



Policy: Gender Affirming Care Policy

Originating Branch: Clinical, Acute Care

Original Approval Date: June 26, 2023 **Effective Date:** July 28, 2023

Approved By:

Deputy Minister Health and Wellness

Version # 1

1. POLICY STATEMENT

- 1.1. The Department of Health and Wellness (DHW) is committed to making the Nova Scotia health system free from barriers and discrimination for all Nova Scotians including transgender and gender diverse (TGD) people.
- 1.2. DHW is working toward a Health Equity framework to make the system more equitable, culturally appropriate, safe, accessible, and effective for all who need it and for those who work within it.
- 1.3. In alignment with the World Professional Association for Transgender Health (WPATH) Standards of Care (SoC) V.8, the phrase transgender and gender diverse is being used as broadly and comprehensively as possible to describe members of the many varied communities with gender identities or expressions that differ from the gender socially attributed to the sex assigned to them at birth, including nonbinary people, eunuch, and intersex individuals.
- 1.4. DHW is committed to assisting TGD Nova Scotians by providing access to Gender Affirming Care (GAC) including health promotion, public health, primary care services and publicly funded Gender Affirming Surgeries (GAS). This includes financial assistance with travel and accommodation for surgeries that require out-of-province travel to a pre-approved partner facility, to reduce the burden of financial hardship on access to GAS.
- 1.5. Individuals seeking GAC will be supported to receive services as close to their home or requested location as reasonably possible.
- 1.6. All healthcare professionals have a responsibility to deliver health care to and with TGD individuals.

2. DEFINITIONS

- 2.1. **Adolescent** - is someone who reaches puberty (Tanner 2) as assessed by a clinician. The age at which someone reaches adolescence can range between 8-14 years.
- 2.2. **Biopsychosocial Assessment** - is performed by healthcare professionals, and includes assessment of social, biological and psychological factors such as a detailed history on health, development, family, abuse, family supports, unmet needs, family protection, gender journey etc.

- 2.3. **Cisgender** - refers to people whose current gender identity corresponds to the sex they were assigned at birth.
- 2.4. **Exemption Request** - is a request for an exemption regarding a health-related rule with which an individual might otherwise have to comply (e.g., age requirements).
- 2.5. **Gender Affirming Care (GAC)** - encompasses a range of social, psychological, behavioural, and medical interventions that are culturally competent and safe, designed to support and affirm an individual's gender identity as defined by the World Health Organization. GAC, also known as transgender care or trans care, encompasses health care delivery within the TGD community.
- 2.6. **Gender Affirming Surgeries (GAS)** - also known as Gender Confirming or Sex Reassignment Surgeries, include procedures to enhance and more closely match the desired internal and external primary or secondary sex characteristics.
- 2.7. **Gender diverse** - is a term used to describe people with gender identities and/or expressions that are different from social and cultural expectations attributed to their sex assigned at birth. This may include, among many other culturally diverse identities, people who identify as nonbinary, gender expansive, gender nonconforming, and others who do not identify as cisgender.
- 2.8. **Healthcare Professionals** - means regulated health professionals as defined in the *Regulated Health Professions Network Act*.
- 2.9. **Healthcare Providers** - means family physicians, nurse practitioners and specialists (medical and surgical).
- 2.10. **Medical Services Insurance Plan (MSI)** – refers to Nova Scotia's public health insurance program, which is administered by Medavie Blue Cross on behalf of the Nova Scotia government.
- 2.11. **Pre-approved Out-of-Province Partner Facility** - a facility outside Nova Scotia, of which DHW has an existing relationship for healthcare (e.g., surgeries) not available in Nova Scotia.
- 2.12. **prideHealth** - is a partnership between DHW, Nova Scotia Health Authority (NSHA) and Isaak Walton Killam Health Centre (IWK) to improve access to safe, coordinated, comprehensive health care for people who are part of the 2SLGBTQIA+ community, including helping TGD people navigate the system and find appropriate providers and pathways for assessment, diagnosis and treatment.
- 2.13. **Tanner Stages** - also known as Sexual Maturity Rating (SMR), is an objective classification system that healthcare providers use to document and track the development and sequence of secondary sex characteristics of children during puberty.
- 2.14. **Transgender** - is an umbrella term encompassing individuals whose gender identity and/or expression does not align with their sex assigned at birth.
- 2.15. **World Professional Association for Transgender Health (WPATH)** - is an international, multidisciplinary, professional association whose mission is to promote evidence-based care, education, research, advocacy, public policy, and respect for transgender health.
- 2.16. **WPATH Standards of Care (SoC)** - One of the main functions of WPATH is to promote the highest standards of health care for individuals through the SoC for the health of TGD people. The SoC are based on the best available science and expert professional consensus. WPATH standards are periodically reviewed and revised; this policy refers to SoC V.8 as current. TGD people contribute to the development of the WPATH Standards.

