, and the other part of me feels like I’m too far gone to bother and I just have to persist in this fucked up body I’m in. I’m 18 and so I know I’ve got time to figure it all out, but I’m just so absolutely pissed at the world and myself that I don’t know what to do.”
This post is just one of hundreds of posts by young people who regret undergoing medicalized or social gender transition as minors. As your government reflects upon this growing number of youth harmed by irreversible procedures, I implore you to consider the following five points:
Childhood gender dysphoria resolves by adulthood in 80-90 of cases.
Dr. James Cantor analyzed the results of three large-scale follow-up studies of children with gender dysphoria who did not receive medical interventions to change their bodies. He added to his analysis a few smaller studies that investigate childhood dysphoria without medical treatment. He compiled the findings in a systematic review (Cantor, 2016). The data indicates that in these previously studied populations with childhood gender incongruence, most participants became comfortable in their biological sex by adulthood and were likely to be gay or lesbian. In light of this fact, it would be premature and harmful to treat a likely transient state of discontent with permanent medical interventions.

2. Emergent populations: Social contagion and the epidemic surge of young people with gender dysphoria

The childhood populations studied in the aforementioned research exhibit a distinct etiology from most of the individuals in the current surge of trans-identifying youth. In her recent study surveying parental reports, Dr Lisa Littman found evidence that social contagion likely contributes to the rise in numbers of young people coming out as transgender. Often, according to parents, these teens begin claiming a transgender identity in peer clusters and after prolonged periods of immersion into transition-related materials online, such as YouTube videos, Tumbr or Reddit posts, and Instagram accounts celebrating gender transition. The newly dysphoric youth expressed no gender-confusion as children (unlike the participants in the studies reviewed by Cantor). After these children began expressing gender identity concerns, they seemed to experience mental health declines and increased struggles with daily functioning. Littman has descriptively termed this adolescent onset gender-questioning, ROGD, or Rapid Onset Gender Dysphoria (Littman, 2018).

It has been well documented in the psychological literature that social contagions can develop and spread quickly and that adolescents are among the most vulnerable populations to be impacted. Well-meaning professionals unwittingly create an iatrogenic effect by researching, focusing on, diagnosing, and treating these emergent psychological symptoms (Watters, 2011). The development of ROGD is not dissimilar from the eating disorder epidemic, largely media-fueled, that began in the 1980s and reached its peak in the 1990’s. Other examples of social contagions include teen suicide, multiple personality disorder (DID), and some would argue, “repressed memories” of child sexual abuse.

In taking a closer look at factors which may be impacting Vermont, specifically, it bears mention that an influential charity, Outright Vermont, has been running summer camp programs in which young people are taught directly about the concept of gender identity (“camp outright,” 2019). While this may seem benign at first glance, the literature on social contagion helps us contextualize the problems that arise when young and immature children are taught that biological sex doesn’t determine their identity. In one such example from Canada, a 6 year old female student was taught in her elementary school classroom that biological sex doesn’t exist. Her teacher explained that “girls are not real and boys are not real.” Unsurprisingly, this young girl, who had never questioned herself as a female, became distressed and confused by the lesson, even asking her parents why her existence as a girl is not real. Her parents had to seek out mental health services for her emergent anxiety about gender (Peterson, 2019).

Consistent with the findings in the Littman study, this example also reflects a pattern I’ve observed in my own practice. Young people are developing confusion about their gender for the first time upon learning about the concept of “innate gender identity.” In my practice, for example, teen clients report that they had never considered themselves as “being in the wrong body” until they were exposed to the concepts of transgenderism, gender dysphoria, or gender identity. It’s likely that Outright Vermont, by offering educational programs about gender identity, may be serving as a vector for gender dysphoria in children and teens. With a growing demand for gender transition services, considering this evidence for social contagion can help lawmakers distinguish between medically necessary interventions and a need for other, more appropriate psychological support services.

3. Detransitioners: a growing population of people who were harmed by medical gender transition

The increasing numbers of young people seeking to undergo medical gender transition has been accompanied by an inevitable growing population of people who felt harmed by their transition. As exemplified in the reddit
quote above, teens and adolescents are developmentally incapable of fully grasping the outcome of irreversible medical intervention. As they grow older and the limitations of medical transition become apparent, many young people are horrified to discover that they couldn’t simply become the opposite sex through surgical means. At this point, many begin to seriously question the underlying motives that drove their dysphoria in the first place. They uncover comorbidities, traumas, and psychological issues that should have been resolved before radical surgical interventions. Additional details can be found in online surveys, like the 2016 survey of 203 detransitioned women ("guideonragingstars," 2016).

Additionally problematic, is that treating comorbidities becomes nearly impossible when leading gender experts purport that comorbidities such as body image issues, depression, eating disorders, anxiety, ADHD, and even Borderline Personality Disorder, are actually presentations of gender dysphoria (Kravetz, 2017). See image of a slide at the 2019 EPATH Conference presented by Aydin Olson-Kennedy (M., 2019). Due to this circular logic by gender experts, proponents of childhood transition often claim that medical sex-change intervention will actually cure the comorbid issues, negating the need to treat comorbidities first or assess their contribution to the gender dysphoria. This rationale is both deeply flawed and contrary to what we know about diagnosing and treating adolescent psychopathology (Friedel, 2019). It seems unimaginable to treat a patient’s Borderline Personality Disorder by medically confirming what may prove to be an identity crisis, with identity issues being a common feature of BPD (Salters-Pedneault, 2019). If a young troubled person is struggling with mental health issues, undergoing a radical procedure to permanently alter their bodies is anything but therapeutic.

4. Health policy and the child’s capacity to consent

When developing health policy guidelines, it’s necessary to take into account the developmental and cognitive capacity of the population being served (Johnson, 2009). While variation in maturity levels and intellectual ability exists among same-aged cohorts of children, certain behavioral and emotional traits are developmentally regulated. Impulsivity, emotional dysregulation, engaging in risk-taking or dangerous behavior, and susceptibility to socially-mediated or peer-based influence are just a few features of the adolescent brain (Casey, 2010). Youth is a period of development characterized by emotional urgency and intensity, and a fluid, evolving sense of personal identity. A strong desire for medical intervention in childhood is therefore not an indicator of the future efficacy of such a radical “treatment.” What teens are often incapable of realizing is that by focusing on other comorbid issues, such as social anxiety and isolation, trauma, depression, or even by normalizing same-sex attraction, distress over gender issues can be lessened, or even eliminated (Barlow, 1979). It would be irresponsible to encourage a child who is likely impulsive and short-sighted to fixate on medical intervention as a simple solution to their complex psychological distress.

5. Outcome data on medical transition

Considering the evidence indicating social contagion, and the likelihood of desistance, the state of Vermont should be especially prudent in reviewing the outcome data for SRS and medical gender transition. Researchers have indicated that the few studies to date which track long-term outcomes for medical transition are of poor quality due to inadequate length (time since treatment) and high rates of participant-loss, thereby making follow-up impossible (Nobili, 2018). This documented evidence aligns with anecdotal accounts. For example, many of the detransitioned young women I’ve spoken with indicate that they felt so traumatized by the doctors and clinics that set them down a medical pathway, that they never went back upon ceasing their transition. This means that clinics and medical practitioners have no way of properly assessing how many patients benefited from treatment and how many were harmed by it. Furthermore, when we examine the best of the aforementioned studies, the data actually indicates increased risk for suicide after a two year “honeymoon phase,” a term used by the authors describing the initial period of high satisfaction reported by participants (Weyers, 2009). In five of the six long-term studies with useful data, five reported mixed or poor outcomes.
In conclusion, the evidence simply does not support the use of early medical intervention in the treatment of childhood or adolescent gender dysphoria. Irreversible and radical surgical procedures should be reserved only as an absolute last resort for adults after less invasive methods and psychological support have been exhausted. Children, who do not have the capacity to fully comprehend - let alone consent to - such measures must be safeguarded from the serious physical and psychological risks of gender-related medical procedures. Especially in light of epidemic proportions of dysphoric youth seeking services, research and inquiry, rather than surgical intervention, should be the primary concern of healthcare administrators.

Reference List:


Comment 60:
I am writing as a detransitioning woman. I was 6 years and 9 months on testosterone. I was not given the adequate psychological and medical help as I was also suffering from mental health issues unrelated to transitioning. I was also never informed of the side effects and changes on T.

I suffered a lot of side effects on T, without knowing that my health went backwards due to T even though I was completely healthy pre-T.

I suffered from:
severe hair loss, cutis verticis gyrata, seboherric dermatitis, acne (face, chest, tummy), red spots on my arms and chest, itching especially where sweat stays, looking way older for my age, diarrhoea, urge to vomit but almost
always failing to do so, excessive sweat, weight gain (around 30 kgs), shortness of breath, chest pains, having to
drink more and as a result having to pee more but a lot of times I went to pee often, having to "push" to pee
even when having a full bladder, fatigue, changes in liver test results (still waiting for ultrasound results to
confirm if I have any damage, and no, I don’t drink or smoke), anxiety, depression, some memory loss and
inability to concentrate.

Now I am stuck in a body I hate for ever. My hair was very dear to me as it was very thick. I was not warned
about the changes, even this one. Had somebody told me that hair loss is a side effect of T, I wouldn’t have
taken it, besides the other side effects.

Furthermore, I believe that people with mental health problems should be helped in other ways. Hormonal
therapy is never the answer, as in my case and those of other people, taking hormones resulted in a destroyed
body, which we will have to live in for the rest of our lives. Secondly I want you to think about the large
possibility of media influence on people who claim that they are transgender and want to medically transition. It
happened to me and other people. Being trans seems to be a fad at the moment, and it will eventually die
down. I expect detransitioners to be plenty in around 10 years time and all those who sought medical transitions
will end up living in a permanently altered body, regretting what happened for the rest of their lives. I was
personally just 20 when I was prescribed testosterone and to think that I heard and saw myself last at that age
grieves me, especially when considering that I might live for more than 40 years more.
Kindly please note that I also tried to commit suicide after just 4 months on T. Clearly, taking testosterone made
things much worse for me even at an early stage but I wasn’t suggested to stop. Had someone from the medical
field suggested that. I would have led a better life, although I was definitely misdiagnosed with GID after saying
that I like wearing trousers and I hated my heavy periods. The diagnosis was done after only two sessions of one
hour each, which are certainly too few for something so life changing.
Although I am going through a rough time myself and I am actively seeking to cope, I am trying my best to
prevent that something so barbaric happens to other people, especially young ones.

Comment 61:
Please stop the physical "conversion" of these mentally distressed children.

Comment 62:
As a former resident of Winooski, Johnson, and Jeffersonville, I applaud and support this rule, and look forward
to the continued progression of Human Rights in Vermont.

Comment 63:
Alcohol, marriage, voting all after 18. Why not this. When children reach their maturity.

Comment 64:
I’m a detransitioned woman. I got a double mastectomy and was on hormones for 9 months. I regret it every
day of my life. It was the worst thing that ever happened to me.

Comment 65:
This rule is not in the best interest of the developing child and could result in regret, which reversal of SRS is not
covered under this rule.
SRS for children is poorly studied for long-term outcomes, and not verified as a solution that should be applied to all children based on the child's wishes.

Comment 66:

Children who are gender dysphoric usually change their mind after going through puberty. Those who don't change their mind may choose medical and surgical transition. Currently, doctors have no reliable way to predict who will and who won't change their mind. Read The Atlantic article "When Children say they're transgender." by Jesse Singal (2018, July/August). I know the child in the cover story. She had a normal, healthy, and happy childhood and choose more "girly" things to do than traditionally boyish things. She was shy and awkward and hated her looks - her larger than typical chest at such a young age - and after going online slowly became convinced she was transgender. She was adamant that she needed surgery to remove her breasts at age 12. This went on for a year - she wanted puberty blockers and cross sex hormones very desperately - as many transgender-identifying adolescents do (as stated by the APA). The parents never said she was wrong and said maybe she was right but that she needed to take a long time to think about such a big decision and look at all the possible explanations for her beliefs. They told her they loved her and would support her no matter what she believed. This is NOT what the therapists do. They affirm the child's belief. Through her own critical analysis (she's gifted and wants to be a scientist like her parents), she allowed herself to really to question her beliefs and now she says it would've ruined her life had she transitioned medically. She had social anxiety and is almost 4 years older now and extremely happy and gender dysphoria has never entered her mind since she started allowing herself to question and desisted. Puberty blockers have unknown long-term and possibly damaging neurological effects; they reduce bone growth. Cross sex hormones cause vaginal atrophy and require hysterectomy in 5 years and have cardiac effects. There is no long-term evidence that these medical treatments improve suicide risk. None! Now the CDC reports that 2 of HS students think they may be transgender. The number of children reporting to Tavis stock in the UK increased by 4000 - during a time period when so much online information became available about teen transitioning. Please reconsider. We are manufacturing transgender kids in America. Let's let them grow on their own and let them decide what they need as adults. At the very least, wait until scientists can reliably predict which kids will desist (most will) and which kids will remain gender dysphoric. This is not possible at this time in the least. How can it be when doctors only wait 6-12 months and all the while never have them truly question, truly evaluate other explanations as a better reason for their gender dysphoria?

Comment 67:

Thank you for this opportunity to hear my concerns about this rule.

Background: As a developmental and behavioral pediatrician I have seen an extremely large rise in the incidence of people with gender dysphoria who transition genders (starting 4-5 years ago). This has been followed closely by a very large rise is people detransitioning (starting 2-3 years ago). The age at which most people detransition appears to be 16-19 years of age.

Concerns: 1) By decreasing the age of surgical transition eligibility you will be taking away a valuable safety net that has protected those who eventually detransition from permanently surgically changing their bodies and causing sterilization.
2) The rule explicitly denies coverage to anyone who wishes to have surgery to detransition. This is clearly a discriminatory regulation, which will hit natal females (who detransition at a much higher rate than natal males) the hardest.

Though there is a frenetic cry by certain advocacy groups that are pushing for earlier surgical transitioning, the best outcomes do not come from rushing, but rather from patience, understanding, and years of real-life experience prior to making permanent decisions. Please reconsider.

Comment 68:
This is entirely insane. Rational human beings care about the health and well-being of their young. Science tells us we are born male or female and that this sex in which we are born is immutable. Gender dysphoria can only be a mental condition, albeit one that is sold to young people in the throes of growing up as the obvious thing that is wrong with them. Throughout history various mental health diagnoses have come in and out of vogue. Today, gender dysphoria, is the ‘it’ diagnosis. Imagine having any psychological condition where your mental condition is affirmed and encouraged.

Anorexia - Yes, you are fat and you may not eat.
Anxiety - You need keep your stress levels as high as possible.
Depression - You should hate yourself as your life is not worth living.
Body integrity identity disorder - You should have your healthy limbs amputated ASAP.

This is not health care. This is health destruction.

Comment 69:
Thank you for this. A much-needed policy update!

Comment 70:
Please do not pass this rule. I do not support medicating children with unfounded remedies for gender dysphoria. Spend the money on Mental Heath Care in Vermont for Teenagers. That’s what we need.

Comment 71:
This law is a compilation of euphemisms and reversals of fact pushed by the transactivist community, one that brooks no discussion with anyone not agreeing with its every supposition. E.g. it uses the term gender affirming surgery to mask the reality of castrating children or cutting off healthy breast tissue. It elevates the idea of gender identity as more important than sex and lies that sex is assigned at birth. Sex is not assigned at birth, it is noted by observing the newborn’s physical characteristics. Trans activists, having declared biology transphobic, subscribe to the idea that people are born with innate gender identities that override their actual sex. Sex is malleable but pink and blue brains are real. Having raised the age of smoking to 21 to protect youth, it is ironic that a medical experiment on children could go forward based on political ideology not science. Rising numbers of de-transitioners show the dangers ahead. Don’t pass this awful law.

Comment 72:
I must warn you of the immense psychic harm as well as physical mutilation you will be responsible for if you pass this action re: no age limit for transgender surgery. I can envision droves of young people suing Vermont for this maleficent legislation in the years to come.

Comment 73:

When the first of my trans friends detransitioned and was exiled from her/our community for sharing her experience of hormones and trans identity increasing her dysphoria and self hatred and the origins of it being born of disassociation and a desire to not be treated like a woman, I rethought my blind allyship of the medicalization of transness. When my second trans friend detransitioned and begun to meet numerous other young detransitioned women who felt that they were funneled down the trans train due to being nonconforming lesbians who didn’t see other options for women like them (google the erasure of butch lesbians), I was heartbroken. My friend got a double mastectomy after her breasts had changed so much from testosterone that she’d grown to hate them. The testosterone created gender dysphoria. Girls like these need feminism which tells them they can be whomever they are without fitting into boxes. If I hadn’t had this myself, as a tomboy, id surely have gone down the trans train myself. Most girls aren’t so lucky, but butch girls have it hard and they need support, not surgery. The more common this becomes, the less common gender divergence will be and the more women will be cutting off their functional organs and becoming codependent on hormonal treatments for life, whether or not they detransition. Please read about detransitioners and their needs. Please work on creating more options other than surgeries for kids. Please listen to detransitioned people and ask them for the care they’d preferred to have received. Please learn about trauma and other underlying mental illnesses that need to be treated here. The culture needs to change. Not our bodies. Please help protect kids, especially girls who have recently become the majority of transitioners. Please listen! Stop being hasty! There is no research out there that shows these treatments to be effective in reducing gender dysphoria or suicidality. This is not science. We may look back on this time as the fields of psychology and medicines contemporary atrocity. Stop and think!

