Australian Government

Department of Health

Consultation Survey on MSAC Application 1754

Patient consultations and surgical procedures for gender affirmation in adults with gender incongruence

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Email: commentsMSAC@health.gov.au

Mail: MSAC Secretariat,
MDP 960, GPO Box 9848,
ACT 2601.

PART 1 – PERSONAL AND ORGANISATIONAL INFORMATION

1. Respondent details

Name: USANZ

Email: president@usanz.org.au

Phone No: [redacted]

2. Is the feedback being provided on an individual basis or by a collective group?

☐ X Collective Group

If an individual, specify the name of the organisation you work for

If a collective group, specify the name of the group

USANZ – on behalf of 3x Urologist, Fellowship Trained in Genital Gender Affirmation Surgery

3. How would you best identify yourself?

☐ **X** Specialists (Urologists, Reconstructive)

If other, please specify

PART 2 – CLINICAL NEED AND PUBLIC HEALTH SIGNIFICANCE

4. **Describe your experience with the medical condition (disease) and/or proposed intervention and/or service relating to the application summary.**

s 47 [redacted]

The proposed list of Genital Gender Affirmation Surgical procedures to be included in the MSAC application 1754 have been discussed, considered, and agreed upon.

5. **What do you see as the benefit(s) of the proposed medical service, in particular for the person involved and/or their family and carers?**

Patients with Gender Dysphoria, variably, require multi-disciplinary medical and surgical care.
Genital Gender Affirmation procedures are often the last stage of the Affirmation.
Genital Gender Affirmation Surgery ranges from simple to very complex multi-staged surgical procedures.
These medical and surgical services are often costly and deserve MBS support for this vulnerable group of patients, who are currently discriminated against and have restricted access to the, often life-saving, care they require to complete their transition that allows them to live an improved and (closer to) normal life.

6. **What do you see as the disadvantage(s) of the proposed medical service, in particular for the person involved and/or their family and carers?**

Nil disadvantage in appropriately selected patients

7. **What other benefits can you see from having this intervention publically funded?**

Australia lags behind many other 1st world countries in the provision of publically funded care for people with Gender Dysphoria who require multi-disciplinary medical and surgical care.
Public Funding for this medical and surgical care would allow for, often young and vulnerable people, access to required and life saving care.
Public funding would also allow for an increased exposure and training of Junior Doctors and Trainee Registrars, which will enable expansion of these services through the public hospital systems, further reducing longterm costs.
Finally, it is believed that the longterm cashflow for society improves after gender affirmation care, as there is more participation of these people in the workforce, improved mental health, and less need for ongoing and expensive medical and surgical care, as well as mental health care.

8. **What other services do you believe need to be delivered before or after this intervention, e.g. Dietician, Pathology etc?**

Hand and occupational therapy, physiotherapy, mental health support, social workers, supply of wound dressings / catheters / and other post operative medical supplies.

PART 3 – INDICATION(S) FOR THE PROPOSED MEDICAL SERVICE AND CLINICAL CLAIM

9. Do you agree or disagree with the proposed population(s) for the proposed medical service?

☐ **X** Strongly Agree

Specify why or why not:

n/a

10. Have all the associated interventions been adequately captured in the application summary?

☐ **X** Yes

Please explain:

This answer applies to the segment of Genital Gender Affirmation Surgery and does not speak for other sub-specialties

11. Do you agree or disagree that the comparator(s) to the proposed medical service?

Unsure

Please explain:

Unsure, not aware of current comparators

12. Do you agree or disagree with the clinical claim made for the proposed medical service?

☐ **X** Strongly Agree

Specify why or why not:

PART 4 – COST INFORMATION FOR THE PROPOSED MEDICAL SERVICE

13. **Do you agree with the proposed service descriptor?**

☐ **X** Strongly Agree

Specify why or why not:

As outlined in the proposed USANZ document

14. **Do you agree with the proposed service fee?**

Unsure

Specify why or why not:

Nil service fee has been discussed, to date. **Any future service fees should be discussed with the 3 Fellowship Trained Reconstructive Urologists, prior to implementation of these fees**

PART 5 – ADDITIONAL COMMENTS

15. Do you have any additional comments on the proposed intervention and/or medical condition (disease) relating to the proposed medical service?

Nil at present – to be discussed

16. Do you have any comments on this feedback survey? Please provide comments or suggestions on how this process could be improved.

Recommend ongoing input from the sub-specialty Urologists, as above.

Again, thank you for taking the time to provide valuable feedback.

UROLOGICAL SOCIETY
OF AUSTRALIA
AND NEW ZEALAND

3 November 2023

s47F
Office of Health Technology Assessment Branch
Australian Government Department of Health and Aged Care
PO Box 9848
Canberra ACT 2601

Via email: commentsMSAC@health.gov.au

Dear s47F

MSAC Application - 1754 - Patient consultations and surgical procedures for gender affirmation in adults with gender incongruence

Thank you for the invitation to provide feedback on whether MSAC application 1754 Patient consultations and surgical procedures for gender affirmation in adults with gender incongruence should be recommended for public funding.

We have considered the matter and provide the following comments with respect to the PICO document.

Page 6 of 29

Current wording: Following relevant consultations, a specialist (normally a plastic surgeon) should be able to access an item for coordination of and participation in a multidisciplinary case conference.

Suggested change: Following relevant consultations, a specialist (normally a plastic surgeon or a reconstructive urologist) should be able to access an item for coordination of and participation in a multidisciplinary case conference.

Page 7 of 29

Current wording:

- Genital reconfiguration surgery Penectomy and bilateral orchiectomy (feminising)
- Construction of neo-vagina by any method using penoscrotal skin (feminising)
- Construction of neo-vagina by skin grafting around a mould (feminising)
- Construction of neo-vagina by any method using intestinal segment (feminising)
- Revision of construction of neo-vagina surgery
- Hysterectomy with or without salpingo-oophorectomy (masculinising)
- Construction of neo-phallus by any method using local flaps (masculinising)
- Construction of neo-phallus by microvascular transfer of free autologous tissue (such as radial forearm flap or antero-lateral thigh flap) (masculinising)
- Construction of neo-phallus by metoidioplasty (formation of penis from clitoral tissue) (masculinising)
- Revision of construction of neo-phallus surgery

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www.usanz.org.au

The list above and the specific wording is far from adequate, as such, the following changes are proposed:

1. Genital Gender Affirmation surgery:

1.1 <u>Feminising</u>

- Penectomy
- Bilateral orchiectomy (feminising)
- Bilateral orchidectomy with scrotectomy
- Construction of neo-vagina by any method using penoscrotal skin (feminising)
  - Penile inversion Vaginoplasty
  - Penile inversion Vaginoplasty, in combination with scrotal skin (pedicled)
  - Penile inversion Vaginoplasty, in combination with skin grafting around a mould
- Construction of neo-vagina by skin grafting around a mould (feminising)
- Construction of neo-vagina by any method using intestinal segment (feminising)
- Construction of neo-vagina using peritoneal pull through technique
- Many other items of the procedure are not encompassed by the simple description of "Vaginoplasty", such as:
  - Construction neo-clitoris on its mobilised neurovascular pedicle
  - Construction labia minora / hood of clitoris
  - Construction labia majora
  - Urethral reconstruction
  - "colposuspension (if done), etc.
- Also, some patients wish to have all aspects, except for formation of a full depth vagina, and only want a "dimple".
- Construction of neo-vagina after previous failed genital affirmation surgery
- Construction of neo-vagina after previous (Ultra-)low anterior resection, radical prostatectomy, complete resection rectum / anus.
- Revision vaginal introitus neo-vagina (for prolapse / stenosis / other)
- Urethroplasty neo-urethra, with or without debulking corpus spongiosum
- Labial revision after previous gender affirmation surgery

1.2 <u>Masculinising</u>

- Hysterectomy
- Hysterectomy with Bilateral or unilateral salpingo-oophorectomy (masculinising)
- Bilateral salpingo-oophorectomy, without hysterectomy
- Construction of neo-phallus by any method using local flaps, without formation of urethra (masculinising)
- Construction of neo-phallus by microvascular transfer of free autologous tissue (such as radial forearm flap or antero-lateral thigh flap), ***<u>without</u>*** formation of urethra (masculinising)
- Construction of neo-phallus by microvascular transfer of free autologous tissue (such as radial forearm flap or antero-lateral thigh flap), ***<u>with</u>*** formation of urethra (masculinising)
- Construction of neo-phallus by microvascular transfer of pedicled regional autologous tissue (such as pedicled antero-lateral thigh flap), ***<u>without</u>*** urethra (masculinising)
- Construction of neo-phallus by microvascular transfer of pedicled regional autologous tissue (such as pedicled antero-lateral thigh flap), ***<u>with</u>*** urethra (masculinising)
- Construction of Neo-Urethra in a neophallus by microvascular transfer of free autologous tissue (such as radial forearm flap or antero-lateral thigh flap) (masculinising)
- Glans sculpting

- Scrotoplasty / Perineoplasty
- Release and trans-positioning clitoris
- Urethral hook-up / Urethroplasty, with anterior vaginal mucosal advancement flap
- Urethral hook-up / Urethroplasty, without anterior vaginal mucosal advancement flap
- Vaginectomy / Colpocleisis
- Construction of neo-phallus by metoidioplasty (formation of penis from clitoral tissue) (masculinising), ***without*** urethral lengthening
- Construction of neo-phallus by metoidioplasty (formation of penis from clitoral tissue) (masculinising), ***with*** 1st stage urethroplasty using buccal mucosa graft
- Construction of neo-urethra (2nd stage urethroplasty) in metoidioplasty(formation of penis from clitoral tissue) ***with*** vaginectomy / Colpocleisis (masculinising)
- Construction of neo-urethra (2nd stage urethroplasty) in metoidioplasty (formation of penis from clitoral tissue) ***without*** vaginectomy / colpocleisis (masculinising)
- Mons reduction, ***with*** corporal lengthening via release of suspensory ligaments
- Mons reduction, ***without*** corporal lengthening via release of suspensory ligaments
- Penile prosthesis in neo-phallus (cylinders) with corporal reconstruction using graft material
- Penile prosthesis in neo-phallus reservoir / pump
- Testicular implant in neo-scrotum, unilateral
- Testicular implant in neo-scrotum, bilateral
- Construction Neo-phallus after previous genital gender affirmation surgery
- Urethroplasty in neo-urethra, single stage
- Urethroplasty in neo-urethra, 1st stage of staged procedure
- Urethroplasty in neo-urethra, 2nd stage of staged procedure
- Genitourinary fistula repair after previous genital gender affirmation surgery
- Fat grafting of neo-phallus for volume, with care to avoid vascular pedicle etc
- Recontouring / debulking of neo-phallus

The recommended revisions as outlined in this letter more accurately reflect the procedures and this should be reflected in applicable item numbers.

USANZ welcomes this opportunity to comment.

Kind regards

s47F

Urological Society of Australia and New Zealand

Australian Government

Department of Health

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MDP 960, GPO Box 9848,
ACT 2601.

PART 1 – PERSONAL AND ORGANISATIONAL INFORMATION

1. Respondent details

Name: Dr [redacted]

Email: [redacted]@shq.org.au

Phone No: [redacted]

2. Is the feedback being provided on an individual basis or by a collective group?

☐ Individual
☒ Collective Group

If an individual, specify the name of the organisation you work for

If a collective group, specify the name of the group

Sexual Health Quarters

3. How would you best identify yourself?

☒ General Practitioner
☐ Specialist
☐ Researcher
☐ Consumer
☐ Care giver
☐ Other

If other, please specify

PART 2 – CLINICAL NEED AND PUBLIC HEALTH SIGNIFICANCE

4. Describe your experience with the medical condition (disease) and/or proposed intervention and/or service relating to the application summary.

Gender incongruence is a medical condition characterised by a persistent incongruence between an individual's experienced gender and their assigned sex at birth, often resulting in a strong desire to undergo a gender transition in order to live as their true gender. This is a condition that affects many individuals, and it is important to provide comprehensive and sensitive care to address their unique medical and psychological needs.

s47F and s47G

At SHQ, we have recognised the need for specialised gender affirming services and have recently embarked on a journey to develop and offer such services. This initiative has been shaped through extensive community consultations along with my participation in various events, including the 2022 AUSPATH conference, which have provided valuable insights into best practices in gender-affirming care.

The proposed interventions will establish a comprehensive and multidisciplinary model of care that spans both pre-operative and post-operative phases of gender affirmation, one that I fully support for the benefit of these patients.

5. What do you see as the benefit(s) of the proposed medical service, in particular for the person involved and/or their family and carers?

The proposed medical service offers a comprehensive approach aimed at improving health outcomes, enhancing overall quality of life, and addressing the specific needs of individuals experiencing gender incongruence. Through aligning physical appearance and social identity with an individual's gender, this service aims to reduce distress and improve overall well-being.

Additionally, it focuses on addressing the psychological disorders often associated with gender dysphoria, significantly alleviating anxiety, depression, and other mental health challenges, contributing to a healthier mental state. Clinical experiences and studies have demonstrated a notable reduction in suicidal ideation and attempts among individuals receiving gender-affirming care. This decrease in the heightened risks of suicide associated with gender dysphoria highlights the crucial benefits of these interventions.

Gender-affirming services enable individuals to feel more comfortable and at peace with their bodies and identities. This form of care is considered essential and lifesaving.

These benefits extend beyond individuals receiving care, impacting their immediate social circles and the broader community. Gender-affirming services promote inclusivity, understanding, and acceptance of diverse gender identities, contributing to a more compassionate and supportive society.

The proposed medical service will play a pivotal role in transforming individual lives and fostering a more accepting and empathetic environment for all.

6. What do you see as the disadvantage(s) of the proposed medical service, in particular for the person involved and/or their family and carers?

I do not see any significant disadvantages with the proposed service. It stands as a vital step to support gender-affirming care journeys, showing substantial potential benefits for individuals, families, and caregivers.

7. What other benefits can you see from having this intervention publicly funded?

Publicly funding this intervention holds several significant societal benefits, including the potential to foster a broader acceptance of gender-diverse identities in Australia. This in turn could contribute to reducing discrimination and violence against gender-diverse individuals, normalising their experiences within the healthcare system and within the community.

Public funding would not only increase access to crucial medical and surgical services for those seeking gender-affirming care, but it would also alleviate the financial stress experienced, as many of these interventions can be financially burdensome. This measure would ensure that essential medical and surgical services are accessible without placing undue financial strain on individuals.

8. What other services do you believe need to be delivered before or after this intervention, e.g. Dietician, Pathology etc?

Comprehensive care should include, but is not limited to, mental health support, hormonal care and monitoring, voice therapy, occupational therapy, hair removal services, post-surgery rehabilitative care, legal and social support.

These services, coordinated by gender-affirming doctors, are essential for a well-rounded and supportive approach to address the diverse needs of individuals throughout their gender-affirming journey.

PART 3 – INDICATION(S) FOR THE PROPOSED MEDICAL SERVICE AND CLINICAL CLAIM

9. Do you agree or disagree with the proposed population(s) for the proposed medical service?

- [x] Strongly Agree
- [ ] Agree
- [ ] Disagree
- [ ] Strongly Disagree

Specify why or why not:

This service addresses the unique needs of transgender and gender-diverse individuals and bridges the gap in care due to societal stigma and limited services. Focused on gender-affirming interventions, it ensures essential support and better health outcomes for this specific population.

10. Have all the associated interventions been adequately captured in the application summary?

- [x] Yes
- [ ] No

Please explain:

11. Do you agree or disagree that the comparator(s) to the proposed medical service?

- [x] Strongly Agree
- [ ] Agree
- [ ] Disagree
- [ ] Strongly Disagree

Please explain:

12. Do you agree or disagree with the clinical claim made for the proposed medical service?

- [x] Strongly Agree
- [ ] Agree
- [ ] Disagree

☐ Strongly Disagree

Specify why or why not:

PART 4 – COST INFORMATION FOR THE PROPOSED MEDICAL SERVICE

13. **Do you agree with the proposed service descriptor?**

- [x] Strongly Agree
- [ ] Agree
- [ ] Disagree
- [ ] Strongly Disagree

Specify why or why not:

14. **Do you agree with the proposed service fee?**

- [ ] Strongly Agree
- [ ] Agree
- [ ] Disagree
- [ ] Strongly Disagree

Specify why or why not:

My understanding is that the final fees for the proposed service are yet to be determined.

PART 5 – ADDITIONAL COMMENTS

15. Do you have any additional comments on the proposed intervention and/or medical condition (disease) relating to the proposed medical service?

The current PBS restrictions on testosterone prescribing present a significant barrier to access in gender-affirming care. Revising or removing these restrictions is crucial to ensure easier access to hormone therapy, improving healthcare outcomes for transgender individuals. This change would promote a more inclusive and supportive healthcare system.

16. Do you have any comments on this feedback survey? Please provide comments or suggestions on how this process could be improved.

Thank you for initiating this consultation, SHQ is grateful to be able to provide feedback on this important service.

Again, thank you for taking the time to provide valuable feedback.

