

ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013, as amended
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013, as amended
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” April 1, 2022
- (d) Public Law 116-333, Section 596, “National Defense Authorization Act for Fiscal Year 2020,” December 9, 2019
- (e) Assistant Secretary of Defense for Health Affairs Memorandum, “Guidance for Treatment of Gender Dysphoria for Active and Reserve Component Service Members,” July 29, 2016
- (f) Code of Federal Regulations, Title 32
- (g) Assistant Secretary of Defense for Health Affairs Policy Memorandum 12-002, “Use of Supplemental Health Care Program Funds for Non-Covered TRICARE Health Care Services and the Waiver Process for Active Duty Service Members,” February 21, 2012¹
- (h) United States Code, Title 10
- (i) Hembree, Cohen-Kettenis, et al., “Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline,” 102(11), J Clin Endocrinol Metab, 3869-3903, 2017. With correction: CORRIGENDUM FOR “Endocrine Treatment of Gender Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline,” 103(7), J Clin Endocrinol Metab, 2758-2759, February 2018
- (j) DoD Instruction 1300.28, “In-Service Transition for Transgender Service Members,” April 30, 2021, as amended
- (k) DoD Instruction 6130.03, Volume 1, “Medical Standards for Military Service: Appointment, Enlistment, or Induction,” May 6, 2018, as amended
- (l) DoD Instruction 6490.08, “Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members,” August 17, 2011
- (m) DoD Instruction 6490.07, “Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees,” February 5, 2010
- (n) DoD Instruction 6025.19, “Individual Medical Readiness Program,” July 13, 2022
- (o) American Psychiatric Association, “Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition, Text Revision,” March 18, 2022
- (p) Assistant Secretary of Defense for Health Affairs Policy Memorandum 05-020, “Policy for Cosmetic Surgery Procedures in the Military Health System,” October 25, 2005²
- (q) TRICARE Policy Manual, Chapter 7, Section 1.2, “Gender Dysphoria,” current edition
- (r) DoD Manual 6025.18, “Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs,” March 13, 2019

¹ This reference can be found here: <https://health.mil/Reference-Center/Policies/2012/02/21/Use-of-Supplemental-Health-Care-Program-Funds-for-Non-Covered-TRICARE-Health-Care-Services-and-the-W>

² This reference can be found at: <https://health.mil/Search-Results?query=cosmetic%20policy&refSrc=1>

- (s) Coleman, Radix, et al., “Standards of Care for the Health of Transgender and Gender Diverse People,” Version 8, *International Journal of Transgender Health*, Vol 23, S1-S259, September 15, 2022³
- (t) World Health Organization, “International Classification of Diseases, Eleventh Revision (ICD-11),” January 2022⁴
- (u) American Psychiatric Association, “A Guide for Working with Transgender and Gender Nonconforming Patients,” November 2017⁵
- (v) American Psychological Association, “Guidelines for Psychological Practice with Transgender and Gender Nonconforming People,” December 2015⁶
- (w) Assistant Secretary of Defense for Health Affairs Memorandum, “Guidance for Medical Care in Military Treatment Facilities for Service Members Diagnosed with Gender Dysphoria,” March 12, 2019
- (x) Assistant Secretary of Defense for Health Affairs Memorandum, “Health Care for Transgender Service Members – Guidance for Service Members Who Identify as Non-Binary,” February 10, 2022
- (y) DoD Instruction 1215.13, “Ready Reserve Member Participation Policy,” May 5, 2015

³ This reference can be found here: <https://doi.org/10.1080/26895269.2022.2100644>

⁴ This reference can be found here: <https://icd.who.int/browse11/l-m/en#/>

⁵ This reference can be found here: <https://www.psychiatry.org/psychiatrists/cultural-competency/education/transgender-and-gender-nonconforming-patients>

⁶ This reference can be found here: <https://www.apa.org/practice/guidelines/transgender.pdf>

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA, will:

a. Provide or coordinate guidance and oversight, as appropriate, to standardize the provision of medically necessary health care for TGD ADSMs diagnosed with gender dysphoria (GD), including members for whom gender transition is determined to be medically necessary by a medical provider, in accordance with Reference (j).

