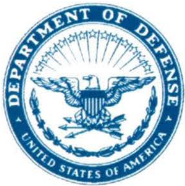


DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH, VA 22042

Canc: Sep 2017
IN REPLY REFER TO
BUMEDNOTE 6000
BUMED-M3
27 Sep 2016

BUMED NOTICE 6000

From: Chief, Bureau of Medicine and Surgery

Subj: MEDICAL TREATMENT OF TRANSGENDER SERVICE MEMBERS – INTERIM GUIDANCE

Ref: (a) BUMED memo 6000 Ser M3B1/16UN093-000414 of 1 Jul 2016
(b) DoD Instruction 1300.28 of 30 Jun 2016
(c) SECDEF DTM 16-005 of 30 Jun 2016
(d) SECDEF Memo of 28 Jul 2015
(e) ASD(HA) memo of 29 Jul 2016, "Guidance for the Treatment of Gender Dysphoria for Active and Reserve Component Service Members"
(f) SECNAV WASHINGTON DC 051937Z AUG 16 (ALNAV 053/16)

Encl: (1) Establishing a Medical Diagnosis and Treatment Plan

1. Purpose. To implement the policy established by Secretary of Defense in references (a) through (f) for in-service transition for transgender Service members in Navy medical treatment facilities (MTF). To establish and staff Regional Transgender Care Teams (TGCT). To establish the process for developing a diagnosis of gender dysphoria (GD) with a proper referral pathway. To establish the purpose and role of the MTF point of contact (POC) per reference (a).

2. Applicability. This notice applies to all Navy Medical Department personnel and MTFs in Budget Submitting Office 18.

3. Policy. As directed herein, Navy Medicine Regional TGCT must be established and staffed at select MTFs to facilitate the appropriate diagnosis of GD and referral of transgender patients to necessary specialists, ensuring most effective treatment plan for transgender patients.

4. Responsibilities

a. Chief, Bureau of Medicine and Surgery (BUMED) must:

(1) Provide guidance and policy based on Department of Defense (DoD) and Secretary of the Navy (SECNAV) policy on the medical treatment of transgender Service members.

(2) Provide medical representation to the Service Central Coordination Cell per reference (b).

(3) Develop and provide medical training guidance on transgender care.

b. Commanders, Navy Medicine regions must:

(1) Inform MTF commanding officers of DoD, SECNAV, and BUMED instructions.

(2) Oversee development, training, and performance of TGCTs.

(3) Ensure Navy Medicine health care staff has received professionally appropriate transgender-related medical care training.

(4) Appoint in writing the members of the TGCTs and specifically appoint a Chair of each TGCT.

(5) Establish a referral management consult pathway for transgender care and disseminate the process to all regional commands.

(6) Report to BUMED the quantity and type of transgender requests for evaluation and care by the TGCT quarterly via Navy Medicine electronic tasker system.

c. MTF commanding officers must:

(1) Inform all MTF staff of relevant DoD, SECNAV, and BUMED instructions related to transgender care.

(2) Establish policy and procedures for the provision of medically necessary care for transgender Service members with a diagnosis of GD.

(3) Per reference (d), every Navy MTF must have a POC appointed in writing and provide support for Service members seeking transgender-related evaluation and care. Commands, at their discretion, may have multiple POCs, particularly if the command is large or has remote branch health clinics.

d. MTF POC must:

(1) Ensure familiarization with current DoD, SECNAV, and BUMED policies and guidance on the treatment of transgender Service members.

(2) Monitor to ensure all questions and concerns of transgender Service members are appropriately addressed.

5. TGCT

a. Membership. The TGCT chair, assigned by the Navy Medicine Regional Commander, is responsible for coordinating care and facilitating resolution of routine and non-routine issues. The TGCTs will consist of the following specialty area representatives: case management, mental health, urology, obstetrics and gynecology, general surgery, endocrinology, and primary care. The chair may also recommend ad hoc members to the TGCT as clinically indicated.

b. Responsibilities. The TGCT must:

(1) Evaluate transgender Service members who have been referred by primary care managers (PCM) or mental health providers to develop a medical treatment plan and timeline.

(2) Validate all GD diagnoses and medical treatment plans originating from non-Military Healthcare System (MHS) providers.

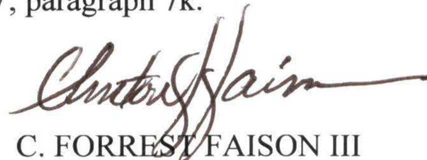
(3) Validate a treatment team's determination of medical stability of the transgender Service member in their preferred gender. This step is mandatory before a Service member can petition their command for a permanent change in their gender marker status.

(4) Act as consultants and advisors to any military health care providers who seek consultation regarding a patient seeking transgender related care.

6. Establish Medical Diagnosis and Medical Treatment Plan. In order to establish a medical diagnosis and develop a treatment plan for gender change there are numerous discreet steps which must be followed. See enclosure (1).

7. Records Management. Records created as a result of this notice, regardless of media format must be managed per SECNAV Manual 5210.1 of January 2012.

8. Information Collection. The reporting requirement is exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, paragraph 7k.



C. FORREST FAISON III

Releasability and distribution:
This notice is cleared for public release and is available electronically only via the Navy Medicine Web site at: http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx

ESTABLISHING A MEDICAL DIAGNOSIS AND TREATMENT PLAN

1. Service Member Seeking Gender Conversion. When a Service member presents to a primary care provider seeking gender transition, the primary care provider will make a referral to a mental health provider for evaluation of GD. If a Service member presents directly to mental health, a referral is not necessary. Only psychiatrists, clinical psychologists, psychiatric nurse practitioners, and licensed clinical social workers may make the diagnosis of GD.