FAMILY PLANNING ALLIANCE AUSTRALIA

20th October 2023

Secretariat
Medicare Services Advisory Council
commentsMSAC@health.gov.au

Dear Chair

RE: PATIENT CONSULTATIONS AND SURGICAL PROCEDURES FOR GENDER AFFIRMATION IN ADULTS WITH GENDER INCONGRUENCE

Family Planning Alliance Australia (FPAA) is a long-standing alliance of the key sexual and reproductive health organisations from each of the Australian states and territories and is their national policy and advocacy voice. We are the Australian International Planned Parenthood Federation (IPPF) member organisation.

Since the 1970's our primary members have collectively and individually shaped the reproductive and sexual health landscape through advocacy, policy development, workforce development, community education and capacity building.

Our Primary Member organisations are:

- True Relationships and Reproductive Health (Qld)
- Sexual Health and Family Planning ACT (SHFPACT)
- Family Planning Tasmania
- Sexual Health Victoria
- SHINE SA
- Sexual Health Quarters (WA)
- Family Planning NT.

Our Primary Members provide highly targeted patient care for vulnerable populations including LGBTIQ+ people in clinics. These clinics also function as training and clinical teaching facilities for primary care professionals - doctors, nurses, Aboriginal health practitioners, midwives, and allied health professionals. Both SHINE SA and Sexual Health Quarters deliver gender-affirming health care.

We are writing to express our support for the application in full, confirmed by the attached survey response drafted by Sexual Health Quarters our primary member organisation in Western Australia. We confirm this survey represents the FPAA position of those members delivering gender-affirming health care.

Thank you for the opportunity to express our support for the application made to MSAC and we look forward to the approval of this application.

Warm regards

[redacted]

s47F

Attachment – Sexual Health Quarters Survey Response

Australian Government

Department of Health

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1. Respondent details

Name: Dr [redacted]

Email: s47F

Phone No: [redacted]

2. Is the feedback being provided on an individual basis or by a collective group?

☐ Individual
☒ Collective Group

If an individual, specify the name of the organisation you work for

If a collective group, specify the name of the group

Transfolk of WA

3. How would you best identify yourself?

☐ General Practitioner
☐ Specialist
☐ Researcher
☐ Consumer
☐ Care giver
☒ Other

If other, please specify

Peer support service for transgender, non-binary, and gender diverse people and their loved ones in Western Australia

PART 2 – CLINICAL NEED AND PUBLIC HEALTH SIGNIFICANCE

4. Describe your experience with the medical condition (disease) and/or proposed intervention and/or service relating to the application summary.

Transfolk of WA is the representative body for transgender, non-binary, and gender diverse people (trans people) in Western Australia and has played a pivotal role in creating safe and inclusive spaces and supporting individuals navigating their individual journeys of gender identity. Through a range of programs, including support groups, counselling services, and educational workshops, we have worked tirelessly to foster a sense of belonging and empowerment within the transgender community.

As a community organisation and a provider of support services to the trans community we have a deep and powerful understanding of the various and diverse needs of trans people, including those who require access to medical gender affirmation services including consultations and surgical procedures.

5. What do you see as the benefit(s) of the proposed medical service, in particular for the person involved and/or their family and carers?

The proposed services will substantially benefit the quality of life and reduce financial burden on trans people who require these services.

Studies consistently demonstrate that trans people experience higher levels of psychological distress than the general population, including high rates of self-harm, suicidality, and suicide attempts. This distress is a substantial impact to quality of life. The provision of appropriate gender affirming healthcare is known to have significant positive impacts on the wellbeing and quality of life of trans people.

The provision of gender affirming surgical services for those who needs them can:

- assist with alignment to affirmed gender,
- reduce gender and body dysphoria and associated mental illness,
- improve social and emotional well-being, and
- improve reimbursement for these procedures.

The provision of access to health assessments, development of multidisciplinary care plans can:

- enable comprehensive assessment,
- allow better coordination of care,
- reduce the need for multiple consultations, and
- improve reimbursement for longer or complex consultations.

The families and loved ones of trans people will also benefit from the proposed services. The inaccessibility of appropriate gender affirming care is a source of significant stress for the families of trans people, and particularly the parents of trans children and teenagers who face a huge degree of uncertainty about their future access to care when required and as they become ineligible to access paediatric gender diversity services.

6. What do you see as the disadvantage(s) of the proposed medical service, in particular for the person involved and/or their family and carers?

We We do not see any disadvantages associated with the proposed medical services.

For clarity, we will note that while some people may raise “regret” as a disadvantage of gender affirming surgical services, research is clear that rates of regret are extremely low for gender affirming care.

The reasons for cases of regret are complex and are often misrepresented or oversimplified in the literature and in media reports. . When regrets occur, they are mainly due to social stigma, rather than dissatisfaction with the medical therapy or procedure itself..

7. What other benefits can you see from having this intervention publicly funded?

Publicly funding these services will substantially increase access to these essential medical and surgical services for those who require them, leading to better health outcomes and quality of life for trans people, their families, and community.

Trans people often suffer significant social disadvantage, including in the areas of employment, rates of homelessness, and access to healthcare. Accessing gender affirming surgical services in Australia currently requires top-level private health cover, and even then, attracts significant gap fees. This is due, in part, to the lack of specific MBS items for these services. This is an insurmountable barrier to many trans people who require these services.

Further, trans people who require these services, but cannot otherwise afford them, may draw down their superannuation balance to afform these services. Hence the lack of appropriate service reimbursement subjects an already-disadvantages group to further long-term financial disadvantage.

While we acknowledge that this proposal will not immediately resolve this, it has the potential to improve access and affordability by:

- better aligning reimbursement with the procedures being provided,
- clarifying that these procedures are therapeutic rather than cosmetic, and
- influencing state and territory health systems to provide these services in public hospitals.

8. What other services do you believe need to be delivered before or after this intervention, e.g. Dietician, Pathology etc?

For trans people who seek medical affirmation, a range of gender-affirming care from doctors, allied health workers, and peer support workers may be required to work through a range of needs including hormonal care, speech therapy, laser and electrolysis, and gender affirmation surgeries. We do not suggest that there is one particular order (e.g. before or after for any particular service) that is right for all trans people.

We believe that there is a need to improve access to and affordability of:

- Peer workers for service navigation and support,
- Speech therapy for gender affirmation
- Electrolysis and laser hair removal for gender affirmation
- Physiotherapy for surgical recovery, and to assist with safe binding

PART 3 – INDICATION(S) FOR THE PROPOSED MEDICAL SERVICE AND CLINICAL CLAIM

9. Do you agree or disagree with the proposed population(s) for the proposed medical service?

- [x] Strongly Agree
- [ ] Agree
- [ ] Disagree
- [ ] Strongly Disagree

Specify why or why not:

The proposed population, as specified, uses acceptable terms to identify the population of people who would benefit from these services. The proposed population also correctly identifies that not all trans people elect to access these services, reflecting that there are a diverse set of needs and journeys that trans people may take.

10. Have all the associated interventions been adequately captured in the application summary?

- [x] Yes
- [ ] No

Please explain:

The proposal adequately captures a broad set of services relating to the medical affirmation of gender, in particular consultations for care planning and coordination and gender affirming surgical services.

11. Do you agree or disagree that the comparator(s) to the proposed medical service?

- [x] Strongly Agree
- [ ] Agree
- [ ] Disagree
- [ ] Strongly Disagree

Please explain:

12. Do you agree or disagree with the clinical claim made for the proposed medical service?

- [x] Strongly Agree
- [ ] Agree
- [ ] Disagree
- [ ] Strongly Disagree

Specify why or why not:

PART 4 – COST INFORMATION FOR THE PROPOSED MEDICAL SERVICE

13. **Do you agree with the proposed service descriptor?**

- [x] Strongly Agree
- [ ] Agree
- [ ] Disagree
- [ ] Strongly Disagree

Specify why or why not:

The service descriptors appear to be appropriate and use language that is not objectionable to the trans community.

14. **Do you agree with the proposed service fee?**

- [ ] Strongly Agree
- [ ] Agree
- [ ] Disagree
- [ ] Strongly Disagree

Specify why or why not:

We understand from the application documents that the final fees are to be determined.

PART 5 – ADDITIONAL COMMENTS

15. Do you have any additional comments on the proposed intervention and/or medical condition (disease) relating to the proposed medical service?

We welcome this application and hope that it progresses successfully. The provision of gender affirming care including gender affirming surgical services is limited in Australia, and the lack of appropriate MBS codes for these services contributes to this situation. Improving the provision of gender affirming care can have a huge impact on the wellbeing of many trans people.

It is important to identify that non-binary trans people are included in the population that may require these services. As currently expressed these items appear to be applicable to this need, however no change should be made that would narrow the scope of these items.

16. Do you have any comments on this feedback survey? Please provide comments or suggestions on how this process could be improved.

Again, thank you for taking the time to provide valuable feedback.

3 November 2023

MSAC Secretariat
MDP 960
GPO Box 9848
ACTON ACT 2601

Sent by email: commentsMSAC@health.gov.au

Dear MSAC Secretariat

Re: MSAC Application 1754 Consultation

We are writing in support of **MSAC Application 1754** to provide patient consultations and surgical procedures for gender affirmation in trans and gender diverse adults.

ACON is Australia's largest health organisation specialising in community health, inclusion and HIV responses for people of diverse sexualities and genders. Established in 1985, ACON works to create opportunities for people in our communities to live their healthiest lives. ACON provides a range of services to trans and gender diverse people and has been building a rapidly growing suite of programs to improve the health and wellbeing of trans and gender diverse people.

ACON is committed to improving health outcomes for people in our communities. Increasing access to necessary and life-saving gender affirming care is critical to improving the health and wellbeing of trans and gender diverse people, who currently face poorer health outcomes in a range of areas, including mental distress and suicidality, and who experience barriers accessing and receiving healthcare at disproportionate rates due to stigma and discrimination.[1,2]

We are supportive of any intervention that seeks to increase affordable access to gender affirming medical interventions, including surgeries. Surgery can be a fundamental aspect of how many trans people affirm their gender and maintain wellbeing, with access often significantly improving quality of life.[3]

Surgery is not the goal for all trans people, and many may never desire to undergo surgery related to their gender at all. However, while trans and gender diverse people are far more than their physical appearance, those who wish to pursue gender affirming surgery and can access these interventions have been shown to experience clear and significant psychosocial benefits.[4,5]

For trans women, interventions such as breast augmentation and vaginoplasty have been shown to increase quality of life,[6,7,8] and similar outcomes have been shown with trans men who have undergone chest surgery and phalloplasty.[9,10] While less is known about the benefits of surgical interventions on non-binary people, many do seek out surgery as part of their gender affirmation.[11,12]

The MSAC application itself notes that making universal access to gender affirming medical interventions available will reduce the risk of trans and gender diverse people experiencing psychological distress or having suicidal ideation/attempts, improving mental health and overall health-related quality of life. This indicates, from our perspective, a clear and demonstrable need to make MBS items for gender affirmation available, as there are currently very limited publicly funded options for these medical interventions in NSW and indeed across Australia.

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Trans and gender diverse people also experience worse economic outcomes, and this exacerbates the difficulty they face accessing gender affirming care. Transgender adults are twice as likely as cisgender adults to be unemployed, and those who are employed make 32 percent less money a year than cisgender employees (even with similar or higher education levels).[13] Research has also shown that trans people are much more likely to be in entry-level positions than cisgender people, regardless of time in the workforce.[14] These factors can lead to economic stressors and additional financial barriers to accessing gender affirming care for trans people. MBS items must be considerate of the financial insecurity that disproportionately impacts the people accessing this kind of care.

In the last five years, ACON has provided over 16,400 occasions of service to 827 trans and gender diverse clients. These services include counselling, care-coordination, substance support, suicide prevention and aftercare, and home-based care. Since 2022, we have also introduced a trans mental health and wellbeing service; this service has seen 101 unique clients and provided 1239 occasions of service.

Through our work with trans and gender diverse people, we have identified the urgent need for universally available, publicly funded and affordable medical gender affirmation. The following case studies provided by ACON's client services staff for this submission highlight the importance of gender affirmative medical interventions and the impact of barriers to accessing these interventions have on individuals' mental and physical health.

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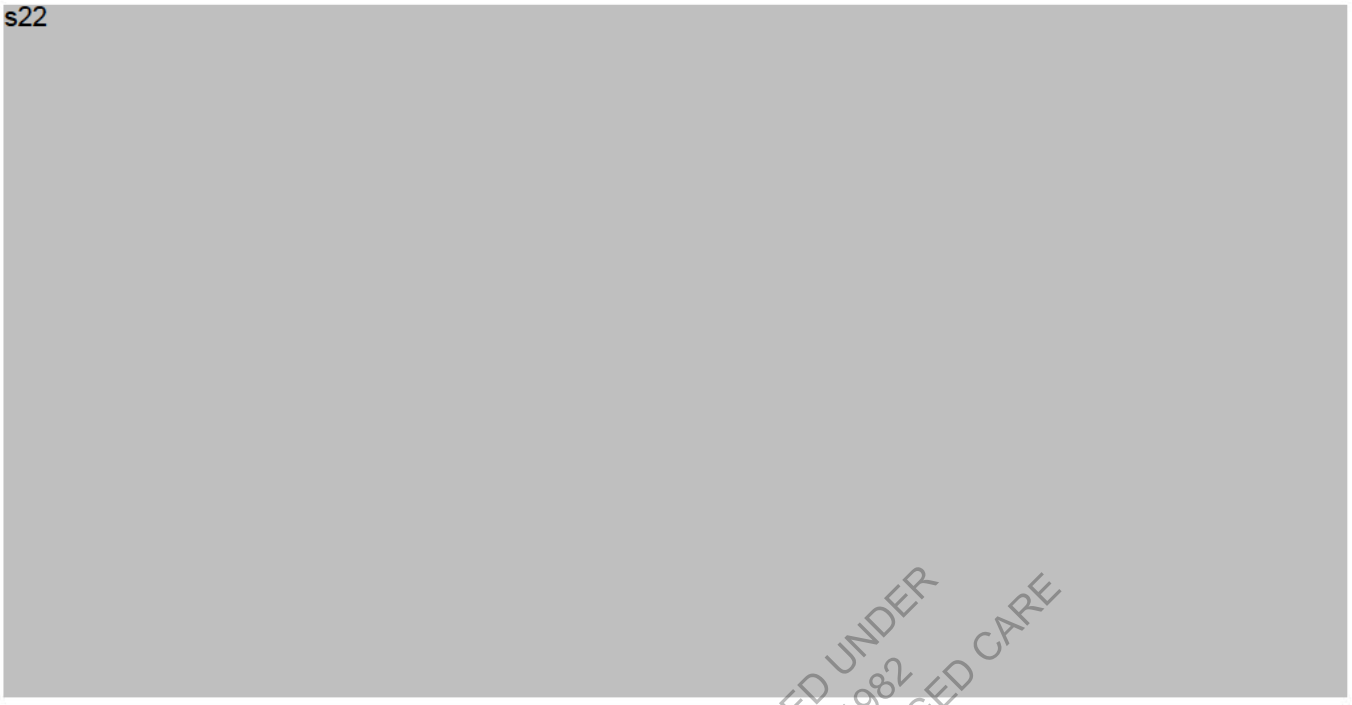

The stories we have provided in this submission have told us that there is urgent need for reform to ensure that gender affirming care is as accessible as possible. These case studies highlight the complexity of navigating health systems while dealing with complex health needs related to gender, mental health and other factors.

The public healthcare system requires a significant refocus on gender affirmation and trans-affirming practice more broadly to address the urgent unmet health needs of trans people living in Australia. While some trans people have been able to access gender affirming surgical interventions, many remain unable to access even the most basic procedures, which has significant and alarming negative effects on those people's wellbeing. All trans and gender diverse people in Australia should have universal and equitable access to medical gender affirmation, including surgical interventions.

Ultimately, trans people in Australia currently have highly limited choices when it comes to gender affirming surgeries; these choices are shaped by federal, state and territory government policies and funding, as well as the socioeconomic difficulties that trans people continue to experience in Australia.[15]

We are hopeful that the application to include MBS item numbers for gender affirmation services and procedures is successful. We welcome any further opportunities to work with the Medical Services Advisory Committee to achieve this. We have also included ACON's *Gender Affirming Care: An Evidence Brief* to assist with better understanding the urgent need for this reform.

If you require more information about our submission, please do not hesitate to contact Nicolas Parkhill AM, CEO, at [redacted]@acon.org.au or on [redacted].

Kind regards

[redacted]

[redacted]

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GENDER AFFIRMING SURGERY IN AUSTRALIA:
An Evidence Brief

Shoshana Rosenberg, Elizabeth Duck-Chong and Teddy Cook
November 2021

Benefits of accessing surgery

Surgery is a fundamental aspect of how many trans people affirm their gender and maintain wellbeing, with access often significantly improving quality of life (1). For trans women, interventions such as breast augmentation and vaginoplasty have been shown to increase quality of life (2–4), and similar outcomes have been shown with trans men who have undergone chest surgery and phalloplasty (5–7).

While less is known about the benefits of surgical interventions on non-binary people, many do seek out surgery as part of their gender affirmation (8,9). Surgery is not the goal for all trans people, many may never desire to undergo surgery related to their gender at all (10), and while trans people are far more than their physical appearance, those who wish to pursue gender affirming surgery and can access the interventions they seek, do experience clear and significant psychosocial benefits.