Comment 74:

As a physician, I strive to do no harm. I am very concerned about the proposed change to Vermont's Medicaid policy lifting age restrictions for surgery on children and youth who identify as transgender. The medical literature shows that gender dysphoria in children often resolves during puberty. I urge you not to endorse performing irreversible surgery in young people, with its attendant risks for surgical complication, and impairment of sexual function and fertility.

Comment 75:

In my 20s, I was diagnosed with gender dysphoria, declared a male-to-female transgender woman, and prescribed cross-sex hormones, all paid by the San Francisco government.

In my 30s, when I requested detransition, due to fear for long-term health dangers, I was told to get an orchiectomy instead.

I then became suicidal. I changed doctors.

Then I was diagnosed with autism spectrum, and told that detransition was impossible. I've fought and struggled to detransition anyway. I do all that I can to regain my independence from HRT and continual medicalization, and to restore my natural form.
I wish I'd never seen a doctor in my life. I'd be a whole human being still, and I'd be healthier.

Trans is just a phase. But most of us don't escape it.

Please don't extend transition coverage to children. Please repeal all transition coverage, and instead support talk therapy to address underlying issues and find acceptance with our natural-born bodies. Thank you.

Comment 76:

There is no good scientific reason to lower the age of SRS. 80-90 of children will grow out of gender dysphoria. To instead condemn them to a life of reduced IQ, osteoarthritis, osteoporosis, increased chance of dementia/Alzheimer, and life long dependence on cross sex hormones is cruel.

Comment 77:

I do not think children under 18 should be included in this policy. Children and teens do not yet have a grasp of the life long issues they may have with medical intervention. Hormones, surgeries, and the effect of 'puberty blockers', most often are irreversible. The majority of young people who are struggling with gender will become lesbian and gay adults. They need counseling and support. As a lesbian who 'came out' at 17 I am very concerned that this is a form of 'conversion therapy'. We protect youth from smoking and many other dangers but not from these huge medical decisions.

Comment 78:

As a parent with a teen recovering from gender dysphoria, please note girls are self IDing as trans in record numbers. It has all the hallmarks of a social contagion in many cases. Thus, false positives abound and will continue. There is no clinical way to discern who would benefit from sex reassignment/hormones and who will not. My heart goes out to every girl who in 5 years will come back to the state of VT and ask why did you let this happen to me? Why did you not consider the science? For more information on the medical risks of cross sex hormones and surgeries please watch the video interview online by searching "benjamin boyce dr malone"...Dr. Malone is an endocrinologist with a strong understanding of where the field is failing our children's psychological and physical health. What he says is not controversial, but even if you disagree with half of what he says the other half should at least give you pause. There is great harm being done to young bodies in the name of self ID trans, albeit well intentioned, as the medical community is silenced for fear of being called "transphobic" or ignoring science for an ideology. I plead with you to consider watching the video.

Comment 79:

As a psychotherapist, I am very concerned about this proposed rule. Children are not able to consent to these life-altering medical treatments. And there is significant evidence that the increase in numbers of teens presenting is due in part to social contagion.

Comment 80:

I am writing to express my strong opposition to the proposed rule to remove the minimum age limit on Medicaid coverage of SRS. You will likely receive many comments in opposition to this rule, and some comments may be from people who are socially conservative -- whose opposition stems from their religious beliefs. Mine does not.
I am an atheist, a strong supporter of gay rights, and a lifelong Democrat. I am one of a growing number of liberals who are concerned about the dramatic increase in the number of children, adolescents, and young people who are seeking transition services. I am convinced that there is social contagion operating here — similar to the well-documented contagion that has driven the growth in eating disorders. I have become aware of this phenomenon because my own daughter, at the age of 13 and after spending hundreds of hours on social media sites exploring the concept of gender identity, suddenly told me she thought she might be transgender. As a child, she had never expressed any discontent with her sex, and she enjoyed gender-typical dress and interests. In fact, I myself had been more of a tomboy than she was.

I believe her sudden belief that she might be transgender stemmed from her gradual discovery that she was same-sex attracted. Also, shortly before she told me she was questioning her gender identity, she had been upset when a boy began to bully her to be his girlfriend. I believe that her discomfort with her same-sex attraction and her feelings of vulnerability as a female made the notion of changing her sex very appealing to her.

During this same period, she was struggling with anxiety, depression, and cutting. My husband and I took her to a psychologist who reinforced the idea that she might have been born in the wrong body — that her only chance at happiness might indeed be transition. Not only did this psychologist urge me and my husband to refer to her as our son to give her a chance to try out this identity, she encouraged us to consider putting her on testosterone at the age of 14. The psychologist attributed my daughter’s mental health struggles to being transgender. She dismissed the point that she had not been dysphoric as a child and intimated that she might commit suicide if we didn’t affirm her new identity.

When my daughter began speaking of suicide, we had her hospitalized. Out of terrible fear that she might indeed hurt herself, we began to refer to her with masculine pronouns, and when she started school in the ninth grade, we supported her request to be referred to as a boy by her teachers.

Yet, despite this affirmation, we did not see an improvement in her mental health. In fact, she was more uncomfortable in her body than ever. She bought binders and wore them all day despite the back, shoulder, and side pain they caused. She became hyperfocused on how others saw her and responded to her. If someone mistakenly misgendered her, it ruined her day.

In the meantime, I was reading more and more about gender identity and became ever more convinced that the notion of “born in the wrong body” was both harmful and unsubstantiated by science. There is no test — no blood test, no brain scan, no gene test — that can verify that a person is transgender. And since my child never even expressed discomfort with her sex until after she began reading about the transgender phenomenon, I strongly suspected she was under the influence of a social contagion.

I eventually concluded that my referring to her with masculine pronouns was only reinforcing a notion that was not likely true, so I shared with my daughter my concerns and told her I could compromise by avoiding pronouns altogether. My husband and I also continued to assure her that we loved her no matter what, that she should feel free to love anyone she wants (boy or girl), and that there is no wrong way to be a girl. We also removed her from the care of the psychologist who was reinforcing her beliefs about her gender identity and found a psychologist and a psychiatrist who approached gender identity issues with much greater caution. They helped my daughter improve her emotional regulation and adopt better strategies for coping with stress and discomfort.
My daughter is now 17 years old. Her mental health has improved dramatically. She seems much more comfortable in her body, and she is beginning to focus on her future.

But if I had listened to the therapist four years ago, my daughter’s voice and appearance would likely now be permanently altered and her breasts gone. And if she had continued on that course, she would be facing a growing list of health problems as the years went on, including sterilization and significant increases in the risk of heart disease and various cancers.

The numbers of young people — especially girls — who are identifying as transgender have exploded in recent years. We must ask ourselves why this is true. I often hear the argument that the numbers are growing simply because society is more accepting and people are less afraid to come out. But if this were true, why don’t we see a more even distribution across age categories? For example, why don’t we see lots of middle-aged women seeking transition services? I believe the answer lies in the fact that middle-aged women have had a chance to come to terms with their bodies. They have learned self-acceptance. We need to give young people today the same opportunity to accept themselves.

Instead, we are making it easier and easier for young people to alter their bodies irreversibly. We are convincing them that their only chance for happiness is to have surgery and take synthetic cross-sex hormones for the rest of their lives — despite the many health problems associated with doing so. Health care providers need to stop and remember the Hippocratic oath — to first do no harm.

And my concerns are not theoretical. Already, we are beginning to see a steady increase in the number of “detransitioners” — people who have concluded that transition was wrong for them and have reidentified as their natal sex. Many of these people are distressed by the permanent changes that transition caused, and they deeply regret the decision to do so. Every week I hear about a new detransitioner on social media. For example, the detransition subreddit (https://www.reddit.com/r/detrans/) now has 3,400 members. I believe this is the beginning of a huge wave of young people who will detransition in the coming years.

I urge you to reconsider this ill-conceived proposed rule. Let’s give young people more time to become comfortable in their bodies and to avoid the fate of becoming lifelong medical patients.

Comment 81:

This all looks pretty great, but I am worried they will continue to deny procedures to teenagers if there is addressing of age in the guidelines. I’m not sure how you would word it to avoid an age cutoff, though.

Comment 82:

Hello. Thank you very much for considering to expand access to gender-affirming surgery! I wish I had been given this access earlier in my life! Getting a double mastectomy was absolutely critical to my health, but I was only able to get access to it at age 28, and only after I had gotten disability benefits and Medicare. It was the first year that Medicare began to cover transgender surgeries, and at that time Medicaid didn’t cover it at all. The copay cost was over $5,000 out of pocket, but luckily the hospital that I went to in NYC (there were no good choices in VT at the time) accepted my application for financial hardship and waived the fee! I would absolutely not be able to afford this critical surgery if it wasn’t for that. I can’t even tell you how much better my life is after that. I finally feel “normal” for the first time. It has been absolutely critical for my mental health and my physical health. The gender dysphoria was taking a serious toll on both. Also, I had to search for a surgeon who did not
have a hormone requirement, for at the time I was not sure that I wanted to be using testosterone (but I do now). I needed the freedom to choose and to get the top surgery as soon as possible.

I am so grateful that trans kids growing up these days have easier access to the care that they need. If I had had access to it 15 years earlier, it would have spared me from years of depression and despair. Please do everything that you can to assist trans kids in need. It could be life-saving. I’m so proud of VT for being compassionate. I love my state!

Comment 83:
I support the proposed changes to Medicaid which would allow transgender youth to have gender-affirming surgery before age 21.

Comment 84:
I am sending this email in support of rule changes to allow individuals under the age of 21 to engaging in the health services necessary that affirm their gender identity. Not only does this support individual identity but will support the many facets of mental health that are impacted for these members of our communities.

Comment 85:
I am a 17 year old rising senior. I am a transgender male who uses he/him pronouns. I believe that you should definitely lower and put less restrictions on your policy for covering gender confirming surgery for transgender people. I have just spent over a year fighting in court against my one parents just to be able to start Hormones. It was a long a difficult process and though I won in the end, it is unfair to make a child fight to be their true selves. As I’ve stated before I am a rising senior, this means I will be applying to college soon, and hopefully next summer I will be going to college as well. I as well as many other transgender teens feel that surgery is necessary before starting are adult lives. I would not feel comfortable going to college without having top surgery. You may not understand how hard it is to live in a body that doesn’t not match your gender, but let me tell you it isn’t easy. It isn’t something you can ignore because this is something you live with constantly. I’m not saying that you should let 13 year olds get surgery, I’m just saying that if a transgender individual is 18 years of age. And there are multiple medical providers that have diagnosed this individual with gender dysphoria. Then why can’t you cover the surgery that 18 year old needs to feel comfortable living. I may just be 17, but I know that next spring when I have been on Hormones for a years and turn 18 that summer! I definitely want to have top surgery before going off to college and there are many other transgender individuals who want the same thing.

Please take all of this into account when making the final decision on revising the policy. This affects real people and real lives.

Comment 86:
I am writing in support of Vermont's legislature providing gender affirming surgery to youth under age 21. This is the right thing and the life saving thing to do for our young citizens. As the parent of a trans child, top surgery changed my son's life by enabling him to have the confidence to live as his true self and be a role model for others who struggle to believe that they will make it. He saved for years, researched his health insurance policy and then still worried up to the day of surgery that it might be pulled away by bureaucracy and red tape. His first words I heard him say after surgery were, "Now I can start to live my life for real." Depression and self harm plague gender non-conforming youth and they experience a 40% rate of attempted suicide due to the implicit
and explicit transphobia and violence that threatens them every day from within their families, schools and even from leaders of the free world.

As our governing body in Vermont, show your future citizens that you care that trans youth be affirmed in themselves just as much as cisgender youth deserve to be affirmed for themselves each and every day. Inclusion and diversity in our world is what makes us unique and makes us thrive as humans on this planet. We want our children and youth to have the love and support they need to grow into caring, emotionally competent adults and future parents. This means supporting ALL youth to feel accepted, affirmed and valued by the community in which they live and work now. Vermont, be the change you wish to see in this world!

Comment 87:

I am happy to hear that VT is set to reduce barriers for transgender individuals seeking gender affirming medications and procedures. Being born into a body that you do not identify with is difficult enough without the pain of fighting for medical access. Please support this bill.

Comment 88:

I am writing to express my support for the Health Care Administrative Proposed Rule 4.238 titled Gender Affirmation Surgery for the Treatment of Gender Dysphoria.

I am a parent of a transgender son. Our family has benefitted from having access to highly trained and compassionate health care providers through the UVMCC Children’s Hospital Transgender Youth Program. We have also benefitted from having access to health insurance through BlueCross BlueShield of Vermont (BCBSVT).

The criteria for coverage of gender affirming surgery in the proposed rule are reasonable and consistent with both medical best practices and the criteria for coverage required by BCBSVT.

People with gender dysphoria benefit from mental health, hormonal, and reconstructive surgical interventions during the social transition from their assigned to their identified or intrinsic gender. Medical research has demonstrated that gender-affirming surgery significantly improves the mental and physical health of transgender people. This evidence based research has major professional organizations, including the American Medical Association, the National Association of Social Workers, the American Public Health Association, the American Society of Plastic Surgeons, the American Psychiatric Association, the American Psychological Association, the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, and the Endocrine Society to endorse the medical necessity of gender-affirming care, including gender-affirming surgery, for people with gender dysphoria.

The evidence has also led the insurance industry to move from viewing gender-affirming surgery as “cosmetic” or “elective” to recognizing that surgery is part of the medically necessary treatment for gender dysphoria. Most major health insurers, including Blue Cross Blue Shield in Vermont and many other states, the Kaiser Permanente system, Medicare, Medicaid (in over 13 states), and many employer plans, consider gender-affirming surgery a medically necessary and covered health benefit. The proposed rule will make Vermont Medicaid rules consistent with most other health insurance plans and allow transgender people in Vermont to have access to medically necessary treatment.

Comment 89:
Vermont's Medicaid Policy Unit Members -
I am writing in full support of the rule change that would require Medicaid to drop the arbitrary age requirement of 21 for trans youth seeking the medical care they need to live their most full, healthy, and vibrant lives.

You know all the well vetted reasons why this is important.

You have heard from doctors, parents, and trans youth themselves.

You also know the Vermont YRBS stat that reports queer youth are 4.5x or 18% more likely to have attempted suicide in the last year than their heterosexual peers. Nationally, we know stats reflect that trans youth lives are even more at risk than that from not just suicide, but a daily barrage of violence, bullying, and other hurt that prevents them from growing up as their healthy, true selves.

I have worked with queer and trans youth in a variety of ways over my career as a community organizer and leader in this state. I have seen first hand the difference access to health care makes in young people's lives.

Vermont has an opportunity to lead the nation in taking away this insurance loophole for an insurance (Medicaid) that HALF of Vermont youth are on.

Please have the courage to see counter arguments and scare tactics that are likely filling this inbox for what they are---fear, intimidation, and straight up hate. **Choose to part of how we make it better for trans youth in Vermont. Support this rule change.**

Comment 90:

Medicaid Policy Unit Members,

I urge you to support the rule change that would drop the requirement that people be 21 to seek gender-affirming healthcare.

As a Vermont social worker who often works with people at some of the most difficult and vulnerable times in their lives, I can say this with certainty: barriers to health care access are dangerous and harmful, and often lead to very preventable health crises down the road. Insurance companies and policymakers should not be the people deciding whether an individual "should" be "allowed" to access gender-affirming healthcare--another way of saying healthcare that responds appropriately to their needs and is not discriminatory. Decisions about care should rest with individuals and families in consultation with their medical providers. Transgender and nonbinary people, including young people, are the experts on their own lives and bodies, and deserve to be treated with dignity and respect. Gender-affirming healthcare saves lives.

I understand that you have been receiving comments from far and wide that are pushing false and shaming information. I hope that you do not give weight to scare tactics that claim that children will be abused and harmed by receiving gender affirming healthcare. I hope that you know the opposite is true: everyone deserves affirming, appropriate, and accessible healthcare--IT SAVES LIVES. Vermont youth deserve this access.

Thank you for standing up for one of our state's vulnerable populations and for doing what is just.

Comment 91:
I am writing in support of gender confirmation surgery for patients under the age of 18. My partner is a transgender male, and surgery has been incredibly important in his sense of self and comfort. Considering the high rates of mental health problems in LGBTQ youth, this rule is necessary.

Comment 92:
In short, this is what the transgender community wants. No one else can tell transgender people what they need except for them. Listen to them. Their community is smaller but their voices should be the loudest on this issue.

Comment 93:
Vermont’s Medicaid Policy Unit Members -
I am writing in full support of the rule change that would require Medicaid to drop the arbitrary age requirement of 21 for trans youth seeking the medical care they need to live their most full, healthy, and vibrant lives.

You know all the well vetted reasons why this is important.

You have heard from doctors, parents, and trans youth themselves.

You also know the Vermont YRBS stat that reports queer youth are 4.5x or 18% more likely to have attempted suicide in the last year than their heterosexual peers. Nationally, we know stats reflect that trans youth lives are even more at risk than that from not just suicide, but a daily barrage of violence, bullying, and other hurt that prevents them from growing up as their healthy, true selves.

As a camp professional, I have seen the positive impact on youth of allowing them to live an authentic life, without arbitrary restrictions.

Vermont has an opportunity to lead the nation in taking away this insurance loophole for an insurance (Medicaid) that HALF of Vermont youth are on.