3. POLICY OBJECTIVES

- 3.1. To ensure GAC is provided to Nova Scotians in a manner that is safe, equitable, of high quality, and sustainable, while improving accessibility, timeliness, efficiency, patient and provider satisfaction, and appropriateness of care.
- 3.2. To ensure TGD people have access to GAC within Nova Scotia and at pre-approved out-of-province partner facilities.
- 3.3. To outline the coverage, eligibility criteria, assessment and approval process for GAS available for TGD Nova Scotians.

4. APPLICATION

- 4.1. This policy applies to:
 - 4.1.1. Individuals who are seeking GAC.
 - 4.1.2. TGD people who are eligible for publicly funded GAS.
 - 4.1.3. Employees and healthcare professionals within DHW, NSHA, IWK and any other healthcare providers involved in the care and treatment of TGD individuals.
 - 4.1.4. Regulated health professionals in private practice who directly bill the government a fee through the Medical Services Insurance Plan (MSI) for their services such as pharmacists and physicians.
 - 4.1.5. Regulated health professionals as defined in the *Regulated Health Professions Network Act* who are practicing and providing GAC to Nova Scotia residents.
 - 4.1.6. All publicly funded GAC, funded by DHW, NSHA and the IWK as they exercise their interdependent statutory mandates, as outlined under the *Public Service Act*, the *Health Services Insurance Act*, and the *Health Authorities Act*, including those provided by community-based organizations funded by DHW/NSHA/IWK.
 - 4.1.7. All publicly funded services provided by regulated health professionals as defined in the *Regulated Health Professions Network Act*, whether an employee or contractor of DHW, NSHA, or IWK including registered social workers, psychologists, counseling therapists, physicians (specialists and family physicians), nurse practitioners, and registered nurses.
- 4.2. Health profession regulatory bodies in Nova Scotia, in their self-regulating role, must consider this policy and WPATH SoC when determining their approach to practice standards for publicly funded GAC.
- 4.3. This policy does not apply to GAC services or GAS procedures that are not publicly funded.
- 4.4. This policy does not apply to any private or for-profit service providers not approved by MSI.

5. ROLES AND RESPONSIBILITIES

- 5.1. The Minister of Health and Wellness is responsible for establishing the provincial policies and guidelines regarding publicly funded GAC in Nova Scotia. DHW will create the governance structure, direct GAC system work, and collaborate with partners to evaluate GAC.
- 5.2. NSHA and IWK are responsible for determining the provision of health services for Nova Scotians, as specified in the *Health Authorities Act*. They must also ensure the quality, safety, equity, and sustainability of these services when implementing the provincial policy for publicly funded GAC.
- 5.3. Healthcare professionals accepting new patients may not refuse a patient because they are TGD.

- 5.4. Healthcare professionals must abide by their college's standards and arrange for an effective transfer of care when they are unable to initiate GAC or complete a referral. They must continue to care for the patient until alternative care arrangements can be made to meet the patient's needs.

