COMMANDANT INSTRUCTION M1000.13B

04 JUN 2021

Subject: MILITARY TRANSGENDER SERVICE

Ref: (a) Medical Standards for Appointment, Enlistment, or Induction in the Military Services, DoDI 6130.03
    (b) In-Service Transition For Transgender Service Members, DoDI 1300.28
    (c) Coast Guard Recruiting Manual, COMDTINST M1100.2 (series)
    (d) Coast Guard Medical Manual, COMDTINST M6000.1 (series)
    (e) Military Separations, COMDTINST M1000.4 (series)

1. PURPOSE. This Manual promulgates policies and standards for Coast Guard military transgender members.

2. ACTION. All Coast Guard unit commanders, commanding officers, officers-in-charge, deputy/assistant commandants, and chiefs of headquarters staff elements must comply with the provisions of this Manual. Internet release is authorized.

3. DIRECTIVES AFFECTED. Military Transgender Service, COMDTINST M1000.13A, is hereby cancelled.

4. BACKGROUND. On January 25, 2021, the President issued an Executive Order that announced the immediate repeal of policies prohibiting service by transgender members in the DoD, and by agreement, the Coast Guard. Coast Guard specific policies and standards have been modified to ensure transgender members are able to serve on active duty or in the Reserve in accordance with References (a) and (b). Qualified transgender applicants will be able to enter the Coast Guard and Coast Guard Reserve in accordance with Reference (a), which sets medical accession policy for all the military services, and is referenced by References (c) and (d).

5. DISCLAIMER. This guidance is not a substitute for applicable legal requirements, nor is it itself a
rule. It is intended to provide operational guidance for Coast Guard personnel and is not intended to
nor does it impose legally-binding requirements on any party outside the Coast Guard.

6. **MAJOR CHANGES.** This Manual incorporates provisions from References (b) and (f). As of 30
   APR 2021, the DoD Instruction 1300.28 has gone into effect and removed gender identity as a barrier
to service. This policy allows persons with a history of gender dysphoria or any gender affirming
surgery to join the Coast Guard. An applicant with a history of cross-sex hormone therapy or
gender-affirming surgery or genital reconstruction is no longer disqualified from service. This Manual
also provides updated policies for retention, accession, waivers and separation of transgender service
members.

7. **ENVIRONMENTAL ASPECT AND IMPACT CONSIDERATIONS.**
   a. Commandant Office of Environmental Management, Commandant (CG-47) reviewed the
development of this Manual, and the general policies contained within it, and determined that this
policy falls under the Department of Homeland Security (DHS) categorical exclusion A3. No
further environmental analysis is necessary in accordance with the U.S. Coast Guard
Environmental Planning Policy, COMDTINST 5090.1 (series).

   b. This Manual will not result in any substantial change to existing environmental conditions or
violation of any applicable federal, state, or local laws relating to the protection of the
environment. It is the responsibility of the action proponent to evaluate all future specific actions
resulting from this policy for compliance with the National Environmental Policy Act (NEPA),
other applicable environmental mandates, and the U.S. Coast Guard Environmental Planning
Policy, COMDTINST 5090.1 (series).

8. **DISTRIBUTION.** No paper distribution will be made of this Manual. An electronic version will be
located on the following Commandant (CG-612) web sites. Internet:
   http://www.dcms.uscg.mil/directives/ and CGPortal:

9. **RECORDS MANAGEMENT CONSIDERATIONS.** Records created as a result of this Manual,
regardless of format or media, must be managed in accordance with the records retention schedules
located on the Records Resource Center CGPortal site:

10. **FORMS/REPORTS.** The forms referenced in this Manual are available in USCG Electronic Forms on
the Standard Workstation or on the Internet: http://dcms.uscg.mil/directives; and CGPortal: https://
cgportal2.uscg.mil/library/forms/SitePages/Home.aspx.
11. **REQUESTS FOR CHANGES.** Recommendations for changes or improvements to this Manual are welcome and should be submitted via the chain of command to the Office of Military Personnel, Policy and Standards Division, Commandant (CG-1331), at HQS-PolicyandStandards@uscg.mil.

/J. M. NUNAN/
Rear Admiral, U.S. Coast Guard
Assistant Commandant for Human Resources
## RECORD OF CHANGES

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ENCLOSURES
(1) Chart, Gender Transition Request Process
Chapter 1  OVERVIEW

A. Overview. This Chapter states this Manual’s authority, applicability, and relationships to other Coast Guard policies.

B. Authority. The authorities for this Manual are References (a), (b), and (f), which established the policy that transgender members are able to serve as military members in the Department of Defense (DoD). These References apply to the Coast Guard at all times.

C. Applicability.

1. This Manual applies to:
   a) Active duty members,
   b) Coast Guard Academy cadets,
   c) All members of the Ready Reserve and Standby Reserve, and
   d) Members of other U.S. uniformed services assigned to the Coast Guard, as amended by any appropriate agreement.

2. Unless specifically mentioned, all policies and standards in this Manual apply equally to Active and Reserve component members, including cadets.

3. This Manual does not apply to:
   a) Dependents of Coast Guard personnel,
   b) Civilians employed by the Coast Guard,
   c) Coast Guard Auxiliarists,
   d) Civilian contractors,
   e) Visitors to Coast Guard facilities, and

D. Policy. It is Coast Guard policy that:

1. Service in the Coast Guard should be open to all members who can meet the high standards for military service and readiness without special accommodations.

2. All members must be treated with dignity and respect. No person, solely on the basis of his or her gender identity, will be:
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a) Denied accession into the Coast Guard;
b) Involuntarily separated or discharged from the Coast Guard;
c) Denied reenlistment or continuation of service in the Coast Guard; or
d) Subjected to adverse action or treatment.