Please have the courage to see counter arguments and scare tactics that are likely filling this inbox for what they are---fear, intimidation, and straight up hate. Support this rule change.

Comment 94:
I’m a queer Vermonter who supports Medicaid covering gender affirming surgeries.

Access to such surgeries will change lives and strengthen our community. It will also put VT in the forefront for these policies that support transgender and queer people. YES YES AND YES!

Comment 95:
I am certain that your offices are hearing from a lot of disgruntled people with religious or bigoted reasons for wanting you not to put the recent ruling, related to Trans youth in Vermont, into effect. I am certain that many of those messages are from people who do not even live in Vermont... which is absurd, for them to have any right to interfere with our young people's well being and basic rights.

As a Vermont native, as a Transgender individual, and as the parent of a Transgender youth, I cannot insist strongly enough the importance of putting your recent ruling into effect so that Vermont's youth can pursue what amounts to life-saving surgery, prior to turning 21. If I had had that same opportunity, as a young
Transgender individual, my life would have looked very different and many more opportunities would have been available to me and perhaps my adult life would have not been so difficult and challenging. Our Trans kids deserve to live their fullest lives and early treatments and surgeries give them a fighting chance to live as their most authentic selves, as early as possible... opening doors for them that might otherwise be closed, as they pursue their educations, careers, possible relationships. Also, having gender-affirming surgeries sooner rather than later in life makes Trans individuals safer, reducing or eliminating the risk of harassment and violence against them.

Affirm you vote. Put the ruling into effect. Whatever fear-induced or hate-induced messages are coming into your offices, related to this ruling... be assured... moving forward with allowing Vermont’s Transgender youths to receive gender-affirming surgery, with parental or guardian consent, prior to the age of 21 will save lives and will facilitate the promise and potential of many a young person. How could we want anything else for our children?!

Comment 96:
As the parent of a young adult who is transgender and as an educator that works with a number of transgender and gender non-conforming students, I am in support of the changes to the proposed law. It is extremely important to act on behalf of vulnerable youth in the state of Vermont.

Comment 97:
Hello Medicaid Policy Unit,

I write to you in support of incorporating HCAR 4.238, allowing for transgender youth to receive gender-affirming surgery services earlier than the previously required age of 21.

Nearly 50% of Vermonters under the age of 18 rely on Medicaid for insurance. Youths under 18 with permission of their guardian as well as young people aged 18 - 21 also relying on Medicaid will benefit enormously from this new rule as it will allow them to progress in their gender confirmation journey as early as they are able to discuss and make informed decisions with their doctor (and parents, as applicable). Doctors treating trans youth, like Dr. Inker of Burlington's Transgender Health Clinic support this rule change, and the opinion of doctors with this specialized expertise should be respectfully considered by the MPU.

For transgender youth, going through puberty is a nightmare that reinforces their dysphoria and leads some to depression, self-harm, and suicide, and a disproportionately high percentage of LGBT youth harm themselves compared to heterosexual & cisgender students.

The psychological effects of having one's body work against you is supremely distressing and gender confirmation surgeries can save a youth's life. Surgery is a personal choice and there is no reason the Medicaid policy should stand between a person and their doctor. That applies to youths as well, and children with their parents consent.

Removing barriers to surgery like two years of HRT and letters from two psychiatrists allows healthcare for trans youth to be more equitable and accessible to all, regardless of financial means.

Please incorporate this new rule and support trans youth and their right to make their own gender confirmation decisions so that they may live long and healthy lives, looking and feeling like they are themselves both on the outside as they already do inside.
Comment 98:

I am writing to give my support to the plan to include gender affirming surgery to medicaid patients. These people are a minority, and have a right to be as happy as their peers. It is something most people can't afford. My granddaughter is trans, and I know it would make her life much easier. Thank you for listening.

Comment 99:

Thanks for considering to allow youth to access medicaid coverage of gender affirming surgeries. Research proves that children know their gender and know what they need to affirm their gender so it makes sense to validate these needs by allowing to access the health care needed to affirm gender via surgeries.

I sincerely hope you're able to send love to the confused haters of this new rule and able choose love and compassion for youth whose lives will be positively impacted by this change to lower the age to get the gender affirming surgeries. Perhaps, more gravely, NOT passing this rule could and will have big negative impacts on livelihood and wellness of youth.

Comment 100:

To the Agency of Human Services' Medicaid Unit

Please vote to approve the proposed Medicaid rules to permit transgender youth under the age of 21 to have access to gender affirming surgery. I have been a QSA/GSA advisor for 20 years, and can attest to the emotional distress and despair youth with unaligned gender identities and presentations experience. Having to wait for medical treatment after having bravely revealed themselves to family can be crushing. Allowing trans youth to have such surgery when they are feeling ready, at whatever point that falls for them as an individual, makes sense.

As a social worker and educator, I implore upon you the need to do the right thing. To allow VT trans youth to align their bodies with their gender identities makes sense. The life changing outcome will certainly be happier and healthier trans youth, ready to take on the world ahead of them.

Comment 101:

Dear Medicaid Policy Unit,

Thank you for allowing public comment. Sorry not sorry...this one is a bit long because it is personal.

I am a parent to a son. My son also happens to be transgender. He is not defined by that. He should not be defined by that. That is not his whole being. He is a person like everyone else. Has a multitude of qualities like anyone else. He is 16 years old. We live in Vermont and he has Medicaid. This past Spring, my son had a gender-affirming surgery with help from the UVM Medical Center Transgender Youth Program, their doctors, and of course, Medicaid. He would not have been able to wait until the age of 21 to have this surgery. This surgery helped him to feel closer to his true self. It saved his life. We are very thankful to all that helped us.

However, I must not leave out his Lawyer. She was the best. He definitely needed help from a Lawyer to have his gender-affirming surgery paid for by Medicaid. Unfortunately, My Husband and I could not afford such a surgery. I believe it was over $6,000 from what I was told. Again, it was a life saving surgery for my son. Originally, it was denied by Medicaid because of his age. He was 15 years old at the time. With some help from his tenacious, informed, gracious Lawyer along with about half a dozen support letters from his awesome
team of doctors - a rather nerve racking yet quick appeal hearing with Medicaid was had. Although, we had to jump through hoops, and I want you to know that is a constant in my son's life, this appeal hearing with Medicaid reared an approval for his gender-affirming surgery. It was successful in the end. It was medically necessary. It changed my son's life. For the better.

I am more than pleased to see that Medicaid could be changing the age policy for gender-affirming surgeries. Medicaid needs to let people under the age of 21 to have access and approval to these gender-affirming surgeries. So many lives will benefit from this policy change in Vermont. I feel my son had an impact in bringing about this proposed insurance change. He and his transgender/gender nonconforming peers are true pioneers. I am happy to see the world changing for the better, although not as fast as I would like, but nonetheless, it is going to happen. Discrimination shouldn't happen because one is different from another. It's not kind. It's not right. The world is diverse. Let's celebrate that - not look down at that.

I would also like to add that their community (LGBTQIA+ as a whole) should not have to jump through constant hoops because of the ignorance of policy makers. Well informed people in the field of Transgender medicine and the Transgender community have to be the ones making these policies. People's lives are at stake. None of the lives of transgender teenagers should not be ending in suicide. If the path of suicide is not chosen, transgender lives should not constantly be made difficult by how companies and/or society operates. There are too many misinformed decisions and unnecessary hurdles for this community on a daily basis. Such as bathrooms, medical care, schools, documents, housing, jobs, pronouns, everyday tasks and activities, the list goes on. ALL people need to feel safe, validated, unalienated and have access to proper medical care. And no matter the age. The world needs to eliminate barriers, including insurance companies, for people who are transgender. They're just people like everyone else.

My son is not different from me. EVERYONE is human and equal on this planet. One of the mistakes our species made was creating boxes and labels for people. Be it class, race, gender, disability, sexuality, etc. He along with I, are not enthusiastic that he has to be "labeled". I'll be candid and frank (I haven't held back so far). My son could not help the circumstances in which his genes formed in my uterus. The surge of testosterone that happens when forming a cisgendered male did not fully emanate during his gestation period in my womb. That doesn't make him less of a male. That doesn't deny his gender identity. He shouldn't be punished for that. His brain was formed that of the male species but his body did not follow suit. Biology is vast. Biology is a wonder. Biology happens. But still people feel the need to diminish it.

So, with that said, here my son sits in life. Trying to work with what he has and change what he can. Constantly fighting society's norms and their unfactual binary structures. It's an alienating society that we created. The walls of that society are starting to crumble and fall. Like I said, I am very happy to see that change occurring. I hope your committee puts these proposed changes into effect. I also look forward to more. And thank you again for allowing this public comment period, listening and hopefully hearing me.

Comment 102:

Seeing how public comments were open and appreciated, I found it extremely important to voice my opinion on this new law. Gender-affirming surgery is a crucial part for a transgender person to be at peace with them self. The fact that whether it should be covered under the age of 21 or not has me perplexed. These are people's lives on the line, basic human rights. Why deprive children of living a happy childhood? As a transgender man, I see the passing of this law as crucial. I've lost a good chunk of my teenage years to depression and suicidal thoughts due to the hoops you had to jump through to receive a life changing surgery. I had to go to a hearing with
medicaid professionals and share incredibly personal details with them in order to get a mastectomy at the age of 15. Many inexperienced people believe that 15 is too young for such a "big decision", but I had been suffering for 5 years with a chest that was both difficult and harmful to hide. It prohibited me from going out and being social like a normal teenager, causing extreme dysphoria that lead to thoughts of ending my life. I was a CHILD. Now, of course, my life has improved greatly since I got my mastectomy, but I'm still unable to live my life to the fullest as a teenager without bottom surgery. Having to use the stalls in the men's room every single time is incredibly humiliating, and being self conscious every minute of my life is making me absolutely miserable. This law being passed would make me FINALLY be able to live a normal life, and I wouldn't have to worry anymore. Remember, this isn't an opinion based choice, this is people's LIVES. As Dana said in the article, passing this law would save lives, including my own. Please take this into consideration. This shouldn't be a debate.

Comment 103:

After reading the Burlington Free Press article, "Vermont opens door for gender-affirming surgery for transgender youth", I am beyond pleased with the Vermont government. The 18 surgeries that were approved for Medicaid coverage for transgender youth are all extremely important for someone with gender dysphoria. My brother is transgender, and I know very well that he will benefit greatly from this newly added law. Without Medicaid coverage, these surgeries are wildly expensive, especially considering a lot of people require multiple of these surgeries - the bill would just be through the roof. We almost had to experience the damaging price of the mastectomy surgery, however a successful hearing with Medicaid professionals earned my brother the mastectomy surgery for free. The fact that he had to even attend a hearing to persuade officials to cover his surgery was wrong, but we're extremely grateful that they heard him out and covered the cost. Thinking about how any transgender kid can get these surgeries, without having to be 21+ and without having to pay the large cost, is heartwarming. In a lot of cases, it's life-saving. So, thank you so much. This new law means everything to so many people, and the change really counts.

Comment 104:

To the Agency of Human Services' Medicaid Unit

Please vote to approve the proposed Medicaid rules to permit transgender youth under the age of 21 to have access to gender affirming surgery. I have been a QSA/GSA advisor for 3 years, and I have heard stories from youth and others about the emotional distress and despair that is felt when their body doesn't align with their gender identity. Having to wait for medical treatment after having bravely revealed themselves to family can be crushing. Allowing trans youth to have such surgery when they are feeling ready, at whatever point that falls for them as an individual, makes sense.

As a school counselor and educator, I implore upon you the need to do the right thing. To allow VT trans youth to align their bodies with their gender identities makes sense. The life changing outcome will certainly be happier and healthier trans youth, ready to take on the world ahead of them.

Thank you for your consideration and important work.

Comment 105:

As a tax-paying Vermonter I want to voice my support for Medicaid coverage of gender-affirming health care for adults and for youth under age 21. This would make a positive, life-changing impact on people who know who they are and often suffer for the world's refusal to understand, accept, and affirm who they are.
Thank you for listening.

Comment 106:
I am writing in my response to show that I am PRO helping Vermonters get the surgery they need to live their lives in their best way possible.
A+ for taking steps in the right direction.

Comment 107:
I’m fully in support of proposed rule 4.238 re: Gender Affirmation Surgery for the Treatment of Gender Dysphoria, and very pleased that AHS is supporting trans youth by moving in this direction. Thank you for your work.

Comment 108:
If you look into the statistics, a lot of transgender youth commit suicide. There's about a 41% suicide rate of trans people in general. Many of those people are under the age of 21. Gender dysphoria is crippling and allowing for teens to transition before the dysphoria swallows them up and kills them. Allow the matured teens to transition before 21, because there are teenagers who know and desire transition before then. Please please please don’t listen to the GenderCritical users, they focus their attention on those they hate.

Comment 109:
A hate group on Reddit (https://www.reddit.com/r/GenderCritical) are asking their members to email you against proposed rule HCAR 2.238. Please do not give in to this intolerance.

https://www.reddit.com/r/GenderCritical/comments/cdhhnv/your_help_needed_take_a_few_minutes_to_prot ect/

Comment 110:
As a trans person who came out later in life, I fully and unequivocally support youth being able to access gender-affirming care before age 21. We already know it's safe, and I personally would have suffered much less if I had been able to access care, or had even known it existed.

Please listen to the voices of trans people on this issue—we are the experts and our voices should be the most important.

Comment 111:
Until a few years ago, I knew next-to-nothing about transgender individuals when I agreed to be the nurse for the Transgender Youth Program. I then took a crash course in Transgender care before the Transgender Youth Program opening Sept 2016. We started with a handful of adolescents, which has bloomed into nearly 200 children/adolescents seen in the past 3 years. The most education I have received, however, has come from children, adolescents and their families. I have seen the look on the kids faces when we start pubertal suppression so that menses stop, further breast development stops and erections & ejaculations stop. I have seen the fear of injections give way to excitement as the tranmale adolescents joyfully start transition with testosterone injections that they administer themselves.. Both transmales and transfemales are ecstatic over,
and impatient for more of, and faster, bodily changes to affirm their gender. For transfemales who have adequate insurance coverage, I have seen the huge smiles on their faces as they describe how it feels after they have had masculinizing mastectomies (“Top surgery” in gender-speak) in their mid-teens– they can go shirtless in public without fear, they can stop wearing very uncomfortable binders on their chests which makes it hard to breathe during exercise and can exacerbate an asthma attack, they can wear closer fitting shirts when they don’t have to hide or bind their breasts. On the other hand, I have heard adolescents describe how uncomfortable they are with their breasts and see their faces drop in despair when they are told that they can’t have “top surgery” until they are 21 unless their family is willing to wage war – and some have done so and won that battle. Although these adolescents often have some underlying psychological conditions underlying their gender dysphoria, many of the transgender individuals are able to function better socially, psychologically, academically and with their families when the dysphoria is addressed. Some have even been able to come off some or all of their psychological medications and stop self-harming behaviors including suicide attempts.

When I saw the Medicaid changes proposed, it was extremely satisfying to see that there are no hard & fast age rules, that requirements that need to be met to have gender-affirming surgeries can be more individually based on the point a person is at in their transformation and that so many types of surgeries would be included (some of which I had to look up because I wasn’t familiar with what they entailed) to be covered. Since I work solely with children, the urogenital surgeries usually are further down the line for them, and some who are close to/near 18 start contemplating these types of surgery.

I urge you strongly to adopt the proposed changes which will benefit so many people. I’d like to know that the adolescents we currently see will be able to get the surgeries that may so desperately want as adults.

Comment 112:

Please ensure that Medicaid fully covers gender-affirming health care for transgender and nonbinary Vermonters. This care is essential for the mental and social health of these folks and is literally life saving.

Comment 113:

Hello Medicaid Policy Unit,

I write to you in support of incorporating HCAR 4.238, allowing for transgender youth to receive gender-affirming surgery services earlier than the previously required age of 21. Nearly 50% of Vermonters under the age of 18 rely on Medicaid for insurance. Youths under 18 with permission of their guardian as well as young people aged 18 - 21 also relying on Medicaid will benefit enormously from this new rule as it will allow them to progress in their gender confirmation journey as early as they are able to discuss and make informed decisions with their doctor (and parents, as applicable). Doctors treating trans youth, like Dr. Inker of Burlington’s Transgender Health Clinic support this rule change, and the opinion of doctors with this specialized expertise should be respectfully considered by the MPU. For transgender youth, going through puberty is a nightmare that reinforces their dysphoria and leads some to depression, self-harm, and suicide, and a disproportionately high percentage of LGBT youth harm themselves compared to heterosexual & cisgender students.

The psychological effects of having one's body work against you is supremely distressing and gender confirmation surgeries can save a youth's life. Surgery is a personal choice and there is no reason the Medicaid policy should stand between a person and their doctor. That applies to youths as well, and children with their
parents' consent.
Removing barriers to surgery like two years of HRT and letters from two psychiatrists allows healthcare for trans youth to be more equitable and accessible to all, regardless of financial means. Please incorporate this new rule and support trans youth and their right to make their own gender confirmation decisions so that they may live long and healthy lives, looking and feeling like they are themselves both on the outside as they already do inside.

Comment 114:
As a healthcare worker I support the changes to Medicaid policy enabling trans individuals access to coverage for gender dysphoria surgery.

Comment 115:
I wholeheartedly support the changes to gender affirming surgery for trans women and men. Nobody should be denied health care based on politics or beliefs of others. Vermonters support this change.