Issues of accessing surgery

However, while people who have successfully accessed surgery overwhelmingly report an improvement in their wellbeing (11) and a reduction in dysphoria (12) (and even increase in gender *euphoria* (13)), most trans people experience significant barriers in being able to access these medical interventions.

Trans people who desire to undergo gender affirming surgery but are unable to access it have been shown to experience significant mental health issues as a result (14,15), making the subject of access to these interventions a crucial and urgent element in understanding and addressing the health and wellbeing disparities of trans people across Australia.

It is also worth noting that the term "gender affirming surgery" may itself be an oversimplification. Many gender affirming surgeries happen in phases, require revisions, and are often the result of several individual procedures combined to create the final outcome sought by a patient (16–19). Therefore, many gender affirming surgical procedures are unique in both their complexity, required level of specialisation and pre- and post-surgical care (20).

There are also several remaining states and territories (NSW, QLD, SA and WA) that require a trans person to have undergone genital surgery in order to have their gender legally recognised and a birth certificate re-issued through their home state or territory birth deaths and marriages body (21).

While advocacy in this area is focussed on reform that would enable legal gender recognition based on self-determination rather than surgical intervention, barriers to surgery further compound access to legal recognition and therefore the health, safety and wellbeing of trans people across Australia.

This is particularly acute for those who live intersectional marginalisations, such as Aboriginal Sistergirls and Brotherboys, culturally diverse trans people and those from non-English speaking countries, trans people with a disability, non-binary trans people, trans people who are Medicare ineligible and trans people with lived experience of substance use, incarceration, homelessness and/or mental illness (22).

Medical professionals lack of education

Despite the growing body of knowledge on the medical needs of trans people, many Australian medical professionals remain under-educated about who trans people are and what gender

affirming healthcare needs they may have (23,24). Often, these medical professionals' lack of education and relevant information means that they are less likely to see the need for or support medical interventions for their trans patients, whether surgical or otherwise, and often delay crucial medical treatment (24,25).

The broad variability in knowledge and provision of surgical interventions for trans people in Australia also manifests itself in terms of availability, where some surgeries (e.g. vaginoplasty) are more accessible and available than others (e.g. phalloplasty) (25).

Most surgeries, if not all, currently take place in the private health system and are performed by a very small number of surgeons, who can differ on requirements for the minimum competentancies of the mental health clinicians they will accept readiness referrals from (26).

Trans-specific education for medical professionals has also yielded some positive results, with one study indicating that professionals were much more likely to provide trans-affirming and gender affirming care after having undergone educational modules on trans healthcare needs (27).

Financial barriers

Another significant barrier to trans peoples' access to gender affirming surgery is the cost of these procedures outside of the public health system. The fees for surgery are set by private surgeons and can vary widely, for people seeking surgeries at multiple sites (e.g. both "top" and "bottom" surgeries) costs may run anywhere from $20,000 to more than $100,000 in total (28-30).

This does not include other costs which are a prerequisite for undergoing gender affirming surgery, such as having to receive a surgical readiness referral from one or more mental health professionals (30), which form a barrier to accessing even basic medical gender affirmation needs (sometimes known as medical transition) for many Australian trans peoples (31).

While these costs are in and of themselves prohibitive, these barriers become magnified when considering the significantly high rates of unemployment or under-employment amongst Australian trans peoples (32,33). Many trans Australians are therefore simply unable to afford gender affirming surgery.

Federal and state-based policies

Financial barriers to accessing surgery are further complicated by inconsistent federal and state/territory policies regarding government coverage of Medicare rebates and access to publicly funded surgery.

Some surgeries may also be deemed more complex or uncommon than others (24,34) and therefore be considered more suitable for the private system. While some individual procedures such as mastectomies (33) orchidectomies (47) and urethroplasty (48) are covered by Medicare, the items associated with vaginoplasty only provide rebates for what is problematically termed *congenital disorder of sexual differentiation* (49).

While many of the specific surgical steps that comprise gender affirming surgery do have Medicare item numbers (20), and are therefore covered by the Medicare Benefits Schedule, rebates for attending surgical, allied health and primary care appointments, post-surgical care or revisions, related care such as fertility preservation (35) and surgical assistants and anaesthetists do not attract adequate Medicare rebates.

The criteria currently used in Australia to determine Medicare coverage for elective surgery also produces some profound contradictions; for example, cisgender men are currently able to publicly access breast tissue reduction surgery, or "top surgery", while trans men cannot (50).

This suggests that the bodies of cis people are idealised and reinforced through access to publicly funded surgical intervention, while trans people are positioned as harming themselves, and clinically relevant interventions are seen as cosmetic rather than medically necessary.

Overall, gender affirming surgical care is affected by inadequate public funding for elective surgery and criteria ambiguity that all levels of the Australian healthcare systems have around both gender affirming healthcare and elective surgeries more broadly (51–54,60-62).

Additionally, and of most concern, most state and territory health systems have elective surgery policies that explicitly restrict access to surgical interventions for trans people through public health systems:

Australian Capital Territory's elective surgery policy does not currently cover gender affirming surgeries (36). Procedures that are considered part of gender affirming treatments, namely any type of breast augmentation or prosthesis, as well as any reproductive organ surgery, are excluded from public healthcare coverage barring oncological treatment or congenital issues respectively (36).

New South Wales Health's elective surgery policy (37) designates 'gender reassignment surgery' as "discretionary", without also expanding on what 'gender reassignment surgery' means. This gives each Local Health District Director of Surgery final say on whether any procedure falling under this category can be performed in a public hospital, and therefore be eligible for full Medicare coverage. "Congenital abnormalities in children" is the only exception for allowing urological and gynaecological surgeries to be routinely undertaken at a public hospital.

Northern Territory's public health system does not allow gender affirming surgical interventions currently, and any surgical interventions must be referred to interstate providers (38,39).

Queensland Health's Clinical Prioritisation Criteria currently excludes any gender affirming surgeries from being performed in public hospitals (40). Their Elective Surgery Services Implementation Standard (41) also precludes any surgeries not included in the National Elective Surgery Urgency Categorisation guideline (42), surgeries of gender affirmation are not included in this guideline.

Tasmania's Department of Health currently lists "congenital abnormalities in children" (43) as the sole clinical indication for allowing urological and gynaecological surgeries to be undertaken at a public hospital. Gender affirming procedures (e.g. breast reduction) can only be performed if there is evidence of trauma or other conditions deemed chronic or congenital. Any other circumstances which may require these surgical interventions (i.e. gender affirmation for adults) must be approved either by the Director of Surgery or the Statewide Surgical and Perioperative Services Committee (43).

The **Victorian** Department of Health and Human Services policy on elective surgeries does not currently mention gender affirming procedures (44), though some are listed as aesthetic procedures which can only be performed in public hospitals if the patient has "significant clinical symptoms" or a "significant deformity" (44).

Western Australia's Department of Health currently lists surgical gender affirmation procedures under their "excluded procedures" list (45), which excludes these procedures from being performed

unless there are “exceptional circumstances” (46). Procedures must also be approved by the Director of Medical/Clinical Services.

Travel required for surgery

These barriers, combined with the ongoing lack of available clinicians and funding through the public sector, also mean that most trans Australians who are able to afford these surgeries will either access surgery privately in Australia or overseas (55–57).

Overseas travel for gender affirming surgery in particular continues to play a significant role in the lives of trans people in many Western countries (58), including Australia (59).

COVID-19

COVID-19 has added further pressure and complexity with regards to gender affirming surgeries. The onset of the pandemic meant both that elective surgeries were either cancelled or postponed within Australia (63), while travel restrictions became an impassable barrier for accessing interstate or international surgeries both in Australia and elsewhere (64).

These barriers, along with other socioeconomic and psychological issues that are related to the pandemic, have been shown to have significant adverse effects on the health and wellbeing of trans people in Australia and other upper-middle and higher income countries (65,66,73).

Private health insurance

Private health insurance coverage of gender affirming care continues to be inconsistent in Australia (67). Although many Australian trans people do have private health insurance (67), the cost remains prohibitive (23).

Additionally, even insurance coverage at the highest levels leaves significant pay gaps (69), for example a vaginoplasty can even leave a fully insured individual out of pocket by up to $20,000. As a result, many surgeries are too financially prohibitive to be accessed, regardless of a person’s level of private health insurance (70).

Early superannuation release

As a result of the multiple financial barriers facing trans people seeking gender affirming surgery, many Australian trans people have accessed their superannuation early in order to cover any cost gaps in treatments (71,72).

While this has been accepted as a necessary short-term solution for trans people contending with the medical necessity of surgical intervention, there are longer-term negative implications for early superannuation withdrawal (73).

Namely, withdrawing superannuation early increases the risk of poverty and lack of financial stability later in life, particularly for populations who are already financially marginalised (74–77).

Conclusion

Ultimately, trans people in Australia have highly limited choices when it comes to gender affirming surgeries; these choices are shaped by federal, state and territory government policies and funding, as well as the socioeconomic difficulties that trans people continue to experience in Australia.

The public healthcare system requires a significant refocus on gender affirmation and trans-affirming practice more broadly, in order to address the urgent unmet health needs of trans people living in Australia.

While some trans people have been able to access gender affirming surgical interventions, many remain unable to access even the most basic procedures, which has significant and alarming negative effects on those people's wellbeing. All trans people in Australia should have full and free access to medical gender affirmation, including surgical interventions.

ACON is NSW's leading and Australia's largest health promotion organisation specialising in community health, inclusion, and HIV responses for people of diverse sexualities and/or genders.
www.acon.org.au | www.transhub.org.au

This ACON Evidence Brief has been co-signed by:

The Australian Professional Association for Trans Health (AusPATH) is the national peak body representing, supporting and connecting those working to strengthen the health, rights and wellbeing of all trans people – binary and non-binary. The AusPATH membership comprises 365 members.
www.auspath.org.au

LGBTIQ+ Health Australia is the national peak health organisation in Australia for organisations and individuals that provide health-related programs, services and research focused on lesbian, gay, bisexual, transgender, intersex and queer people and other sexuality and gender diverse (LGBTIQ+) people and communities.
www.lgbtiqhealth.org.au

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Australian Government

Department of Health

Consultation Survey on MSAC Application 1754

Patient consultations and surgical procedures for gender affirmation in adults with gender incongruence

MSAC welcomes input on MSAC applications for public funding from individuals, organisations representing health professionals or consumers and/or carers, and from other stakeholders. Please use this template to prepare your input. You may also attach additional information if you consider it may be useful in informing MSAC and its sub-committees.

Sharing consultation input

Submitted consultation input will be routinely shared with the applicant and with MSAC and its sub-committees.

- The applicant will receive a summary of comments from individuals, with the individual's name and other identifying information removed.
- MSAC and its sub-committees will receive both the summary and copies of the comments, with the name of the individual and other identifying information removed.
- Consultation input from groups or organisations will be provided in a complete form to both the applicant and to MSAC and its sub-committees.

Consultation input may also be shared with HTA Assessment Groups from time to time to inform their reports to MSAC or with state and territory health representatives where the application is for a service to be delivered through public hospitals. Please do not include information in your input that you do not want shared as outlined above. In addition, to protect privacy, do not include identifying personal (e.g., name) or sensitive (e.g., medical history) information about third parties, such as medical professionals or friends/relatives.

How consultation input is used

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Thank you for taking the time to provide consultation input. Please return your completed survey to:

Email: commentsMSAC@health.gov.au

Mail: MSAC Secretariat,
MDP 960, GPO Box 9848,
ACT 2601.

PART 1 – PERSONAL AND ORGANISATIONAL INFORMATION

1. Respondent details

Name: [redacted]

Email: [redacted]@telethonkids.org.au

Phone No: [redacted]

2. **Is the feedback being provided on an individual basis or by a collective group?**

☐ **Individual**
☒ **Collective Group**

If an individual, specify the name of the organisation you work for

If a collective group, specify the name of the group

Public Health Association of Australia – Diversity, Equity and Inclusion Special Interest Group

3. **How would you best identify yourself?**

☐ **General Practitioner**
☐ **Specialist**
☒ **Researcher**
☒ **Consumer**
☐ **Care giver**
☐ **Other**

If other, please specify

As Executive Committee Members of the Diversity, Equity and Inclusion Special Interest Group of the Public Health Association of Australia, we comprise public health researchers, including those with specialised expertise in trans health. Our membership also includes a trans woman with lived experience of seeking gender affirming care.

PART 2 – CLINICAL NEED AND PUBLIC HEALTH SIGNIFICANCE

4. **Describe your experience with the medical condition (disease) and/or proposed intervention and/or service relating to the application summary.**

Existing research has shown that access to safe, affordable, and high-quality gender affirming care, including gender affirming surgeries, reduces depression, suicidality, and improves quality of life among trans people. Currently there exist many barriers to accessing gender-affirming surgeries including availability of surgeons with the appropriate expertise and financial cost. Adding these MBS items will help to improve access to surgery through removing or reducing financial barriers. Additionally, in time this may also impact the availability of surgeons – if this is seen as a mainstream service to provide, the hope is that more surgeons would upskill themselves in gender-affirming surgery techniques.

One of our Members who s22 **also provided this direct quote:** s22

5. **What do you see as the benefit(s) of the proposed medical service, in particular for the person involved and/or their family and carers?**

Alleviating the costs of gender affirming surgeries for adults in Australia will improve the quality of life and mental health of trans people in Australia. A recent systematic review concluded that trans people – who typically experience poorer mental health than the general population – reported reductions in depression, anxiety, suicidality, and gender dysphoria after undergoing gender-affirming surgeries (Swan et al., 2023). Additionally, 13 of the 53 studies included in the paper reported improved self-esteem, QoL and overall functioning following their gender-affirming surgeries.

Recent analyses of the Trans Pathways survey (largest survey with trans young people in Australia; N=859, Strauss et al. 2017) found that there was significant unmet needs for gender affirming surgeries among trans young people. Of the 240 trans young people who were interested in gender affirming surgeries but were not able to access them, 100 (42%) trans young people said it was unaffordable so they did not have surgery/ies. Among trans young people assigned male at birth, the three most common surgeries desired or undertaken were vaginoplasty, facial feminisation surgery, and breast augmentation. Among trans young people assigned female at birth, the three most common surgeries desired or undertaken were breast reduction or removal (including double mastectomy and chest masculinisation), bottom surgery/hysterectomy, and phalloplasty. These young people will greatly benefit psychologically and psychosocially from being able to access these desired surgeries.

Gender-affirming care is also preventative care, where access to gender-affirming treatments and surgeries protects trans people against poorer mental and physical health outcomes. Studies suggest gender-affirming care can protect against depression, anxiety, suicidality, post-traumatic stress disorder (PTSD), binge drinking, and substance use (Owen-Smith et al., 2019; Tomita et al., 2019; Tucker et al., 2018). Enabling trans people to access gender-affirming surgeries sooner rather than later would contribute to reducing the significant health disparities we see between trans people and their cisgender counterparts.

6. **What do you see as the disadvantage(s) of the proposed medical service, in particular for the person involved and/or their family and carers?**

There is no disadvantage.

7. **What other benefits can you see from having this intervention publically funded?**

Gender affirmation, including access to gender-affirming surgeries, is a significant social determinant of trans health among both adolescents (Tan et al., 2023) and adults (Reisner et al., 2015). Removing some of the financial barriers for trans people to access gender-affirming care will allow trans people to redirect their resources toward addressing other health concerns, thereby improving their overall physical and mental well-being. Additionally, with research indicating trans people who undergo gender-affirming surgeries exhibit improved mental health, lowering the costs of these surgeries could alleviate the demand for extensive mental health services and lessen the financial strain associated with such care. A large Swedish study reported that trans people who had undergone gender-affirming surgeries experienced an annual 8% reduction in utilizing mental health services over the 10-year period post-surgery (Bränstörm and Pachankis, 2020).

Furthermore, it's a step toward legitimising gender-affirming care as a critical medical procedure, rather than an elective cosmetic procedure, as it is commonly seen today. If gender-affirming care were to be funded through the MBS, it would send a powerful message to the broader Australian population that trans people are not only recognised, but supported by the Australian government and healthcare system. This would have wider societal implications, including reducing stigma associated with gender diversity and gender-affirming care, promoting inclusivity by reaffirming that healthcare should be accessible to all, and promoting education and awareness through public discourse.

8. **What other services do you believe need to be delivered before or after this intervention, e.g. Dietician, Pathology etc?**

The WPATH Standards of Care recommend that trans people should receive mental health support both before and after their gender-affirming surgeries. Mental health professionals are critical to helping trans people make informed decisions, manage their expectations, and understand the broader social and psychological implications of various procedures. In addition, it's important for trans people to have ongoing emotional support throughout what can be an exhausting process, and they may choose to receive this support from a psychologist, counsellor, social worker, and/or peer-led or community support groups.

Trans people should also have access to fertility specialists, such as gynecologists and urologists, who can educate them on the potential reproductive implications of gender-affirming surgeries. Depending on a person's specific circumstances and goals, it may be appropriate to consider additional fertility services, such as cryopreservation.