b. Exercise management responsibility over Military Health System (MHS) enterprise activities and authority, direction, and control over each military medical treatment facility (MTF) to provide and coordinate medically necessary care to TGD ADSMs as outlined in Enclosure 3, and in accordance with Reference (b) and Section 1073c of Reference (h).

c. In accordance with management responsibilities contained in Reference (b), ensure that that Direct Reporting Markets (DRM), Small Market and Stand-Alone Military Medical Treatment Facility Organization (SSO), Defense Health Agency Regions (DHAR), and MTFs develop any processes or procedures that are necessary to comply with this instruction.

d. Evaluate and render determinations, or delegate authority to render determinations, for SHCP waiver requests for medically necessary surgical care or other non-TRICARE benefits for TGD ADSMs in accordance with Reference (e), Part 199.16 of Reference (f), Reference (g), Section 1074 of Reference (h), and Reference (j).

2. ASSISTANT DIRECTOR, HEALTHCARE ADMINISTRATION (AD-HCA). The AD-HCA will:

a. Oversee compliance with this issuance by DRM, SSO, DHARs, and MTFs.

b. Ensure coordination between the DAD-MA, DAD-Healthcare Operations (HCO), other DADs, and Defense Health Headquarters J-Directors to ensure resources are available and to fulfill the terms of this directive in all MTFs within that DRM, SSO, or DHAR.

3. DAD, MA. The DAD-MA will:

a. Monitor compliance with this DHA-PI, which may include assessing DHA Enterprise performance on all provisions contained in this DHA-PI.

b. Collaborate with the MILDEPs on the delivery of health care and education to TGD ADSMs.

c. Ensure the Transgender Health Working Group (TGHWG) addresses healthcare issues of TGD patients, recommend direction, policy, guidelines, and procedures for the provision of medical care of TGD patients.

d. Select outcome metrics and reviewed by the TGHWG to measure the effectiveness of established programs and procedures in this DHA-PI.

e. Establish procedures to require gender-affirming surgery (GAS) performed in MTFs to have the same eligibility criteria and accessibility for all eligible ADSMs outlined in Enclosure 4 and per Reference (j).

f. Establish processes for SHCP waiver requests and ensure dissemination of information on SHCP waiver processes to the Markets.

g. Carry out responsibilities as delegated by either the Director, DHA, or Assistant Director, Healthcare Administration, to the extent any such responsibilities are delegated.

h. Establish a reporting process for TGD data to DHA leadership and internal and external stakeholders (e.g., Congress, DHA J Directorates, etc.).

4. DAD-HCO. The DAD-HCO will:

a. Oversee effective integration of TRICARE network resources to support authorized treatments for TGD ADSMs in Private Sector Care (PSC) by providers with expertise in TGD care.

b. Coordinate with DAD-MA in the care of TGD ADSMs.

5. SECRETARIES OF THE MILDEPS. The Secretaries of the MILDEPs will:

a. Identify appropriate individuals to serve as representatives from their respective MILDEP to work with DHA in ensuring compliance with the guidance in this DHA-PI.

b. Work with DHA to support the DHA Director's efforts to ensure there are appropriate standards and procedures under the SHCP for TGD ADSM health care services.

c. Determine the process for reviewing SHCP waiver request in accordance with Reference (e) and this DHA-PI.

6. DIRECTORS, DRM, SSO, AND DHAR. The DRM, SSO, and DHAR Directors will:

a. Provide the needed support to the MTFs in the health care delivery to TGD ADSMs.

b. Establish processes ensuring access to timely health care delivery, including timely submission of SHCP waiver requests from TGD ADSMs and subsequent implementation of approved waivers.

c. Ensure information dissemination on SHCP waiver processes from the DHA to the MTF Directors.

d. Ensure MTFs with an existing Transgender Care Team (TGCT), or with capabilities to establish TGCTs, will follow the standardized model established by the DHA as outlined in this DHA-PI.

e. Ensure official recognition and allocation of sufficient protected time for TGCT members to execute their assigned TG care duties either as primary or collateral duties.

f. Designate a TG Care Liaison (TGCL) to serve as a local point of contact (POC) for TGD ADSMs and medical staff members to connect with specialized TGD care resources within the Market or Region and in other Markets or Regions. Local TGCLs will also assist in managing TGD healthcare training in collaboration with MTF and Market TGCLs.