Comment 116:
I wanted to send a quick note in favor of allowing trans youth to receive gender-affirming surgery. I think doing this would make a huge difference in the mental health of these young people, especially as at the age of 18 it may be the first time they are able to make decisions about their medical care. When you legally become an adult it’s important, empowering, and in some cases life saving to be able to use your voice and advocate for your needs. And if anything can possibly address the high rates of suicide in trans communities I think we have every obligation to do it.

Thank you for considering this, and I hope it moves forward.

Comment 117:
As a registered nurse, mother and grandmother, I want to give my opinion about transgender operations before the age of 21. I strongly disagree with this as you are taking away these individuals ability to reproduce. The research shows that teen & young adult brains are not fully formed and are in the state of flux so they may at a later point regret the surgery. We also know how influential peer pressure is during this time period which could also play into their decisions. I strongly do not want my tax payer money spent in this way. It’s not about the money but about my strong moral and ethical feelings. I consider myself a liberal who promotes individual choice but this is not a well researched area and I urge the state to avoid going in this directions just because it is crusaded at this time. Thank you for allowing opinions on the matter.

Comment 118:
This is insane, being a male and thinking you’re female or the other way around isn’t anything but a mental disorder that’s been proven, there’s other help they can get if they’re suicidal. My brother had to pay tens of thousands out of pocket to have extra skin removed from a serious weight loss surgery that could’ve been life threatening, put your focus somewhere else. I’ve had to pay out of pocket for my daughters medical bills because they weren’t covered by Vermont Medicaid, but you’ll cover this because someone doesn’t want to have a penis or vagina because they’re afraid of what people view them as.

Comment 119:
Hello -- I read in the Burlington Free Press that you are considering allowing Medicaid to pay for transgender operations for teenagers. I think this is a very misguided -- indeed, unethical -- idea. Children (or their parents) should not be allowed to make such irreversible life decisions over their bodies at such a young age. If they have this operation, it means they will be unable to have children, among other results. In addition, there can be a great deal of peer pressure (fad) through YouTube and other outlets to make such a decision. Please, limit these operations to those who are at least 21 years of age.

Comment 120:

Dear AHS policy makers,

Please stop promoting this entire transgender agenda in our formerly supportive Agency of Human Services. The sham so-called "science" behind all of the pro-transgender movement is so flawed it simply reeks of the "politically correct". But just as suspiciously, it also seems to be part of a coordinated attempt by another segment of our medical delivery systems -- including both clinicians and you policy makers -- to deceive our dear Vermont kids and parents.

Please scrap this entire program, as it violates all genuine science and human concern. We must protect our kids from this destructive falsely labeled "therapy" and "treatment" of the generally fabricated lie of "gender dysphoria" ... a condition which any number of children should instead be compassionately helped to sort through with an acknowledgement that gender is not capriciously mistakenly "assigned", but is a scientific fact encoded in DNA of every single cell of the boy or girl, man or woman's body. No amount of manipulation of this truth by surgeries, hormone "treatments", counseling designed to support the same ... is genuinely caring. It is self-serving at least, wicked at best.

Comment 121:

This rule change is ill advised. I do not support it.

Our youth are not old enough to drink until 21 but have the insight to have a penis removed?

The research does not support that this mutilation decreases suicide risk. These folks will continue to be at higher risk.

Why not give them until 21 to decide.

These patients need our support, not our encouragement of mutilating their bodies.

Comment 122:

I have read the article in the Burlington Free Press stating that medicaid may soon cover gender changing surgery for our youth here in Vt. My number one concern is FOR the children. Most people under the age of 25 are not psychologically fully developed, as in they may not be mentally mature enough to make a logical decision, thus can choose recklessly and impulsively, live in the moment so to speak. I find it very difficult to embrace or condone the idea that allowing a 13 year old to under-go this "no turning back" surgery is a good thing. We have several things in this world that we must wait for, drinking alcohol, smoking, driving, R rated movies, to name a few, because we are too young to make the wisest choices. This should be no different. Offer counseling and education so that by the time they reach an adult age they are truly able to make the life-long decision best for them. My other concern is financial. I resent the fact that thousands and thousands of our tax
dollars would be spent on non-emergency surgery, the after care costs, prescription costs for their lifetime, therapy and whatever else may be "needed" while medicaid cannot cover prescription eye glasses or dentures for adults due to budget cuts. Being able to chew properly and see well enough to get around should be more pressing, especially for our elderly. I feel that if this surgery is important to the individual they should reach adulthood, get a job and insurance and not expect others to pay for their choice. If their parents are on medicaid as well than that is a double drain on our limited resources. Our taxes are high enough already, it has got to stop! Let kid's be kid's. Allow them to grow up before we do more harm than good.

Comment 123:

I believe the proposed lowering of the age requirement for sex reassignment surgery to 18 and allowing children of any age under 18 to access these irreversible treatment is unethical at best, even with parental consent.

I have several reasons why I believe the 21yo age limit is appropriate as is, the first being that the reasons why someone might feel dysphoric are complex. As WPATH states, “Before any physical interventions are considered for adolescents, extensive exploration of psychological, family, and social issues should be undertaken.” The American Psychological Association also points out that dysphoric teens, like all teenagers "can become intensely focused on their immediate desires."

Which leads me to the second point, which is the high rate of desistance in youth, as pointed out by the APA and The Journal of Endocrinology many gender non-conforming youth are often mistaken as trans. This study found only 15% of children had persistent dysphoria. We should not allow these children to undergo irreversible changes to their bodies before they are old enough to understand that this means a lifetime of hormones, increased health risks, and infertility if they undergo complete SRS.

The American College of Pediatricians in this statement calls the medical transition of minors unethical and based on unscientific evidence. There is so little we know about the effects hormones and surgery are going to have in the long term, as pointed out by the Journal of Endocrinology: "We recognize that there may be compelling reasons to initiate sex hormone treatment prior to age 16 years, although there is minimal published experience treating prior to 13.5 to 14 years of age."

However, my thoughts on this issue are perhaps best summed up by this article:

"Children with gender dysphoria are suffering. Some of them have coexisting mental health disorders, some of them are bullied, and some of them attempt suicide. They should be treated with compassion and not with false assurances that gender transition will reliably solve their problems. We can’t predict whose dysphoria will persist into adulthood. We can offer counseling, use medical treatments cautiously, and delay irreversible surgeries until the child is truly able to give informed consent. Perhaps the best solution would be for society to reject the 2-gender dichotomy, accept that gender is a spectrum, and be more accepting of individual differences in feelings and behaviors that fall anywhere along that spectrum. Until that happens, we should indeed tread carefully."

Youth today are growing up in a tough world with plenty of cause for anxiety, and with social pressure to look and behave a certain way. Sterilizing and altering perfectly health bodies is not the way to help our next generation. I sincerely hope you will reconsider this proposed change and protect these vulnerable young people. It is far better to make a truly dysphoric person wait until 21 than to irreparably alter the body of a 17 year old who later changes their mind.
**Comment 124:**

Good morning, I am writing this email to voice my deep concern over the proposal to drop age limit for transition of young people. I am a 38 year old woman who transitioned at age 35. I really thought at that time that transition would help my dysphoria and my body issues. It helped only for a while until it didn’t. My dysphoria was still there and no amount of hormones or surgeries was going to change that. I have since detransitioned and have found great healing through therapy and medication for my trauma and mental health. If I as an adult could make such a mistake how are we to think that young people especially teens know what they are getting themselves into. My concern is that dysphoria is not trying to be treated in other ways other then hormones and surgeries to permanently alter a persons body. This is destructive and harmful. I know I can’t change the system but I at least beg you to not lower the age limit. Give these kids time. It is so devastating to live with the permanent damage of surgeries and hormones. I have my scares, I don’t want the younger generation to have these too.

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**Comment 125:**

It has recently come to my attention that regulators are planning to change Medicaid rules to allow coverage for elective surgeries meant to address gender dysmorphia in Vermont’s children.

When considering these proposed changes objectivly one must consider the precedent being set and see clearly that this decision will affect tax payers, children and families in a way that does not justify legislation meant to benefit a very small and vulnerable portion of the population.

These elective surgeries are not cheap thanks to the current healthcare market, and Medicaid being publicly funded should not foot the bill for surgeries and treatments that are just that. Elective.

Despite semantics from those in favor of genital mutilation as a medical procedure, the process involved in subverting ones biological predispositions are not only extreme in the truest sense of the word, they are irrevocable and medically unnecessary. Surely Vermont’s Medicaid system could use its resources to help people in a more effective way.

More important than the public cost of pandering to lbgqt lobbyists however is the welfare of Vermont’s most vulnerable and impressionable children. It has been widely accepted for some time that the human brain is not fully developed until sometime in the early twenties. While it’s also widely accepted that the human brain is hardly understood, one must take into account the pliable nature of a young mind as well as the external factors influencing them.

I would like to argue that children experiencing all the difficulties associated with growing up in this modern age should not be given the burden of making a decision they may regret. There’s simply too much to consider when deciding if elective surgeries are worth the risks involved.

Lowering the age of consent/coverage for elective medical procedures puts children at risk and the precedent that would be set by these changes is an attack on youth and innocence. The social and economic cost is too high and the benefit is debatable at best. Not to mention there are other ways to counsel our children and help them navigate mental health issues that are much less extreme in nature..

thank you for hearing my comment and hopefully what I’ve said will resonate enough for you to reconsider these changes to the public healthcare system.
Comment 126:

I am writing to express my great concern about this proposed change to the State health care policies in Vermont to allow youth under 18 to undergo transitional surgeries. I do not live in your state, I live in Oregon, but I feel it is important that you understand that transition regret happens and pediatric transitioners are at greater risk of dire mental and medical health consequences if they do regret these surgeries. Not to mention, they will be dependent on the medical system and synthetic hormones for the rest of their lives if they decide to detransition.

The risks of allowing parents to have their children undergo these surgeries is far too great. There is no empirical outcome research that supports the idea that these surgeries help people and improve outcomes for transgender people in the long term.

I was not a pediatric transitioner. I transitioned as an adult and had a mastectomy when I was 30 years old. I realize now that I was misdiagnosed and my mental illness that contributed to my experience of being gender dysphoric and disconnected from my body had gone untreated. Transition did not help me. I saw several therapists and doctors over the course of my transition and none of them were able to help me better understand my experience. They instead kept me on the ‘trans train,’ and I went through with a surgery that I had doubts about. I believed my doubt to be ‘internalized transphobia’ because that was what my therapist and the community around me had told me I was experiencing. This was not the case, and I will be grieving the loss of my breasts and the changes to my body on cross-sex hormones for the rest of my life.

I understand the concern regarding suicidality should a young person be denied surgery. However, more care and therapies that help young people cope with their high levels of distress would be more cautious and more ethical than allowing young people who hate their bodies to permanently alter them through surgery. There are many therapies that have been developed that can help with this - including dialectical behavior therapy, somatic based psychotherapy, and cognitive behavioral therapy. These therapies, especially CBT and DBT, have been extensively researched and they work to help people cope with overwhelming emotions and psychological distress. It is possible - and very likely, based on the experiences of many detransitioners around the country and the world - that young people in your state will regret these treatments and feel betrayed by a system that did not protect them.

It is often difficult, as was in my case, to determine if a patient’s gender dysphoria is actually caused by a different underlying mental health issue, such as body dysmorphia, trauma, dissociation and dissociative disorder, eating disorder, or depression. The diagnostic and case conceptualization tools for distinguishing between these are not adequate. I saw several licensed, highly trained mental health professionals for several years over the course of my transition and none of them were able to help me better understand my experience and help prevent me from having a transitional surgery that I would do anything to take back.

Detransitioners are real. We exist. We are silenced and marginalized. I do not wish to make my identity known, because there are tremendous consequences for speaking out. There are more detransitioners than you think. And there will continue to be more if transgender health care continues to become more and more accessible without adequate gatekeeping.

Given that there are many of us who regret transitional surgeries, can you in good conscience allow this change to Vermont’s health care system go through? Do you want to take that risk with the youth of your state?

Please do not allow this change to go through. Protect the young people of Vermont.
Comment 127:
I am worried about the new law. Reassignment is so serious for children to decide even with parents and doctors. Breast cancer patients truly suffer from mastectomies. Besides the pain, there are life threatening complications from the surgery. Also the hormonal treatments can increase stroke. A child could end up with a stroke or feeling mutilated when they change their minds later in life. Lots of people are wanting to reverse assignment surgery. It is not good to threaten children’s lives for social experiments. This is truly a bad thing. It also violates parental rights and consciences.

Comment 128:
I am writing in regards to an article I read this morning stating that Vermont is allowing taxpayers’ money to pay for GENDER REASSIGNMENT OF CHILDREN.
YOU ARE ALL MENTALLY INSANE!

Comment 129:
Think of all the risks alone of having such a surgery especially on young children. How do they really think they are capable of making these decisions when they are still unknowing children. How can they make such a serious decision when they still need to ask permission to go to a friends house or go to Disneyland by themselves. They can’t get a drivers license. Do these parents have no sense to give such freedoms when they are underage. They can’t smoke, they can’t drink, they can’t be out late at night, but they can go through excruciating surgery and unbelievable hormone changes while they are still children that need to be disciplined and guided and taught right from wrong. What is wrong with you people that you would let these young precious unknowing children what they are in for. And what about all the children in need of health care, rehabilitation from diseases or birth defects. Have been born with terrible deformities with horrible painful crippling, or blind or deaf and the list goes on. And you are going to find a sex change cause they “think” they would rather be another sex and they aren’t even understanding what it entails? How about helping the kids that don’t get regular meals or warm clothes or comfortable places to live...how about food to eat. My hell people put that money to help care for children not change them with all the unknowns. I can’t even believe this is even an issue! God help your pathetic priorities. If they want to, let them do it when they are of age and understand their choices, and can afford it, not have us pay for it. Maybe I would like some cosmetic surgery so I could feel younger and prettier and like myself better. Is that a good enough reason to have the government pay for it. I didn’t think so‼

Comment 130:
Have you lost your minds, considering paying for sex change surgery with public funds for children? Are you not aware that it has been documented that children often change their minds about their orientation, sometimes more than once as they go through adolescence? Are you not aware of the many documented problems people create for themselves when they choose to change their sexual orientation? It is one thing when adults make life changing choices for themselves because they supposedly have the maturity to accept the consequences of their choices. It is a completely different situation when it is a minor child who should be protected from irreversible and life shortening changes. Ditch this hair brained idea and at least let the children wait until they are legally of age to make their own choices.

Comment 131:
Do not allow for children’s sex changes without parent consent and paid by taxpayer money. Shame on State of Vermont. Let kids be kids and mature to decide such life altering changes.

I used to love Vermont. But you are way too Liberal.

Comment 132:

I’m contacting you today to urge you NOT to provide sex change surgeries for children. Do Not encourage them to change what they are; it is wrong! Sex change for children can cause confusion, depression, suicide, drug and alcohol abuse, physical and mental torment, destructive behavior and chaos. There is NOTHING good about advocating for this and it needs to be put a STOP to NOW! I plead with you to put a Stop to this NOW. The lives of many children depend on this.

Comment 133:

You can’t change a persons gender. Every person is born male or female, period. God made them that way. And you are actually trying to play God! Who do you think you are?

What you are doing is messing these peoples minds up worse than they were already messed up.

Someone aught to be explaining to them how they were created by God.

Tell them how they are special in Gods eyes just like they are.

Tell them God loves them just like they are. And tell them Jesus Christ died on that old Roman cross for them and He arose from the dead on the third day for them just as they are!

Judgement day is coming!!!

Comment 134:

Are you trying to tell me a four year old should be getting a sex change? Have all the girls wear pants and all the boys wear dresses and the next day they can reverse what they wear. It’s cheaper.

Comment 135:

It’s a great day to not be living in Vermont. God help us all.

Comment 136:

I am shocked that our medical society has become so derailed as to seriously consider funding the self mutilating wishes of highly disturbed and undeveloped youth. That some children apparently are suffering gender dysphoria and consider self harm at a higher rate than other youth should give us pause. They need help to conform their mind to the physical reality of their bodies, not license and encouragement to conform their physical reality to their minds’ image.

The ramifications of funding and encouraging these physically dangerous procedures under the guise of compassion are staggering. Compassion, as we all know, is always and everywhere rooted in reality. A human being, as all the wise have always affirmed, is not just a mind trapped in body but rather a miraculous marriage
of spirit and matter. To divorce human nature to one or the other has always and everywhere produced monstrous effects.

Whether you agree with this assessment or not may be irrelevant. What is pressing and urgent is the necessity to pause, research, hear from medical ethicists, pediatricians and those of differing views.

Respectfully and with overwhelming concern for our dear young people,

Comment 137:

I taught college psychology for 28 yrs. & studies I've read conclude that kids under age 18 should NEVER make this decision at an earlier age because almost all children, IF LEFT ALONG, eventually chose to be their original sex! People whom are discussing these things with kids younger than age 12, are creating “confusion” in these kids minds & possibly causing Normal Kids to have Severe Identity Problems due to these talks! It needs to be Stopped NOW!!

Comment 138:

I am a Vermont tax payer, mother and Green Mountain Care recipient. I am writing in regards to the current proposal to provide surgical care for transgender youth in Vermont. I would first like to say that I am a supporter of anyone, child or adult, who chooses their own gender. I will always stand up for anyone's right to live as their chosen gender, children included. My concern lies with medical intervention for children. Those under 18 are not of the mental capacity to make permanent life altering decisions that would include the consequences of never being able to bear children (sterilization), possibly being unable to enjoy a normal fulfilling sex life in the future, the mutilation of their breasts, penises, testicles, or vaginas, and the long term mental health consequences that could follow any of the above. The research showing that surgical procedures on transgender youth promote good physical/mental health outcomes does not exist. We must proceed with utmost caution.