Whether coordinated by a specialist or general practitioner, trans people should receive comprehensive postoperative care to monitor their recovery and address any concerns that may arise. Additionally, it is essential for trans people to receive comprehensive, gender-affirming sexual health screenings that account for any hormonal and anatomical changes post-surgery. For example, trans people who undergo vaginoplasty will still have some prostate tissue, and so should continue being screened for prostatitis and prostate cancer.

It is essential that all of these additional services are not cost-prohibitive to trans people.

PART 3 – INDICATION(S) FOR THE PROPOSED MEDICAL SERVICE AND CLINICAL CLAIM

9. **Do you agree or disagree with the proposed population(s) for the proposed medical service?**

- ☒ **Strongly Agree**
- ☐ **Agree**
- ☐ **Disagree**
- ☐ **Strongly Disagree**

Specify why or why not:

Gender affirming surgeries are necessary life-saving treatments for trans people to live their full, happy, healthy lives.

10. **Have all the associated interventions been adequately captured in the application summary?**

- ☐ **Yes**
- ☐ **No**

Please explain:

11. **Do you agree or disagree that the comparator(s) to the proposed medical service?**

- ☒ **Strongly Agree**
- ☐ **Agree**
- ☐ **Disagree**
- ☐ **Strongly Disagree**

Please explain:

We are in support of the application to establish a universal funding mechanism for gender affirming medical interventions.

12. **Do you agree or disagree with the clinical claim made for the proposed medical service?**

- ☐ **Strongly Agree**
- ☐ **Agree**
- ☐ **Disagree**
- ☐ **Strongly Disagree**

Specify why or why not:

PART 4 – COST INFORMATION FOR THE PROPOSED MEDICAL SERVICE

13. **Do you agree with the proposed service descriptor?**

- ☐ **Strongly Agree**
- ☐ **Agree**
- ☐ **Disagree**
- ☐ **Strongly Disagree**

Specify why or why not:

14. **Do you agree with the proposed service fee?**

- ☐ **Strongly Agree**
- ☐ **Agree**
- ☐ **Disagree**
- ☐ **Strongly Disagree**

Specify why or why not:

As specified in the application, these are still being developed.

PART 5 – ADDITIONAL COMMENTS

15. **Do you have any additional comments on the proposed intervention and/or medical condition (disease) relating to the proposed medical service?**

This is an important application, the funding of which will help many Australians live happier lives as their true selves.

16. **Do you have any comments on this feedback survey? Please provide comments or suggestions on how this process could be improved.**

Again, thank you for taking the time to provide valuable feedback.

Australian Government
Department of Health

Consultation Survey on MSAC Application 1754

Patient consultations and surgical procedures for gender affirmation in adults with gender incongruence

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Email: commentsMSAC@health.gov.au

Mail: MSAC Secretariat,
MDP 960, GPO Box 9848,
ACT 2601.

PART 1 – PERSONAL AND ORGANISATIONAL INFORMATION

1. Respondent details

Name: [redacted]

Email: [redacted]@monashhealth.org

Phone No: [redacted]

2. Is the feedback being provided on an individual basis or by a collective group?

☐ Individual
☒ Collective Group

If an individual, specify the name of the organisation you work for

If a collective group, specify the name of the group

Monash Health Gender Clinic

3. How would you best identify yourself?

☐ General Practitioner
☒ **Specialist**
☒ Researcher
☐ Consumer
☐ Care giver
☐ Other

If other, please specify

PART 2 – CLINICAL NEED AND PUBLIC HEALTH SIGNIFICANCE

4. Describe your experience with the medical condition (disease) and/or proposed intervention and/or service relating to the application summary.

The Monash Health Gender Clinic (MHGC) is a pioneering healthcare facility in Victoria, dedicated to providing care for transgender, gender diverse and non-binary individuals. It has a rich history, tracing its roots back to its inception at Queen Victoria Hospital in 1975 and later relocating to Monash Medical Centre in 1987. The MHGC is well-positioned to provide feedback about this issue as we are a specialist service for trans, gender diverse and non-binary people. The MHGC plays a crucial role in the community, offering a comprehensive range of services. It provides support for those exploring their gender identity and those pursuing gender-affirming treatments, including various medical interventions.

For residents of Victoria aged 16 and older, it serves as a vital resource for gender-affirming care. One of the standout features of the MHGC as a specialist clinic is its adherence to the World Professional Association for Transgender Health (WPATH) guidelines, which ensure that clients receive a comprehensive mental health assessment before proceeding with gender-affirming surgery. The demand for services at the MHGC has seen an astounding 400% increase in annual referral rates over the past decade. Despite substantial funding increases in 2016, the clinic currently faces a significant challenge—a 16–18-month waitlist for the mental health assessments required for certain gender-affirming medical services, including hormone therapy and surgery. This situation reflects the growing demand for gender-affirming services.

MHGC provides financial support to clients seeking private gender-affirming surgeries, a necessity arising from these procedures not being covered by the Medicare Benefits Schedule. Monash Health provides a range of gender-affirming surgeries, such as orchiectomies, hysterectomies and voice feminisation, as part of the public healthcare system. Nevertheless, for other gender-affirming surgical procedures, clients are required to either self-fund or apply for inclusion on the MHGC funding waitlist. MHGC has a modest annual budget of $265,000 to assist clients in accessing masculinizing chest surgeries and genital surgeries, performed by private surgeons. There are nearly 261 clients waiting on our surgical funding waitlist as of October 2023. In the financial year 2022/23 alone, 158 clients were added on the funding wait list. We only anticipate this number to grow every subsequent year however unfortunately, the annual budget can only support around 17 chest masculinization surgeries or 11 genital surgeries for clients.

5. What do you see as the benefit(s) of the proposed medical service, in particular for the person involved and/or their family and carers?

There is unequivocal evidence that suggests that timely access to gender affirming medical interventions can have a significantly positive impact on the mental health of trans, gender diverse and non-binary individuals by reducing their overall gender dysphoria, depression and suicidality. This results in an overall improvement in their quality of life and particularly in body satisfaction/body image.

Adding these MBS items will assist in providing equitable access to gender affirming

surgeries to people who otherwise cannot afford the surgery through their own financial means.

6. What do you see as the disadvantage(s) of the proposed medical service, in particular for the person involved and/or their family and carers?

As with any publicly funded procedure, clients have less choice in which surgeons perform their surgery. This is especially relevant, given the small number of surgeons in Australia that do gender affirming surgery, specifically genital surgery. However, many of these surgeons have indicated their willingness to work in the public health system.

It is likely that as the proposed medical services become available in the public system, that individuals seeking these procedures will need to get on to a wait list to access them. With limited surgeons available in the area with the expertise, this wait list might be a limiting factor in timely access for a life-changing medical intervention for clients.

7. What other benefits can you see from having this intervention publicly funded?

Increased accessibility: At present, such services are only available in the private sector making it an untenable model for the long term. Having these interventions publicly funded will provide a more widely available avenue for clients to address their predicament without having to worry about how they would be able to fund this. It will aptly address the ethical elements of distributive justice and rights-based justice.

Removing the necessity for clients to hold private health insurance: in Victoria, surgeons typically mandate that clients must hold private health insurance to be eligible for gender affirmation surgery. This requirement arises due to the private hospital stay and the substantial out-of-pocket costs involved, placing significant financial strain on our clients, and rendering gender affirming surgery unattainable for those unable to afford private health insurance.

Streamlining or reducing bureaucratic barriers within our current mixed system: Currently, clients undergo assessments through a public health service and subsequently proceed with gender-affirming surgery in the private sector (if they can afford to). It's important to note that trans, gender-diverse and non-binary individuals often encounter numerous structural barriers that further delay access to timely medical gender affirmation services. These include: serial referral wait times (e.g. Gender Clinic assessment, surgery funding, then surgeon list), and surgeon requirements (e.g. BMI limits). Currently, the process, spanning from the initial appointment at the clinic to the availability of funding, can extend anywhere from three to ten years.

8. What other services do you believe need to be delivered before or after this intervention, e.g. Dietician, Pathology etc?

For clients seeking surgical gender affirmation, it is understandably an arduous journey from the point in time they seek such intervention to the point in time that they complete this journey. They require substantial support at each step of this journey, and it is noteworthy here that many individuals may not have the necessary support from their families of origin when it comes to the client seeking surgical gender affirmation.

Clients require support in the pre-operative period, and this might include attending regular appointments with their mental health professional to undergo assessment for surgical readiness, laser hair removal of concerned body parts in individuals undergoing genital

gender affirmation surgery (trans-women), support in safe-binding practices for individuals undergoing chest masculinization surgery (transmen).

The post-operative period also warrants regular appointments with their mental health professional to monitor adjustment to the post-operative body. These appointments help in early detection of any maladjustments and other mental health issues that might arise for some individuals in the post-operative period. Those that experience such mental health difficulties would require increased support from their mental health professionals. Individuals require support around visits to the surgeon's office for post-operative check-ups and wound care and some might require physiotherapy support to enhance their post-operative recovery.

PART 3 – INDICATION(S) FOR THE PROPOSED MEDICAL SERVICE AND CLINICAL CLAIM

9. Do you agree or disagree with the proposed population(s) for the proposed medical service?

- [x] **Strongly Agree**
- [ ] Agree
- [ ] Disagree
- [ ] Strongly Disagree

Specify why or why not:

Providing publicly funded gender affirmation surgery to trans, gender diverse and non-binary people will improve the health outcomes of a minority population, but it will also address a long-standing inequity regarding surgeries that impact their mental health and wellbeing. There are currently other publicly funded surgeries that are offered to everyone (mostly cisgender people) that could also be classified as gender affirming. These include: breast reconstruction surgery (Item 45527), and mastectomy for gynecomastia (Item 31525); the latter of which can be done under the public system if it affects a cis-gendered man's quality of life, which results in their chest having a more "typical" male appearance.

10. Have all the associated interventions been adequately captured in the application summary?

- [x] **Yes**
- [ ] No

Please explain:

We understand that clients also need associated treatments outlined above, such as laser hair removal, mental health support, voice feminisation/masculinisation therapy, hormonal treatment.

11. Do you agree or disagree that the comparator(s) to the proposed medical service?

- [x] **Strongly Agree**
- [ ] Agree
- [ ] Disagree
- [ ] Strongly Disagree

Please explain:

Currently, as mentioned in the application, medical interventions for gender affirmation are funded by existing non-gender affirmation MBS items or patient pays out of pocket expenses. As mentioned above, the MHGC helps clients of the clinic with our limited budget for private surgery funds.

12. Do you agree or disagree with the clinical claim made for the proposed medical service?

- [x] **Strongly Agree**
- [ ] Agree
- [ ] Disagree
- [ ] Strongly Disagree

Specify why or why not:

We have explained above why the proposed medical service is clinically indicated in the sections above. Patients undergo a rigorous mental health assessment to determine eligibility for surgical intervention, using an internationally recognised guidelines (WPATH).

There is unequivocal evidence supporting timely access to gender affirming medical interventions, to reduce the mental health comorbidity of trans, gender diverse and non-binary individuals by reducing their overall gender dysphoria, depression and suicidality.

PART 4 – COST INFORMATION FOR THE PROPOSED MEDICAL SERVICE

13. **Do you agree with the proposed service descriptor?**

- [x] Strongly Agree
- [ ] Agree
- [ ] Disagree
- [ ] Strongly Disagree

Specify why or why not:

Yes. The procedure descriptor is accurate and equivalent to the private surgeries being conducted.

14. **Do you agree with the proposed service fee?**

- [x] Strongly Agree
- [ ] Agree
- [ ] Disagree
- [ ] Strongly Disagree

Specify why or why not:

Yes, we agree with the proposed service fee.

PART 5 – ADDITIONAL COMMENTS

15. Do you have any additional comments on the proposed intervention and/or medical condition (disease) relating to the proposed medical service?

Nil

16. Do you have any comments on this feedback survey? Please provide comments or suggestions on how this process could be improved.

Nil

Again, thank you for taking the time to provide valuable feedback.

3rd November 2023

AUSTRALIAN MEDICAL ASSOCIATION
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39 Brisbane Ave Barton ACT 2600
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Dear MSAC Secretariat

1754 - Patient consultations and surgical procedures for gender affirmation in adults with gender incongruence

The AMA strongly supports changes proposed by the Australian Society for Plastic Surgeons Inc. (Application 1754) to the current funding arrangements for surgical procedures and better facilitation of a multi-disciplinary best model of care framework for patients pursuing medical interventions for gender affirmation.

Gender-affirming care is linked with a range of positive health outcomes for people who are trans and gender diverse. Cross-sectional data of more than 27,000 participants indicates that having a health provider that understands someone's gender identity and treats them with respect is associated with **significant reductions in depression and suicidal thoughts**.[i,ii] There is a critical need to update the Medicare Benefits Schedule to promote multidisciplinary care frameworks for this highly complex cohort.

The provision of gender-affirming treatment, like all medical care, should include discussion with patients about the risks and benefits of each potential treatment pathway, including acknowledging areas and treatments for which evidence is still emerging. Where the long-term effects of treatments are unknown, this should be clearly communicated with patients along with information about identified short- and medium-term effects. Treatment and legal guidelines are important resources that doctors should use to guide their provision of gender-affirming treatments.[iii,iv,v]

The current funding arrangements are not fit for purpose and the absence and/or inadequate funding for a multidisciplinary best model of care framework for patients pursuing medical interventions for gender affirmation is potentially detrimental to both physical, emotional and mental aspects of their health.

Yours sincerely

[redacted]

Dr [redacted]
s47F

[i] Kattari SK et al (2020*) Correlations between healthcare provider interactions and mental health among transgender and nonbinary adults.* SSM Population Health 2020; 10(April):100525.
[ii] Kattati EK et al (2016) *Exploring the relationship between transgender-inclusive providers and mental health outcomes among transgender/gender variant people*. Social Work and Health Care 2016;55(8):635-650.
[iii] Telfer M et al (2020) *Australian Standards of Care and Treatment Guidelines for trans and gender diverse children and adolescents.* Retrieved 09/2021 from: https://www.rch.org.au/uploadedFiles/Main/Content/adolescent-medicine/australian-standards-of-care-and-treatment-guidelines-for-trans-and-gender-diverse-children-and- adolescents.pdf
[iv] Cheung AS et al (2019) *Position statement on the hormonal management of adult transgender and gender diverse individuals.* Medical Journal of Australia 2019;211(3):127-133.
[v] Inner City Legal Centre (2019) *Transgender children and medical treatment: the law*. Retrieved 09/2021 from: https://www.iclc.org.au/wp- content/uploads/2019/06/Getting-treatment-final-version-1-August.pdf

Transgender Victoria - Drummond Street Services Office
100 Drummond Street, Wurundjeri country
Carlton VIC 3053
Transgender Victoria - Victorian Pride Centre Office
79-81 Fitzroy Street, Boonwurrung country
St Kilda VIC 3182
Email: hello@tgv.org.au
Phone: [redacted]
6th November 2023

Consumer Evidence and Engagement Unit
Email: commentsMSAC@health.gov.au.

Transgender Victoria submission

MSAC Application:1754 - Patient consultations and surgical procedures for gender affirmation in adults with gender incongruence

Contact
Name: [redacted]
Position: s47F
Email: [redacted]@tgv.org.au
Phone: [redacted]

Transgender Victoria (TGV) thanks the Medical Services Advisory Committee for the opportunity to comment on this application for funding of surgical interventions aimed at alleviating the distress caused by gender incongruence as defined by the WHO ICD-11. TGV represents Victorians who experience gender incongruence and so are vitally concerned that these interventions are funded. The funding will support a multidisciplinary model of care framework for patients pursuing medical interventions for gender affirmation that extends before and after any surgery. Increasing access to gender affirming care is an important step to removing inequities that exist in the access to healthcare for those people who experience gender incongruence in Australia.

Notes on terminology

1. Trans and gender diverse (TGD)

Throughout this letter and the form accompanying it, Transgender Victoria (TGV) refers to trans and gender diverse (TGD) people. The term trans and gender diverse is an umbrella term used to describe anyone whose gender identity or expression is different from that which was assigned at birth or is expected of them by society.

This includes those who identify as: trans; transgender; transsexual; genderqueer; non-binary; cross-dressers; Sistergirls, Brotherboys, and other culturally-specific identities; as well as a variety of other gender labels.

2. Gender Affirmation

In referring to medical interventions in relation to TGD people to assist them to reduce their gender incongruence, TGV prefers the term gender affirmation rather than transition as the former is a truer reflection of the fact of life for many TGD people that they have always been trans or gender diverse and that when they undertake social, legal or medical interventions to reduce gender incongruence they are not transitioning which implies a change but merely affirming to the world what they already know about themselves.

TGD people may or may not access services to medically affirm their gender – this is different for everyone. Some but not all TGD people require medical affirmation including the interventions which are the subject of this application. For those who do require them there is abundant medical evidence that these interventions are life enhancing and for some TGD people life saving. TGD people are often prevented from accessing these services either due to the lack of availability of the services or because they are unable to afford them.

About Transgender Victoria

TGV is the leading organisation representing trans and gender diverse Victorians.

