

OKLAHOMA CITY INDIAN CLINIC POLICIES AND PROCEDURES

LGBTQ Non-Discrimination and Transgender Healthcare Rights		
Ownership: Administration		
Applicable Departments: All Departments		
Effective Date: July 27, 2018	Last Review: March 29, 2019	Last Board Review Date: April 25, 2019
Last Policy Revision: July 20, 2018	Approved By: Daniel Molina, MD Chief Medical Officer	Board Approval Date: July 27, 2018
Last Procedure Revision: January 11, 2019	Approved By: Monica McKee, MPH Director of Patient Services	Board Approval Not Required
Reference / Regulatory Standard:		
<ul style="list-style-type: none"> • AAAHC Chapter 1: A • National Center for Transgender Equality www.transequality.org/know-your-rights/healthcare • The Center of Excellence for Transgender Health (CoE) at the University of California - San Francisco <i>Guidelines for the Primary and Gender - Affirming Care of Transgender and Gender Nonbinary People</i>. http://transhealth.ucsf.edu/trans?page=protocol-00-00 • The Fenway Institute, Boston, MA http://doaskdotell.org/ehr/toolkit/ • Human Rights Campaign www.hrc.org • Section 1557 of the Affordable Care Act (2010) 		

Purpose:

Studies have shown that transgender people may avoid seeking care due to prior discrimination or disrespect in a health care setting. Providing a safe, welcoming and culturally appropriate clinic environment is essential to ensure that transgender people not only seek care, but return for follow-up. Under the Affordable Care Act, it is illegal for any health care provider, health insurance company, health program or organization that receives any federal funding (including accepting Medicare or Medicaid payments for any patients) or is administered by a federal agency to discriminate against anyone because they identify as transgender or because they don't conform to gender stereotypes.

Policy:

Oklahoma City Indian Clinic (OKCIC) will provide a safe, welcoming and culturally appropriate clinic environment that does not discriminate against any person on the basis of gender identity, gender expression, sexual orientation, or transgender status. OKCIC will comply with all federal regulations to protect patient rights. All LGBTQ patients will be treated with respect, and according to their gender identity.

OKCIC promotes patient and family-centered care by allowing patients to be accompanied by a visitor(s) of their choice including, but not limited to, a spouse, domestic partner (including a same sex domestic partner), family members, or a friend, for emotional support during the course of his/her visit, except treatment areas where visitors are generally not allowed (i.e. dental operator). Visitors designated by the patient or health care proxy, where appropriate, do not have to be legally related to the patient and patients are able to withdraw or deny such consent at any time.

Types of Prohibitive Discrimination by Health Care Providers:

It is illegal for health care providers that receive federal money to do any of the following based upon a patient's gender identity:

- Refuse to admit or treat the patient
- Force the patient to have intrusive and unnecessary examinations
- Refuse to provide services that are provided to other patients
- Refuse to treat a patient according to their gender identity, including providing access to restrooms consistent with the patient's gender identity
- Harass or refuse to respond to harassment by staff or other patients
- Refuse to provide counseling, medical advocacy or referrals, or other support services
- Isolate or deprive the patient of human contact, or limit patient participation in social or recreational activities offered to others
- Require the patient to participate in "conversion therapy" for the purpose of changing their gender identity
- Harass, coerce, intimidate, or interfere with the patient's ability to exercise their health care rights
- In every state, most insurance companies aren't allowed to exclude transition-related care

Definitions and Terminology:

OKCIC adopts the following definition of "family" for purposes of clinic-wide visitation policy:

- **Family:** Any person(s) who plays a significant role in an individual's life. This may include a person(s) not legally related to the individual. Members of "family" include spouses, domestic partners, and both different-sex and same-sex significant others. "Family" includes a minor patient's parents, regardless of the gender of either parent. Solely for purposes of visitation policy, the concept of parenthood is to be liberally construed without limitation as encompassing legal parents, foster parents, same-sex parents, step-parents, those serving in loco parentis, and other persons operating in caretaker roles.

The following definitions are some commonly encountered terms, based on North American English language use. A detailed discussion of terminology in the context of the great diversity of transgender and gender nonconforming people encountered across cultures and languages is beyond the scope of these guidelines.

- **Cisgender:** A person whose gender identity and assigned sex at birth correspond (i.e. a person who is non-transgender) (cis = same side in Latin).
- **Cross Dresser / Drag Queen / Drag King:** These terms generally refer to those who may wear the clothing of a gender that differs from the sex, which they were assigned at birth for entertainment, self-expression, or sexual pleasure. Some cross dressers and people who dress in drag may exhibit an overlap with components of a transgender identity. The term **transvestite** is no longer used in the English language and is considered pejorative.