There is also something that is close to my heart that is making me write this email, and that is the issue of detransitioning young adults, which is rarely discussed, because those who detransition tend to not go back to the same doctors who promoted their transition. I learned of this issue through a friend of mine in Brattleboro who began transitioning to male at age 17. The testosterone caused many side effects for her, the worst being the destruction of her liver. Her biggest regret will always be the double mastectomy she underwent at 18. By age 20, living as a male, she was still suicidal and her gender dysphoria had not been relieved. She found a new therapist and was able to talk about past trauma and began to accept that she was not trans and has gone back to living as female, though not without scars and physical health issues. She told me she has found a whole community of detransitioners and many more online, which is how she is able to recover more from the trauma of losing her breasts and the years of hormone therapy. These people's stories are not told in mainstream media, but if you search online there is no shortage of detransition stories.

We cannot be complicit in the harming of children. I know, we all have good intentions and want what's best for our kids, but when there are so many unanswered questions in the scientific realm (what causes gender dysphoria? Do children who undergo medical intervention have better outcomes? How many people detransition? What are the long term physical effects of puberty blockers/hormones/surgeries on children? Long term mental health effects? Etc) we cannot allow our children to undergo experimental procedures that have the potential to cause them great harm and unhappiness in the far or immediate future.
It is my hope that Green Mountain Care will make the decision to WAIT... wait for more studies, more anecdotes, more experience, more science. We need to know with 100% certainty that a policy allowing surgical sex change procedures on children will not be something to regret.

If even one child is permanently harmed by undergoing a “transgender affirming” surgery paid for by Vermont medicaid, all Vermonters are complicit as we are taxpayers who fund it. Please, please please... wait. Just wait.

Thank you for taking the time to consider my plea,

Comment 139:

I love the state of Vermont as a vacation destiny. We have come there to ski on two occasions and enjoyed both times. The state is beautiful in the fall and can be a winter wonderland in the winter. However, I cannot understand the extreme liberal politics of Vermont.

The idea of assisting a child to have a sex change, which is not only nonsense and damaging to a child’s physic, but, totally anti biblical is about as far from wrong as a law can be. What makes the lawmakers of Vermont think that they know better than God the gender a child, or an adult for that matter, is meant to be. It is obvious that the lawmakers of Vermont do not believe in God or care what He thinks. This law is sick.

As I said, I have flown all the way from Missouri on a number of occasions to enjoy the beauty and winters of Vermont. However, your liberality of politics and the law are making it hard for me to continue to do so.

Comment 140:

I have recently discovered that the state of Vermont is intending to waste more of it’s money that could be better spent on those who have actually put into the system versus those who have never, and if barely, put into the system. Is there an agenda going on here? From what I read, there is a massive agenda going on. Those who truly need medical attention will have their money squandered away on children gender reassignment. Has the state even done research on how increased the odds of suicide go up are of those who have this done? How about doing a little research in this field before you destroy the lives of these children? Please don’t waste your tax dollars in this area.

Comment 141:

This is so wrong on every level. Its money wasted. Money that could be used for serious health issues. Sex change surgery for free at tax payer expense? Really? Democrats tell us people cant afford healthcare. That legal citizens of the US dont have healthcare. Your solution is free taxpayer sex changes for children whos hormones are up and down and emotions of high and low in there teens. Prepare for boycotting because there’s nothing Vermont has that you cant get from NH or Maine.

Comment 142:

Please note my vigorous opposition to the proposed expansion of Medicaid rules to accommodate transgender surgeries and other treatments for transgender youths. Beyond the ideological reasons for my opposition, I would cite that there have been no long-term studies ruling out negative psychic or physical health impacts from these procedures on these youths down the road. Studies on those who have already engaged in treatment and undergone surgeries should be carried out through disinterested professional research to widely publish statistics on mental health concerns, cancers, and other complications, should these arise out of such
treatments. Medicaid policy should not be dictated by directors of LBGTQ organizations who assert that such appalling “medical care” can indeed “save young people years of distress”. To lower the age limit for qualification for these controversial treatments is, in my opinion, setting up instances of child abuse, where a parent or guardian would essentially sign off on something a child could not reverse in later life, if he/she chose.

Thank you for enlisting public opinion on this matter.

Comment 143:

I have received a degree in family science and masters in behavioral health. What you are doing to children will forever ruin their lives. 86% of transgenders change their mind and want to go back to the sex they were born as. Gender (sex) is defined in 100% of every fiber of Our DNA and that is irreversible. Only recently did the APA change their guidelines diagnosing gender dysmorphic disorder due to pressure. This is a mental disorder. The only reason that children can believe that gender is fluid is because their brains aren’t fully formed yet. This is what I was taught in school. Doing this is by definition child abuse and causing harm to the psyches of children.

Comment 144:

As a registered nurse, mother and grandmother, I want to give my opinion about transgender operations before the age of 21. I strongly disagree with this as you are taking away these individuals ability to reproduce. The research shows that teen & young adult brains are not fully formed and are in the state of flux so they may at a later point regret the surgery. We also know how influential peer pressure is during this time period which could also play into their decisions. I strongly do not want my tax payer money spent in this way. It's not about the money but about my strong moral and ethical feelings. I consider myself a liberal who promotes individual choice but this is not a well researched area and I urge the state to avoid going in this directions just because it is crusaded at this time. Thank you for allowing opinions on the matter.

Comment 145:

As a healthcare professional I speak in the most strongly-worded language possible when I saw that I do not agree with using Medicaid dollars, my tax dollars, to pay for this elective, cosmetic procedure on children. This is the most unwise, unconscionable, unscientific, unhealthy action that could be taken. Scientific literature does not support allowing children and teenagers make this type of life-changing decision, nor does it support in general the use of this surgery overall. There is no demonstrated improvement in the lives of those of any age who have this surgery.

Even if it were wise science, it would follow that we should also use Medicaid dollars to pay for rhinoplasty, cosmetic dentistry, liposuction? Detractors will say that these are not the same types of procedures, but I would argue otherwise.

Do you realize that people are actually talking about LEAVING the state if this goes through?

As a person who buys their insurance on the exchange, I cannot even get vision or dental care with VT plans. Work on that first. Stop all involvement in this outrageous idea.

Comment 146:
I understand that Vermont currently is considering a policy to mandate Medicaid coverage for "SRS" (sex-change) surgeries for people under the age of 18. In my view this is a terrible mistake, because:

1. Most people, whether or not they are minors, but especially IF they are minors, have a very limited ability to predict how they will feel in the future about any given subject. Since SRS procedures are irreversible, it is foolhardy to offer them to minors, who do not and cannot know, with any accuracy, how they will feel about their gender in the future. The large and growing number of adults who seek to "detransition" from a transgender identity gives lie to the notion that gender identity is inborn and fixed for life, the philosophic basis for SRS.

2. As any parent or care-giver to young people knows, minors do not tend to possess terrifically good judgment. This is why we see high rates of risk-taking behavior among young people and it's also why, as a society, we've don't permit minors to engage in adult activities (such as voting, joining the military, driving) when they are below a certain age. Permitting a young person to make the choice to undergo SRS is contrary to the way we approach every other decision to be made by minors.

3. Many people who seek SRS, especially minors, have co-morbid psychiatric conditions. They are led to believe that SRS will solve their problems, but after it is completed, they find that it did not "cure" their underlying mental issues, and they are left with an altered body and the same problems. This is why post-SRS suicide rates among this cohort are identical to pre-SRS rates.

4. SRS procedures are crude at best and horrifying at worst, and tend to attract medical practitioners who are not sufficiently risk-averse. Most of the time, patients lose sexual function and often excretory function as well. "The state of the art" is not very artful. Many of the people who undergo these procedures need "revision" surgery (sometimes multiple surgeries) and all of them will require lifelong dependence on artificial hormones and other medications.

5. It would seem highly discriminatory for Vermont to cover SRS procedures but to decline to cover reversal or "detransition" expenses. If a patient has come to believe he or she needs detransition surgery, the safety and well-being of that person will be placed at extreme risk by Medicaid's refusal to cover those expenses.

6. Vermont also does not seem to contemplate placing any lower limit on the age at which minors can have SRS. Many practitioners and advocates in this area are pressing for SRS to be given to younger and younger patients, which means that Vermont is participating in an uncontrolled medical experiment, which seems destined to end in the payment of lifelong damages and untold harm to children and young people.

I would ask you to reconsider your proposed rule change in view of the foregoing, or at the very least to take alternative views into consideration.

Comment 147:

I am writing to oppose the modifications to the Vermont Medicaid Rules (Health Care Administrative Rules 4.238) which will permit gender reassignment surgery for children, that is, for human beings under the age of 18.

There are many reasons that I oppose this change in regulation. Foremost, the reality is that under current law a person under the age of 18 is a child. Vermont Law distinguishes between children and adults and limits both the responsibilities as well as the privileges of children.
For instance, under Vermont law a child cannot buy a firearm. In fact, a person must be 21 years old to buy a gun, unless that person has passed a hunter safety course. A child under the age of 21 may not buy alcohol. On Tuesday 23 April 2019 the Vermont House gave preliminary approval to raising the age at which a person could buy tobacco products from 18 to 21. Even Vermont’s laws regarding statutory rape and age of consent are nuanced and implicitly recognize that there is a gradual continuum of aging during which a child may or may not be able to give legal consent depending on the circumstances.

No where in the above situations is there an exception wherein a adult may write a letter on behalf of the child stating, „This 8 year old may buy a pistol. This 11 year old may buy whiskey.“

Therefore, under the proposed changes to the Vermont Medicare Rules, the State may fund and thereby enable surgeries on children, who by definition in this and in other legal areas, are not able to give informed consent. Therefore, as recognized in sections 4.238.3 and 4.238.4 of the proposed changes, an adult, who may claim professional competence, is essentially making the decision on behalf of the child.

The nature of gender reassignment surgery is massive. The consequences are permanent. Should Vermont fund elective treatments which are void of scientific basis? Should Vermont fund treatments by decision makers (the medical professionals) who are in a position of in loco juventis? I think not.

I have two secondary concerns. Parents in cooperation with medical professionals routinely make decisions on behalf of children, for instance, measles vaccines or treatments for injuries and diseases. In each such case, the treatment is based on thorough scientific investigation and long established practice and long demonstrated benefit. I repeat the last phrase for emphasis: long demonstrated benefit.

It is beyond the scope of this comment to write a scientific paper, but it is within the scope of this comment to pose the following question: where is the scientific evidence for the need of gender reassignment surgery? For children? For anyone? I mean this question strictly: where is the scientific evidence? There is no scientific evidence. There is anecdotal evidence. There are opinion pieces. There are no case controlled, patient matched, long term studies for gender reassignment surgeries.

In addition, in any funding situation, one must always ask, not if this money is being well spent, but can this money be better spent? I am sure that the department has some data on care provided to Vermonters on Medicaid and perhaps Vermonters on Medicaid who lack care. I suggest that you put the money into dental care. I am not a dentist or related worker, but my dentist has told me stories such as, „I just pulled all the teeth in a patient. She was 24 years old.“ Putting money into dental care would significantly improve the lives of many Vermonters.

Thank you for soliciting and reading my comment.

**Comment 148:**

"Vermont health insurance regulators are planning to tweak Medicaid rules so transgender youth no longer have to wait until age 21 to seek gender-affirming surgery."

I hope that someone can tell us that this is false information or just a really bad dream. This is CRAZY! We DO NOT SUPPORT THIS!!!!!!

**Comment 149:**
Thank you for this opportunity to hear my concerns about this rule.

Background: As a developmental and behavioral pediatrician I have seen an extremely large rise in the incidence of people with gender dysphoria who transition genders (starting 4-5 years ago). This has been followed closely by a very large rise is people detransitioning (starting 2-3 years ago). The age at which most people detransition appears to be 16-19 years of age.

Concerns:

1) By decreasing the age of surgical transition eligibility you will be taking away a valuable safety net that has protected those who eventually detransition from permanently surgically changing their bodies and causing sterilization.

2) The rule explicitly denies coverage to anyone who wishes to have surgery to detransition. This is clearly a discriminatory regulation, which will hit natal females the hardest (natal females detransition at a much higher rate than natal males).

Though there is a frenetic cry by certain advocacy groups that are pushing for earlier surgical transitioning, the best outcomes do not come from rushing, but rather from patience, understanding, and years of real-life experience prior to making permanent decisions. Please reconsider.

Comment 150:

Using taxpayer money to accomplish a political aim against the advise of science and the consciences of many is profoundly unwise.

Replacing scientific facts and parental authority with "politically correct" feelings is arbitrary and tyrannical. This divisive policy is doomed to failure.

Comment 151:

Please do not pass this into law.
This is so damaging for our children and our future. What about the child who has surgery and then regrets it. This law would allow a child, children don’t understand, to make a decision that would alter their whole life. Please don’t do this.

Comment 152:

I was recently informed that the AHS is receiving input regarding whether the AHS should provide financial coverage of gender-affirming surgery for teens/children under 21 on Medicaid.

I am a long-time Vermonter and I am firmly opposed to that use of tax dollars. Putting aside the financial considerations, I am most concerned about facilitating teens and children to make choices that have life-long consequences. I am the mother of two teenagers and I fully realize that adolescence is a time of exploration and growing independence. However, science has repeatedly shown that the teenage brain is not fully developed and cannot thoroughly contemplate risks and consequences. Gender-reassignment surgeries and treatments can permanently alter one's fertility. I find it difficult to swallow that a 13, 14, 15-year-old can understand the implications of eliminating the possibility of bearing children. Children and teens with gender dysphoria need
love and support, they do not need medication and surgery. Let them make those choices when they are adults and fully capable of understanding the consequences of such decisions.

I am currently in school to become a health care professional. I wrote a documentary critique about this issue last year. I have included it in the hopes it may be helpful. There is a lot of factual material in that paper that I hope you will read and consider.

Thank you for your time

Comment 153:

Transgender surgery on kids is so morally wrong, it's reprehensible!

Don't let this happen, get them the counseling and mental help they need, don't remake them, and play God.

Comment 154:

Please do not lower or dismiss the age restrictions on sex change operations in Vermont. Please heed the factual evidence that Dr. Malone has brought forth demonstrating scientifically that sex change operations before the age of 20 do more harm than good. We are counting on the decision makers in Vermont to do right by God, to do right by the children, and to do right by factual information which clearly demonstrates that sex change operations before the age is 20 do more harm than good. Physicians must first if all DO NO HARM. Do not cave to political pressure. You are responsible for the welfare of these vulnerable children. We are counting on you to do what is right. Do not lower the age limit for sex change operations.

You and these precious vulnerable children are in our thoughts and prayers. Thank you for your earnest consideration on this important and life-changing decision. You can help prevent needless pain and suffering on the part of these precious kids and their families.

Comment 155:

I’m thanking Dr Malone and his words to help children and keep them safe until they become mature. There’s more evidence that this hurts more than helps. I’m if the mindset that all young people when maturing have hormonal changes and if not allowed to grow into who they are can be forever damaged. I hope more doctors will fight for our children as they become responsible adults. For the good of all.

Comment 156:

Scientific studies show that gender transition is not healthy, or normal and is harmful. Most gender confusion is resolved by age 20.

There are just a few people promoting this new diagnoses to create a whole new problem for medical science to fix, of course at a huge financial cost as well as an even bigger emotional and relational cost.

This is an evil agenda that must be stopped. Get a grip on reality and truth.

Vote this evil proposal to the trash heap now and protect the innocent victims who have been brainwashed with gender identity crisis dejour.

Get a grip....
It is really hard to comprehend that a government would actually promote something like this. Our society has stooped to a new low.

Vote it down and never consider it again.

Comment 157:

Dr. William Malone, Endocrinologist, has this to say about under age transgender medical actions:

This doctor says it from the point of view of educated, experienced awareness of the subject. He should be listened to, and his advice followed. I am not personally living in your area, but what you decide to do will have influence across the nation.

Comment 158:

This is a seriously bad idea. The statistics and the truth are not in favor of this.

Only consenting adults should be given this surgery because it is life altering and in some cases irreparable.

Again please do not pass a no age limit gender reassignment surgery law.

Comment 159:

It is impossible to change sex and irresponsible of the powers that be to exploit a child's confusion and allow medical procedures that will only further incur trauma. Where are the double blind studies, where is the FDA approval, where is the logic and common sense that children are not capable of sound decisions until their brain has fully matured?

Where is your Fear of God? He sees all and will be asking you what you did concerning His son Jesus, and what you did with the powers and responsibilities He allowed you to have.

"The fear of the Lord is the beginning of wisdom"

Comment 160:

Thank you Dr. Malone for standing up against a hoard of opposite proclaiming/fellow physicians. "Mind Blinding" forces know no boundaries.

Please understand that there are many, many of us (God decided what we were to be) "regular" people standing with you.

Comment 161:

Please reconsider the this potentially harm-causing legislation regarding transgender surgeries for all age groups. What child has the mental capacity to make such a decision?

The current clinical evidence does not support the benefit of transgender surgeries, especially would be the case for a minor child.

Do no harm!