6. POLICY GUIDELINES

6.1. STANDARDS OF CARE

- 6.1.1. Eligibility criteria for GAS and standards of care for GAC outlined in this policy:
 - 6.1.1.1. Follow the WPATH SoC V.8 (See Appendix A);
 - 6.1.1.2. Align with Centre Métropolitain de Chirurgie- GrS Montreal (pre-approved out-of-province partner facility) eligibility criteria and requirements for GAS; and
 - 6.1.1.3. Are informed by best evidence.

6.2. ASSESSMENT/REFERRAL/APPROVAL PROCESS

- 6.2.1. The assessment, referral, and approval process for individuals seeking GAC and/or GAS is outlined in Appendix B.

6.3. COVERAGE

- 6.3.1. Several aspects of GAC such as psychological services, counselling and hormone treatment are insured benefits if received in publicly funded institutions in Nova Scotia.
- 6.3.2. Social and legal transitioning supports are available through prideHealth and publicly funded sexual health centres across Nova Scotia.
- 6.3.3. Psychosocial assessment is covered when offered by mental and medical healthcare professionals who have required WPATH credentials and training in culturally competent trans care (including physicians and nurse practitioners).
- 6.3.4. Trans care, including follow-up visits after hormone treatment, is offered by physicians, nurse practitioners and healthcare professionals who have the required WPATH credentials and training in culturally competent trans care.
- 6.3.5. The list of publicly funded GAS in Nova Scotia are included in Appendix C.
- 6.3.6. When publicly funded GAC cannot be performed in Nova Scotia, MSI pre-approval is required for the procedures to be performed at a pre-approved out-of-province facility.
- 6.3.7. In keeping with 6.3.5 and 6.3.6, the location of the procedure will be determined on a case-by-case basis, depending on the nature and extent of the procedure and the availability of infrastructure and clinical expertise.
- 6.3.8. For individuals who need to travel out-of-province for GAS, expenses and costs including transportation and accommodation will be covered upon pre-approval by MSI. Information and the application form can be found at: [Out-of-Province Travel and Accommodation Assistance Policy](#).
- 6.3.9. Postoperative care after GAS is provided by the treating physician, nurse practitioner or specialist.

6.4. ELIGIBILITY/CRITERIA – Hormone Treatment

- 6.4.1. The eligibility criteria for individuals seeking hormone treatment are outlined in Appendix D.

6.5. ELIGIBILITY/CRITERIA – Gender Affirming Surgery

6.5.1. The eligibility criteria for individuals seeking GAS are outlined in Appendix D.

7. ACCOUNTABILITY

- 7.1. For the purpose of the administration of this policy, accountability is delegated to the Deputy Minister of Health and Wellness.
- 7.2. The Deputy Minister and/or designate, has responsibility for on-going monitoring and enforcement of this policy.
- 7.3. DHW will establish a coordinated approach to oversee the development, implementation, monitoring, and evaluation of the provision of publicly funded GAC, considering existing governance structures within the health system.
- 7.4. DHW will continue to consult with NSHA, IWK, health profession regulatory bodies, health professional associations, health professionals, and patients, as required, regarding GAC.

8. MONITORING / OUTCOME MEASUREMENT

- 8.1. The Deputy Minister and/or designate, will monitor the implementation, performance and effectiveness of this policy.
- 8.2. DHW, working with NSHA, IWK, health profession regulatory bodies, health professional associations, health professionals, patients, and other stakeholders, are developing an approach to monitor and evaluate this policy.
- 8.3. DHW will continue to monitor and engage with other governments and stay apprised of the establishment of publicly funded GAC across Canada.
- 8.4. DHW will make policy updates as needed in consultation with NSHA, IWK, health profession regulatory bodies, health professional associations, healthcare professionals, patients, and other partners.

9. REPORTS

- 9.1. Annual reports from Medavie Blue Cross, including the number of applications, the number of approved applications, and associated costs will be submitted to DHW within 90 days of the end of each fiscal year.
- 9.2. NSHA/IWK quarterly and annual reporting on GAC initiatives to DHW will be included in existing accountability reporting requirements.

