

Minutes: Health Services Advisory Council

Date: July 12th, 2023, 5:30 -7:30PM

Link to meeting: <https://minnesota.webex.com/minnesota/j.php?>

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Note: All committee members and staff attended remotely

Attendance

Council Members:

- Amy Burt
- Dan Stein
- Howard Fink
- Michael Thorn
- Rakesh John
- Rick Printon
- Claudia Thomas
- Tenbit Emiru
- Scott Hegstad
- Saudade Sammuelsan
- Samba Fall
- Sagar Dugani

DHS Staff:

- Caralyn Schnick
- Diogo Reis
- Laurie Engeldinger
- Megan Wardfield-Kimball
- Carol Labine
- Sarah Orange
- Lovena Kabba

Guests:

- Deb Thorp
- Eli Coleman
- George McNeely
- Kacia Lee
- Marilyn Fairchild
- Phil Duran
- Manny Munson-Regala
- Simon Everest

Welcome

- Quorum established
- Chair welcomed members, introduced himself, thanked staff and members for work over past few months on this topic, and discussed voting and discussion logistics.
- Member, guest, and staff introductions

Housekeeping:

- Voting to amend May Minutes
 - May minutes amendment to include Howard Fink's votes.
 - Rakesh John moved the amended May minutes, Amy Burt seconded. A voice vote approved the amended minutes.
- Voting to approve June Minutes
 - Amy Burt moved the June minutes, Samba Fall seconded. A voice vote approved the minutes.

Discussion and Recommendations

- Diogo Reis, DHS, reviewed prior meeting topics, including a brief review of prior presentations. He also indicated that once the recommendations from the committee are received the DHS team will be updating the provider manual and will loop back to this group so you can see the final version.
- Committee reviewed prior decisions
 1. Should MHCP have age criteria for breast removal? And if so, what age criteria?*Recommendation reached to not add age criteria for breast removal.*
 2. Should MHCP have hormone criteria for breast removal? And if so, what criteria?*Recommendation reached to not add hormone criteria for breast removal for adults or adolescents.*
 3. Should MHCP require hormone therapy prior to breast augmentation? And if so, what is the appropriate length of time?
Recommendation reached to follow WPATH recommendations for hormone therapy prior to breast augmentation.
 4. Should there be age criteria for genital surgery? And if so, what age criteria?
Recommendation reached to follow WPATH recommendations except for age 18 for phalloplasty.
 5. Should MHCP have criteria around members living in their gender role prior to gender affirming surgery? And if so, what criteria?
Recommendation reached: To follow WPATH recommendations for gender role prior to affirming surgeries.
- Committee discussion on remaining questions
 6. Should MHCP require letters of recommendation prior to gender affirming surgery? And if so, how many and from whom?
Recommendation to require one letter of recommendation. From whom, and what the contents of the letter were tabled for July 12th discussion.

Members discussed whether to specify the type of provider that should write the letter and what types of competencies they should possess. They also discussed the potential burden that various requirements might place on individuals seeking the recommendation letters. Through discussion the members defined a fourth option listed below in addition to the adult version of the WPATH recommendation.

Saudade Samuelson moved –

A – Follow current MHCP policy

B – WPATH Recommendations

C – Endocrine Society

D – Follow WPATH standards for adult letter, for adolescents: a single letter from a multidisciplinary team reflecting the assessment and opinion from both medical and mental health professionals; or separate

letters that collectively include assessments from both a medical and mental health professional. – 12 votes – Unanimous vote.

Recommendation reached to require one letter of recommendation, for adults to follow WPATH Standards, and for adolescents from a multidisciplinary team reflecting assessment and opinion from both medical and mental health professions, or separate letters that collectively include assessments from both medical and mental health professionals.

7. Should hair removal be covered as medically necessary treatment?

Public participants commented in the chat related to the importance of hair removal for individuals seeking to transition. Members considered whether other female hair removal procedures are covered under MHCP.

A – Follow current MHCP policy

B – WPATH recommendations – 11 votes from Scott Hegstad, Rick Printon, Dan Stein, Samba Fall, Amy Burt, Michael Thorn, Rakesh John, Howard Fink, Sagar Dugani, Saudade Samuelson, and Claudia Thomas.

C – Endocrine Society

D – Other – 1 vote from Tenbit Emiru

Recommendation reached: To follow WPATH Standards in covering hair removal as a medically necessary treatment.

8. Should MHCP cover vocal therapy within gender affirming care?

Marilyn Fairchild, a speech-language pathologist and clinical supervisor at the University of Minnesota, discussed the impacts of vocal therapy and vocal surgery in the context of general affirming care, potential benefits and risks, and how the two treatments work together.

Amy Burt moved to vote on the WPATH standards

A – Follow current MHCP policy

B – WPATH recommendations – 12 votes - Unanimous

vote C – Endocrine Society

D – Other

Recommendation reached to follow WPATH standards in covering vocal therapy within gender affirming care.

9. Should MHCP cover vocal surgery within gender affirming care?

Members discussed whether surgery should be limited to individuals who do not achieve sufficient results via vocal therapy. Marilyn Fairchild discussed the process of vocal surgery. Members considered a

fourth option indicated below.

A – Follow current MHCP policy – 1 vote by Samba Fall

B – WPATH recommendations – 2 votes by Saudade Samuelson, Claudia Thomas

C – Endocrine Society

D – Recommend considering voice surgery for specific cases when voice therapy has had an inadequate reduction in vocal dysphoria when recommended by a voice therapist. – 8 Votes – by Scott Hegstad, Rick Printon, Dan Stein, Tenbit Emiru, Amy Burt, Michael Thorn, Rakesh John, Howard Fink, Sagar Dugani.

Recommendation reached to consider voice surgery for specific cases when voice therapy has had an inadequate reduction in vocal dysphoria when recommended by a voice therapist.

Conclusion + Adjournment

- Next topic decision:
 - The chair indicated the next topic would be Chiropractic expansion and that the August meeting will be cancelled but materials would be sent out in August on the new topic.
- The committee adjourned at 7:32
- Next live meeting will be Wednesday September 13th from 5:30 – 7:30 PM.

Policy Decision Making Considerations

1. Is this service allowed under current state and federal law?
2. Are commercial policies covering this service?
3. **What are the best practice standards?**
4. **Is there evidence that the service is medically necessary?**
5. Is this the least expensive appropriate health service available?
6. Is this an effective and appropriate use of program funds?
7. **What is the equity impact of this policy on our members?**

Common terms, definitions, and acronyms

Acronym	Meaning
DHS	Department of Human Services
HSAC	Health Services Advisory Committee
MHCP	Minnesota Health Care Programs -Medical Assistance (Medicaid), MinnesotaCare
WPATH	World Professional Association for Transgender Health
MHP	Mental Health Provider
Tx	Treatment
Term	Definition
Mastectomy	A surgery to remove all breast tissue from the breast ¹ .
Breast Augmentation	A surgery to increase breast size ²
Genital Surgery	<p>Encompassing surgeries done on genitals for gender affirming care. May include, but not limited to:</p> <ul style="list-style-type: none"> ○ Hysterectomy – surgical removal of the uterus ○ Salpingo-oophorectomy – surgical removal of one, or both ovaries and fallopian tube ○ Vaginectomy – surgical removal of all, or part of the vagina ○ Orchiectomy – surgical removal of one or both testicles ○ Vaginoplasty – any surgical procedure that results in the construction, or reconstruction of the vagina. ○ Penectomy – Surgical removal of the penis