7. DIRECTORS, MTF. The MTF Directors will:

a. Ensure MTF medical personnel comply with this DHA-PI.

b. Designate a TGCL to assist local TGD ADSMs with TGD care access.

c. Provide sufficient protected time to clinicians and designated personnel providing substantial TGD care support to execute their assigned duties.

d. Ensure GAS procedures performed in the MTF are in accordance with Reference (i), and this DHA-PI.

e. Ensure information on the SHCP waiver process is disseminated from DHA (DHA-PI, SHCP Waiver Office), via DRM, SSO, and DHAR Directors, to MTF personnel.

f. Ensure compliance with mandatory TGD healthcare education, training, and reporting requirements.

g. Support dissemination of patient educational materials to TGD ADSMs and other beneficiaries.

8. CHAIR, TGHWG. The Chair, TGHWG, will:

a. Collaborate with MILDEP, DHA, and the Office of the Assistant Secretary of Defense for Health Affairs SMEs to develop and implement DoD and Assistant Secretary of Defense for

APPENDIX

MEDICAL TREATMENT PLAN TEMPLATE



DHA ORGANIZATION LETTERHEAD

[Street Address]
CITY, STATE, ZIP CODE

Date:

MEMORANDUM FOR RECORD

FROM: [RANK/TITLE, FIRST M.I. LAST NAME, SERVICE, POSITION TITLE]

SUBJECT: Gender Transition Medical Treatment Plan (MTP) for [RANK LAST NAME, FIRST NAME, M.I., (DOD ID Number)]

REFERENCES:

- (a) DoD Instruction 1300.28, "In-Service Transition for Transgender Service Members," April 30, 2021, as amended
- (b) DHA-Procedural Instruction 6025.21, "Guidance for Transgender Health Care of Active Duty and Reserve Component Service Members," [May 15, 2023]
- (c) Assistant Secretary of Defense for Health Affairs Memorandum, "Guidance for Treatment of Gender Dysphoria for Active and Reserve Component Service Members," July 29, 2016
- (d) Assistant Secretary of Defense for Health Affairs Memorandum, "Health Care for Transgender Service Members – Guidance for Service Members Who Identify as Non-Binary," February 10, 2022
- (e) [Applicable MILDEP policy(ies)]

1. Purpose: This medical treatment plan (MTP) identifies medically necessary care and treatment that is part of the above-named Service Member's (SM) gender transition. Additionally, it identifies the projected schedule for treatment and the estimated date for gender marker change (GMC) in the Defense Enrollment Eligibility Reporting System (DEERS), if applicable. The multidisciplinary (select Transgender Health Center (TGHC) team or Transgender Care Team (TGCT)) developed this MTP in accordance with references (a) through (h). If additional medically necessary care is identified that is not included on this MTP, the standardized Gender Transition MTP Update Memorandum will be completed and submitted to the SM's commander for concurrence.

2. Diagnosis and Necessity: The [select TGHC or TGCT] validated the diagnosis of Gender Dysphoria (GD) in accordance with the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision for the above-named SM. Consistent with currently accepted standards of care, the health care identified below is clinically appropriate and medically necessary. While treatment of GD is considered to be elective in timing, it is medically necessary and delays in care may negatively impact the overall mental health of the SM.

The following interventions are medically necessary:

- Gender-Affirming Hormone Treatment (GAHT): GAHT is anticipated to begin in the military health system [insert time frame] after commander's concurrence with the MTP. SM's will require medical appointments quarterly during the first 12 months.
- During the initial 12 months after initiation of GAHT, (#) surgeries are anticipated. The commander will receive a statement from [TGCT or TGHC] indicating that it has reviewed/concurred with the timing of the surgery. The commander will also be notified prior to each surgery per standard protocols and will have the opportunity to approve the timing. Each surgery may require convalescent leave and/or a period of light duty.
- After 12 months (#) surgeries are currently anticipated. The commander at that time will be notified prior to each surgery per standard protocols and will have the opportunity to approve the timing. Each surgery may require convalescent leave and/or a period of light duty.
- Social Transition: The following Exceptions to Policy (ETP) support social transition and are recommended beginning upon submission of an ETP request by the SM:
 - Dress and appearance
 - Facilities/Berthing/Billeting
 - Fitness Standards
 - Military Personnel Drug Abuse Testing Program
 - Body Composition Program
- Speech Therapy: Anticipated to begin (insert time frame) after commander's concurrence with the MTP.
- Hair removal by laser or electrolysis for pre-operative areas as clinically indicated.