10. REFERENCES

- 10.1. World Professional Association for Transgender Health (WPATH) Guidelines V.8
- 10.2. Nova Scotia Out-of-Province Travel and Accommodation Assistance policy: <http://novascotia.ca/dhw/Travel-and-Accommodation-Assistance/>
- 10.3. Gender Affirming Surgery Application <https://novascotia.ca/dhw/gender-affirming-surgery/>
- 10.4. MSI Physicians Manual and Bulletins
- 10.5. Virtual Care Policy
- 10.6. Gender Affirming Care Nova Scotia Community Policy
- 10.7. *Medical Act & Regulations* - College of Physicians & Surgeons of Nova Scotia (cpsns.ns.ca)
- 10.8. *Public Service Act*
- 10.9. *Health Services Insurance Act*
- 10.10. *Health Authorities Act*

- 10.11. *Human Rights Act*
- 10.12. *Personal Health Information Act*
- 10.13. *Regulated Health Professions Network Act*

11. APPENDICES

- 11.1. Appendix A – WPATH SoC V.8 - Summary Criteria for Hormonal and Surgical treatments for Adults and Adolescents
- 11.2. Appendix B – Assessment/Referral/Approval Process
- 11.3. Appendix C – List of Gender Affirming Surgeries publicly funded in Nova Scotia
- 11.4. Appendix D – Eligibility/Criteria for Hormone Treatment and GAS
- 11.5. Appendix E – Gender Affirming Surgery Application

12. VERSION CONTROL

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| Version Control: | Gender Affirming Care Policy |
| | V.1 |

13. INQUIRIES

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Appendix A – WPATH SoC V.8 Summary Criteria for Hormonal and Surgical treatments for Adults and Adolescents

| SUMMARY CRITERIA FOR ADULTS | SUMMARY CRITERIA FOR ADOLESCENTS |
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| <p>Criteria for assessment process</p> <ul style="list-style-type: none"> Healthcare professionals assessing transgender and gender diverse adults seeking gender affirming treatment should liaise with professionals from different disciplines within the field of trans health for consultation and referral, if required* If written documentation or a letter is required to recommend gender affirming medical and surgical treatment (GAMST), only one letter of assessment from a healthcare professional who has competencies in the assessment of transgender and gender diverse people is needed. | <p>Criteria for assessment process</p> <ul style="list-style-type: none"> A comprehensive biopsychosocial assessment including relevant mental health and medical professionals. Involvement of parent(s)/guardian(s) in the assessment process unless their involvement is determined to be harmful to the adolescent or not feasible. If written documentation or a letter is required to recommend gender affirming medical and surgical treatment (GAMST), only one letter of assessment from a member of the multidisciplinary team is needed. This letter needs to reflect the assessment and opinion from the team that involves both medical and mental health professionals (MHPs) |
| | <p>Criteria for puberty blocking agents</p> <ul style="list-style-type: none"> Gender diversity/incongruence is marked and sustained over time. Meets the diagnostic criteria of gender incongruence in situations where a diagnosis is necessary to access health care. Demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment. Mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and gender affirming medical treatments have been addressed; sufficiently so that gender affirming medical treatment can be provided optimally. Informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility. Reached Tanner stage 2 |
| <p>Criteria for hormonal treatments</p> <ul style="list-style-type: none"> Gender incongruence is marked and sustained. Meets diagnostic criteria for gender incongruence prior to gender affirming hormone treatment in regions where a | <p>Criteria for hormonal treatments</p> <ul style="list-style-type: none"> Gender diversity/incongruence is marked and sustained over time. Meets the diagnostic criteria of gender incongruence in situations where a diagnosis is necessary to access health care. |