TGV works to enhance the lives of trans and gender diverse (TGD) Victorians their families, friends and allies in a variety of ways through

- Provision of peer support services
- Advocacy for individuals experiencing discrimination
- Advocacy to all 3 levels of government including to politicians, executive government, bureaucrats and others

- Advocacy to organisations impacting the lives of TGD people including service providers, media, community and sporting organisations and others
- Advocacy to educational institutions and employers
- Provision of education on LGBTIQA+ and TGD awareness

Through its work with trans and gender diverse Victorians and the shared lived expertise in TGD peoples' lives of its board, staff, volunteers and members TGV is well qualified to provide input into this application to MSAC as all of these TGD people are potential consumers of the interventions proposed for funding.

TGV is a not-for-profit organisation and receives funding from several sources including

- Grants from the Victorian government covering peer support activities including mental health support
- One off support from the Victorian government to cover issues such as pandemic vaccination in the TGD community and ameliorate the negative mental health harms from the marriage equality plebiscite and the "Let Women Speak" rallies
- Grants from the federal government via LGBTIQ+ Health Australia covering training in aged care provision
- Fee for service training in LGBTIQ+ and TGD inclusion
- Membership fees and donations from its membership, corporations and other individual donations.

As TGV lacks the human and financial resources to do an in-depth analysis of the benefits of the proposed interventions our comments are limited in scope.

How is the medical condition that the proposal applies to currently treated?

The medical condition that the proposal applies to is gender incongruence. The treatment for gender incongruence includes social, legal and medical (largely hormonal and surgical) gender affirmation. All of these treatments improve the mental health and reduce suicidality of TGD people[1]

What are the benefits and/or challenges of existing treatment?

The existing treatments are strongly evidence-based and when needed are life enhancing and can be life-saving.

[1] 2021 For the evidence based refereed publications supporting this statement please see the reference list in AusPATH: Public Statement on Gender Affirming Healthcare, including for Trans Youth 26 June 2021 https://auspath.org.au/2021/06/26/auspath-public-statement-on-gender-affirming-healthcare-including-for-trans-youth/

Medical and surgical affirmation can frequently alleviate gender-related distress and yield a variety of other benefits to the individual[2]. These benefits enhance the quality of life of the TGD individuals who receive them.

Medical and surgical affirmation, when needed, including hormonal and surgical intervention is associated with reduced risk of suicidal ideation[3]. Data on the incidence or prevalence of suicide by TGD people is not known however many surveys show that 40-50% of TGD Australians attempt suicide in at least some point in their lives[4] Concerningly young TGD people report the same percentage of suicide attempts as the TGD population as a whole, implying that many attempts are made early in life and that many young TGD people will suicide[5]. This information should not be taken to infer that all suicide attempts happen prior to full adulthood – sadly the mental distress arising from gender incongruence may lead to multiple suicide attempts.

Sadly, some of these attempts result in the deaths of TGD people. The Victorian Coroner reports that the gender identity or sexuality of people who suicide is often not reported and so there is no reliable data on the incidence of the suicides of TGD people.[6] The Victorian coroner is currently conducting an inquest into the deaths of 5 young (20–30-year-old) TGD people[7].

An important feature of the current interventions is that they have evolved from the treatment of TGD people who conform to the normative male/female gender binary. Funding for these interventions will encourage medical practitioners to adapt these interventions to better meet the needs of gender diverse Australians who do not conform to the male/female normative gender binary.

One of the challenges of the existing interventions is the lack of access to appropriate supportive therapies and interventions both before and after the intended interventions. TGV supports the inclusion of such therapies in the application and would like MSAC to consider funding further supportive therapies which may be useful.

If the proposed medical technology/service is funded, who should have access to it?

Access to the medical interventions proposed is currently governed by health providers who will use a World Professional Association for Transgender Health process as delineated in the Standard of Care 8 to assess the suitability for the interventions proposed for funding[8]

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[2] 2021 For the evidence based refereed publications supporting this statement please see the reference list in AusPATH: Public Statement on Gender Affirming Healthcare, including for Trans Youth 26 June 2021 https://auspath.org.au/2021/06/26/auspath-public-statement-on-gender-affirming-healthcare-including-for-trans-youth/

[3] 2021 For the evidence based refereed publications supporting this statement please see the reference list in AusPATH: Public Statement on Gender Affirming Healthcare, including for Trans Youth 26 June 2021 https://auspath.org.au/2021/06/26/auspath-public-statement-on-gender-affirming-healthcare-including-for-trans-youth/

[4] 2021 Private Lives 3 The Health and Wellbeing of LGBTIQ People in Australia page 52 Figure 20 https://www.latrobe.edu.au/arcshs/work/private-lives-3

[5] 2021 Writing themselves in 4 page 90 figure 40 https://www.latrobe.edu.au/arcshs/work/writing-themselves-in-4; Transpathways The Mental Health Experiences and Care Pathways of Trans young people https://www.telethonkids.org.au/projects/past/trans-pathways/

[6] 2022 Coroners Court of Victoria - Suicide among LGBTIQ+ people https://www.coronerscourt.vic.gov.au/coroners-court-victoria-suicide-among-lgbtiq-people

[7] 2023 The Guardian 13 Oct "Inquest into deaths of five trans and gender-diverse Victorians to investigate emotional support services" https://www.theguardian.com/australia-news/2023/oct/13/inquest-into-deaths-of-trans-and-gender-diverse-victorians-to-investigate-emotional-support-services

[8] 2022 International Journal of Transgender Health Volume 23, 2022 - Issue sup1: "Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 https://www.tandfonline.com/doi/full/10.1080/26895269.2022 2100644

Do patients already have access to the proposed technology/service? Is access limited due, for example, to geography or out-of-pocket costs? If so, what are the implications of this?

The issues of cost, access both geographic and the extraordinary wait times are well known. A survey of TGD people in Australia conducted prior to the pandemic shows that the majority of those who desire surgeries have not as yet had access to them. Since the pandemic the wait times and lack of access to these interventions have worsened. The report of the survey articulates reasons why this was observed. "Access to surgery is a major challenge in Australia, with few surgeons experienced in providing gender-affirming surgery" and those that are able to offer this only do so in major metropolitan areas. "Moreover, surgery is predominantly provided in the private health system, which is associated with prohibitive financial costs" "There is a need for education and training to target the number of surgeons providing gender-affirming surgery"[9] These limitations to access represent discrimination against TGD Australians and results in poorer mental health and will lead to the death of TGD people by suicide either because they cannot afford the interventions or are unable to access them in a timely manner.

If you have experience of the proposed technology/service, what benefits did you experience? Were there any negative aspects to the experience?

Many of TGV's members, its board, staff and volunteers have had positive experiences with the proposed interventions and report markedly improved mental health and suicidality. Many state clearly that their options were to either have the surgery or kill themselves. It is that stark a choice for some. Sadly, some have not accessed the intervention due to the great expense entailed in having the surgery and many experience extreme distress from the long wait times and difficulties with the process of accessing these interventions.

If the medical service or technology received public funding, how would this impact consumers and carers?

The public funding of these interventions would be a game changer for TGD Australians, their families and friends. The impact of the funding

- Is that financial barriers to accessing these interventions would be reduced
- Public hospitals would be encouraged to provide the services under planned surgeries
- Specialist medical professionals would be encouraged to train in providing these interventions

[9] 2021 The Health and Well-Being of Transgender Australians: A National Community Survey LGBT Health vol 8 (1) https://www.liebertpub.com/doi/epdf/10.1089/lgbt.2020.0178

- Specialist medical professionals would be encouraged to adapt these interventions to better meet the needs of gender diverse Australians who do not conform to the male/female normative gender binary
- More medical professionals would be encouraged to provide these services across a range of geographical areas and better service rural and regional TGD Australians
- The better access would improve mental health and reduce suicidality amongst those TGD Australians who need these interventions
- The improvement in mental health will improve the lives and emotional wellbeing of TGD Australians, their families and friends.

Australian Government

Department of Health

Consultation Survey on MSAC Application 1754

Patient consultations and surgical procedures for gender affirmation in adults with gender incongruence

MSAC welcomes input on MSAC applications for public funding from individuals, organisations representing health professionals or consumers and/or carers, and from other stakeholders. Please use this template to prepare your input. You may also attach additional information if you consider it may be useful in informing MSAC and its sub-committees.

Sharing consultation input

Submitted consultation input will be routinely shared with the applicant and with MSAC and its sub-committees.

- The applicant will receive a summary of comments from individuals, with the individual's name and other identifying information removed.
- MSAC and its sub-committees will receive both the summary and copies of the comments, with the name of the individual and other identifying information removed.
- Consultation input from groups or organisations will be provided in a complete form to both the applicant and to MSAC and its sub-committees.

Consultation input may also be shared with HTA Assessment Groups from time to time to inform their reports to MSAC or with state and territory health representatives where the application is for a service to be delivered through public hospitals. Please do not include information in your input that you do not want shared as outlined above. In addition, to protect privacy, do not include identifying personal (e.g., name) or sensitive (e.g., medical history) information about third parties, such as medical professionals or friends/relatives.

How consultation input is used

MSAC and its sub-committees consider consultation input when appraising an application, including to better understand the potential impact of the proposed medical technology/service on consumers, carers, and health professionals. A summary of consultation input will be included in the Public Summary Document (PSD) published on the MSAC website once MSAC has completed its appraisal. The PSD may also cite input from groups/organisations, including the name of the organisation. As such, organisations should not include information or opinions in their consultation input that they would not wish to see in the public domain.

Consultation deadlines. Please ensure that your consultation input is submitted by the pre-PASC or pre-MSAC consultation deadline for this application. Consultation deadlines for each PASC and MSAC meeting are listed in the PASC, ESC, MSAC key dates available on the MSAC website. They are also published in the MSAC Bulletin. Consultation input received after the respective deadlines may not be considered.

For further information on the MSAC consultation process please refer to the MSAC Website or contact the Consumer Evidence and Engagement Unit on email: commentsMSAC@health.gov.au.
Thank you for taking the time to provide consultation input. Please return your completed survey to:

Email: commentsMSAC@health.gov.au

Mail: MSAC Secretariat,
MDP 960, GPO Box 9848,
ACT 2601.

PART 1 – PERSONAL AND ORGANISATIONAL INFORMATION

1. Respondent details

Name: [redacted]

Email: [redacted]@tgv.org.au

Phone No: [redacted]

2. **Is the feedback being provided on an individual basis or by a collective group?**

☐ **Individual**
☒ **Collective Group**

If an individual, specify the name of the organisation you work for

If a collective group, specify the name of the group

Trans Gender Victoria Inc

3. **How would you best identify yourself?**

☐ **General Practitioner**
☐ **Specialist**
☐ **Researcher**
☐ **Consumer**
☐ **Care giver**
☒ **Other**

If other, please specify

Trans Gender Victoria Inc (TGV) is the peak body representing transgender, gender diverse and gender non-binary Victorians; providing support, information and advocacy to those Victorians who may need these medical consultations and surgical procedures.

PART 2 – CLINICAL NEED AND PUBLIC HEALTH SIGNIFICANCE

4. **Describe your experience with the medical condition (disease) and/or proposed intervention and/or service relating to the application summary.**

A point of clarity, similar to that made by the applicant with regards to use of the term 'technology', the intervention(s) proposed for funding are indicated as being for gender incongruence of adolescence and adulthood. Rather than a disease, this is a medical condition concerning sexual health as defined in ICD-11 HA60. This distinction is important to the transgender community. (https://icd.who.int/browse11/lm/en#/http://id.who.int/icd/entity/90875286).

As a key public advocate for transgender health, Transgender Victoria (TGV) represents all adult Victorians who meet the patient profile for gender incongruence and works closely with Transcend Australia who are the key body representing children and adolescents who have gender incongruence. Our work includes engaging with the consumer advisory forums of organisations that directly facilitate and deliver gender affirming healthcare, including the Monash Health Gender Clinic. We are recognised in the LGBTIQA+ community as a key provider of advice to the proposed population within Victoria, regarding the nature of the gender affirming healthcare system and how best to engage it towards safely and successfully obtaining the medical support needed.

TGV delivers peer support services to the proposed population. We also fund and support such services delivered by other groups focussed on the health and wellbeing of transgender and non-binary persons. This support routinely involves assisting members of the proposed population in their search for the consultation and surgical services captured in the proposal's scope. As such, this peer support (both self-delivered and partner-delivered) routinely involves matters regarding the contingencies in gaining gender affirming healthcare, within the current healthcare system, in order to address gender incongruence and any subsequent gender dysphoria.

We regularly engage with and co-sponsor alongside sexual health organisations of relevance, such as Thorne Harbour Health and others, to jointly design and deliver integrated services that include (or it is anticipated may lead to) clinical support, provided by the medical officers of those organisations. We also support a range of public health and wellbeing initiatives that assist transgender persons with social transitioning.

5. **What do you see as the benefit(s) of the proposed medical service, in particular for the person involved and/or their family and carers?**

As context: for many transgender and gender non-binary persons, the ability to afford that mixture of the proposed medical services which fit their patient profile is critical to acquiring a decent quality of life. *Without hyperbole*, and as pointed to within the proposal, for a significant minority of the proposed population, it is a matter critical to continued life itself. We view the existing dire gap in medical public funding as one of the many vestiges of a history of economic and social marginalisation of transgender Australians. To be clear, these interventions are not routinely

We believe the proposal will, in part, resolve complexities within the current system of gender affirming healthcare and its associated funding arrangements. In particular, it would provide a more integrated funding pathway, subsequently avoiding some of the distress experienced by transgender persons, when confronted with the current disparate nature of gender affirming health service delivery and funding.

The cost-prohibitive nature of these health services typically results in their (otherwise unnecessarily) sporadic delivery. Currently, many within the proposed population struggle at each stage of their gender transition to accumulate the necessary savings to fund the next step in their gender affirmation. The subsequently disparate funding of this healthcare makes it exceptionally difficult for the medical system to provide the necessary integration within what is a multi-discliplinary model of care.

Funding of longitudinal health assessments for those with gender incongruence, through the proposed amendment to AN.0.36 Health Assessments, is an important inclusion within the proposal. This is particularly so, given that the common presentation of low grade post-surgery complications (as described elsewhere in the proposal) that, when found, are typically quite correctable.

We note the proposal includes the creation of new MBS categories, including for some procedures that are already funded through existing MBS items. However, importantly, the new MBS items specify gender incongruence as the medical condition being relieved. For too long, the proposed population have been obtaining what public funding they can for gender affirming healthcare, by selecting a disparate collection of MBS items that imprecisely fit the clinical circumstances. The proposed changes would greatly assist in delivering the funding of these surgical services as part of a complete gender affirming medical service; formalising a fairer and more congruent funding arrangement for this critical care.

6. **What do you see as the disadvantage(s) of the proposed medical service, in particular for the person involved and/or their family and carers?**

The proposed changes would streamline and further formalise the funding arrangements for existing gender affirming healthcare services, including surgical interventions, in particular for the person involved and their family and/or their carers. In turn, it would assist in delivering those services in a complete and integrated manner; particularly given the inclusion of those health assessments and consultations necessary to facilitate a multi-disciplinary best model of care. As such, rather than presenting any disadvantage, this proposal would avoid the disadvantages faced by transgender persons when seeking that care via a currently disparate, complex and cost-prohibitive care model and funding structure.

7. **What other benefits can you see from having this intervention publically funded?**

The current supply of gender affirming surgery in Australia is so meagre, that many who can afford to do so will resort to obtaining those services from clinics who operate outside of Australia. The issue here is not necessarily one of service quality, as many of these clinics are world-class. However, as stated in the proposal, a significant minority of gender affirming surgeries (particularly vaginoplasty or phalloplasty) can present post-surgery complications requiring correction. Importantly,when that surgery is performed outside Australia, surgeons and clinics within Australia invariably inform the patient that they cannot provide those surgical corrections; with the patient having to return to the overseas clinic. Note that those who felt they could afford the original overseas procedure cannot necessarily afford to return. A publicly funded model of gender affirming health care, and subsequent improvements to the supply market of these services within Australia, may avoid these desperate situations in the future.

Unfortunately, transgender and non-binary people are more likely to be marginalised within the community in ways that can affect their employment and income prospects. This increases the likelihood of the relevant patient population finding existing funding models to be cost prohibitive. Funding of gender affirming procedures via the MBS and the subsequent Medicare partial rebate of related out-of-pocket expenses, would therefore particularly assist a health population that is quite typically already economically vulnerable. Currently, these patients often cannot afford the gender affirming healthcare they desperately need. As cited in the proposal, research shows that the provision of this healthcare substantially reduces the otherwise significantly higher risk of psychological distress, suicidality and suicide attempts amongst the proposed population.

8. **What other services do you believe need to be delivered before or after this intervention, e.g. Dietician, Pathology etc?**

The range of additional services required will depend greatly on the needs of the individual patient.

Those needing any of the more medically invasive surgical procedures (particularly genital reconstructive surgeries) listed in the proposal may need to lose weight to be considered a safe surgical candidate. Surgeons are known to insist that patients achieve a BMI that is below a certain arbitrarily chosen threshold, such as 30 or 25. As such, weight loss programs or surgical interventions such as lap-band surgery may be necessary before a patient is suitable for certain gender affirming surgery.

