

	DEPARTMENT OF PUBLIC SAFETY	EFFECTIVE DATE: OCT 20, 2015	POLICY NO.: COR.10.1E.16
	CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	SUPERSEDES (Policy No. & Date): COR.10.1E.16 (10/09/07)	
	SUBJECT: CROSS-HORMONE THERAPY TRANSSEXUAL/INTERSEX PATIENTS		Page 1 of 4

1.0 PURPOSE

To provide guidelines regarding the management of cross-hormone therapy for transsexual and intersex patients

2.0 REFERENCES AND DEFINITIONS

.1 Reference

- a. American Psychiatric Association, Diagnostic and Statistical Manual Of Mental Disorders, DSM-5, Fifth Edition, 2013
- b. Hawaii Revised Statutes; Section 26-14.6, Department of Public Safety; and Section 353C-2, Director of Public Safety, Powers and Duties.

.2 Definitions

- a. Cross-Sex Hormone Therapy: denotes the use of feminizing hormones in an individual assigned male at birth based on traditional biological indicators or the use of masculinizing hormones in an individual assigned female at birth.
- b. Gender Assignment: initial assignment as male or female that usually occurs at birth.
- c. Gender Dysphoria: a medical condition where there is a marked difference between the individual's expressed/experienced gender and the gender others would assign him or her causing clinically significant distress or impairment in social, occupational or other important areas of function lasting for at least six (6) months.
- d. Gender Reassignment: denotes an official, usually legal, change of gender.
- e. Intersex: is a general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn't seem to fit the typical definitions of female or male.
- f. Post transition: term used to describe an individual who has transitioned to full-time living in the desired gender (with or without legalization of gender change) and has undergone (or is preparing to have) at least one cross-sex

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medical procedure or treatment regimen-namely, regular cross-sex hormone treatment or gender reassignment surgery confirming the desired gender.

- g. Transgender: a broad spectrum of individuals who transiently or persistently identify with a gender different from their natural gender.
- h. Transsexual: denotes an individual who seeks, or has undergone, a social transition from male to female or female to male, which in many, but not all cases involves a somatic transition by cross-sex hormone treatment and/or sex reassignment surgery.

3.0 POLICY

- .1 The primary care physician and the psychiatrist or psychologist shall evaluate any patient requesting cross-hormone therapy.
- .2 The continuation of community prescribed cross-hormone therapy shall be reviewed by the facility medical provider in the same manner as any other chronically prescribed medication used to treat chronic medical conditions. A bridge order shall be obtained to avoid the rapid withdrawal of cross-hormone therapy.
- .3 Cross-hormone therapy and medically indicated follow-up specialty care shall be provided at no cost to the patient.
- .4 Modification of outside physician prescribed cross-hormone therapy whether dosing or route shall occur only after consultation with the prescribing provider when possible.
- .5 Patients receiving community prescribed cross-hormone therapy residing in Hawaii shall be permitted follow-up in community care with the prescribing provider for their hormone therapy, whenever reasonably possible. Follow-up visits shall occur at a minimum of once per year and anytime the patient's State medical provider determines their medical condition related to cross-hormone therapy warrants additional evaluations.
- .6 Patients residing in a mainland prison shall be referred to a community based practitioner familiar with transsexual and intersex hormone therapy for follow-up, if possible. This shall occur at a minimum of once per year and anytime the patient's medical condition as related to hormone therapy warrants additional evaluations.

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- .7 Patients previously receiving cross-hormone treatment shall be considered for referral to their community provider for the purpose of re-initiation of cross-hormone therapy.
- .8 No primary sex reassignment surgery shall be provided. Surgery shall be reserved and limited to the treatment of complications related to pre-existing operative changes.

4.0 PROCEDURES

- .1 Any patient who on admission, claims a history of medical or surgical therapy in the community to change his or her gender or sex shall be referred to the Health Care Section for evaluation by both a medical and psychiatric provider.
- .2 The medical provider shall order the continuation of cross-hormone therapy at the same dose and frequency and route as provided in the community unless there is a clinical contraindication to continuing the therapy.
- .3 Medical providers who have determined to stop cross-hormone therapy shall document the medical indications for ceasing treatment.
- .4 The facility psychiatrist shall evaluate the patient for symptoms of gender dysphoria and assess for the need for continuing therapy.
- .5 Patients on cross-hormone therapy shall be scheduled at a minimum for an annual visit with their community based physician prescribing the cross-hormone therapy, when possible, or with another provider familiar with cross-hormone therapy to allow for follow-up care. The need for additional provider visits shall be reviewed on an individual basis by the Special Utilization Review Panel.
- .6 Cross-hormone therapy and outside provider follow-up shall be provided at no cost to the patient.

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5.0 SCOPE

This policy and procedure applies to all correctional facilities and their assigned personnel.

APPROVAL RECOMMENDED:

G. David Saldana, MD 10/6/15
acting Medical Director Date

[Signature] 10/6/15
Health Care Division Administrator Date

Al N. Ast 10-07-15
Deputy Director for Corrections Date

APPROVED:

[Signature]
Director
OCT 20 2015
Date