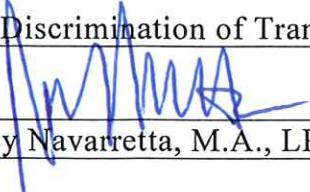




STATE OF CONNECTICUT
Department of Mental Health & Addiction Services
Commissioner's Policy Statement and Implementing Procedures



SUBJECT/POLICY NAME:	Non-Discrimination of Transgender Persons	
APPROVED BY:		2/27/24
	Nancy Navarretta, M.A., LPC, NCC	Date:
EFFECTIVE DATE:	DATE: (2/27/2024)	

STATEMENT OF PURPOSE:

To ensure that DMHAS facilities are offering health care that is nondiscriminatory.

DEFINITIONS:

Gender-affirming surgery—a general term for a variety of surgical procedures that may be a part of a person’s gender transition; sometimes referred to as “sex reassignment surgery” or “gender reassignment surgery.”

Gender dysphoria—a clinical psychiatric diagnosis, first listed in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders, that describes an intense, continuous distress resulting from an individual’s sense of the inappropriateness of their assigned sex at birth; previously known as “gender identity disorder.”

Gender expression—the way a person expresses gender through dress, grooming habits, mannerisms and other characteristics.

Gender identity—an individual’s inner sense of being male, female, or another gender. Gender identity is not necessarily the same as sex assigned or presumed at birth. Everyone has a gender identity.

Gender-nonconforming—a term used to describe people who do not meet society’s expectations of gender roles.

Genderqueer—a term used by people who identify their gender as being somewhere on the continuum between, or outside of, the binary gender system; genderqueer people may or may not also identify as transgender.

Name in use—the name by which a person wants to and should be addressed, even though it may differ from the name appearing on the person’s legal identity documents or the name assigned to the person at birth.

Non-binary - Describes gender identities that do not fit within the binary of male or female. Many transgender people and some who do not identify as transgender have gender identities

that are neither male or female. They may use this umbrella term to describe their gender identity.

Transgender—an umbrella term used to describe people whose gender identity, one’s inner sense of being male, female, or something else, differs from their assigned or presumed sex at birth.

Trans man—an identity label sometimes adopted by female-to-male transgender people to signify that they are men while still affirming their gender history.

Transition—a shift over time from occupying the social role of one gender to that of another. This term also describes the medical procedures that sometimes accompany that shift. Transition may or may not include taking hormones, having surgeries, or changing identity documents to reflect one’s gender identity.

Trans woman—an identity label sometimes adopted by male-to-female transgender people to signify that they are women while still affirming their gender history.

POLICY

1. DMHAS does not discriminate against any person on the basis of gender identity or gender expression.

Nondiscrimination policies that prohibit discrimination based on gender identity and gender expression are a first and necessary step toward ensuring that transgender patients have equal access to respectful, knowledgeable treatment and care. Section 1557 of the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act) prohibits sex discrimination in any hospital or health program that receives federal funds, and in March 2022 the U.S. Department of Health & Human Services (HHS), Office for Civil Rights (OCR), reaffirmed previously issued regulations explaining that this prohibition extends to claims of discrimination based on gender identity and sex stereotyping.

2. All DMHAS patients have the right to competent, considerate, and respectful care in a safe setting that fosters the patient’s comfort and dignity and is free from all forms of abuse and harassment, including abuse or harassment based on gender identity or gender expression. Patients have the right to privacy and confidentiality during their treatment or other rendering of care within DMHAS facilities. All staff members participating in the care (or discussions of the care) of patients should be trained on this policy.

3. Absent urgent medical reasons to the contrary, transgender patients who have been receiving hormone therapy prior to an inpatient admission should have that therapy continued without interruption pending evaluation by a specialist. Health care providers unfamiliar with this aspect of care will consult with providers who have this expertise as well as with the patient’s prescribing physician, if possible.

