Instructions – For Non-Surgical Gender-Affirming Procedures Provided Inside or Outside of Prince Edward Island

A. For gender-affirming procedures that are non-surgical in nature (i.e., not performed by a surgeon), some coverage is available (see Appendix C for details).

B. For non-surgical procedures that must be obtained outside of Prince Edward Island, applications for funding, should be made to the Health PEI Gender-Affirming Clinic.

C. The Gender-Affirming Procedure Policy details clinical parameters for care (see Appendix A for details).

D. In order to apply for coverage for the above procedures, patients should submit this application form to the Gender-Affirming Clinic.

E. Applications will be processed by the Gender-Affirming Clinic to ensure they are complete, then forwarded to for technical review to the Gender-Affirming Procedure Approval Committee. Follow-up information, as well as consent for disclosure (particularly if a primary care provider is supporting this application) may be required to process the application.

F. Approval or non-approval will be communicated directly to the patient and copied to the patient's primary care provider (unless the patient requests otherwise).

G. If the requested procedure, cannot be covered, as determined by the technical reviewers, appeals can be made to the Director of Primary Care and Chronic Disease, Health PEI. Decisions on appeals will be made in conjunction with Medical Affairs.

H. Applications for funding for gender-affirming non-surgical procedures, can be sent via mail, fax, or e-mail to:

Gender-Affirming Clinic
Health PEI
15 Brackley Point Rd, Charlottetown, PE C1A 6Y1
Telephone: (902) 628-1405 **Fax**: (902) 569-7772
E-Mail: GAC@ihis.org

1. (For Non-Surgical Procedures)
Patient Information

Last name: _____

First name: _____ Middle name: _____

Address: _____

_____ Postal code: _____

Phone number: ___(_____)_____ Date of birth (yyyy/mm/dd): _____

Medicare Health Card #: _____ Expiry Date (yyyy/mm/dd): _____

2. (For Non-Surgical Procedures)
Complete Patient Declaration

- I am a permanent resident of Prince Edward Island. ☐ Yes ☐ No
- I am 18 years old or older. ☐ Yes ☐ No
- I am registered with PEI Medicare and possess a valid PEI Health Card. ☐ Yes ☐ No
- I understand that the procedures outlined in the Gender-Affirming Procedures for the purpose of gender-confirmation are only publicly funded if pre-approved by the Gender-Affirming Clinic ☐ Yes ☐ No
- I understand that there is no public funding available for: ☐ Yes ☐ No
  - Gender-Confirming Procedures provided outside of Canada.
  - GC services received without prior approval from the Health PEI Gender-Affirming Clinic.
  - Any services which are not recognized in the WPATH Standards of Care Version 8.
  - Any take-home medications, equipment, meals, travel, accommodation and other personal expenses (although some of these costs may be covered by a provider).
- I have read and understand Health PEI's Out-of-Province Travel Support Program Policy and understand that I may apply for assistance as applicable. ☐ Yes ☐ No

Proposed procedure for which prior approval is requested:

Please check the procedure(s) for which prior approval is being requested (please refer to the complete list in Appendix C):

Specific Procedure Requested *(to be completed by patient)* **Please include estimated cost (with documentation), location provided, and ways in which gender incongruence will be reduced by this procedure- please attach additional pages as necessary.**

Notes:

- The procedure for which coverage is requested, must be present in the WPATH SOC 8.
- The therapeutic benefit to the patient must be, in the opinion of the Gender-Affirming Procedure Approval Committee, be clinically significant.
- Letter(s) of support from a WPATH-observant clinician *may* be included.

3. (For Non-Surgical Procedures)

Sign the certification and consent—Patient

I certify that the information given on this form is complete and accurate.

I understand that my personal health information collected on this form and the attached supporting documents will only be used to process my request and will not be disclosed without my consent unless required by law.

Name (please print):_____

Signature:_____Date: _____

4. (For Non-Surgical Procedures)

Complete Clinical Declaration (Optional – to be filled out by a Clinician)

I have verified that the patient meets all of the general criteria for G-Affirming Procedures:

- The patient is a permanent resident of PEI. ☐ Yes ☐ No
- The patient is registered with PEI Medicare and possesses a valid PEI Health Card. ☐ Yes ☐ No

PRIMARY CLINICAL CRITERIA
I have verified that the patient has:

- Well-documented gender incongruence ☐ Yes ☐ No
- Has the capacity to make a fully informed decision and to consent for treatment: ☐ Yes ☐ No
  - Understand the procedure
  - Understand associated risk/s and complications
  - Has an aftercare / follow-up plan
- Has reasonably well controlled medical or mental health concerns, if they are present. ☐ Yes ☐ No

5. Inform patient of Out of Province Travel Support Programs

I have reviewed the Health PEI Out of Province Travel Support Programs with the patient ☐ Yes ☐ No

6. Certification and recommendation signature

Name (please print):_____

Signature:_____Date: _____

For Health PEI Staff Use Only:

*Authorized Signature:*_____*: Date:*_____

Appendix A

Non-Surgical Gender Affirming Procedures Covered - 2023 Policy

Additional Procedures:
(Gender affirming procedures will be considered eligible for funding when a patient receives prior approval include)

1. Hair Removal and Hair Replacement Therapy as clinically indicated

2. Voice Therapy

3. Hormone Therapy, including puberty suppression

Source: 2023 Gender Affirming Surgeries Policies, Health PEI/WPAT