If a patient has a blood clotting disorder, a haematologist may be required to advise the plastic surgeon as to the extent of any elevation in that patient's risk profile; including as a result of using oestrogen as part of hormonal treatment or the performance of particularly medically invasive gender affirming surgery.

Following many gender affirming surgeries, a period of inpatient post-surgery recovery is needed. Genital reconstruction surgeries are also typically followed by a necessarily extended period of outpatient recovery. During this home recovery, the patient is bed-bound for several weeks and requires ongoing care and assistance.

The vast majority of the medical services captured in the proposal are delivered in our capital cities; the surgical interventions and their post-surgery care / assessments are almost exclusively so. Patients who live in regional and remote locations experience significant travel and accommodation costs. Again, a disproportionate segment of the proposed population are impacted by income inequities borne from economic marginalisation, and so these transport costs can also prove prohibitive to that segment.

Electrolysis for permanent hair removal is another cost-prohibitive procedure. It can be particularly important in relieving gender incongruence for the population segment whose required treatment involves feminisation.

Speech therapy to either modify voice or communication style can also prove critical to relieving gender incongruence for some of the proposed population. This includes consultations for voice analysis and advice, and sessions to coach on voice modification. Some opt for voice training as the complete solution to their vocally-related gender incongruence, while others must undertake it following gender affirming voice surgery.

Again, a significant proportion of the proposed population are economically and socially marginalised; and this also has it's impacts on inequity of income. Those who need gender affirming surgery are invariably informed by surgeons that they must acquire one of the Gold-tiered private healthcare insurance packages before they will be considered a suitable candidate. Reasons for this include the potential need to fund corrective follow-up surgery. Clearly, these healthcare insurance packages prove unaffordable to those of lower socio-economic means. We therefore wish to emphasise that, while we are encouraged by the submission of this proposal, only full (perhaps, means tested) public funding of gender affirming healthcare will adequately remedy the existing health inequities.

PART 3 – INDICATION(S) FOR THE PROPOSED MEDICAL SERVICE AND CLINICAL CLAIM

9. **Do you agree or disagree with the proposed population(s) for the proposed medical service?**

☒ **Strongly Agree**
☐ **Agree**
☐ **Disagree**
☐ **Strongly Disagree**

Specify why or why not:

We agree it is critical to distinguish between gender incongruence as the innate state and gender dysphoria as its associated acute distress; and that this is important in defining the proposed population. The proposal therefore rightly asserts the diagnosis of gender *incongruence* by a general practitioner, sexual health professional, endocrinologist or psychiatrist, using the criteria set out in *ICD-11 HA60: Gender incongruence of adolescence or adulthood*, as the correct grounds of eligibility for gender affirming health care. A proposal which instead focussed on a current presentation of gender *dysphoria* as necessary grounds for eligibility would not account for the *inherently higher risk* of suicidality, suicide attempt and severe psychological distress amongst that population with gender incongruence, regardless of whether they are currently diagnosed with gender dysphoria.

Further, the proposal recognises the non-binary nature of being transgender and gender diverse, and acknowledges that gender non-binary persons are also in need of gender affirming healthcare. This is a critical inclusion to the proposed population. A proposal that instead was based on a binary construct of the trans experience (and, subsequently, of gender incongruence) would be contrary to strong clinical evidence.

10. **Have all the associated interventions been adequately captured in the application summary?**

☒ **Yes**
☐ **No**

Please explain:

As per our answer to Question 8 above, there are other services that are needed before and after the surgical interventions listed in the proposal, including some not directly mentioned in the proposal. However, we accept that this proposal lists those interventions that are of most relevance to the services delivered by the membership of the applicant, the Australian Society of Plastic Surgeons. We consider the proposed service to consist of the most critical (and currently most cost-prohibitive) services needed by the proposed population.

11. **Do you agree or disagree that the comparator(s) to the proposed medical service?**

☒ **Strongly Agree**
☐ **Agree**
☐ **Disagree**
☐ **Strongly Disagree**

Please explain:

We agree with the assertion within the proposal that the key need is for a universal funding mechanism regarding the existing gender affirming medical interventions. We would qualify our agreement by emphasising that, from time to time, certain medical interventions captured in this proposal can prove practicably unavailable in Australia.

The number of surgeons who currently perform such surgery in Australia is limited, so that the temporal availability of certain procedures depends on the availability, professional interest and preferences of a handful of surgeons. As such, with specific reference to the question of comparators, we wish to emphasise that the current arrangements *drastically fail to effectively provide* the model of care necessary to manage the needs of the proposed population. We believe a universal funding mechanism will provide some marketplace stability regarding these services, making it more feasible for surgeons to offer those services and to undertake the extensive surgeon training and mentorship subsequently required.

12. **Do you agree or disagree with the clinical claim made for the proposed medical service?**

- ☒ **Strongly Agree**
- ☐ **Agree**
- ☐ **Disagree**
- ☐ **Strongly Disagree**

Specify why or why not:

We note that the proposal opts to rate the health outcomes as non-inferior, and then emphasises that this is because the proposal concerns MBS funding for existing services rather than a new technology or surgical treatment. Again, we would supplement their qualification with the one we made in answering question 11: while the technology and the procedures themselves do not change by this proposal, we believe the effectiveness of their delivery to manage the medical needs of the proposed population will be *substantially superior*.

The health outcomes assessment criteria listed in the proposal, part of the clinical claim, are based on the clinical evidence. We particularly agree with this section of the proposal, when it emphasises how the listed treatment affirmation criteria related to psychological disorder, suicidal ideation, suicidal attempt, and (especially) gender dysphoria must only be considered applicable when the patient has reported these symptoms pre-treatment. Any proposal that did not make that qualification would have failed to account for the clinical evidence that such pre-treatment presentations are not necessary to either gender incongruence or its associated risks.

PART 4 – COST INFORMATION FOR THE PROPOSED MEDICAL SERVICE

13. **Do you agree with the proposed service descriptor?**

- ☒ **Strongly Agree**
- ☐ **Agree**
- ☐ **Disagree**
- ☐ **Strongly Disagree**

Specify why or why not:

We acknowledge the proposed service descriptor as including consultations and surgical procedures, and so proposing universal funding for a multi-discliplinary best model of care. For reasons we have stated in our answers to previous questions, we consider this integrated approach to be critical in managing the medical needs of the proposed population.

We similarly agree with the new MBS items proposed. These capture those surgical procedures that are (a) found to successfully provide relief of gender incongruence for many of the proposed population, and yet (b) are currently the items that are the most cost-prohibitive to that population.

14. **Do you agree with the proposed service fee?**

- ☐ **Strongly Agree**
- ☒ **Agree**
- ☐ **Disagree**
- ☐ **Strongly Disagree**

Specify why or why not:

The proposal explains that the proposed service fees for most of the outlined gender affirming surgeries are being developed. The extent of our agreement naturally depends on what the final proposed service fees prove to be.

However, we accept the indicative description that they "…will be based on existing MBS items for similar procedures performed for purposes other than gender affirmation" as being a fair and reasonable step towards health equity for the proposed population.

PART 5 – ADDITIONAL COMMENTS

15. **Do you have any additional comments on the proposed intervention and/or medical condition (disease) relating to the proposed medical service?**

We recognise that the scope of the MSAC process is largely restricted to advising a decision with regards to public funding of medical services, technologies, etc; and that the key mechanism of relevance to this specific proposal is the Medicare Benefits Scheme. We further recognise that MBS funding is determined by balancing a range of policy considerations.

However, given that the current out-of-pocket cost of (for instance) vaginoplasty, with top level private health insurance, is typically around $18,000 to $22,000 and much higher for phalloplasty; solely relying on MBS funding will not provide sufficient cost relief for the majority of those in need of gender affirming surgery. We consider this proposal to be an important step in improving health equity to the proposed population. However, a significant proportion of that population will still find themselves incapable of obtaining the gender affirming healthcare they so critically need to experience quality of life. TGV hopes that provision of funding under Medicare will encourage public hospitals to provide the surgery without gap fees in the public health system and schedule these interventions under "planned" or "elective" surgeries.

16. **Do you have any comments on this feedback survey? Please provide comments or suggestions on how this process could be improved.**

Our emphasis within our answer to Question 4, that gender incongruence is not a disease, is meant respectfully. The transgender experience unfortunately includes a history and present where language is used to pathologize and/or ostracise our community. We acknowledge the difficulty of creating a form that covers all possible ailments, services and technologies likely to be subject to an MSAC application. Perhaps a question that is rephrased to read "…the medical condition and/or disease" would more sensitively capture those medical conditions that are not, in fact, a disease.

<u>Again, thank you for taking the time to provide valuable feedback.</u>

Health and wellbeing for lesbian, gay, bisexual, trans, intersex, queer [LGBTIQ+] people and sexuality, genders, and bodily diverse people and communities throughout Australia.

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02 7209 6301
ABN 45 138 151 569

Submission on the MSAC application 1754: Patient consultations and surgical procedures for gender affirmation in adults with gender incongruence

About LGBTIQ+ Health Australia

LGBTIQ+ Health Australia (LHA) is the national peak organisation working to promote the health and wellbeing of LGBTIQ+ people and communities. LHA is uniquely placed with a diverse membership that spans across states and territories, and includes LGBTIQ+ community-controlled health organisations, LGBTIQ+ community groups and state and territory peak bodies, service providers, researchers, and individuals. LHA is strategically positioned to provide a national focus to improving the health and wellbeing of LGBTIQ+ people through policy, advocacy, representation, research evidence, and capacity building across all health portfolios of significance to our communities. We recognise that people's genders, bodies, relationships, and sexualities affect their health and wellbeing in every domain of their life.

Contact

Name: [redacted]
Position: s47F
Email: [redacted]@lgbtiqhealth.org.au
Phone: s47F

www.lgbtiqhealth.org.au
info@lgbtiqhealth.org.au
02 7209 6301
ABN 45 138 151 569

EXECUTIVE SUMMARY

LHA welcomes the opportunity to provide comments on the MSAC Application 1754: Patient consultations and surgical procedures for gender affirmation in adults with gender incongruence.

LHA supports the amendment to existing Medicare Benefits Schedule (MBS) items and the creation of a series of new MBS items for gender affirming surgeries. These amendments will enable a multidisciplinary best model of care framework for patients pursuing medical interventions for gender affirmation that extends before and after any surgery.

Gender affirming surgeries are medically necessary procedures for many transgender, non-binary and gender diverse individuals. These surgeries play a vital role in helping trans and gender diverse individuals align their physical appearance with their gender identity, thereby improving their mental and emotional well-being.

Increasing access to gender affirming care will alleviate the distress that comes with gender incongruence and represents a crucial step toward achieving equitable healthcare for transgender and gender diverse individuals in Australia.

By listing gender affirming surgeries on the MBS, the Australian Government can take a critical step toward ensuring that all Australians, regardless of their gender identity, can access the healthcare they need without experiencing financial hardship. This move would not only promote better health outcomes for transgender and gender diverse individuals but also demonstrate a commitment to addressing health disparities within the LGBTIQ+ communities.

Recommendation

We urge you to consider the evidence and expert opinion regarding the medical necessity of gender affirming surgeries for many trans and gender diverse individual and the positive impact on the mental and emotional well-being for them. We believe that this evidence supports the inclusion of these surgeries on the MBS.

We request that you support the application to amend existing MBS items for care planning and multidisciplinary care and create new MBS items that list gender affirming surgeries on Medicare. Doing so would send a powerful message that Australia is committed to providing inclusive and accessible healthcare to all Australians.

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BACKGROUND

LGBTIQ+ Health Australia is a national organisation dedicated to improving the health and well-being of the lesbian, gay, bisexual, transgender, intersex, and queer (LGBTIQ+) community. LHA works to ensure that all individuals, regardless of their sexual orientation, gender identity or intersex status, have access to high-quality healthcare that is respectful, inclusive, and free from discrimination.

Understanding experiences of trans and gender diverse people to inform care

LGBTIQ+ people are identified as a priority population in a range of national strategies, including the National Preventive Health Strategy 2021-2030[1], National Men's Health Strategy[2], National Women's Health Strategy[3], National Action Plan for the Health of Children and Young People[4], National Drug Strategy[5] and National Mental Health and Suicide Prevention Plan[6].

Adverse health outcomes for LGBTIQ+ people are directly related to stigma, prejudice, discrimination and abuse experienced due to being part of diverse LGBTIQ+ communities. Intersections with other identities and experiences also impact on wellbeing and access to health care, including but not limited to, being Aboriginal and/or Torres Strait Islander; racial and cultural background; age; having a disability; socioeconomic status; and geographic location.

Transgender, non-binary, and gender diverse people (henceforth trans people) remain one of the most discriminated-against people in society, as well as experiencing poorer physical and mental health than their non-trans counterparts.[7] A recent Australian report revealed that half of trans people reported having experienced anti-trans hate.[8] Trans people experience poorer mental health, and express higher rates of suicidal ideation.

Benefits of publicly funded gender-affirming surgeries

The surgeries listed in this application can be medically necessary interventions that significantly improve the well-being and mental health of trans people, allowing them to live authentic lives free

1 https://www.health.gov.au/resources/publications/national-preventive-health-strategy-2021-2030.
2 https://www.health.gov.au/sites/default/files/documents/2021/05/national-men-s-health-strategy-2020-2030.pdf.
3 https://www.health.gov.au/resources/publications/national-womens-health-strategy-2020-2030.
4 https://www.health.gov.au/resources/publications/national-action-plan-for-the-health-of-children-and-young-people-2020-2030.
5 https://www.health.gov.au/sites/default/files/national-drug-strategy-2017-2026.pdf.
6 https://www.health.gov.au/resources/publications/the-australian-governments-national-mental-health-and-suicide-prevention-plan.
7 Reisner, S.L., T. Poteat, J. Keatley, et al. 2016. Global health burden and needs of transgender populations: A review. Lancet 388(10042): 412–436.
8 "Fuelling Hate: Anti-Trans Abuse Harassment and Vilification," Trans Justice Project and Victorian Pride Lobby, Melbourne Victoria, 2023. [Online]. Available: https://transjustice.org.au/wp-content/uploads/2023/08/Fuelling-Hate-Anti-Trans-Abuse-Harassment-and-Vilification-WEB-SINGLES-1-1.pdf

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from discrimination and inequality. Recognising and respecting these rights is crucial for upholding the dignity and well-being of all individuals, regardless of their gender identity.

Gender-affirming surgery can itself be lifesaving. Without gender-affirming surgeries, research suggests a considerable number of trans people will attempt to commit suicide.[9,10,11] In purely economic terms, a return-on-investment analysis would support funding gender-affirming surgeries based on the benefits of saving lives, reducing the economic burden on mental health services, and losing fewer years of productive life to suicide.

The comparator for this treatment is medical interventions for gender affirmation funded by existing non-gender affirmation MBS items or patient out of pocket expenses. The high cost of gender affirming surgeries can act as a significant barrier to access for many people in our community. This is a health equity issue that needs to be addressed.

Trans and gender diverse adults are more likely to report low-income than cisgender adults, Income inequality is not implicitly linked to gender; rather, this is the result of systemic forms of discrimination that create barriers to workforce participation and access to well-paid job opportunities for people of diverse genders.[12]

Human rights perspective

LHA considers the provision of gender affirming surgeries to be a human right, rooted in principles of equality, non-discrimination, bodily autonomy, and the right to health. The World Health Organisation (WHO) recognises the right to health as a fundamental human right. Access to healthcare, including gender-affirming surgeries, is essential for individuals to achieve and maintain the highest attainable standard of physical and mental health. For trans people, access to these surgeries can significantly improve their well-being by reducing gender dysphoria and improving their mental health.

Bodily autonomy is a fundamental human right that gives individuals control over their own bodies. Gender-affirming surgeries allow individuals to make choices about their bodies that align with their sense of self. For trans people, these surgeries are a means of bringing their physical appearance in line with their gender, contributing to a sense of wholeness and self-determination.

Principles of non-discrimination are enshrined in international human rights agreements. Discrimination on the basis of gender or expression is considered a violation of these principles.

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[9] Clements-Nolle K., R. Marx, and M. Katz. 2006. Attempted suicide among transgender persons: The influence of gender-based discrimination and victimization. Journal of Homosexuality 51(3): 53–69.

[10] Grossman, A.H., and A.R. D'Augelli. 2011. Transgender youth and life-threatening behaviors. Suicide and Life Threatening Behavior 37(5): 527–537

[11] Reisner, S.L., T. Poteat, J. Keatley, et al. 2016. Global health burden and needs of transgender populations: A review. Lancet 388(10042): 412–436.

[12] Hill, A. O., Bourne, A., McNair, R., Carman, M. & Lyons, A. (2020). Private Lives 3: The health and wellbeing of LGBTIQ people in Australia. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University.

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Denying trans people access to gender-affirming surgeries amounts to discrimination based on their gender identity, and it perpetuates unequal treatment in healthcare, contrary to human rights.

Gender-affirming surgeries are a means of achieving gender equality. They help to reduce disparities and disadvantages that trans people face due to incongruence between their gender identity and their physical appearance. Equality is a core human rights principle, and gender-affirming surgeries are a tool for addressing gender-based disparities.