The use of estrogens in individuals assigned male at birth and androgens in individuals assigned female at birth can be a critical and effective treatment for gender dysphoria. Not all transgender

people require hormone therapy, but if a transgender patient is admitted to a hospital and is currently taking hormones, that treatment should not stop unless there is a medical indication to do so. Abruptly stopping hormone therapy may result in negative physical and psychological consequences.

4. When transgender patients present for care, they will be addressed and referred to based on their self-identified gender, using their preferred pronouns and name in use, regardless of the patient's appearance, surgical history, legal name, or sex assigned at birth. If the patient's family members or others (including officials from other agencies) suggest that the patient is of a gender different from that with which the patient self-identifies, the patient's view should be honored. Staff members will not use language or tone that a reasonable person would consider demeaning to question or invalidate a patient's actual or perceived gender identity or expression. Staff members will not ask questions or make statements about a transgender person's genitalia, breasts, other physical characteristics, attire, or surgical status except for professional reasons clearly related to their care, assessment and/or treatment that can be clearly articulated. Information about a patient's transgender status or any transition-related services that the patient is seeking and/or has obtained is sensitive and confidential medical information and staff members will treat it as such.

A transgender patient's pronouns should be determined as follows:

If the patient has completed an intake form which asks them to identify the pronouns they currently use, the staff member should use the pronouns indicated on this form when addressing the patient or discussing the patient with other health care providers. If the patient has not yet been able to complete an intake form, the staff member should discreetly and politely ask the patient for the pronouns the patient uses. If the patient is unable or unwilling to answer, the staff member should determine the patient's pronouns as follows:

- If the patient's gender presentation clearly indicates to a reasonable person the gender with which the patient wishes to be identified, the staff member should refer to the patient using pronouns appropriate to that gender.
- If the staff member determines the patient's pronouns on the basis of the patient's gender presentation, but is then corrected by the patient, the staff member should then use the pronouns associated with the gender identity verbally expressed by the patient.
- If the patient's gender presentation does not clearly indicate the patient's gender identity, the staff member should use a gender-neutral designation such as they, them or their, until corrected by the patient.

Generally, a patient should be asked about transgender status, sex assigned at birth, or transition-related procedures only if such information is directly relevant to the patient's mental health or physical health care. If it is necessary to the patient's care for a health care provider to inquire about such information, the provider should explain to the patient:

- Why the requested information is relevant to the patient's care,

- That the information will be kept confidential unless disclosure of the information is required for the patient's care, or the patient otherwise permits such disclosure; and
- That staff are available to further explain the DMHAS and facility's confidentiality policies concerning permitted disclosures of patient information.

Further information about recording gender in admission records is found in Appendix A: *Recording Gender in Admitting Records*.

5. When transgender patients are admitted to a hospital or residential facility where unit or bedroom assignments are based on gender, an attempt should be made to place a transgender patient in a single bedroom. If single bedrooms are not available, transgender patients will be assigned to bedrooms based on their self-identified gender after discussion with the facility medical director. Staff may utilize co-ed units and private rooms, where possible, to minimize complaints or concerns from other patients in shared bedroom spaces.

Should a transgender patient complain that their roommate is subjecting them to harassment based on their gender identity or expression, the facility patients' rights advocate/officer or another member of the hospital staff trained in handling patient complaints or in issues of culturally competent transgender care should meet with both patients and work to remedy the situation by separating the patients to prevent continued harassment, as long as moving one of the two patients to another bedroom would be medically appropriate and safe. Where there are questions or concerns related to room assignments, the facility patients' rights advocate/officer or a member of the hospital staff trained in handling patient complaints and in issues of transgender cultural competency is to be consulted.

6. All patients of DMHAS facilities may use the restroom that is in accordance with their gender identity or use gender-neutral restrooms. Transgender and gender-nonconforming patients shall not be asked to show identity documents in order to gain access to the restroom that is consistent with their gender identity. Harassment of transgender and gender-nonconforming patients for using hospital restrooms in accordance with their gender identity is antithetical to DMHAS' nondiscrimination policy. Transgender and gender-nonconforming patients who are harassed in this manner may contact the facility patients' rights advocate/officer or other member of the hospital staff trained in handling harassment complaints and in issues of transgender cultural competency. However, offering a transgender patient the use of a private bathroom or a gender-neutral bathroom may be necessary to protect the transgender patient from potentially dangerous interactions with other patients. Staff should be alert to and institute measures that would ensure safety for all.