Comment 162:
I'm concerned that giving children of any age adult status in opting for elective surgery will open a Pandora’s box. Vermont will be setting a legal precedent that minors have the ability to reason as an adult in their sexuality thus special interest groups will argue that children of any age have the right to chose who they have sex with. This will abolish the protections we have in place that keep minors safe from sexual predators and sex traffickers. Please ask yourselves who will ultimately benefit other than the clinics that will receive Medicaid dollars.

Comment 163:

I do not believe children can consent to medications and procedures that may make them infertile for life, and it may be unethical for parents and doctors to consent on their behalf.

Also, current studies about transition outcomes or best practices leave many questions unanswered due to small sample size or convenience sampling. The science simply isn't there to support this bill.

I know someone who got a double mastectomy at age 19 as part of medical gender transition while at UVM through their generous insurance, who detransitioned within two years. This is not uncommon- children do not always have their own best interests in mind.

Finally, the drug Lupron, the standard puberty blocker given to trans kids, should not be used in this off label way. When the drug is given to girls experiencing early puberty, it often gives them bone problems and arthritis specifically in their 20s. Since Vermont isn’t getting medicaid for all as it is too expensive, wouldn't it be prudent to avoid giving unproven treatments with expensive long term effects?

Ethical medical care is of tantamount importance, especially for such a vulnerable community with so many comorbid mental illnesses.

Please keep safeguarding children from sterilization and permanent bodily harm. I beg you.

Comment 164:

When I was a little girl I thought I wanted to be a boy. I thought boys had more fun. My brain was not developed enough to realize I liked being a girl. Had I been able to go through any type of hormone treatment or gender reassignment I would have been devastated later in life.

There are a multitude of stories of regret from teens that transitioned and later knew it was a mistake. Once they went through puberty, their feelings changed. Don’t allow teens or children to try to change their sex.

Comment 165:

Children are not allowed to vote before age 18 or consume alcohol before age 21 in most states. Why would they be allowed to make such a life changing choice as a child as changing their gender. For all the laws government has issued interfering with parental rights this idea tops the charts as the most foolish I've heard of to date. There are only 2 sexes-male or female. We are born one or the other and although I personally do not believe in changing how we are born, I certainly believe an individual needs to be a consenting adult to make that choice for themself.

Comment 166:
Even though I used this term on the subject line, this in real life scientifically does NOT exist! Statistics show that by age 20 nearly 100% of children accept their biological sex.

Submitting children to LGBT cruel practice of hormone treatments so they don't develop normally is the absolutely WORSE form of child abuse! How can you condone this if you love children? They really have no idea as a young child what is involved in being a normal man or woman let alone living life as an abnormal human created "man" or "woman". Gender dysphoria is a mental illness and the very kindest most humane thing you can do is provide that confused child with counseling to help him or her fly straight and never regret what childhood ignorance put their bodies through, injuring them forever.

Scientific studies have shown that "sex change" operations do NOT improve mental illness, but in fact makes it worse, increasing the suicide rate for gender confused individuals which is already high.

I beg you to apply the medical mantra of "Do no harm" to these confused, innocent children.

Comment 167:

I am a Teacher in Oklahoma.

As a Teacher of 13 years, I seen kids transform, grow, develop, and change.

Current brain research shows that our pre-frontal cortex in our brain is not fully developed until 23-25 years old. That is the logic and decision making part of our brain. As we know, teenagers are growing and developing, and often make stupid choices, and have very faulty logic sometimes. This is because theirs brains are still developing.

How could we allow minor kids to choose to change their gender when their brains aren't even fully developed yet? They can't legally vote, smoke or drink because they're not wise enough to make wise adult decisions but we would allow them to change their life forever by changing their gender? That makes NO sense!!!

Protect our children! Protect their innocence! Let them make life-altering adult decisions when they're adults, not when they're innocent kids who are still learning right and wrong. They're still trying to decide how they like to style their hair and what career to choose, whether to be an astronaut or a Teacher. Whether they want to go to college, work or be homeless or choose a different life than they know.

Do what is right! Protect OUR kids!

Comment 168:

Concerning your aim to remove age restrictions from transgender surgeries: I am opposed. To the person reading this, let your conscience be your guide. Innocent children are not mature enough to make such a life altering decision.

Comment 169:

https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0016885#abstract0
Is the study that shows years after a transgender transition they are still 20 times more likely to suicide than average! That means for every 1 suicide you have 20 transgender suicides! So why would you take all the restrictions off of this procedure! Maybe to keep your office you have to give the voters what they want?

Comment 170:

I am writing to express my concern and opposition to the proposed Medicaid change to open medical transition to minors. Altering children's bodies is not the way forward and will not end well. Children, by definition, are too young to consent to sexual activity. By that same token, they are too young to consent to medical alteration of their genitals. They are too young to consent to interventions that will alter and destroy their adult sexual function, their adult fertility, their cognition, bone health, and endocrine health. I urge you to consider the words of Prof. Michele Moore, a professional in the safeguarding of children. This is her presentation at a conference on September 18, 2018: https://youtu.be/ATNRbJW_J18.

Please allow children to grow up healthy and safe from unnecessary interventions.

Comment 171:

"Vermont is about to remove any age restrictions from transgender surgery. No. Age. Limit. Dr. Rachel Inker, who works for the Transgender Health Clinic at the Community Health Centers of Burlington says this: 'The choice to have surgery is a personal one that should be explored in every age group.'"

Upon reading the above one must question- Really, any age group?? Do they really believe children, even teens, have the maturity to make wise decisions about these permanently life altering decisions? What is the hurry the motivation to do it to minors? Especially consider that studies show that 90% of kids with dysphoria have resolution by the time they are 20. I remember reading that Jamie Shupe, an adult male who identified as female then became the first "non-binary person" and now wants to "live again as the man that I am". He went on to say "Two fake gender identities couldn't hide the truth of my biological reality." Read his story at https://www.ifapray.org/blog/first-non-binary-person-admits-it-was-a-sham-back-to-being-a-man/

Jamie has also now come out against " the sterilization and mutilation of gender-confused children". I concur that transgender surgery for minors is physical mutilation, not to mention the mental and emotional damage done by affirming an altered untrue reality. This is what nursing school taught me was psychosis.

Consider also the testimony of Walt Heyer, founder of Sex Change Regret, was a victim of sex identity abuse—his grandmother dressed him as a girl from a young age. It was confusing for him and led to questioning his sexuality and eventually a sex change surgery. He regretted it later and transitioned back to a man after years of living as a woman. Speaking about the current trend of child transitioning, Heyer pulls no punches. "That is child abuse. We need to be calling it what it is. It's not affirming a child. It's causing them to be depressed and anxious about who they are." I agree.

Thank you for reconsidering your position on transgender surgery at any age, especially for minors.

Comment 172:
I am writing from your not-quite-neighbor state; I spent a lot of time in Vermont as a child, and this Proposed Rule HCAR 4.238 is very troubling to me. I very nearly wrote 'terrifying', because I have many experiences of my own with Lupron, which is a puberty blocker prescribed in the situations the proposed rule would mention.

My parents put me on Lupron in the 90s, which were the years I spent visiting the lovely state of Vermont. No child can really understand the implications of medical decisions or procedures and I count myself as an example. After all, our brains aren't done developing at that age, and the centers of our brain that are dedicated to risk assessment aren't complete until well after we're considered legal adults. So that is one aspect that frightens me, but I hope that by explaining my own situation my point of view will be made clearer.

As I said, my parents put me on Lupron. I was 9 years old and the reasoning was that it was 'too early' for a girl to enter puberty (i.e. menstruate, which we know is not true at all). The issue was presented to me as follows: "Do you want to have to worry about your period, or not?" - Back then the drug was in its experimental stage, and not as much was known about possible risks and side effects. Being a child who certainly was not thrilled to deal with menstruation, you can imagine what I said. My father objected, and I wish someone had listened to him, because my body is now irreparably damaged, and I am not the only woman who is suffering many years later as a result of doctors pushing Lupron on unsuspecting parents.

I was on Lupron for less than two years. At age 29, now, I am on Medicaid in my home state of Connecticut and I have been unable to work for almost a decade due to myriad physical and mental complications believed to be linked to Lupron. A simple internet search for the side effects, and the other women who are struggling to lead a normal life will turn up. My jaw and teeth have been falling apart since my time on Lupron, to the point where a dentist once said that even if I took care of them to the best of my ability, there would be nothing I could do to stop their degeneration. I have had five root canals and capped teeth. About the same amount of extractions. And I am due for more. Lupron is known, now, to cause such issues, and yet I have no legal recourse because my parents were made to sign a waiver.

I experience profound pain. I have been suffering from depression since age 10 or 11; I can't remember a time when it did not seem as though my mind and body were attacking me. And all the while I was dressing and acting as a 'tomboy' would, refusing 'girly' things; it genuinely horrifies me now to think that if I were a child in today's world instead of so many years ago, I would likely be encouraged to stay on Lupron as well as medically transition, simply because I was expressing myself in a way that was not considered congruent with female gender roles. My life would have been upended in such a dramatic fashion and I am afraid to even think of it.

I have a sister who is ten years younger than I am. She is bisexual, as am I. She came out to me several years ago, when she was just entering her teenage years, and I supported her then as strongly as I do now. But in recent years she has confided that her friends are all one flavor of transgendered (despite none pursuing medical transition, thank god) and shortly thereafter she told me that she is transmasculine. Nothing about her is traditionally masculine, unlike how I was as a child, and so it has become clear to me that she is being pressured to identify as something she is not, because her true self is not being accepted by her peers.

I have a cousin who I have been close with since we were small. She very nearly began medical transition from female to male, and for years lived as male, only to find out that once her state of mind became more stable and she had accepted herself, she is actually a lesbian woman. She was only able to come to terms with this after living on her own for some time. She is another example of a woman who was made to feel as though she had to 'be male' in order to love another woman.
My sister and cousin are adults now, but had they been going through this only a few years earlier, the pressure to transition would have been greater, and that breaks my heart. My sister is still struggling with it.

Children are very susceptible to the desire to fit in, to be admired and win approval; I am sure we all remember that from our time in high school at the very least. To have so many online and offline sources tell you what you are when you yourself don't even know... that is dangerous and damaging.

At that age, precious few can say with certainty that they know exactly who they are inside and out - and that is because childhood and adolescence are the times in our lives where we are changing the most. It is a time when we are vulnerable. I am afraid that children today are being pressured in various ways to 'identify' as whatever is most socially acceptable, or to go along with the thoughts and wishes of whomever they are trying to impress, and given my own (and many others') experiences with the puberty blocker Lupron, I am from the bottom of my heart afraid for them, for their futures.

Medical services of this degree should not be made available to children so easily. I will never know a time when I am not suffering the repercussions of my parents' well-meaning decision. I am in pain every day of my life. And knowing that what I am going through is something that both my sister and cousin, two beloved women who are very dear to me, were so very near to being pushed toward medical transition... I want nothing more than to protect and help them, and I have sent this letter to protect the other children whose confusion about their own sense of self might lead them into making irreversible decisions and winding up like me, in debilitating pain.

I was afraid to write this as well, because my surname is extremely rare and it is easy to connect the dots and look up who I am referring to in this letter. Because of that I ask that my name be omitted if the contents of this letter are, for whatever reason, made public. I do not wish to cause any more stress for the wonderful women in my life who are just trying to get by in the wake of their struggles.

Please consider how many children will grow up to be like me, who will grow up in pain and afraid to speak out about it, if allowed access to Lupron. Please consider the children who will turn out to be gay or bisexual, but would be pressured to identify as someone they are not in order to make their sexuality more palatable even though they are so young that such a thing shouldn't matter. Over 80% of children who are transitioning turn out to be gay or bisexual. We are a loving people who need to instill in our children that they do not need to change who they are. Please do not tear down another barrier between vulnerable children and the horrors that medical transition entails.

Comment 173:

I am a 19 year old student. I heard from a friend about this bill that if passed, will lower the age of persons allowed to undergo hormone replacement and other surgeries. I decided to write to offer my perspective and struggle with gender dysphoria and identity as a teenager. Today, I identify with my gender given at birth being female, however, from the ages of 15-18 I was very unsure about where I stood on the gender spectrum.

Going into puberty, I didn’t feel like another one of the girls. I liked to present myself with a more masculine appearance which also included short hair and multiple face piercings. In my head (and what I thought were in boys heads), there was only one way to look and feel like a woman. I didn’t feel included or attractive. In need of answers, I turned to social media and the internet. I watched and listened to the stories of people in my position and began to believe that I was not cisgender. I started to experience what I thought was physical dysphoria. At
age 17, I was wearing men’s clothing, binding my chest, and trying out male pronouns (which never felt convincing). I had also been talking to a counselor for over a year about starting testosterone and undergoing top surgery. As time went on, I realized that testosterone wouldn’t transform me into the person I wanted to be and I didn’t want to be uncomfortable in my body for my whole life. I eventually decided to cool it with the soul searching and instead focused my attention on feeling whole within authentic self. I was so discontent in my own identity that I desperately tried to fit myself into a box. I confused gender identity with the struggles of coming-of-age.

Even to this day I don’t consider myself the spitting image of what female looks like (there actually is no image). I am exactly the person I am supposed to be today but I didn’t know that at age 16. With time, I have learned to love all the parts of who I am and I am thankful that I didn’t make the choice as a teenager to change my body. In no shape or form am I trying to invalidate other trans or non binary individuals because many people share a similar story to mine but need these surgeries to make them feel like their most authentic self. In my mind, it is crucial that the person making this huge, often irreversible decision is 100% sure and this is why I believe that Vermont Medicare beneficiaries of these services should be to persons 21 years or older.

Comment 174:

I am currently a resident of Florida, I grew up in Vermont, and still have a great affection for the state. I keep updated with trends and politics in the state, and visit family members regularly. I am writing today concerning proposed changes to the state’s policy on Medicaid rules for what is often referred to as gender-affirming surgery, a term that I personally have some philosophical issues with; to discuss my concerns, I must talk about my own childhood as a gay male.

When I was a child (attending Flynn Elementary School, in fact), I was a classic case of what would today be called a gender-nonconforming child. I think in those days, I was more likely to be referred to as a sissy or a fag. I was not interested in sports, or any of the activities that the other boys in school were interested in. I enjoyed reading, and most of my friends were female classmates. I was confused about everything, since I did not seem to fit in with what seemed to be expected of me as a boy; I experimented with cross-dressing to the best of my limited ability, and wished deeply that I had been born a girl. So far, a typical tale. If, though, I flash-forward only a few more years, I came to a place where I had arrived at puberty, read a few books and worked with a therapist and discovered that I was a homosexual, and had no desire then, or at any point since, to be anything other than what I am, a gay male happy with his body, life and sexuality. And this is why I am writing you today: I am completely opposed to the proposed changes in the Medicaid rules that would allow minor children to undergo surgical or other permanent treatment for gender dysphoria.

I am mindful, of course, of the anguish that gender dysphoria can cause- no one knows that better than me, I experienced it first-hand. What frightens me is that so much of the treatment is life-altering, and does not take into account the concept of desistence from gender dysphoria. Desistence (though, by now, I am fairly certain by now that others have raised the concern), an experience of children growing out of gender dysphoria and not identifying as transgender, is a well-studied and outcome of gender dysphoria for many, many children- studies give a desistence rate of 60-90% of gender dysphoric children desisting by the time they reach adulthood (I will provide links to studies on this subject at the end of this email). Most of these children grow up to be gay, bisexual or lesbian. If I were a child growing up in Vermont today, it terrifies me that I may well have been diagnosed as transgender, received life-altering treatment, only to desist or have to face the prospect of detransitioning at a later stage in life. If the concern in these proposed rules is the welfare of children, I cannot
imagine anything that would be more beneficial to children than not subjecting them to medical procedures that have permanent consequences to treat a dysphoria that, so often, desists with care, treatment and time.

Comment 175:

Dear Agency of Human Services,

I write to stringently oppose proposed rule HCAR4.238, which aims to change state medicaid rules to allow minors to obtain “gender affirming” surgeries and hormones without waiting until they’re 21. I find the idea nothing short of appalling, as under such a rule there would be no lower age limit for transgender surgeries, including genital surgeries and breast surgeries. Gender identity is subject to, and often formed by, social pressure, to which teens are especially vulnerable. To make such permanent -- and medically unnecessary -- bodily alternations available to them is nothing short of criminal. What is the harm in waiting? I really don't understand the logic behind this.

The long-term consequences of many of the listed surgeries and treatments are not known. I believe it is our duty and responsibility -- ethically and legally -- to protect children from exposure to experimental treatments with potentially detrimental effects on their future health and well-being.

I hope my comments will be heard and considered. Again, I strongly oppose this proposed rule. I think it would cause a great deal of harm to young people, most of whom rely on Medicaid for their medical care, to think they are in a position to make life-altering, irreversible decisions before their sense of self is fully formed. Gender dysphoria may not be permanent: breast removal is.

If you want to hear a discussion with a healthcare professional (an established endocrinologist) on the risks of "puberty blockers," just one of the medical treatments used in "gender affirmation therapy," you can see an interview here: https://www.youtube.com/watch?v=z4RYl75zdMY&feature=youtu.be

Comment 176:

I feel as though it is a mistake to lower or remove the age requirements for gender-reassignment surgeries. Anyone under the age of 21 is still developing cognitively and as such should wait until they are more mature to pursue surgeries and treatments that are life-altering in nature. These things should not be taken lightly. Minors cannot truly consent to dangerous gender-reassignment surgeries precisely because they are not developed enough to understand the consequences, although they, themselves, believe they might be.