The Yogyakarta Principles,[13] a set of guidelines on the application of international human rights law in relation to sexual orientation, gender identity, gender expression, and sex characteristics, emphasise the importance of recognising and respecting an individual's self-identified gender. Gender-affirming surgeries are a key component of such recognition.

It is important to note that trans people have unique journeys to affirm their gender, which may or may not include medical or surgical intervention. That not all trans people seek these interventions does not mean that they are any less crucial for those who do.

Several international healthcare systems, including those in Canada, the United Kingdom, and many European countries, have recognised the importance of covering gender affirming surgeries within their healthcare systems. Australia needs to follow suit and provide equitable healthcare access for trans people.

[13] International Commission of Jurists (ICJ), Yogyakarta Principles - Principles on the application of international human rights law in relation to sexual orientation and gender identity, March 2007, available at: https://www.refworld.org/docid/48244e602.html [accessed 31 October 2023]

Australian Government

Department of Health

Consultation Survey on MSAC Application 1754

Patient consultations and surgical procedures for gender affirmation in adults with gender incongruence

MSAC welcomes input on MSAC applications for public funding from individuals, organisations representing health professionals or consumers and/or carers, and from other stakeholders. Please use this template to prepare your input. You may also attach additional information if you consider it may be useful in informing MSAC and its sub-committees.

Sharing consultation input

Submitted consultation input will be routinely shared with the applicant and with MSAC and its sub-committees.

- The applicant will receive a summary of comments from individuals, with the individual's name and other identifying information removed.
- MSAC and its sub-committees will receive both the summary and copies of the comments, with the name of the individual and other identifying information removed.
- Consultation input from groups or organisations will be provided in a complete form to both the applicant and to MSAC and its sub-committees.

Consultation input may also be shared with HTA Assessment Groups from time to time to inform their reports to MSAC or with state and territory health representatives where the application is for a service to be delivered through public hospitals. Please do not include information in your input that you do not want shared as outlined above. In addition, to protect privacy, do not include identifying personal (e.g., name) or sensitive (e.g., medical history) information about third parties, such as medical professionals or friends/relatives.

How consultation input is used

MSAC and its sub-committees consider consultation input when appraising an application, including to better understand the potential impact of the proposed medical technology/service on consumers, carers, and health professionals. A summary of consultation input will be included in the Public Summary Document (PSD) published on the MSAC website once MSAC has completed its appraisal. The PSD may also cite input from groups/organisations, including the name of the organisation. As such, organisations should not include information or opinions in their consultation input that they would not wish to see in the public domain.

Consultation deadlines. Please ensure that your consultation input is submitted by the pre-PASC or pre-MSAC consultation deadline for this application. Consultation deadlines for each PASC and MSAC meeting are listed in the PASC, ESC, MSAC key dates available on the MSAC website. They are also published in the MSAC Bulletin. Consultation input received after the respective deadlines may not be considered.

For further information on the MSAC consultation process please refer to the MSAC Website or contact the Consumer Evidence and Engagement Unit on email: commentsMSAC@health.gov.au.
Thank you for taking the time to provide consultation input. Please return your completed survey to:

Email: commentsMSAC@health.gov.au

Mail: MSAC Secretariat,
MDP 960, GPO Box 9848,
ACT 2601.

PART 1 – PERSONAL AND ORGANISATIONAL INFORMATION

1. Respondent details

Name: [redacted]

Email: [redacted]@lgbtiqhealth.org.au

Phone No: [redacted]

2. Is the feedback being provided on an individual basis or by a collective group?

☐ Individual
☒ Collective Group

If an individual, specify the name of the organisation you work for

If a collective group, specify the name of the group

LGBTIQ+ Health Australia

3. How would you best identify yourself?

☐ General Practitioner
☒ Specialist
☐ Researcher
☐ Consumer
☐ Care giver
☐ Other

If other, please specify

PART 2 – CLINICAL NEED AND PUBLIC HEALTH SIGNIFICANCE

4. **Describe your experience with the medical condition (disease) and/or proposed intervention and/or service relating to the application summary.**

Please see attachment

5. **What do you see as the benefit(s) of the proposed medical service, in particular for the person involved and/or their family and carers?**

Please see attachment

6. **What do you see as the disadvantage(s) of the proposed medical service, in particular for the person involved and/or their family and carers?**

Please see attachment

7. **What other benefits can you see from having this intervention publically funded?**

Please see attachment

8. **What other services do you believe need to be delivered before or after this intervention, e.g. Dietician, Pathology etc?**

Please see attachment

PART 3 – INDICATION(S) FOR THE PROPOSED MEDICAL SERVICE AND CLINICAL CLAIM

9. Do you agree or disagree with the proposed population(s) for the proposed medical service?

- [x] Strongly Agree
- [ ] Agree
- [ ] Disagree
- [ ] Strongly Disagree

Specify why or why not:

Please see attachment

10. Have all the associated interventions been adequately captured in the application summary?

- [x] Yes
- [ ] No

Please explain:

Please see attachment

11. Do you agree or disagree that the comparator(s) to the proposed medical service?

- [x] Strongly Agree
- [ ] Agree
- [ ] Disagree
- [ ] Strongly Disagree

Please explain:

Please see attachment

12. Do you agree or disagree with the clinical claim made for the proposed medical service?

- [x] Strongly Agree
- [ ] Agree
- [ ] Disagree
- [ ] Strongly Disagree

Specify why or why not:

Please see attachment

PART 4 – COST INFORMATION FOR THE PROPOSED MEDICAL SERVICE

13. **Do you agree with the proposed service descriptor?**

- [x] Strongly Agree
- [ ] Agree
- [ ] Disagree
- [ ] Strongly Disagree

Specify why or why not:

Please see attachment

14. **Do you agree with the proposed service fee?**

- [x] Strongly Agree
- [ ] Agree
- [ ] Disagree
- [ ] Strongly Disagree

Specify why or why not:

Please see attachment

PART 5 – ADDITIONAL COMMENTS

15. Do you have any additional comments on the proposed intervention and/or medical condition (disease) relating to the proposed medical service?

Please see attachment

16. Do you have any comments on this feedback survey? Please provide comments or suggestions on how this process could be improved.

Please see attachment

Again, thank you for taking the time to provide valuable feedback.

Australian Government

Department of Health

Consultation Survey on MSAC Application 1754

Patient consultations and surgical procedures for gender affirmation in adults with gender incongruence

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Sharing consultation input

Submitted consultation input will be routinely shared with the applicant and with MSAC and its sub-committees.

- The applicant will receive a summary of comments from individuals, with the individual's name and other identifying information removed.
- MSAC and its sub-committees will receive both the summary and copies of the comments, with the name of the individual and other identifying information removed.
- Consultation input from groups or organisations will be provided in a complete form to both the applicant and to MSAC and its sub-committees.

Consultation input may also be shared with HTA Assessment Groups from time to time to inform their reports to MSAC or with state and territory health representatives where the application is for a service to be delivered through public hospitals. Please do not include information in your input that you do not want shared as outlined above. In addition, to protect privacy, do not include identifying personal (e.g., name) or sensitive (e.g., medical history) information about third parties, such as medical professionals or friends/relatives.

How consultation input is used

MSAC and its sub-committees consider consultation input when appraising an application, including to better understand the potential impact of the proposed medical technology/service on consumers, carers, and health professionals. A summary of consultation input will be included in the Public Summary Document (PSD) published on the MSAC website once MSAC has completed its appraisal. The PSD may also cite input from groups/organisations, including the name of the organisation. As such, organisations should not include information or opinions in their consultation input that they would not wish to see in the public domain.

Consultation deadlines. Please ensure that your consultation input is submitted by the pre-PASC or pre-MSAC consultation deadline for this application. Consultation deadlines for each PASC and MSAC meeting are listed in the PASC, ESC, MSAC key dates available on the MSAC website. They are also published in the MSAC Bulletin. Consultation input received after the respective deadlines may not be considered.

For further information on the MSAC consultation process please refer to the MSAC Website or contact the Consumer Evidence and Engagement Unit on email: commentsMSAC@health.gov.au.
Thank you for taking the time to provide consultation input. Please return your completed survey to:

Email: commentsMSAC@health.gov.au

Mail: MSAC Secretariat,
MDP 960, GPO Box 9848,
ACT 2601.

PART 1 – PERSONAL AND ORGANISATIONAL INFORMATION

1. Respondent details

Name: [redacted]

Email: eo@anzaoms.org

Phone No: [redacted]

2. Is the feedback being provided on an individual basis or by a collective group?

☐ Individual
☒ Collective Group

If an individual, specify the name of the organisation you work for

If a collective group, specify the name of the group

Australian and New Zealand Association of Oral and Maxillofacial Surgeons Inc.

3. How would you best identify yourself?

☐ General Practitioner
☒ Specialist
☐ Researcher
☐ Consumer
☐ Care giver
☐ Other

If other, please specify

Peak body for Oral and Maxillofacial Surgeons

PART 2 – CLINICAL NEED AND PUBLIC HEALTH SIGNIFICANCE

4. Describe your experience with the medical condition (disease) and/or proposed intervention and/or service relating to the application summary.

The Australian and New Zealand Association for Oral and Maxillofacial Surgeons Inc. is the professional body representing Oral and Maxillofacial Surgeons (OMS) in Australia and New Zealand. The responses and information provided in this survey response relate specifically to the area of expertise of our surgeons, specifically gender affirming facial procedures. We acknowledge the broader range of gender affirming surgeries included in the application but will reserve our comments for those within our area of expertise.

5. What do you see as the benefit(s) of the proposed medical service, in particular for the person involved and/or their family and carers?

We support the application in this regard.

6. What do you see as the disadvantage(s) of the proposed medical service, in particular for the person involved and/or their family and carers?

We support the application in this regard.

7. What other benefits can you see from having this intervention publically funded?

We support the application in this regard.

8. What other services do you believe need to be delivered before or after this intervention, e.g. Dietician, Pathology etc?

We support the application in this regard.

PART 3 – INDICATION(S) FOR THE PROPOSED MEDICAL SERVICE AND CLINICAL CLAIM

9. Do you agree or disagree with the proposed population(s) for the proposed medical service?

- ☐ Strongly Agree
- ☒ Agree
- ☐ Disagree
- ☐ Strongly Disagree

Specify why or why not:

As relates to Gender affirming facial procedures

10. Have all the associated interventions been adequately captured in the application summary?

- ☒ Yes
- ☐ No

Please explain:

As relates to Gender affirming facial procedures

11. Do you agree or disagree that the comparator(s) to the proposed medical service?

- ☐ Strongly Agree
- ☒ Agree
- ☐ Disagree
- ☐ Strongly Disagree

Please explain:

As relates to Gender affirming facial procedures

12. Do you agree or disagree with the clinical claim made for the proposed medical service?

- ☐ Strongly Agree
- ☒ Agree
- ☐ Disagree
- ☐ Strongly Disagree

Specify why or why not:

As relates to Gender affirming facial procedures

PART 4 – COST INFORMATION FOR THE PROPOSED MEDICAL SERVICE

13. **Do you agree with the proposed service descriptor?**

- ☐ Strongly Agree
- ☒ Agree
- ☐ Disagree
- ☐ Strongly Disagree

Specify why or why not:

14. **Do you agree with the proposed service fee?**

- ☐ Strongly Agree
- ☒ Agree
- ☐ Disagree
- ☐ Strongly Disagree

Specify why or why not:

PART 5 – ADDITIONAL COMMENTS

15. Do you have any additional comments on the proposed intervention and/or medical condition (disease) relating to the proposed medical service?

ANZAOMS would like to provide feedback relevant to the application, particularly related to Gender affirming **facial** procedures:

1. Gender dysphoria and gender incongruence are included in DSM V and are therefore recognised medical disorders and conditions respectively. We are supportive of Medicare funding for consultations and surgical procedures for patients with gender incongruence, as part of their multidisciplinary care.

2. In the list of gender-affirming facial procedures, the application lists mandibular osteotomies or reshaping but has omitted procedures to the maxilla, zygoma and chin. We suggest adding grafting or use of prosthetic implant to chin/mandible/zygoma and maxilla for purposes of gender affirmation surgery. We would further recommend that Maxillary surgery often needs to accompany mandibular osteotomies. Zygomatic osteotomies and ostectomies are also powerful tools in these cases.

16. Do you have any comments on this feedback survey? Please provide comments or suggestions on how this process could be improved.

Nil

Again, thank you for taking the time to provide valuable feedback.

[redacted]

From: RACS Advocacy s47F
Sent: Friday, 17 November 2023 2:40 PM
To: CommentsMSAC
Cc: RACS Advocacy
Subject: MSAC application 1754 - Consultation request - Royal Australian College of Surgeons

Importance: High

Dear [redacted],
We consulted with our Health Policy and Advocacy Committee Chair.
Please see comments below in response the consultation on the MSAC application 1754.
1. In principle this should be strongly supported.
2. Further clarity is required regarding proof that a multidisciplinary team was established prior to making decisions regarding surgery and claiming surgical MBS items.
3. Clarity is required regarding the consent processes if the patient is under 16 years old. Alternatively, item numbers should be limited to only apply once the adolescent reaches age of consent.
Sincerely,
Policy and Advocacy Department

Royal Australasian College of Surgeons

Committed to Indigenous health
RACS acknowledges Aboriginal and Torres Strait Island people as the traditional owners of country throughout Australia and Māori as the tangata whenua (people of the land) of Aotearoa New Zealand and respects their continuing connection to culture, land, waterways, community and whānau/family.

From: CommentsMSAC <Co[redacted]>
Sent: Thursday, 28 September 2023 9:27 AM
To: R.A.C.S <[redacted]; [redacted] Reception Desk <Reception.Desk@surgeons.org>
Cc: CommentsMSAC <CommentsMSAC@Health.gov.au>
Subject: MSAC application 1754 - Consultation request - Royal Australian College of Surgeons [SEC=OFFICIAL]
Good morning,
We are writing to let you know that an application has been made to the Medical Services Advisory Committee (MSAC) to consider whether 1754 - Patient consultations and surgical procedures for gender affirmation in adults with gender incongruence should be recommended for public funding. Your organisation has been identified as having an interest in this application and is invited to provide input as part of the MSAC targeted consultation process. The purpose of this targeted consultation is to gather information from relevant organisations about what is proposed in the application. Please note: this input is different to the statement of clinical relevance that the applicant may have asked you to provide.
What is in the application?
The Application Summary attached to this email describes the proposed medical service/technology and includes specific information about how the proposed medical service/technology is used, including:

- information on estimated utilisation of the proposed service/technology;

- likely cost and, for Medicare Benefits Schedule (MBS) items, proposed MBS item descriptors.

The *PICO Set that is also attached to this email includes details about:

- the population it is used in;
- how patients are currently being managed and how the proposed medical service/technology is different to what is currently available for patients. These parts are referred to as the ***PICO** (**p**opulation, **i**ntervention, **c**omparator, **o**utcome) and will be used to inform what will be included in the assessment report to be considered by MSAC.

Providing input

You can complete the attached survey or provide other written input directly to: commentsMSAC@health.gov.au**.** This may include: comments on key aspects of the PICO; experience with the proposed technology or service and what the perceived benefits and challenges were for both clinicians and patients; views on pricing or, where the proposal relates to an item on the MBS, the proposed MBS fee and item descriptor.

Consideration of input

Please note consultation input received from organisations is provided in full to the Applicant and to MSAC and its sub-committees for consideration. It may also be cited in the Public Summary Document that is produced once MSAC has finalised its considerations. As such, please do not include information that may breach an individual's privacy or that your organisation would not want to see in the public domain.

To be considered by the MSAC PICO Advisory Sub Committee (PASC) your input should be received no later than: **Friday 3 November 2023.**

MSAC considers all consultation input received before the pre-MSAC deadline. Further information about the deadlines for consultation comments for each MSAC meeting are listed on the MSAC Website and also published in the ESC and MSAC Bulletins. Late input may not be considered.

Should you have any questions about this request, please email commentsMSAC@health.gov.au.

We appreciate your time and expertise on this matter.

Kind regards

[redacted]

Office of Health Technology Assessment Branch
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PASC Meeting
December 2023
Canberra

POLICY PAPER FOR
Application 1754 – Patient consultations and surgical procedures for gender affirmation in adults with gender incongruence

(NEW APPLICATION)

IMPORTANT ISSUES THAT NEED TO BE DISCUSSED BY PASC (AND AGREED BY THE APPLICANT) PRIOR TO THE APPLICATION PROCEEDING TO THE ESC ASSESSMENT STAGE

- Note that during consideration of this application the MSAC Executive Committee advised that further consideration should be undertaken to ensure that the proposed gender affirming surgical services would be provided within a patient-centred and multidisciplinary best practice model of care framework, and that this work be undertaken in parallel to a Health Technology Assessment (HTA) for the application. This consideration will be undertaken by the Department separate to the HTA assessment of this application.
- PASC consider the eligible population and how this is reflected in the item descriptors. The Department requests consideration be given to;
    - Any age restrictions in the items, noting the applicant proposes restricting the services to adults but consultation feedback suggests alternative age restrictions.
    - Patient eligibility for the proposed items, including the requirements to be met for the diagnosis of patients with gender incongruence.
    - If the proposed items will be restricted to services provided within multidisciplinary clinics.
    - If any additional criteria should be included in the item descriptor to clearly differentiate a clinically relevant surgery from cosmetic surgery.
- Advise if the proposed fees for the items and justification should be provided by the applicant before the application progresses to assessment.
- Note the applicant proposes that billing of existing items for gender affirmation surgery be considered as part of the financial assessment of the application. From Medicare data it is not possible to determine the current utilisation of existing items for the purpose of gender affirmation surgery as the items are not specific to a patient group.