2. Evaluate Gender Dysphoria. Evaluating a Service member who may have GD includes: an assessment of gender identity, the duration of dysphoric symptoms associated with gender identity, the history and development of gender dysphoric feelings, the impact of stigma attached to gender nonconformity on behavioral health, and the level of support the Service member has from social networks. The mental health provider will conduct and document a complete clinical evaluation, to specifically include:

a. The Service member's motivation for gender transition and establish how long the Service member has desired to transition to the preferred gender.

b. If present, the diagnosis and severity of GD as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, using the International Classification of Disease 10 diagnosis code of F64.1.

c. The presence of other significant diagnoses to include, but not limited to: depression, anxiety, substance abuse disorders, autism spectrum disorders, psychotic disorders, paraphilias, body dysmorphic disorder, and factitious disorder.

d. If other mental health conditions impair the Service member's capacity to engage in the medical care required for transition, the Service member will receive sufficient treatment for those conditions to allow the Service member to fully engage in the gender transition.

3. Assess if Gender Transition is Medically Necessary. If the mental health provider diagnoses the Service member with GD, the mental health provider, in conjunction with the PCM, will assess whether gender transition is medically necessary to address the GD. Additionally, the mental health provider will address the severity of the Service member's condition in order to recommend a timeline for the transition plan. Once the GD diagnosis is made, the Service member's case is referred to the TGCT for review via the prescribed referral pathway, with appropriate notification of the Service member's PCM if the PCM does not make the referral to the TGCT. The TGCT will validate the diagnosis of GD (if made by a non-MHS mental health provider) and either develop or validate the medical treatment plan. The validated medical treatment plan will be forwarded back to the Service member's PCM.

4. Medical Treatment Plan. Treatment plans must be developed individually based on the Service member's unique health care needs. Treatment plans must be coordinated by the PCM in consultation with the TGCT before submission to the Service member's commanding officer for review. Treatment of GD will be conducted outside of the limited duty and Integrated Disability Evaluation System. Telehealth may be utilized at any stage during treatment plan.

a. Treatment modalities may include:

(1) Psychotherapy

(2) Psychopharmacology

(3) Real Life Experience (RLE), per reference (b)

(4) Cross-sex hormone therapy

(5) Surgical transition

b. Treatment plans should include at a minimum:

(1) Statement of medical necessity based on the diagnosis of gender dysphoria.

(2) Outline of all expected treatment modalities.

(3) Proposed timeline for both initiation and duration of treatment plan taking into account the Service member's severity of GD.

(4) Assessment of likely impact of the treatment plan on the Service member's readiness and deployability.

(5) Anticipated point at which the Service member's gender transition will be stable such that they would seek a change in their Defense Enrollment Eligibility Reporting System (DEERS) gender marker.

5. Special Duty Status Consideration. Service members in a special duty status (e.g., aviation, dive, special warfare, Personnel Reliability Program, etc.) or seeking to pursue training for special duty are to be counseled on the effect of transgender related care on their ability to remain in a special duty status. Counseling is to be conducted and documented by a physician trained in the same special duty operations (e.g., flight surgeon or dive medical officer), as the Service member's special duty or interest. This counseling is to be included as part of the Service member's transition plan to the Service member's commanding officer.

6. Disposition of Medical Treatment Plan as Part of Service Member's Transition Plan. Once the PCM or military medical provider has received the validated medical treatment plan from the TGCT, the Service member and PCM/military medical provider should incorporate the validated medical treatment plan into the full gender transition plan for the Service member's commanding officer's review. Treatment beyond mental health modalities may not proceed without coordination between the Service member's commanding officer and PCM/military medical provider, consistent with reference (b).

7. Evaluate Medical Stability. When a Service member's military medical provider evaluates the Service member to be stable in their preferred gender, the TGCT will validate the Service member's medical stability and recommend to the Service member's command that the Service member's gender marker be changed in DEERS. Before the TGCT can recommend gender marker change they will consider, at minimum, the following factors:

a. Service member consistently demonstrated psychological stability to transition to the preferred gender.

b. If medically necessary, the Service member has completed an appropriate period of RLE in the preferred gender.

c. If medically necessary, Service member has completed a sufficient course of hormone therapy and has achieved physiological stability consistent with the Service member's treatment plan.

d. If the Service member underwent surgery as part of the treatment plan, no functional limitations or chronic complications exist.

8. Exceptions to Policy. Service members who have begun or already completed a transition plan prior to the establishment of the TGCT and are awaiting a gender marker change in DEERS may request an exception to policy per reference (f). Service members making an exception to policy request will be given an expedited review by the TGCT to help inform the Service member's commanding officer.

a. If the diagnosis has not been established by a military mental health provider and documented in the electronic medical record, a military mental health provider will conduct and document a complete clinical evaluation as described above.

b. The TGCT will assess the Service member's treatment plan, making adjustments to the medical treatment plan as necessary.

9. Referral Coordination. For MTFs to refer transgender Service members to the TGCT, PCMs and MTF POCs will coordinate with the MTF Referral Management Coordination Office to ensure that necessary referral coordination activities are performed consistent with similar MTF care episodes, historically transferred to a navy medical center. In the event that local practice is not available, the MTF Referral Management Coordination Office will coordinate with respective Navy Medicine Region Deputy Chief of Staff for Health Care Business to ensure coordination procedures are established to access necessary treatment.