These surgeries are not something minor. They are extensive, life-changing procedures that will affect the child for the rest of their lives. Keep the age restriction for their own safety. They can make those decisions once they are capable of it, as adults.

Comment 177:

I write to you as a 44-year –old gay man who lives in Winooski and works in South Burlington. From the age of 12 I have been out of the closet, and, during the peak of the AIDS crisis and beyond, I worked on campaigns to bring legal protections to gay and lesbian people in the workforce, housing, and public accommodations. I find myself stunned that I am compelled to write this to you. While some proponents of this regulatory change surely intend to better support children experiencing distress around gender and sexuality issues, this proposal is misguided in the extreme.

Neither puberty blockers nor cross-sex hormones should be available as an option for anyone under the age of
Nor should “gender affirming” surgery. Sadly, they are, but to encourage this medical abuse by funneling Medicaid dollars to it is unacceptable. Half the children in Vermont are on Medicaid; the state will now be offering un-evidenced medical abuse, for free, to an already vulnerable population.

And to lower the age from 21 to...apparently no age too young, so long as there is parental or guardian “informed consent” and a couple of doctors willing to sign off on it?

This is unconscionable.

Transgender issues are emotive topics; there is no avoiding that. My hope is that some interested policymakers reading this will awaken from the socially imposed silence placed on critics of transgender ideology vis-a-vis children. I know that some of you know that this is wrong. The time to speak up is now.

There is no such thing as a child “born in the wrong body.” There is no such thing as a “transgendered child.” There is no such thing as a child in need of having his puberty blocked by off-label and dangerous drugs such as Lupron, which is known to cause bone density loss and cardiovascular problems in the long term.

There is no such thing as a young girl, discomfited by her developing body, who “needs” to have her breasts cut off, which we refer to with the grimly cutesy “top surgery.” There is no such thing as a pubertal child who “needs” to go on exogenous cross-sex hormones, which result in permanent sterility.

What are we thinking? How did we come to believe that children have the brain capacity to make permanent decisions that will ruin the health of their natural bodies and deprive them of the chance to bear children and to live without debilitating and expensive medical support for the rest of their lives?

We do not allow minors to buy cigarettes (they must be 21). We do not allow minors to buy alcohol (they must be 21). We do not allow minors to get tattoos (they must be 21). But we propose that children in the flush of hormonal puberty and all its difficulties can consent to surgery to “change their sex”, to treatments they cannot reverse?

People of good sense and good will need to stand up now before it’s too late. For there are adults and policymakers, along with medical professionals, whose interest in this is not benign. Extremist transgender ideology sees children as fertile grounds for medical experimentation to validate the decisions of troubled adults.

This is child abuse. It is medical maiming. It is unethical experimentation.

There are so many flaws in the idea that it is medically necessary to dose healthy children with puberty blockers, hormones, and by slating them for mutilating surgery. I will highlight three.

- **There is no such thing as a child born in the wrong body**—It is difficult to know how to express this, as the very idea is so absurd it boggles the mind that it has become conventional wisdom. Children try on new identities as part of the maturation process. In 2019, the entire world is far more “gendered” than it ever was. The pink and blue toy aisles are regimented in a way that toys never were for those of us who grew up in the 1970s and 80s. Some of you, like me, will remember Marlo Thomas’ *Free to Be You and Me*. 
How did we come to a place where we believe that if a young boy likes pink, sparkles, and expresses
himself in an effeminate way, that he “is a girl”?

I was that young boy. That young effeminate boy who, like most children thought of as having “gender
dysphoria” or being “gender non-conforming”, grew up to be a healthy, well-adjusted adult with no
identity conflicts about his sex. 1 Had transgender ideology been available, children like me would today
be castrated. That’s right: Castration.

The majority of these children, though not all, grow up to be gay or lesbian. Proposing that masculine
girls and feminine boys “are the opposite sex” is simply transing away the gay. This is conversion
therapy. Only it’s not mere talk—it comes with a scalpel.

- **So-called “puberty blockers” are dangerous drugs being prescribed off-label to “pause” puberty.** But
there is no evidence for the safety of their use for this purpose, and plenty of evidence for the long-term
medical harms these powerful drugs can cause. One of the most popular, Lupron, is reported to cause
bone density loss in young adults among other serious complications.

Source: [https://californiahealthline.org/news/women-fear-drug-they-used-to-halt-puberty-led-to-
health-problems/]

Furthermore, blocking puberty in young males leads to the cessation of growth of the penis and testes,
preventing full sexual maturation. Indeed, it can leave a child *permanently unable to have an orgasm or
any normal sexual relations.*

Source: Early Medical Treatment of Children and Adolescents With Gender Dysphoria: An Empirical
Ethical Study. 2015, Journal of Adolescent Health. [https://www.jahonline.org/article/S1054-
139X(15)00159-7/fulltext]

Artificially blocking puberty is precisely the wrong approach to a child’s “gender dysphoria” (a very
common feeling in puberty that should not be inflated to a crisis). It is the process of puberty itself that
usually resolves these conflicts and helps a child understand and accept his natural, sexed body.

We know that the human brain is not fully myelinated until the mid-20s. In plain English, we are not
fully-grown adults with 100 percent of our intellectual and decision-making capacities until we are about
25. It is immoral to normalize and subsidize toxic chemical and surgical “treatments” that permanently
impair the bodies of children, adolescents, and young adults.

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I do not care how many 12 year olds “persistently and consistently” insist they are the opposite sex. They are not, and we all know they are not. And in a world so thoroughly policed for gender compliance, they don’t even know that another world is possible. That it’s OK and normal to be a boy who likes dresses, or a girl who climbs trees. In my childhood in the 1980s, we knew this. It has only been in the past 10 years that we have fallen under a spell that has convinced us that thousands of children, suddenly and out of nowhere, are being “born in the wrong body” and they need to be fixed by cutting healthy tissue out.

There is nothing wrong with these children’s beautiful, healthy bodies. Something is very wrong with the mentation of adults proposing this gruesome intervention.

- **We must consider disordered parenting and child abuse**—Transing children (what this proposed rule distressingly euphemizes as “Gender Affirming Surgery”) is a great big welcome banner to abusive and mentally disordered parents and caregivers. The proposed rule would allow a child to receive such “treatment” with the consent of a parent or guardian.

What of the parents and guardians for whom children are an accessory, a tool through which to live out their own identities? Anyone working in pediatric medicine knows such parents exist. Cluster B personality disorders in parents, such as Borderline Personality Disorder, wreak emotional and physical havoc on children. As a child abuse survivor, I know it well. When you dig into the reasons for gender dysphoria among young people, you often find trauma and destabilizing events. In addition, there’s growing evidence that transgender identity and ideation spreads among adolescents through social contagion, much as bulimia did a generation ago.  

These children need therapy, not castration. Not mastectomy. Do not make them pay for the sins of their abusive parents with their very bodies.

If not for the near-cult-like social demand that all things “trans” be praised for fear of appearing to be a bigot, sensible adults would recognize many cases of parental “transing” of children as examples of Munchausen’s Syndrome by Proxy (Factitious Disorder Imposed on Another). It is disturbing that none of the outspoken advocates for “trans children” in the caring professions have said so aloud. The TLC reality show “I’m Jazz Jennings” is a chilling depiction of a Munchausen’s mother who laughs at the prospect of the amputation of her son’s micro-penis. How will “Jazz” feel in 10 years? 20?

Jennings is now castrated and suffering with a “neo-vagina” constructed partially from his own colon. He has never had an orgasm and never will. He is incapable of feeling sexual gratification. Permanently.

How will you respond, policymakers, when the lawsuits from children begin?

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2 Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria. PLOS ONE, August 16, 2018. Accessed here: [https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0202330](https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0202330)
As a professional who, in his work life, prepares and delivers policy analysis and testimony regularly before state and federal regulatory and legislative bodies, I know that most submissions such as this one are dispassionate. I refuse to write such testimony on this dire ethical question. My goal is to wake up the consciences and good sense of the people involved in this process. Policymakers who facilitate this misguided proposal will be morally responsible for participating in the biggest medical scandal in the United States since the lobotomy craze and the Satanic Panic/Recovered Memory Syndrome hoax of the early 1990s. That we are even proposing to eliminate the 21-year age requirement is irresponsible. But to incentivize it by directing Medicaid dollars to pay for it is a full-scale outrage.

Regardless of where you believe you stand on these issues so far, I implore you to read the evidence showing the delusion, the dishonesty, and the material and emotional harms associated with the idea of “trans children”. Some excellent resources, with links to both peer-reviewed studies as well as the stories of actual families, include:

4thwavenow.com - A community of parents & others concerned about the medicalization of gender-atypical youth and rapid-onset gender dysphoria (ROGD)

The Kelsey Coalition (kelseycoalition.org) - a non-partisan organization whose mission is to promote policies and laws that protect young people from medical and psychological harms.


Comment 178:

Dear Vermont Agency of Human Services,

I need to express my grave reservations about the proposed health care administration rule entitled, “Gender Affirmation Surgery for the Treatment of Gender Dysphoria.” While I’m sure the proposed changes stem from profound concern for and a desire to support gender-dysphoric and gender non-conforming young people, it’s also very likely these changes will enable young people to make short-sighted, irreversible decisions. Should they experience regret about the losses of sexual function, fertility, or the trauma of inappropriate surgeries, there will be no institutional support to aid or assist them. This fact is highlighted by the proposed rule’s explicit exclusion of reversal and modification surgeries and preservation of reproductive materials. (It seems particularly unkind to make accessing genital surgeries easier for people whose frontal lobes are not fully developed while leaving them entirely on their own should they make a wrong choice.)

I’m part of a clearly growing community of detransitioners- people who sought out the medical interventions of HRT or surgery to affirm a trans identity which later dissolved. The conventional wisdom of the trans community about people like me is that we are rare and ideologically motivated. But the reality is there is no research that a reasonable person could extrapolate a current rate of detransition from. The research about regret has occurred in medical contexts without informed consent processes, which required real life tests and minimum time in counseling before patients could access HRT and then surgeries. Without those kind of requirements, and with access to surgeries and HRT now being offered to minors, we do not have any reason to feel confident there will not be an increasing incidence of regret and detransition. Here is a survey of detransitioned and re-identified
women that should raise difficult questions about what it means to respect young people’s cognitive development and provide responsible care. Please consider engaging with the growing online community of detransitioners at www.reddit.com/r/detrans.

At a time when the impact of social contagion on transgender identification is only beginning to be studied, research into the numbers of people who detransition or experience regret is being blocked, and a nasty debate rages about what constitutes responsible treatment for gender dysphoric youth, this proposed rule constitutes an abandonment of the well-being of Vermont’s young people.

Comment 179:

I am a current college student and 2018 Montpelier High School graduate writing to you to express my deep concern regarding proposed rule HCAR 4.238. This proposed rule seeks to extend Medicaid coverage for what are commonly known as gender affirming surgeries, and to remove the age 21 minimum which is currently a requirement for Medicaid coverage of these surgeries in Vermont. This latter change would result in hugely increased access for minors. I have seen first-hand the harm that can come to children and teens seeking escape from their own bodies when they resort to radical surgeries and hormones that are detrimental to their health and natural growth. I strongly oppose the application of the proposed changes.

In recent years, a rapidly increasing number of young teenagers are “coming out” as transgender and seeking to change their natural bodies to match their vision of their “gender identity”. The proposed changes to state Medicaid policy would make gender reassignment surgeries and hormones much more accessible to the high proportion of Vermont youth who rely on Medicaid coverage; consequently, it would also result in the increasingly young pool of teens and children who identify as transgender taking drastic steps in order to medically alter their bodies. At first glance, this proposal seems designed to benefit such individuals, as surgeries and hormones are framed as cures for gender dysphoria; however, there is no real evidence to indicate that physical transition relieves mental health issues in the long term, and worse still, the implications of the surgeries and hormones are much more dangerous and far reaching than advertised. Why should children whom the law considers too young to make the decision to get a tattoo be considered mature enough to decide to take high-risk hormones and undergo irreversible surgeries? Some of the teenagers seeking to inject harmful hormones or have major surgeries such as a double mastectomy are still too young to drive. There is a reason the 21 age minimum exists: children and teens are too young to be making often irreversible decisions that will seriously affect the course of the rest of their lives.

I will now share with you some of the personal experiences and facts that have led me to the conclusion that increased access to sex-change hormones and surgeries would not be a good thing for the young people of Vermont.

1. Social pressures leading to increased rates of transition at young ages: In my time in the Montpelier public school system I saw first-hand how social pressure functions to convince young gender non-conforming kids and teens that transition is the only answer to the discomfort they have with their bodies. As a girl who has been uncomfortable in my own body for as long as I can remember, I understand the temptation that transition provides. I had friends in high school who suggested that I may have been “non-binary” or trans because I was not as feminine presenting as a girl was expected to be, insisting that I “try on” different pronouns to see if transition was the answer for me. At first I saw the appeal and went along with it for a short time, but I was punished by my peers when I eventually resisted and reported that my discomfort could not be solved by changing my body or my identity. In
schools like Montpelier HS any kind of questioning of transgender ideology results in kids being stigmatized as ‘transphobic’ bigots, so anyone who has questions quickly learns to keep them to his/herself. Many of the healthy gender non-conforming young girls that I knew—girls who may have gone on to be healthy gender non-conforming women—decided to go on hormones and advocate to get sex reassignment surgery. The culture of “support” in our school systems can be as harmful as it is affirming. This brings me to my next point:

2. **De-transition**: There is an increasing number of formerly transgender-identified individuals who regret their transitions, but cannot fully go back on the harm they have done to their bodies with hormone therapy or irreversible surgery. Young people are making serious decisions that they may regret and cannot undo, and we should not be enacting policy that encourages and enables this. At age 16, a close female friend of mine told me she “felt like a boy”. She was severely depressed, and said she was experiencing gender dysphoria and wanted to have a double mastectomy (“top surgery”), and begin injecting a high dose of testosterone. The insurance barrier where she lives prevented her from taking these actions. Although this was hard for her to accept at the time, she is now a healthy 20-year-old woman, and very grateful that she was not able to make such life-changing decisions as a severely depressed 16-year old. Her story is not an unusual one. Additionally, in proposing changes to Medicaid coverage that would lead to many more young children and teens transitioning, we must ask ourselves: who is going to foot the cost of de-transition surgeries? According to the proposed rule, these changes will not be covered by Medicaid. Not all who transition regret it, but the fact of the matter is that some do, and because there has been so little research done on the subject, we don’t know how many will eventually experience profound regret as time goes on. Certainly the numbers are already increasing. If “gender affirming” surgeries and hormones are considered “medically necessary” as treatments for identity-based gender dysphoria, why wouldn’t it be equally important to provide treatments that affirm and restore (as far as is possible) the social identities and the natural bodies of individuals whose condition was not cured but rather exacerbated by their transgender treatment? Who takes responsibility for the mistake and its consequences? A person who was a child when they underwent the procedures? Transgender advocates often say that those who ‘de-transition’ were never really ‘transgender’ in the first place. What then is the medical test for ‘true’ transgenderism? It is medically irresponsible and morally reprehensible to enable young children to make radical medical decisions that are often only partially reversible (if they are reversible at all); it is even more so when those for whom the treatment fails—de-transitioners—are not equally supported. On the basis of evidence that is already available, the path of transgenderism is not a one-way street. Medical insurance policies that cover transgender treatments—for children and adolescents in particular—must acknowledge and cater for this reality.

3. **Potential for serious medical harm**: regardless of your stance on whether “gender affirming” surgeries and hormones help with gender dysphoria, it is fact that common hormone treatments prescribed to transgender youth have not been sufficiently tested for health safety, some treatments that have been tested are proven to cause serious health problems, and hormone therapy can result in permanent infertility. I have no doubt in my mind that the long-term mental and physical health of Vermont youth is more important than possible short term gratification or relief.

One 2011 study on the effectiveness of medical transition concluded that “persons with transsexualism, after sex reassignment, have considerably higher risks for mortality, suicidal behaviour, and psychiatric morbidity than the general population. [Their] findings suggest that sex reassignment, although alleviating gender dysphoria,
may not suffice as treatment for transsexualism." At the end of the day, we cannot know beyond reasonable
doubt that transition is the right choice for children who claim that their sex does not match their gender
identity. They are often subjected to intense social pressure, have severe mental health issues, and are being
encouraged in the direction of transition not only by their peers but by their parents, by therapists, and by LGBT
organizations such as Outright Vermont. It is socially and medically irresponsible to encourage young children to
take on the decision to change their bodies in radical and often irreversible ways at such a young age. We must
keep the best interests of the youth of Vermont in mind and oppose the proposed changes to state Medicaid
coverage.

Policymakers, I implore you to consider the serious potential for long-term harm that this proposed rule has and
to take action against its application.

Comment 180:

I am writing to implore you to consider the drastic consequences of the proposed rule, which will undoubtedly
result in premature and permanent medicalization of gender-exploring youth which will result in medical harm.

Transgender identification used to be an exceedingly rare phenomenon, affecting fewer than 1 in 10,000 people.
During the past decade, the US has experienced an exponential rise in this number, primary driven
by adolescents, 1 in 50 of whom currently claim a transgender identity. It's become routine to provider these
youth with powerful cross-sex hormones and surgeries to amputate sex organs and construct cosmetic replicas
of new organs.