4. DEERS Gender Marker Change (GMC):

a. In accordance with References (b) and (c), for SMs desiring DEERS GMC, gender transition is considered complete when the patient has achieved stability in their affirmed gender and their affirmed gender marker is reflected in DEERS. The date of completion of gender transition depends on the SM's physical and emotional response to treatment and therefore cannot be defined exactly, but is estimated to be in the range of 6-18 months. A medical memo of support from the [select TGCT or TGHP] will accompany the GMC request.

b. Per reference (a), care may be received after GMC, even if not identified on this treatment plan and would require the concurrence of an updated MTP.

c. All SMs must be able to meet physical fitness and grooming standards associated with the gender marker reflected in the DEERS system or as specified on an approved ETP. The above

named SM will be held to these standards and will use the berthing/billeting, bathroom, and shower facilities associated with their affirmed gender after GMC.

d. In accordance with Reference (b), requests must include:

- (1) An endorsement from the TGHC or TGCT;
- (2) An endorsement from the SM's commander;
- (3) A certified true copy of a state birth certificate reflecting the SM's affirmed gender, A certified true copy of a court order reflecting the SM's affirmed gender, OR A United States Passport reflecting the SM's affirmed gender.
- (4) The request will then be sent through appropriate personnel chains to process the GMC.

5. POCs for additional questions:

Air Force: [Air Force Service Central Coordination Cell (SCCC) contact info]

Army: usarmy.pentagon.hqda-dcs-g-1.mbx.sccc@army.mil

Navy: OPNAV N13X, Navy SCCC, usn_navy_sccc@navy.mil

6. Per Reference (a), the commander may not deny medically necessary care; however they may submit an alternative timeline for care, with justification, that is aligned with mission readiness. Commander's approval of the timeline outlined in this action memorandum is required for initiation of the proposed treatment plan. The commander has 30 days from the date of submission to provide written endorsement. Any changes to this document require an updated written treatment plan approved by the (insert TGHC or TGCT) and the commander.

FIRST M. LAST NAME, Rank, Service
[Director / Deputy Director of the TGHC or TGCT Lead]

ADDITIONAL SIGNATURE BLOCK(S) (as appropriate)
FIRST M. LAST NAME, Rank, Service
[Position in the TGHC or TGCT]

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

AC	Active Component
ADSM	Active Duty Service member
AOR	area of responsibility
BH	behavioral health
BHP	behavioral health provider
CPT	current procedural terminology
DAD	Deputy Assistant Director
DCS	Direct Care system
DEERS	Defense Enrollment Eligibility Reporting System
DHA	Defense Health Agency
DHA-PI	Defense Health Agency-Procedural Instruction
DHAR	Defense Health Agency Region
DRM	Direct Reporting Market
ETP	exception to policy
FFS	Facial Feminization Surgery
GAHT	gender-affirming hormone therapy
GAS	gender-affirming surgery or surgical procedure
GD	gender dysphoria
GI	gender incongruence
GMC	gender marker change
HCO	Healthcare Operations
MA	Medical Affairs
MCSC	managed care support contractor
MHS	Military Health System
MILDEP	Military Department
MTF	military medical treatment facility
MTP	medical treatment plan
PCM	primary care manager
PCP	primary care provider
PCS	permanent change of station
pre-op	pre-operative
PSC	Private Sector Care

RC	Reserve Component
RLE	real-life experience
SCCC	Service Central Coordination Cell
SG	Surgeon General
SHCP	Supplemental Health Care Program
SM	Service member
SME	subject matter expert
SSN	Social Security Number
SSO	Small Market and Stand-Alone Military Medical Treatment Facility Organization
TG	transgender
TGCL	transgender care liaison
TGCT	transgender care team
TGD	transgender and gender-diverse
TGHC	Transgender Health Center
TGHWG	Transgender Health Working Group
TRS	TRICARE Reserve Select

PART II. DEFINITIONS

Unless otherwise noted, these terms and their definitions are for the exclusive purpose of this DHA-PI.