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| <p>diagnosis is necessary to access health care.</p> <ul style="list-style-type: none"> • Demonstrates capacity to consent for the specific gender affirming hormone treatment. • Other possible causes of apparent gender incongruence have been identified and excluded. • Mental health and physical conditions that could negatively impact the outcome of treatment have been assessed, with risks and benefits discussed. • Understands the effect of gender affirming hormone treatment on reproduction and they have explored reproductive options. | <ul style="list-style-type: none"> • Demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment. • Mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and gender affirming medical treatments have been addressed; sufficiently so that gender affirming medical treatment can be provided optimally. • Informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility. • Reached Tanner stage 2. |
| <p>Criteria for surgery</p> <ul style="list-style-type: none"> • Gender incongruence is marked and sustained. • Meets diagnostic criteria for gender incongruence prior to gender affirming surgical intervention in regions where a diagnosis is necessary to access health care. • Demonstrates capacity to consent for the specific gender affirming surgical intervention. • Understands the effect of gender affirming surgical intervention on reproduction and they have explored reproductive options. • Other possible causes of apparent gender incongruence have been identified and excluded. • Mental health and physical conditions that could negatively impact the outcome of gender affirming surgical intervention have been assessed, with risks and benefits have been discussed. • Stable on their gender affirming hormonal treatment regime (which may include at least 6 months of hormone treatment or a longer period if required to achieve the desired surgical result, unless hormone therapy is either not desired or is medically contraindicated). * <p>*These were graded as suggested criteria</p> | <p>Criteria for surgery</p> <ul style="list-style-type: none"> • Gender diversity/incongruence is marked and sustained over time. • Meets the diagnostic criteria of gender incongruence in situations where a diagnosis is necessary to access health care. • Demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment. • Mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and gender affirming medical treatments have been addressed; sufficiently so that gender affirming medical treatment can be provided optimally. • Informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility. • At least 12 months of gender affirming hormone therapy or longer, if required, to achieve the desired surgical result for gender affirming procedures, including breast augmentation, orchiectomy, vaginoplasty, hysterectomy, phalloplasty, metoidioplasty, and facial surgery as part of gender affirming treatment unless hormone therapy is either not desired or is medically contraindicated. |

Appendix B – Assessment/Referral/Approval Process

| Assessment/Referral/Approval Process for GAC and/or GAS |
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| <ul style="list-style-type: none"> • To start the assessment and referral process, individuals seeking GAC and/or GAS should discuss gender transition goals and next steps by contacting one of the following: <ul style="list-style-type: none"> ○ Healthcare professional (including family physician, nurse practitioner and specialist) who have required WPATH credentials and training in culturally competent trans care, ○ prideHealth, ○ Sexual health centre, or ○ Community mental health services. • When an initial psychosocial assessment is required, it can be completed by mental and medical healthcare professionals (including physicians and nurse practitioners) who meet the credential requirements outlined in the WPATH SoC V.8 and are informed in culturally competent trans care. <ul style="list-style-type: none"> ○ A psychosocial assessment is required for: <ul style="list-style-type: none"> ▪ Adolescents if hormone treatment is a transition goal and/or a prerequisite for GAS. ▪ Adults who require GAS. ▪ If there is not a healthcare professional available to conduct the assessment, individuals can contact prideHealth. • To proceed with GAS, the GAS application (Appendix E) and required letters must be completed and signed by a physician, nurse practitioner, or specialist and submitted to MSI for pre-approval for anyone requiring gender transition surgery.¹ • If the application is approved, MSI will inform the patient, the referring provider, and DHW Benefit Eligibility (required for out-of-province surgeries). • For out-of-province GAS procedures, the healthcare provider will send the required documentation to the pre-approved out-of-province facility, who will assess the application and notify the patient and primary provider of surgery date and if any other information is required. • For individuals seeking chest surgery who are under 18 and at least 16 at the time of the application, the exemption request criteria are found on the application (Appendix E) and must be supported by their health care provider. The approval process includes the following steps: <ul style="list-style-type: none"> ○ MSI reviews the application and notifies DHW Clinical Branch of the request for a decision. ○ DHW staff makes the decision and will inform MSI staff of the decision by email. ○ MSI will complete the review of the application and inform the patient and their provider of the decision. |

¹ [Gender Affirming Surgery | novascotia.ca](http://novascotia.ca)