Experienced clinicians noted that youth seeking these interventions today have a highly unusual, previously
unseen presentation of symptoms. These patients have no documented history of gender dysphoria in early
childhood—the time when it typically emerges. They are predominantly adolescent females, rather than the
typical male presentation. They have an extremely high burden of comorbid mental illness such as ADHD and
autistic-spectrum disorders (up to 20 times the expected), as compared to their peers. And for most,
transgender ideation set in after intense online exposure to transgender topics, often simultaneously affecting
groups of friends. A recent peer-reviewed study concluded that the spike in youth transgender identification
likely represents a new manifestation of the otherwise common developmental phenomenon of maladaptive
coping with the stress of adolescence, further exacerbated by underlying mental health comorbidities.

The rapid pace of medicalization of these youth is creating a growing concern that a well-meaning attempt to
promote acceptance and diversity has led to an epidemic of premature pathologizing and medicalizing of a
developmental phase of identity exploration. This concern is underscored by the increasing number of young
people coming forward with deep regret over permanent medical interventions undertaken for what turned out
to be a transient phase of their identity formation. The medical harm these youths have suffered goes beyond
cosmetic changes: many have lost fertility or become patients for life at the hands of a healthcare system that
derives over $1B per year from providing such procedures.

Unfortunately, the politicization and commercialization of gender has led to a proliferation of treatment
guidelines that promote rapid medicalization, emphasizing short-term patient satisfaction, while downplaying
the evidence of serious long-term risks to the patient. Frontline clinicians relying on these treatment guidelines
have a false sense of security that are practicing evidence-based medicine. Few are aware that the entire
premise of permanent medicalization of youth gender dysphoria rests on a single small short-term study of
subjective psychological outcomes of a population of youth that is not comparable to the segment of youth
seeking these interventions today. Even fewer realize that long-term studies of mature adults paint a sobering picture that includes a near-tripling of overall mortality due to cardiovascular disease and cancer and 19-fold higher rate of suicidality post-sex-reassignment.

The health risks associated with sex reassignment procedures among youth are both serious and irreversible. They include profound bone loss, infertility, malignancies, and a markedly elevated risk of strokes and heart attacks, which set in after several years of a home moon period. Given the evidence that 80-90% of typical childhood-onset gender dysphoria eventually resolves without medical treatment, while the novel and rapid growing segment of patients experiencing gender distress for the first time as adolescents and young adults remains a poorly understood phenomenon that may prove to be similarly transient in nature, the practice of routine medicalization of children, adolescents and young adults is not only non-evidence based, but is likely subjecting hundreds of thousands of US youths to irreversible medical harm.

The State of Oregon passed similar but somewhat less dramatic laws (minors are not allowed bottom surgery but are allowed hormones and mastectomies), which resulted in an unexpected influx of youth becoming homeless to qualify for Oregon Medicaid, coming from all over the country. Vermont will experience the same phenomenon. It will become a magnet for distressed youth going through an identity crisis, who will find Vermont as a place where physicians are eager to provide these lucrative interventions with no questions asked. Within 5-7 years, we expect to see a huge wave of regret, as these young people reach the age of neurological maturity in their mid-20s and realize these interventions harmed them in permanent ways.

Please show compassion toward these distressed youth and promote mental health interventions that allow for thoughtful exploration of underlying issues, and that arm youth with key skills to accept their biological bodies. Similar techniques are successfully used with anorexic youth, with youth that cut, etc. If these young people have reached the age of neurological maturity and still want to pursue these drastic procedures, it will be their choice. But enabling this form of medical self-harm for youth with a documented severe burden of mental health conditions, with full knowledge that adolescents identity-exploration is a common phase, and that increasing numbers of these youth are already starting to speak about regret of having undergone irreversible procedures (https://www.piqueresproject.com, https://www.reddit.com/r/detrans/), is inexcusable.

Please do the right thing. Don't politicize transgender health. Please don't allow any transition services for those whose brains have not reached neurological maturity (i.e. patients under the age of 26).

Comment 181:

I was alerted by a report in the news media (Burlington Free Press, 06/12/2019) that the state has proposed a new rule that would extend Medicaid coverage for gender affirmation surgeries to young people and children with no lower age limit while at the same time reducing the clinical requirements to get such surgeries covered. As a Vermont resident, the mother of two teenage daughters, and a professional working in the field of child protection I write to express my alarm at Proposed Rule HCAR 4.238 and my strong objection to it.

Medicaid covers about 50% of Vermont’s children. Any significant change in Medicaid coverage is tantamount to a change in the scope of pediatric and adolescent medical practice and treatment in the state. In the same news article mentioned above the Executive Director of advocacy organization Outright Vermont, Dana Kaplan, is on record as saying the proposed extension of Medicaid coverage to children and adolescents alongside reduced clinical requirements for approval “could set a precedent for other providers.” So we are potentially looking at an entirely new dispensation with regard to pediatric transgender medicine in Vermont. There is no
question that there are providers, trained, available and eager to undertake transgender genital and breast surgeries on children and adolescents in Vermont; the industry is ready; but where is the evidence – and the standard of irrefutable, professional peer reviewed evidence must be very high indeed when children’s health and well-being is at stake – that provision of such surgeries will in fact be in the best interests of the growing numbers of children and adolescents who experience gender dysphoria?

The phenomenon of gender dysphoria and transgenderism among children and adolescents is both recent and not well understood. There are large research and evidence gaps and even medical proponents of the treatments in question acknowledge these. Many of the treatments can properly be considered experimental – their long-term effects are simply unknown. The little we do know empirically suggests a need for great caution when it comes to endorsing treatment pathways, especially for children. First of all, it is increasingly clear that there is an element of social contagion at work – perhaps a significant one. Certainly this seems to be the case at our local high school here in Montpelier. Before I sat down to write this comment I searched and searched for solid data on the situation of gender dysphoric children and teens in Vermont. It is clear that the phenomenon is growing, and rapidly. What are the trends? Is it true, as it seems, that young girls – often clustered in the same social networks, often children who have experienced trauma and who experience other mental health conditions – are increasingly more affected than boys? Surely such a trend would suggest social contagion. What exactly are the common co-morbidities among dysphoric children in Vermont? I could find no data to answer these questions, there are no relevant published studies from reputable sources. What base of evidence is the state of Vermont basing this proposed new rule on? Has the situation been as rigorously interrogated as it should be when the treatments proposed for physically healthy children and adolescents can have life-long deleterious effects on their health? Have you, Policy Makers, really done that to the standard required when children’s long-term health and well-being is at stake?

Secondly, it is very well established that when children and teens who experience gender dysphoria are allowed and supported to ‘transition’ socially without being medicalized the majority will, within a few years, naturally desist from the painful feeling that they were somehow born in a wrong-sexed body. Studies have shown varying rates of such desistance, but every reputable study done to date shows that at least half of adolescents reporting significant symptoms of gender dysphoria will eventually desist if not subjected to cross-sex hormones and/or transgender surgeries. That bears repeating: at least half of these children and teens will outgrow gender dysphoria naturally if they are supported psychosocially and are not medicalized. Some peer-reviewed studies have shown rates of desistance up to 80%.

Where is the test to separate the eventual desisters - those lucky enough to outgrow the painful experience of gender dysphoria within a few years - from the likely far fewer cases of children and teens for whom gender dysphoria will continue into adulthood? There is no test. There is no medical protocol to determine who will naturally outgrow the condition and who will not – the only protocol is time.

The only protocol is time. And yet the state is proposing to reduce by half the required period of cross-sex hormone treatment before genital surgeries on children and adolescents will be approved for Medicaid coverage. Not only that, the proposed new rule would replace the requirement for letters of support from two psychiatrists with a much looser requirement that a mental health provider and a medical provider to evaluate the procedures as medically necessary. And because the new rule would drop any requirement for a period of hormone treatment before approving coverage for surgical removal of teenage girls’ healthy breasts more girls would undergo this radical and life-changing treatment at younger ages. Given the clear signs of social contagion among teenage girls this last is extremely worrying – even unconscionable.
Vermonters pride themselves on being a progressive state. Proposed rule HCAR 4.238 is not progress and it is certainly not progressive. It an abdication of the state’s duty to protect some of the most vulnerable children and adolescents in the state. Please do not enact proposed rule HCAR 4.238.

Comment 182:

I am currently a sophomore in college writing to express my concerns regarding HCAR 4.238. If this proposed rule is enacted, it will extend Medicaid coverage for “gender-affirming” surgeries to children and teens under the age of 21, with no lower age limit. It will allow very young children to make radical changes to their bodies that are completely permanent or only semi-irreversible. I am strongly opposed to this proposed rule for several reasons. Mainly, that so-called “gender dysphoria” is often merely an indicator of larger mental health issues, especially in younger patients. Currently, most young people in Vermont do not have access to expensive sex-transition surgeries because they are not covered by Medicaid until age 21. If this proposed rule is accepted, and the age minimum for Medicaid is removed, many young, mentally ill people will be susceptible to undertaking irreversible procedures that they may later regret. While a young person’s feelings ought to be acknowledged as important, I do not believe that young people should be robbed of their freedom to grow naturally by a decision that they were pressured to make—or one they were too naive to understand the implications of—at such a vulnerable time in their lives.

As a masculine-presenting woman, I have experienced the pressures to identify as “non-binary” or even as a transgender man. I was a typical teenager, trying to forge my identity: I felt very susceptible to these pressures. I was often denied my own womanhood by those who, however well-intentioned, attempted to force me into a label—luckily for me, that label did not come with a knife or a syringe. I did not attempt to alter my healthy, growing body in an irreversible way because I did not have access to hormones or surgery, and in retrospect, I am very grateful for this fact. Unfortunately, this may not be the case with other young girls in my situation in the future. If I had been presented with the possibility of medically transitioning, my story may have turned out very differently.

Policymakers, I beseech you to oppose proposed rule HCAR 4.238. While this rule may be a well-intentioned attempt to provide services to young people experiencing “gender-dysphoria”, in reality, it would cause irreversible, long-term harm to many of those same young people that it seeks to serve.

Comment 183:

I use he/him pronouns. I’m the Executive Director of Outright Vermont. I’m speaking today in full support of the proposed changes on the Medicaid Rule 4.238 which lessens some of the previously enforced barriers for trans and non-binary Vermonters seeking life-saving health care. Changes to this rule create better access to care for Vermonters who are struggling for life based on system and structures that fail to meet their needs, whereas healthcare is crucial to all and especially the most marginalized folks to live a life of dignity. Many people’s lives are on the line. This is a moment to be the Vermont we wish to see, where we trust individuals are the experts of their own experience and needs and where policy reflects the current landscape of what we know gender-affirming care looks like in 2019 so each and every one of us can live our full, healthy, and vibrant lives. As the only state LGBTQ youth organization, our commitment is to help transform Vermont schools, communities and systems towards inclusion to ensure all youth find safety and affirmation. LGBT youth face disproportionate health risks compared to their peers. When our statewide health data tells us that over 60% of LGBTQ youth have had serious thoughts about suicide in the past year, access to affirming health care can save lives. Youth who face family rejection or lack community connection and belonging should not face additional barriers when
trying to access health care. It can be grueling to be LGBT youth in the best of circumstances, let alone as a youth in Burlington, Vermont. I urge you to do the right thing here in accordance with Vermont’s anti-discrimination laws, and ensure all Vermon ters have a path forward to health care that is needed. This is how we set precedent, this is how we live our values, this is how we make it better for all youth to grow up in a Vermont that affirms them and keeps them thriving. It’s the role of those with power to use it wisely, responsibly, and with integrity for the greater good. With this rule you have before you an entryway that leaves some of our most vulnerable and targeted Vermon ters with less harm and more health. A yes to this rule moves us in a direction of justice and while there is much more work to be done, this is an important step. We must recognize that even in 2019 we live in a world, country, and state that is still rampant with identity-based hate. If you do not have a trans experience, please be mindful of that, knowing this is your duty to listen, to trust, and to recognize that even if it can’t make sense to you doesn’t make it any less valid. I implore you to take account who you are hearing from and why so as to recognize the uptick in scare tactics for what they are — fear and intimidation based on ignorance and hate. This proposal a simple truth — trans and non-binary individuals are the best experts of their own experiences. It allows health care providers to more freely work with their patients to determine what care is best for them. Thank you for honoring the needs of trans youth and adults who have been generous enough to share their struggles so we can improve access for all. Thank you for taking this opportunity to do with is right.

Comment 184:

I am a transgender woman, a member of the public, here in my own capacity. I don’t have any written comments, but just some general observations. First of those would be that I, in my life, have never seen any rules for provision of healthcare to transgender people that do not include exclusions. While these rules provide coverage for primary and secondary sexual characteristics, genital surgeries and top or below the shoulder surgeries, they exclude anything or give the impression they exclude anything above the shoulders. For transwomen who have gone through a poisonous male puberty, that’s how you get clocked. I haven’t read the rest of the rules, these are only the changes, but I hope for trans youth you are providing easily accessible hormone blockers or puberty blocking medicine. Because the minute you don’t provide that, they are going to be stuck with the expense of everything above the shoulders. You exclude electrolysis, you don’t mention laser hair removal or reduction as it’s referred to, but there are plenty of folks who have the curse. And I had the curse. I paid for electrolysis on my face with no promise, maybe it will be covered. But that’s like parents saying, “Maybe we believe you.” I don’t put my identity up to anybody else’s measure. No one should have to. Those are my thoughts. Thank you.

Comment 185:

Listening to the conversation that’s going on — we are getting more comfortable talking about issues related to our transgender communities. And all of the supportive procedures that are going to be needed to really come into their own identity. And having been around state government for 46 years, way too long, my guess is that the policies that you’re looking at are what were promulgated by others states to use as a benchmark. As we continue this conversation, those are going to continue to expand, and what may have looked like best practices for California 8-10 years ago are not necessarily what would be recommended now. What I would encourage the
Medicaid division to do is to reach out to those practices who are truly providing services to the transgender community and ask them what should be the covered procedures to help someone fully come into their full identity. Thank you.

Comment 186:

I use they/them pronouns. I’m here as a member of the public today. As a master social worker, I’ve worked with trans and gender non-conforming youth who have accessed services like this in other states and honestly, just speaking to this in a professional capacity, these services are so necessary. Instead of going in a long tangent, I just want to use this position of power to say that I fully agree with others’ testimony and I hope you’ll take their feedback very seriously.

Comment 187:

I’m a staff attorney with the Disability Law Project with Vermont Legal Aid. First, I want to thank the state employees who have worked so hard to improve these. There have been multiple iterations before this and people gave you a lot of constructive criticism and I know that some people in this room worked really hard on this and also Ashley worked really hard on this and we just want to appreciate that because we’re not usually in the position of thanking state government for making things better and it’s hard work. I also want to thank you for eliminating some things that we have found to be big barriers – the doctoral degree requirement for mental health professionals, the limitation on breast development, the incredibly invasive requirement that people provide breast photographs, the requirement that people have successfully completed their substance abuse treatment prior to surgery (that’s not required for other surgeries), the requirement that family members be educated prior to surgery, the hormone therapy 24 month requirement for genital surgeries and mastectomies, and particularly the age limit. These limitations have been incredibly painful for people and they are not related to medical necessity, and so we really appreciate these changes.

Understanding that, I feel like there’s a very strong barrier here that could thwart much of the good work, and that is the requirement for the written clinical evaluation. The health care advocates have helped 50 people on gender affirming surgery cases in the past 5 years, 20 in the past one year. None of those people have had an evaluation. When we talk to the providers, we don’t know what a written clinical evaluation is, how to write one, or what the format is. And as another commenter so eloquently described, an evaluation presumes some sort of format and structure and that there’s a standardized tool. None of these things exist. In the past, we’ve used letters of support and that is what the medical professionals are used to and it is like pulling teeth to get a medical professional to write a letter because they are really busy and they did not go to medical school to write letters. So asking them to take an additional step to make it a written clinical evaluation is going to be a barrier. I think if you want to ensure that the person has met with them and assessed them, as Ashley Berliner suggested was important, that we could put that in the rule, either at the part under the definition of what is a Qualified Mental Health Professional, it could be that someone has assessed the patient, or it could be under the covered services section. So there are different places where you could take out clinical evaluation, have clinical letters of support, and describe that the person met and assessed the patient and meet your needs without putting an unintended barrier.

I also want to talk about the importance that another commenter spoke about which is that some of the surgeries that are here are medically necessary for presentation, for depression for anxiety, and medically
necessary because of our society’s response. I believe you’ve gotten over 100 comments, some hateful, vile, and violent, and that is just a piece of people’s lived experience. That is why presentation becomes medical necessity in this situation. So I think that’s really important and some of these things are incredibly cost-effective, particularly electrolysis.

I want to just read – you know we’ve had a lot of appeals. We’ve been able to work out most of the appeals without a hearing, some of them have required fair hearings but mostly we’ve worked out the appeals before them. It’s incredibly burdensome to make people go through an appeal to get medically necessary surgery. I just want to read a thank you letter from my client who I’ll call Jeremy who is an under 21-year-old: “I really can’t thank you enough. You saved my life. I am currently one week post op and feeling great. My chest looks perfect and I can already feel my life getting better so much from here on out. I can finally live out the last years of my childhood happily, get a job, do better in school, get a better social life, and be myself again. I can finally be the normal teenager that I always wanted to be.”

This was a very suicidal young man, so this is why it matters. I appreciate the hard work the people in this room have done and the work of the advocates and the community, and the work of the providers to education everyone. Thank you.