ADSM. A uniformed SM on active duty for more than 30 days and not within the first 180 days following initial enlistment.

BHP. A provider who is licensed, credentialed, and privileged at an MTF (in the DCS), experienced in the diagnosis and treatment of BH conditions/mental health disorders. PSC civilian TRICARE-authorized mental health providers may be involved in an ADSM's care; these providers are credentialed through the MCSCs.

Gender-affirming care. Clinical services that support an individual's physical and BH as they define, explore, and align with their gender identity. Treatment may include, but is not limited to, hormones (GAHT), surgery, hair removal, voice training, and/or psychotherapy.

GAHT. Common medical treatment associated with gender-affirming care involving the use of hormones to assist an individual in their transition towards alignment with their gender identity. They are sometimes classified by 'feminizing' hormones or 'masculinizing' hormones. This was previously referred to as "cross-sex hormone therapy" (as in Reference (j)), however "gender-affirming hormone therapy (GAHT)" is the current and preferred term.

GAS. Gender-affirming care consisting of surgical procedures in support of an individual's transition to their self-identified gender. They are categorized as procedures affecting fertility

(e.g., hysterectomy, gonadectomy, and other procedures related to genital reconstruction), and those that do not affect fertility (e.g., chest reconstruction). GAS is the current and preferred terms over the previously used “sex-reassignment surgery (SRS)” or “gender reassignment surgery.”

GD. As specified in Reference (o), a marked and persistent incongruence between one’s experienced or expressed gender and sex assigned at birth, of at least 6 months’ duration, and associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Gender expression. External manifestations of gender; the outward way a person may express their gender. May include one’s name, pronouns, clothing, hairstyle, behaviors, voice expression, or body characteristics

GI. When one’s sex assigned at birth and gender identity do not align, which may lead one to transition in order to live authentically in alignment with their gender identity, and may be achieved through hormonal treatment, surgery, and/or other healthcare services (see ‘GAHT’ and ‘transition’). The diagnosis cannot be assigned prior the onset of puberty. Gender variant behavior and preferences alone are not a basis for assigning the diagnosis. Exclusion paraphilic disorders (Reference (u)).

Gender identity. An individual’s internal or personal sense of gender, which may or may not align with the individual’s sex (and associated gender role) assigned at birth.

Gender marker. Data element in DEERS that identifies a SM’s gender. SMs are expected to adhere to all military standards associated with their gender marker in DEERS and use military berthing, bathroom, and shower facilities in accordance with the DEERS gender marker.

GMC. Refers to the gender marker change in DEERS, after which time the ADSM is recognized in their self-identified gender in DoD systems. Occurs at a time when the TGCT determines that an SM’s gender transition is completed per the GD MTP or SM is considered to be medically stable and the SM’s designated commander, in consultation with the TGD SM, concurs and approves the GMC. At this point, the SM’s gender marker is changed in DEERS, and the SM is recognized in their self-identified gender.

Gender transition is complete. A SM has completed the medical care identified or approved by a military medical provider in a documented MTP as necessary to achieve stability in the self-identified gender.

Gender transition process (in-Service). Gender transition in the military begins when the TGCT or TGHC validates a diagnosis made by a non-TGCT provider, indicating the SM’s gender transition is medically necessary; the process is considered complete when the SM’s gender marker in DEERS is changed and the SM is recognized in the self-identified gender.

Military medical provider. Any military, government service, or contract civilian healthcare professional who, in accordance with regulations of a MILDEP or DHA, is credentialed and

granted clinical practice privileges to provide healthcare services within the provider's scope of practice in a Military MTF.

MTP. For the purposes of this DHA-PI, the MTP refers to the medically necessary plan of care for each individual TGD ADSM diagnosed with GD/GI. The goal of the MTP is to identify and document a clinical pathway that will alleviate the ADSM's GD/GI and render the ADSM stable in the affirmed gender. The MTP must include the following elements: the medical diagnosis; the provider's assessment of the individualized, and medically necessary care treatments which may or may not include: RLE, psychotherapy, GAHT, and GAS procedures; a proposed schedule for such treatments to include an estimated timeframe for transition completion; the likely impact of the medical care and treatment on the SM's readiness and deployability; and the scope of the social support network needed to support the SM. In order to maintain stability, ongoing medical care may be required after stability in the SM's self-identified gender is achieved and the gender marker is changed in DEERS for the ADSM. Ongoing treatments may include, but are not limited to, GAHT, GAS, and psychotherapy.