- **Cross-Sex Hormone Therapy:** The administration of hormones for those who wish to match their physical secondary sex characteristics to their gender identity.
- **Disorders of Sex Development (DSD):** Group of rare conditions where the reproductive organs and genitals do not develop as expected. Some DSDs include Klinefelter Syndrome and Androgen Sensitivity Syndrome. Sometimes called differences of sex development. Some prefer to use the term intersex.
- **Gender Affirming Surgery (GAS):** Surgeries used to modify one's body to be more congruent with one's gender identity. Also referred to as sex reassignment surgery (SRS) or gender confirming surgery (GCS). "Bottom surgery" is a colloquial way of describing gender affirming genital surgery
- **Gender Dysphoria:** Distress experienced by some individuals whose gender identity does not correspond with their assigned sex at birth. Manifests itself as clinically significant distress or impairment in social, occupational, or other important areas of functioning. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) includes gender dysphoria as a diagnosis. Gender dysphoria is not the same as gender nonconforming or being gay/lesbian.
- **Gender Expression:** The outward manner in which an individual expresses or displays their gender. This may include choices in clothing and hairstyle, or speech and mannerisms. Gender identity and gender expression may differ; for example a woman (transgender or non-transgender) may have an androgynous appearance, or a man (transgender or non-transgender) may have a feminine form of self-expression.
- **Gender Fluid:** Describes a person whose gender identity is not fixed. A person who is gender fluid may always feel like a mix of the two traditional genders, but may feel more one gender some days, and another gender other days
- **Gender Identity:** A person's internal sense of self and how they fit into the world, from the perspective of gender. An internal sense of being a man/male, woman/female, both, neither, or another gender.
- **Gender Identity Data:** Includes chosen name, chosen pronouns, current gender identity, and sex listed on original birth certificate. Failure to collect and use gender identity data has several important repercussions, including difficulties in tracking the organ inventories and preventive health needs of transgender people, invisibility of gender and sexual minority populations to policy makers and researchers, and reduced patient satisfaction due to a failure to use chosen names and pronouns.
- **Gender Nonconforming:** A person whose gender identity differs from that which was assigned at birth, but may be more complex, fluid, multifaceted, or otherwise less clearly defined than a transgender person. **Genderqueer** is another term used by some with this range of identities.

- **Intersex:** Group of rare conditions where the reproductive organs and genitals do not develop as expected. Some prefer to use the term disorders (or differences) of sex development. Intersex is also used as an identity term by some community members and advocacy groups. (Avoid outdated term of Hermaphrodite)
- **LGBTQ2:** (Lesbian, Gay, Bisexual, Transgender, Queer (or Questioning), Two-Spirit Community) “Two-spirited” refers to a person who has both a masculine and a feminine spirit, and is used by some First Nations people to describe their sexual, gender and/or spiritual identity.
- **Nonbinary:** Transgender or gender nonconforming person who identifies as neither male nor female.
- **Sex:** Historically has referred to the sex assigned at birth, based on assessment of external genitalia, as well as chromosomes and gonads. In everyday language is often used interchangeably with gender, however there are differences, which become important in the context of transgender people.
- **Sexual Orientation:** Describes sexual attraction only, and is not directly related to gender identity. The sexual orientation of transgender people should be defined by the individual. It is often described based on the lived gender; a transgender woman attracted to other women would be a lesbian, and a transgender man attracted to other men would be a gay man.
- **SO/GI:** Refers to sexual orientation and gender identity data used to track and improve LGBT health outcomes.
- **They/Them/Their:** Gender neutral pronouns used by some who have a nonbinary or nonconforming gender identity.
- **Transgender:** A person whose gender identity differs from the sex that was assigned at birth. May be abbreviated to **trans**. A **transgender man** is someone with a male gender identity and a female birth assigned sex; a **transgender woman** is someone with a female gender identity and a male birth assigned sex. (Avoid the term tranny as this is outdated and considered offensive)
- **Trans-masculine / trans-feminine:** Terms to describe gender nonconforming or nonbinary persons, based on the directionality of their gender identity. A trans-masculine person has a masculine spectrum gender identity, with the sex of female listed on their original birth certificate. A trans-feminine person has a feminine spectrum gender identity, with the sex of male listed on their original birth certificate. In portions of these Guidelines, in the interest of brevity and clarity, transgender men/women are inclusive of gender non-conforming or nonbinary persons on the respective spectræ.
- **Transsexual:** A more clinical term which had historically been used to describe those transgender people who sought medical intervention (hormones, surgery) for gender affirmation. Term is less commonly used in present day, however some

individuals and communities maintain a strong and affirmative connection to this term.