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Appendix C – Publicly funded Gender Affirming Surgeries in Nova Scotia

| Available in Nova Scotia and Montreal | Available only in Montreal |
|--|-----------------------------------|
| Orchiectomy | Phalloplasty |
| Penectomy | Metoidioplasty |
| Breast augmentation | Vaginoplasty |
| Breast reduction | |
| Chest masculinization / mastectomy | |
| Hysterectomy | |
| Oophorectomy | |

Appendix D – Eligibility Criteria

| <p>Eligibility/Criteria for Individuals Seeking Hormone Treatment</p> |
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| <ul style="list-style-type: none"> • Psychosocial assessment is not a pre-requisite for hormone treatment readiness for adults 18 and over. Eligibility for hormone treatment is a consent-based decision between the patient and the provider. • To be eligible for hormone treatment, Adolescents who have reached Tanner stage 2 require a comprehensive biopsychosocial assessment by a multidisciplinary team of relevant mental health and medical professionals. • Involvement of parent(s)/guardian(s) in the assessment process is required, unless their involvement is determined to be harmful to the Adolescent or not feasible, by the multidisciplinary team. • The individual is to be informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility. • In cases where written documentation or a letter is required to recommend gender affirming medical treatment for Adolescents, only one letter of assessment from a member of the multidisciplinary team is needed. |
| <p>Eligibility/Criteria for Individuals Seeking Gender Affirming Surgery</p> |
| <ul style="list-style-type: none"> • To be eligible for GAS, an individual must: <ul style="list-style-type: none"> ○ Be 18 years or older at the time of surgery and a permanent resident of Nova Scotia with a valid MSI card. ○ Have a completed GAS application, signed by a Nova Scotia physician, nurse practitioner or specialist. ○ Have one psychosocial assessment letter (required by WPATH and GrS clinic), signed by a healthcare professional who has the required WPATH credentials and training in culturally competent trans care (it can be the same signatory as for the application itself). ○ Have a letter from a family physician or nurse practitioner, confirming that post-operative care has been arranged for publicly funded procedures performed at a pre-approved out-of-province facility. ○ Have a letter from a physician, nurse practitioner or specialist monitoring hormone therapy (if not covered by one of the above letters). ○ Have an aftercare/follow-up plan. ○ If an Adolescent, who is 16 years of age or older is requesting an exemption, they must demonstrate the emotional and cognitive maturity required to provide informed consent/assent as assessed by the multidisciplinary team of relevant mental health and medical professionals and a healthcare provider must support the request on the application (Appendix E). • Clinical eligibility for GAS is determined by an individual’s healthcare professional using the WPATH SoC V.8 criteria including: <ul style="list-style-type: none"> ○ Marked and sustained gender dysphoria. ○ Other possible causes of apparent gender dysphoria have been identified and excluded. |

- The individual must demonstrate capacity to make a fully informed decision and to consent for the specific hormone treatment or surgical intervention including the following criteria:
 - Understands the procedure(s) and any alternative procedure(s).
 - Understands risk(s) and complications associated with the treatment or not getting the treatment.
- Mental health and physical conditions that could negatively impact the outcome of GAS interventions must be assessed, and risks and benefits be discussed.
- If present, medical or mental health conditions must be sufficiently controlled and not contraindicate gender affirming surgery.
- Surgical eligibility criteria apply to:
 - Chest masculinization/mastectomy/breast reduction/breast augmentation.
 - Removal (ectomy): oophorectomy, hysterectomy, penectomy, orchidectomy.
 - Reconstruction (plasty): phalloplasty, metoidioplasty, vaginoplasty.
- For individuals undergoing GAS, healthcare providers must document the following:
 - The individual is stable on their gender affirming hormonal treatment regime (which may include at least six months of hormone treatment or a longer period if required to achieve the desired surgical result, unless hormone therapy is either not desired or is medically contraindicated), and
 - The individual understands the effect of gender affirming hormone treatment or surgical intervention on reproduction and have explored reproductive options.

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Appendix E – Gender Affirming Surgery Application

[gender-affirming-surgery-application.pdf \(novascotia.ca\)](#)