

HEALTH SERVICES – INSURED HEALTH and HEARING SERVICES		
SECTION:	TITLE: Financial assistance for Puberty Suppression (Puberty Blockers) Prescription Drugs	POLICY #: CDDB 2017-01
DATE ISSUED: September 30, 2017	CROSS REFERENCE:	MANUAL:
DATE REVISED:		

LEGISLATIVE AUTHORITY:

- *Health Act*
- *Health Care Insurance Plan Act*
- *Chronic Disease and Disability Benefits Regulation*
- *Children’s Drug and Optical Program Regulation*

DEFINITIONS:

Director means the director of the Yukon Health Care Insurance Plan appointed as per section 4(1) of the *Health Care Insurance Plan Act*.

Young person in the context of this policy refers to someone who is under 18 years of age.

Gender Dysphoria refers to discomfort or distress that is caused by a discrepancy between a person’s gender identity and that person’s sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics).

Gender Identity refers to our internal and psychological sense of oneself as a woman, a man, both, in between, or neither.

Gender identity disorder is a formal diagnosis set forth by the Diagnostic Statistical Manual of Mental Disorders, 4th Edition, Text Rev (DSM IV-TR) (American Psychiatric Association, 2000). Gender identity disorder is characterized by a strong and persistent cross-gender identification and a persistent discomfort with one’s sex or sense of inappropriateness in the gender role of that sex, causing clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Puberty blockers refer to a group of medications for youth that temporarily suppress or inhibit puberty by suppressing the production of sex hormones and preventing development of secondary sexual characteristics.

BACKGROUND:

The **Chronic Disease and Disability Benefits Program** provides financial assistance for prescription drugs, medical surgical supplies, medical equipment, food supplements or prostheses that are medically required for the management of a condition, and are recommended by a medical practitioner. The program is the payer of last resort. If someone receives health insurance benefits through their employer or a third party insurance agency – claims must be submitted to these insurers first. The program has an annual deductible that is calculated based on income.

The **Children's Drug and Optical Program** is designed to assist low income families with the cost of prescription drugs and eye care for children under the age of 19. Families may be responsible for paying a deductible. The maximum deductible is \$250 per child and \$500 per family. Deductibles may be waived depending on income and number of people in the family. (This is calculated on a sliding income scale.)

Although gender dysphoria is not currently covered, Schedule A - Section 17 of the *Chronic Disease and Disability Benefits Regulation* confers upon the Director a fairly broad discretion to extend coverage to “any other condition”. Administrative law principles which guide the exercise of discretion require that the discretion be genuinely exercised; that it be exercised in good faith and that its exercise be based upon only relevant criteria. An individual upon which discretion is conferred cannot refuse or fail to consider the exercise of that discretion.

The authority referred to in section 17 of Schedule A of the regulation was arguably conferred to permit an extension of coverage to individuals who do not suffer from the specifically listed chronic condition listed under the other 16 categories.

If puberty blockers are deemed to be medically required for the treatment of gender dysphoria, all of the criteria outlined in this policy must be met in order for the young person to be considered for financial assistance.

1.0 SCOPE

1.1 Application

This policy and associated documents applies to applications to Insured Health and Hearing Services for financial assistance for prescription drugs to treat gender dysphoria.

All applications for financial assistance for puberty blockers will be reviewed by the Chronic Disease and Disability Benefits Advisory Committee. It is listed as an exception drug under the Yukon Drug Formulary.

1.2 Purpose

This policy outlines the criteria and application process for financial assistance for prescription drugs related to gender dysphoria

2.0 POLICY STATEMENT

2.1 General

The changes to a young person's body that happen during puberty can be distressing if they are not in line with their identified gender. Puberty blockers can help relieve this distress. Delaying puberty gives a young person more time to explore their gender identity, before changes happen to their body that can't be reversed.

2.2 Criteria

Young persons (or their parents) applying for coverage for puberty blockers must meet the following criteria before being approved:

2.2.1 Criteria for Puberty Blocker Medication financial assistance

1. Must have a valid Yukon Health Care Insurance Plan number;
2. Under 18 years of age;
3. Persistent, well-documented gender dysphoria as determined by a qualified assessor;
4. Gender dysphoria emerged or worsened with the onset of puberty;
5. Any coexisting psychological, medical, or social problems are stable enough to start treatment;
6. The medication has been prescribed by a pediatric endocrinologist, who will work with the young person's family doctor for routine monitoring; and
7. The young person has given informed consent, and the parents/guardians have given consent and are involved in supporting the adolescent throughout the treatment process.

2.3 Application Process

Applications for coverage for puberty blocker medication will adhere to the following processes:

2.3 Qualified Assessor

The following are minimum credentials for mental health professionals who assess, refer, and offer therapy to children and adolescents presenting with gender dysphoria:

- a. Meet the competency requirements for mental health professionals working with adults, as outlined in section VII - WPATH Standards of Care.
- b. Trained in childhood and adolescent developmental psychopathology;
- c. Competent in diagnosing and treating the ordinary problems of children and adolescents.

3.0 APPEALS

Appeals for coverage are to be sent, in writing, to the Director of Insured Health and Hearing Services for review. Letters should be addressed as follows:

Director, Insured Health and Hearing Services (H-2)
Department of Health and Social Services
Box 2703
Whitehorse, YT
Y1A 2C6

Note: All requirements of the Acts and Regulations governing Yukon Health and Hearing Services shall remain in effect. All decisions on interpretation will be referred to the Director of Insured Health and Hearing Services.

APPROVED BY:

M Fenske

Marguerite Fenske, Director
Insured Health and Hearing Services

Oct. 2, 2017
Date