- **Two-Spirit:** A contemporary term that connects today's experiences of LGBT Native American and American Indian people with the traditions from their culture (avoid outdated term of Berdache).
- **Ze/Hir/Hirs:** Gender neutral pronouns used by some who have a nonbinary or nonconforming gender identity. Pronounced zee/hear/hears

Procedures:

For the purposes of clarity and simplicity, the term *transgender* will be used throughout these guidelines to refer to transgender, gender nonconforming, and genderqueer people as a set, unless otherwise indicated. *Non-transgender* people will be referred to as such.

1. Oklahoma City Indian Clinic (OKCIC) has established a Diversity Council who is responsible for addressing LGBTQ health and healthcare inequities throughout the Clinic. The Council has developed a strategic plan to increase data collection, ensure highest quality of care, and collaborate with community groups to better serve LGBTQ patients.
2. OKCIC staff members should be aware of basic terminology used by the LGBTQ community. In addition to the terminology described in these guidelines (which are based on North American English language use), other local or individual terms may exist and also may change over time.
3. Each patient should be approached as an individual with no preconceptions and should be called by their preferred/chosen name and pronoun.
4. Create an environment of accountability. Don't be afraid to politely correct your colleagues if they use the wrong names and pronouns, or if they make insensitive comments. Creating an environment of accountability and respect requires everyone to work together.
5. The New Patient Registration form contains gender-related questions that will allow Health Information Management (HIM) staff to set up a patient identity flag in the electronic health record that includes the patient's preferred name and pronoun. This information should be used consistently by clinical staff in all conversations with or about the patient. Sexual Orientation/Gender Identity (SO/GI) data collection on established patients will most likely be done at the provider-level. Registration and provider staff will notify the HIM Director when an identity flag is warranted. The goal is to prevent repetitious questioning regarding an individual's personal preferences. Preferred pronouns are she/her/hers for transgender women and he/him/his for transgender men. Some patients, especially younger patients, may identify outside of the gender binary and not identify strictly as male or female. These patients may prefer gender neutral pronouns that can include they/them/their or other, new pronouns such as ze/hir/hirs (pronounced zee/hear/hears).

6. It is important to note that the HL7 codes for “administrative gender” are separate and distinct from current gender identity and assigned sex at birth. Administrative gender data should only be used as necessary, such as for insurance billing purposes (though this use is rapidly becoming obsolete as rules regarding insurance coverage for transgender individuals change), and should not be used for identifying, housing, or communicating with patients.
7. Patient privacy must be protected and discussions related to an individual’s gender identity must be done privately. Never “out” someone without their permission.
8. A transgender care team has been established in the Endocrinology clinic. Patients will still maintain their PCP care team for all other medical services. The Prevention Specialist in the Public Health Department will serve as Case Manager to navigate transgender services within the clinic and outside the clinic if warranted.
9. When conducting patient care, clinical staff should use a gender affirming approach. Gender affirmation is when an individual is affirmed in their gender identity through social interactions. This includes being referred to by their preferred name and pronouns during the entire visit. This may also include using general terminology for body parts, or asking patients if they have a preferred term to be used.
10. Gathering gender identity data (two-step method):
 - a. Gender Identity
 - Male
 - Female
 - Transgender Male
 - Transgender Female
 - Other _____
(Not exclusively male or female)
(Do not identify as male, female, or transgender)
 - b. Sex assigned at birth (on birth certificate)
11. The patient’s sex assigned at birth should be the one identified in the RPMS/EHR to ensure appropriate preventative health reminders are addressed. For example: an affirmed woman will still have a prostate gland and an affirmed man may still have his uterus and ovaries. At some point, the system is expected to have additional fields to capture a patient’s gender identity.
12. Single-occupant gender neutral restrooms are available throughout the OKCIC campus.
13. Section 1557 of the Affordable Care Act (ACA) prohibits discrimination in health coverage and care based on sex, including discrimination based on gender identity or sexual orientation. That means that most insurers, including Medicare, Medicaid, and insurance companies that offer state and federal Marketplace plans, cannot deny or limit coverage simply because the treatment someone is receiving is related to their gender identity. For example, an insurance company cannot automatically deny coverage for transition-related care. If the plan covers a treatment for other people, the carrier cannot refuse to cover the same treatment simply because it is

being used by a transgender individual, or because it is being used to treat transgender dysphoria. This law applies to Marketplace insurance plans in Oklahoma. Patients that believe a health insurance plan is violating their rights should be referred to the Senior Benefits Coordinator for assistance.