

PALM CENTER

BLUEPRINTS FOR SOUND PUBLIC POLICY

NEW VA POLICY FOR TRANSGENDER VETERANS: MYTHS AND FACTS

The Department of Veterans Affairs has announced new, inclusive policy for transgender veterans, based on more than five years of research into health care equity, best practices, and standards of care. Below is a short summary of facts in response to common misperceptions.¹

Myth: Providing comprehensive medical care to transgender veterans is unaffordable.

Fact: The cost will be small, less than one-hundredth of one percent of VA’s budget for medical care. VA’s 2016 *Impact Analysis*² estimated that the cost of removing the exclusion for “gender alterations” would be \$7.3 million annually by Year 3 (\$3.5M and \$7.1M in Years 1 and 2), which is .0092 percent of VA’s FY2020 \$79.1 billion request for discretionary medical funding. VA also found that “transition-related surgery has been proven effective at mitigating serious health conditions including suicidality, substance abuse and dysphoria that, left untreated, impose treatment costs on the VHA.” VA has long-term responsibility for veterans, and it reaps the savings of improved mental health for the rest of a veteran’s life.

Myth: Equal access to medical care means that other veterans will have reduced access.

Fact: VA does not ration medically necessary care to veterans for reasons that are unrelated to the nature of their service. No one asks, “Why is VA treating people for heart disease when combat veterans are having trouble receiving service-connected care?” Eligible veterans receive a full slate of medically necessary care whether that treatment is service-connected or not. The exclusion for “gender alterations” unfairly framed transgender veterans as undeserving—and even a danger to fellow veterans—even though they earned VA medical benefits on the same basis as everyone else.

Myth: Medical treatment for gender dysphoria is less important than other VA-provided care.

Fact: VA’s *Impact Analysis* found that “surgical procedures are now widely accepted in the medical community as medically necessary treatment for gender dysphoria.” If medical care meets the standard of VA’s Medical Benefits Package under 38 CFR § 17.38 (“needed to promote, preserve, or restore the health of the individual and is in accord with generally accepted standards of medical practice”), all eligible veterans should be entitled to receive it. The American Medical Association, American Psychological Association, American Psychiatric Association, and six former U.S. Surgeons General agree that transgender-inclusive health care is medically necessary and promotes better health outcomes. The “gender alterations” exclusion was a one-of-a-kind restriction in VA policy, denying surgical services routinely provided to other veterans solely because of *the reason* for treatment, not its medical necessity.

¹ This fact sheet is adapted from the [Palm Center’s comment on VA’s Proposed Rule](#), “Exclusion of Gender Alterations from the Medical Benefits Package” (2018).

² VHA Chief Financial Officer (10A3), *Impact Analysis for RIN 2900-AP69, Removing Gender Alterations Restriction from the Medical Benefits Package* (July 24, 2016). See Appx 320-330 [linked here](#).