Medically necessary. Healthcare services or supplies necessary to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms, and that meet accepted standards of medicine.

Non-binary. An umbrella term used to describe someone whose gender identity falls outside of the traditional binary structure of girl/woman and boy/man; a gender identity that cannot be classified as exclusively male or female.

PCM. A primary care manager is a PCP whom the beneficiary is assigned to for the diagnosis and treatment of primary care conditions or disorders. PSC civilian TRICARE-authorized PCMs may be involved in an ADSM's care; these providers are credentialed through the MCSCs.

PCP. A provider who is licensed, credentialed, and privileged at an MTF (in the DCS), experienced in the diagnosis and treatment of primary care conditions or disorders. PSC civilian TRICARE-authorized primary care providers may be involved in an ADSM's care; these providers are credentialed through the MCSCs.

RLE. The phase in some individuals' gender transition process during which the individual begins living socially in alignment with their self-identified gender. RLE may or may not be preceded by the commencement of GAHT, depending on the medical treatment and MTP associated with the individual SM, cadet, or midshipman's gender transition. The RLE phase is also a necessary precursor to certain medical procedures, including GAS that affects fertility. RLE for SMs may consist of the use of the affirmed gender standards for dress/appearance, facility use, and fitness.

SCCC. Service-level cell of experts created to provide multi-disciplinary (e.g., medical, legal, personnel, etc.) advice and assistance to commanders regarding service by TGD SMs, cadets, or midshipmen and gender transition in the military.

Self-identified gender. The gender with which an individual identifies.

Stable in the self-identified gender. The absence of clinically significant distress or impairment in social, occupational, or other important areas of functioning associated with a marked incongruence between an individual's experienced or expressed gender and the individual's sex assigned at birth. Continuing medical care including, but not limited to, GAHT, may be required to maintain a state of stability. Surgical procedures may also be required to achieve a state of stability.

TG. Umbrella term that may apply when sex assigned at birth does not align with gender identity.

TGD. Transgender and gender-diverse people who identify themselves outside of the gender binary of male and female or move back and forth between different gender identities.

TGD SM. Per Reference (j), for purposes of DoD policy, an SM who has received a medical diagnosis indicating that gender transition is medically necessary, including any SM who intends to begin transition, is undergoing transition, or has completed transition and is stable in the self-identified gender.

TGCT. An interdisciplinary team of experts in TGD health care who build on each other's expertise to provide coordinated quality medical care to TGD ADSM, as well as to serve as a centralized TGD resource and as consultants in an advisory capacity. MILDEPs may use other terms than 'TGCT.'

TGD trained provider. A BH professional and/or physician who meet the following: (1) competence in using the Diagnostic and Statistical Manual and/or the International Classification of Diseases for diagnostic purposes; (2) the ability to diagnose GD/GI and make a distinction between GD/GI and conditions that have similar features (e.g., body dysmorphic disorder); (3) training in diagnosing related psychiatric conditions; (4) the ability to undertake or refer for appropriate treatment; (5) the ability to psychosocially assess the person's understanding, mental health, and social conditions that may impact GAHT; and (6) a practice of regularly attending relevant professional meetings (Reference (i)). It is only those providers who meet these criteria that should diagnose GD/GI in adults, as advised in Reference (i).

Transgender man. A TG man whose sex assigned at birth was female.

Transgender woman. A TG woman whose sex assigned at birth was male.

Transition. Refers to the process during which transgender persons change their physical, social, and/or legal characteristics to be consistent with their gender identity. For some, this involves surgical procedures. For others, this may not include surgery, but may consist of other ways to align their gender expression with their gender identity, such as through clothing, hairstyle, voice, mannerisms, etc. Transition may or may not include feminization or masculinization of the body through GAHT or other medical procedures. The nature and duration of transition are variable and individualized.