PASC NOTING OR ADVICE IS REQUESTED ON THE FOLLOWING POLICY AND IMPLEMENTATION ISSUES

- Note in consultation feedback the Urological Society of Australia and New Zealand (USANZ) (Attachment A) and the Australian and New Zealand Association of Oral and Maxillofacial Surgeons Inc (Attachment B) have proposed additional services to be considered in the application.
- Advise if the proposed items should be restricted to specialists who have qualifications in treating this patient group (in addition to standard registration with their professional college).
- Advise if the proposed items should be restricted to in hospital services only.

1. Advice from MSAC Executive on this application or similar earlier applications

PLEASE NOTE this is the first MSAC application received seeking the listing of gender affirmation surgical services on the MBS.

On 26 May 2023 the Department sought advice on the appropriate HTA pathway for the application from the MSAC Executive. The MSAC Executive noted that it would not be feasible to undertake a HTA on each proposed surgical item individually. The MSAC Executive considered that the appropriate HTA pathway to progress the application would be a focussed HTA via the full MSAC pathway (i.e., consideration by PASC, ESC and MSAC) that would collectively evaluate the suite of MBS surgical items for gender affirming surgery. The MSAC Executive outcome can be found at Attachment C.

PLEASE NOTE as recommended by the MSAC Executive on 6 May 2023, parallel to the HTA of the application, the Department in consultation with the applicant will consider options to support multidisciplinary care for this patient group for the consideration of the MSAC Executive and/or MSAC.

The Department notes that the applicant has initially proposed that multidisciplinary care for the patient group be supported through the use of the multidisplinary case conference MBS items for general practitioners, specialists, sexual health medicine practitioners and psychiatrists, and inclusion of the patient group in the Chronic Disease Management (MBS items 721, 723, 729 and 732) and Health Assessments (MBS items 701, 703, 705 and 707).

The Department notes that currently specialists do not have access to multidisciplinary case conference items, such access would require government consideration.

The Department notes the patient group are currently eligible to access the chronic disease management items and Better Access mental health items when considered clinically appropriate by the treating practitioner however it is not standard practice to specifically name eligible patient groups for these items. This would include the ability to access the associated allied health items if clinically indicated. The Department notes that the health assessment items are not available for this group specifically unless they come under one of the eligible cohorts, and these items are not designed to support surgical decision making.

2. Proposed services

PLEASE NOTE Table 7 through to Table 11 of the draft PICO lists the proposed items and similar existing items (page 21 through to page 31 of PICO).

The Department notes that consultation feedback received from the USANZ suggests changes to the proposed items for genital surgery, and the Australian and New Zealand Association of Oral and Maxillofacial Surgeons Inc has suggested changes to the proposed items for facial surgery. The Department notes these suggested changes to the proposed services will require consideration by the applicant.

The Department notes consultation feedback received from the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) (Attachment D) included that the college does not support items specific to a patient group, instead supporting expansions to the existing items to better support all patients with complex gynaecological presentations. The Department notes in its consideration of the application on 26 May the MSAC Executive discussed

that specific item numbers for the patient group would allow for the specification of pre-requisite services or consultations and assist with data collection on use of the items for the patient group.

The Department notes that while the application comments on the impact of the 1 July 2023 changes to plastic and reconstructive surgery MBS items and suggests that these changes removed access to some items for the purposes of gender affirmation surgery, the application does not suggest any further changes to these items, but rather proposes new items specifically for gender affirmation.

3. Provision of the proposed (or current) service in or out-of-hospital (or both)

PLEASE NOTE the applicant considers that some of the proposed gender affirming surgical procedures will be provided at a day surgery centre. Whilst more complex procedures would be provided as an episode of inpatient care at a private hospital or public hospital.

All but existing items (45451, 45212, 45000, 45632, 41876) that may be performed as part of gender affirmation surgery will be restricted to an in-hospital setting from 1 March 2024. Table 1 provides the breakdown of in/out hospital services for these items in FY 22/23 (see Attachment E).

PLEASE ADVISE if all the proposed services should be restricted to in-hospital services, or if not which could suitably be provided out-of-hospital.

4. *Current access through public hospitals/clinics (including differences between States/Territories if known)*

PLEASE NOTE each state and territory Government currently have their own requirements and restrictions around gender affirming surgery. This is provided in Attachment F, which is a summary from ACON (previously known as the AIDS Council of NSW) about gender affirming care within Australia.

The Department is aware that currently some State and Territory Governments contribute to organisations which provide gender affirming care services such as the Gender Centre in NSW, Monash Health Gender Clinic in VIC, and Metro North Health Gender Services in QLD.

Services like those mentioned above are associated with long waiting lists and increasing demand for the service.

It is proposed that the assessment and potential listing of MBS services to encompass all surgery required for surgical gender affirming services may also benefit patients receiving services in the public setting given MBS services for private services are generally also made available in public hospitals.

5. *Current MBS claiming for the proposed or similar service, including co-claiming with other MBS items*

PLEASE NOTE it is not possible to determine the current utilisation of existing items for the purpose of gender affirmation surgery as these items are generic, Medicare data for the billing of an MBS item does not record the reason why a procedure has been performed.

6. Restriction of the proposed (or current) service to specific providers

PLEASE NOTE on page 12 of the PICO it states that health care professionals likely to be involved in gender affirmation surgery are plastic surgeons, oral and maxillofacial surgeons, urologists, and ear, nose and throat surgeons. The Department notes gynaecologists may also participate in gender affirmation surgery.

The applicant suggested that surgeons should be appropriately qualified and have experience and training in treating the patient group.

The Applicant's proposal is that access to claiming the proposed MBS items would be restricted to medical practitioners that are registered specialists (who have met the training and qualification requirements set out by their professional board) (page 23 of the PICO), detail has not been provided on any additional requirements practitioners must meet to treat the patient group.

PLEASE ADVISE if further clarification is required in the PICO regarding additional requirements practitioners must meet to treat the patient group.

7. Other specific restrictions in item descriptor (number of times billed on single occasion or within a specific time period; restricted to specific age groups; etc)

Eligible Age

PLEASE NOTE there are some language inconsistencies in the application form in relation to the proposed eligible age group for the services, from discussions with the applicant the proposed age range for the services is adults.

Varied consultation feedback has been received regarding the appropriate age group for the services. Consultation feedback from the Royal Australasian College of Surgeons (RACS) (Attachment G) suggests that clarity be provided regarding the consent processes if a patient is under 16 years old or alternatively, eligibility commence once an adolescent reaches age of consent. Whilst advice received from a child and adolescent psychiatrist is that patient eligibility for the services should commence from 25 years of age when frontal lobe development is complete (Attachment H).

The Department notes MBS items generally do not have age restrictions and are available if a service is determined by the treating practitioner to be clinically relevant. Age restrictions to MBS items are primarily applicable to common paediatric and neonatal procedures.

PLEASE ADVISE if the proposed surgical items should be restricted to an age range (and if this should be specified in the proposed items), or be a decision of the treating practitioner.

'Diagnosis of gender incongruence

PLEASE NOTE the proposed items specify that the patient must have a diagnosis of gender incongruence. The applicant proposes that for the services the diagnosis of gender incongruence for a patient should only require advice from one practitioner and that the diagnosis would often be made by a general practitioner. The applicant proposes that if a patient has access to a multidisciplinary care setting, diagnosis could be made by a sexual health practitioner, endocrinologist, or psychiatrist.

The applicant notes that the diagnosing clinician will need to rule out temporal gender incongruence which may occur as part of an acute psychotic episode, or cases where surgery is sought for reasons other than the alleviation of gender incongruence.

The Department notes GP diagnosis and referral reflects current practice with state-based restrictions also applying. The MSAC Executive proposed patient management in a multidisciplinary care setting, a view shared by RACS in its' consultation feedback.

The Department is aware that multidisciplinary teams are not commonly established in a private setting.

The Department notes consultation feedback that the inclusion of additional requirements in item descriptors could instil barriers to patient access.

PLEASE ADVISE if additional requirements beyond the diagnosis of gender incongruence should be reflected in the item descriptor. These considerations may include multidisciplinary care requirements.

8. ***Leakage concerns***

PLEASE NOTE the Department is aware that there are sensitivities both within this application and more broadly regarding the differentiation of clinically relevant services and cosmetic surgery.

The Department has accepted that for the population defined in the PICO surgery may be considered a clinically relevant service. The Department notes however that some of the proposed items may have a patient cohort that wish to access equivalent surgeries for purposes that fall outside gender incongruence and would currently be considered cosmetic procedures.

The Department also notes that whilst revision surgeries are not being considered in this application the wording of some of the proposed items would not prevent revision surgeries from occurring and that some patients who undergo initial surgeries for gender incongruence may wish to access additional surgery for purposes that may be considered cosmetic in other patient populations. The Department is aware that in this situation guidance may be sought from services such as AskMBS on the distinction between cosmetic and clinically relevant. This necessitates the distinction between cosmetic and clinically relevant service being clearly defined.

PLEASE ADVISE whether the proposed item descriptors which contain the wording 'with a diagnosis of gender incongruence' as the defining factor are sufficient to define the patient population, or whether further restrictions should be considered.

The Department notes, for example, that items for autologous fat grafting (items 45534 and 45535) include objective measures of the defect (eg that the defect is greater than or equal to 20% volume asymmetry) and a maximum number of services (eg a total of four services), which limit the potential for cosmetic leakage.

In considering whether restrictions should be included in an item descriptor the Department asks PASC to consider the balance between the risk of leakage and inappropriate public expenditure, with the role of clinical decision making, sector guidelines and the unique needs of each individual patient.

9. ***Rural access issues***

PLEASE NOTE access to gender affirming care is likely limited in a rural setting, due to the majority of gender affirming care clinics and providers being located in metropolitan settings. There is significant demand from rural areas for gender services. Data from a Melbourne general practice clinic (Equinox Gender Diverse Health Centre) and endocrine specialist clinics showed, of those attending the endocrine clinics 31% lived in rural or remote areas.

A requirement for rural patients to attend multidisciplinary gender clinics may cause access issues for this patient group, due to clinics being predominantly located in metropolitan areas. This may result in individuals in rural settings facing increased costs for travel and loss of work time.

Telehealth services could be considered where possible for rural and remote patients, to reduce these associated costs. Currently a range of telehealth services are available for specialist, GP and consultant physician attendances.

10. Proposed MBS fee (including whether justification or inputs have been provided for the fee)

PLEASE NOTE the applicant has not advised fees for the proposed services, the applicant considers that the fees for the services will be based on the fees of MBS items for similar procedures or if no similar item the duration and complexity of the proposed service.

The assessment group has proposed fees for the services where there is an existing item similar to the proposed services (see Table 7 through to Table 11 of the draft PICO) for consideration by the applicant in response to the draft PICO.

PLEASE ADVISE if the proposed fees for the items and justification should be provided by the applicant before the application progresses to assessment.

11. Current and proposed out-of-pocket costs and potential for bulk-billing (including differences between States/Territories if known)

PLEASE NOTE it is not possible to determine the current utilisation and billing arrangements of existing items for the purpose of gender affirmation surgery as these items are generic, Medicare data for the billing of an MBS item does not record the reason why a procedure has been performed.

The Department is aware that currently there are significant out-of-pocket costs for patients undergoing gender affirmation surgery which ranges from $20,000 to $100,000 depending on surgeries undertaken. Consultation feedback received from Transgender Victoria suggests that the out-of-pocket cost of vaginoplasty procedures is typically around $18,000 to $22,000 and significantly higher for phalloplasty. The Department is aware that many of the patient group currently seek treatment from overseas clinics, which Transgender Victoria noted can cause difficulties if the patient has returned to Australia and there are post-surgery complications (Attachment I).

The Department notes some consultation feedback that the proposed services will remove out-of-pocket costs for this patient group, the Department considers that whilst a Medicare rebate will assist patients with accessing treatment, as with other listed services specialists will set their own fees and it is possible there will still be substantial out of pocket costs for the patient group.

TARGETED CONSULTATION .

Organisations approached for targeted consultation

The Department received 26 responses from public consultation on this application, 6 from individuals, 20 from organisations, peak organisations that provided feedback included:

- Urological Society of Australia and New Zealand (USANZ)
- Australian and New Zealand Association of Oral and Maxillofacial Surgeons Inc
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)
- Royal Australasian College of Surgeons (RACS)
- Australian Medical Association (AMA)
- ACON
- LGBTIQ+ Health Australia

Policy issues identified through targeted consultation

In addition to feedback noted above:

- Concerns in relation to broad definition of eligible patient group, public perception funding cosmetic surgery
- Concern in relation to access to Medicare rebate for reversal surgery for the patient group if required
- RANZCOG suggestion of funding for a single nurse to provide consistent care following the proposed surgeries if specific MBS items are created.
  Concern in relation to Pharmaceutical Benefit Scheme restrictions on testosterone as a barrier to the proposed services.

<u>Other policy issues raised by this application (that may be of interest to PASC, but for which the Department acknowledges are outside PASC's jurisdiction)</u>

Associated PBS matters

The applicant has advised that it intends to submit an application to the PBAC for an amendment to the clinical criteria for existing PBS restrictions for testosterone for treatment of androgen deficiency to establish its use in people with gender incongruence. A PBAC application has not been received by the Department.

Applicant:	Australian Society of Plastic Surgeons (ASPS)
Assessment Group that developed the PICO:	s47F
Clinical experts consulted and their expertise:	s47F
Co-dependency identified:	N/A
PASC Discussant:	s47F
ESC Discussant (if previously considered):	N/A
MSAC Discussant (if previously considered):	N/A
Professional bodies/organisations/consumer groups consulted during targeted consultation:	Royal Australasian College of Surgeons Urological Society of Australia and New Zealand Endocrine Society of Australia Australian and New Zealand Association of Oral and Maxillofacial Surgeons Royal Australasian College of Physicians Australian Medical Association Royal Australian College of General Practitioners Royal Australian and New Zealand College of Psychiatrists Private HealthCare Australia Royal Australian and New Zealand College of Obstetricians and Gynaecologists Speech Pathology Australia Australian and New Zealand Society of Vascular Surgeons Australian Association of Consultant Physicians Australian Private Hospitals Association Breast Surgeons of Australia & New Zealand (BreastSurgANZ Society) Consumer Health Forum of Australia Australian Psychological Society Transcend Australia
Application number and date of previous PASC consideration (if applicable):	N/A

Date of previous MSAC (main committee) consideration (if applicable):	N/A

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Table 1 Existing similar items in/out hospital services FY 22/23

Proposed item	Existing item similar to proposed item	In hospital services	Out-of-hospital services
Proposed MBS item Genital 5 Construction of neo-vagina by skin grafting around a mould in an individual with a diagnosis of gender incongruence	45451 Full thickness skin graft to one defect, with an average diameter of 5 mm or more	27,875	19,364
Proposed MBS item Facial 2 Feminising /masculinising facial surgery, remodelling of forehead and orbits using bone flap and remodelling of the frontal sinus, including any associated advancement flap of scalp for alteration of hairline in an individual with a diagnosis of gender incongruence Proposed MBS item Facial 6 Feminising/masculinising facial surgery, soft tissue surgery of the mid-face including skin advancement or local flaps to philtrum and lips and including fat grafting in an individual with a diagnosis of gender incongruence	45212 Pedicled flap repair (forehead, cross arm, cross leg, abdominal or similar), subsequent stage of a multistage procedure	81	9
Proposed MBS item Facial 6 Feminising/masculinising facial surgery, soft tissue surgery of the mid-face including skin advancement or local flaps to philtrum and lips and including fat grafting in an individual with a diagnosis of gender incongruence	45000 Single stage local muscle flap repair, on eyelid, nose, lip, neck, hand, thumb, finger or genitals	855	102
Proposed MBS item Facial 8 Rhinoplasty, partial, involving correction of bony vault only, in an individual with a diagnosis of gender incongruence Proposed MBS item Facial 9 Rhinoplasty, partial, involving correction of one or both lateral cartilages, one or both alar cartilages or one or both lateral cartilages and alar cartilages in an individual with a diagnosis of gender incongruence	45632 Rhinoplasty, partial, involving correction of one or both lateral cartilages, one or both alar cartilages or one or both lateral cartilages and alar cartilages, if: (a) the indication for surgery is: (i) airway obstruction and the patient has a self reported NOSE Scale score of greater than 45; or (ii) significant acquired, congenital or developmental deformity; and (b) photographic and/or NOSE Scale evidence demonstrating the clinical need for this service is documented in the patient notes	546	10

Proposed MBS item Voice 1 Chondrolaryngoplasty in an individual with a diagnosis of gender incongruence	41876 LARYNX, external operation on, OR LARYNGOFISSURE with or without cordectomy	s38

Internal data only