7. Transgender and gender-nonconforming patients may have access to personal items that facilitate gender expression (e.g., clothing, makeup) to the same extent that other patients have access to these items, regardless of gender. However, the determination regarding access for a patient to any personal items that assist in gender presentation that may be risks to the safety of the patient or others should be decided on a case-by-case basis. Staff should be alert to harassment of transgender and gender-nonconforming patients for using these items to assist in their gender presentation in accordance with their gender identity and act to support the patient.

Transgender and gender-nonconforming patients who are harassed in this manner may contact the facility patients' rights advocate/officer or a member of the staff trained in handling harassment complaints and in issues of transgender cultural competency.

REFERENCES: Affordable Care Act, 42 U.S.C. §18116(a) (2010)

Section 1557 of the Affordable Care Act protects the civil rights of people, including nondiscrimination to healthcare access for transgender persons.

CT General Statutes Human Rights § 46a-64 - Discriminatory public accommodations practices prohibited. Penalty.

FORMS AND ATTACHMENTS:

Appendix A: Recording Gender in Admitting Records.

Non-Discrimination of Transgender Persons

Appendix B: Recording Gender in Admitting Records

In addition to collecting patients' pronouns and names in use to ensure that patients are addressed in a respectful manner, a number of healthcare authorities, including the Institute of Medicine and The Joint Commission, have recommended that gender identity data be routinely collected in healthcare settings. From a clinical standpoint, collecting this data is essential to providing high-quality care to transgender patients.

Hospital admitting/registration procedures should enable transgender patients to designate their gender identity and name in use even when this gender identity and name differ from those that appear on the patients' medical insurance or legal identity documents. It is not always possible for transgender people to change their name and gender designation on legal identity documents, such as birth certificates or driver's licenses. Furthermore, not all transgender people update their name and gender marker on insurance records out of concern that the insurance company will consider insurance coverage for certain procedures to be "gender-specific."

Intake forms (paper or electronic) should utilize the twostep method for collecting gender information by asking the following questions:

1. *What is your current gender identity? (Check one)*

- Male
- Female
- Female-to-male (FTM)/Transgender Male/ Trans Man
- Male-to-Female (MTF)/Transgender Female/ Trans Woman
- Non-binary, Genderqueer, Gender non-conforming, neither exclusively male nor female Additional Gender Category/ (or Other), please specify:

- Decline to answer

2. *What sex were you assigned at birth on your original birth certificate? (Check one)*

- Male
- Female
- Intersex
- Decline to answer

A. *Recording Gender Marker Affiliated with Patient's Insurance Record in Admitting/Registration Records.*

Hospitals should also include a field that captures the patient's gender for insurance billing purposes. To obtain this information, the admitting/registration personnel should ask the patient what gender marker is indicated on the patient's insurance records. However, it is the patient's current gender identity (in answer to Question 1 in the section above) that should be used to populate the "gender" field on patient identification materials and in making room assignments.

B. *Recording Name and Pronouns in Admitting/Registration Records.*

In addition to the "Legal Name" field, admitting/ registration forms should include an optional field for a patient's "Name in Use." The facility can use an existing "nickname," "alias" or similar field to record the patient's name in use and an optional field to record patient's pronouns. It is recommended that staff ask all patients for their name in use and pronouns. Those pronouns should be entered into the designated field.

The system should be configured to notify providers and staff if the patient's name in use and/or pronouns differ from the patient's legally documented name. The system should include a readily visible notification or alert flag that appears on the viewer's screen and indicates the patient's pronouns and name in use.

Because the risk of medical or billing errors may increase where a patient is being identified in admitting/registration records by two different names (both the legal name and name in use), staff must take precautions to avoid misidentifying patients. These precautions include using a date of birth and patient identification number to identify unique patients rather than relying solely on the patient's name.