3. Except where a provision of this policy has granted an exception, transgender members will be subject to the same standards as all other members.

   a) When a standard, requirement, or policy depends on whether the individual is a male or a female (e.g., medical fitness for duty, physical fitness and body fat standards, berthing/bathroom/shower facilities, and uniform and grooming standards, etc.), all members will be subject to the standard, requirement, or policy associated with their gender marker in DEERS.

   b) Transgender members may seek waivers or exceptions to these or any other standards, requirements, or policies on the same terms as any other member.

E. Other Coast Guard Policies and Procedures. A broad range of Coast Guard military personnel, medical, and operational policies reference a member’s gender. This Manual has no impact on any other Coast Guard Directive, except to determine the standards applicable to a transgender member at any particular time.
Chapter 2 ROLES AND RESPONSIBILITIES

A. Overview. This Chapter states general responsibilities. Additional roles and responsibilities are stated in subsequent Chapters in this Manual.

B. Commandant (CG-1). The Assistant Commandant for Human Resources:

1. Must develop and publish policy concerning military service for transgender members and members with gender dysphoria for the Coast Guard consistent with the policies and procedures established by the DoD.

2. Exercises waiver authority of this Manual.

3. Must implement processes for the assessment and oversight of compliance with DoD and Coast Guard policies and procedures applicable to service by transgender members.

4. Must direct triennial inspections of compliance with Reference (b) of this Directive and other implementing Coast Guard regulations, policies, and guidance, and review the Report of Inspection for purposes of assessing and overseeing compliance; identify compliance deficiencies, if any; timely initiating corrective action, as appropriate; and derive best practices and lessons learned.

C. Commandant (CG-11). The Director of Health, Safety, and Work-Life must promulgate additional policies and standards for medical diagnosis of gender dysphoria and care of transgender members and those members who have completed a gender transition.

D. Commandant (CG-13). The Director of Military Personnel:

1. Must review and update policy and procedures to ensure Coast Guard-wide compliance with this Manual.

2. Serves as the final appeal authority for Gender Transition Requests (GTR) in accordance with Chapter 6 of this Manual.

3. Serves as the final appeal authority for Exception to Policy (ETP) requests in accordance with Chapter 9 of this Manual.

E. Commander, Coast Guard Personnel Service Center (CG PSC).

1. Serves as the approving authority for GTR in Chapter 6 of this Manual.

2. Serves as senior executive tasked with immediate oversight of the Service Central Coordination Cell (SCCC).
3. Serves as the approving authority for ETP requests in accordance with Chapter 9 of this Manual.

4. Makes adjustments, as needed, to the date on which the member’s gender transition, or any component of the transition process, will commence.

5. Serves as the approving authority to change the gender marker in Defense Enrollment Eligibility Reporting System (DEERS) in accordance with Chapter 10 of this Manual.

6. Submits reports in accordance with Chapter 12 of this Manual.

F. **Commander, Coast Guard Force Readiness Command (FORCECOM).** Assists Commander (CG PSC) in educating all military and civilian members to ensure appropriate understanding of the policies and procedures pertaining to transgender service in the military.

G. **Commanding Officer, Coast Guard Health Safety Work Life Service Center (HSWL SC).** Ensures CG medical providers are provided training to properly diagnose gender dysphoria, determine medical necessity of gender transition, and create/validate appropriate medical treatment plans.

H. **Superintendent of the Coast Guard Academy.** Must institute policies for cadets, to include those regarding transition and/or extended leave during the transition process.

I. **Commanding Officers and Officers in Charge (CO/OIC).**

1. Reviews a Service member’s GTR to ensure it is in compliance with policy.

2. Consults with the SCCC.

3. Coordinates with the military medical provider regarding any medical care or treatment provided to the member.

4. Provides recommendations as to if and how the unit can accommodate the member’s transition in concert with operational requirements.

5. Promptly responds to any request for medical care as identified by the military medical provider, and ensures such care is provided consistent with applicable regulations.
J. **CG Medical Providers.** Establishes or confirms the member’s medical diagnosis of gender dysphoria, recommends medically necessary care and treatment, and, in consultation with the member, develops a medical treatment plan, as set forth in Chapter 7 of this Manual, for submission to the CO/OIC.

K. **Service Central Coordination Cell (SCCC).** Provides multi-disciplinary (e.g., policy, medical, legal, military personnel management) expert advice and assistance to CO/OICs with regard to service by transgender members and to assist CO/OICs in the execution of Coast Guard policies and procedures.

L. **Transgender Members.**

   1. In accordance with Reference (d), all military members have a responsibility to maintain their health and fitness, meet individual medical readiness requirements, and report to their chains of command any medical (including mental health) or health issue that may affect their readiness to deploy or fitness to continue serving in an active status.

   2. Each member will, as a condition of continued military service, report significant health information to their Coast Guard medical authority. Members who have or have had a medical condition that may limit their performance of official duties must consult with a military medical provider concerning their diagnosis of gender dysphoria and proposed treatment, and must notify their CO/OIC.

   3. When a member receives a diagnosis of gender dysphoria or confirmation of this diagnosis and treatment by a medical provider indicating that gender transition is medically necessary to protect the health of the member and the member desires gender transition, the member must submit a GTR to their CO/OIC that must comply with this Manual if they desire to continue their military service.
Chapter 3  
**GENERAL POLICIES AND STANDARDS**

A. **Overview.** This Chapter states general policies and standards for all transgender members.

B. **Standards.**

1. Transgender members are subject to the same standards and procedures as other members with regard to their medical fitness for duty, physical fitness, uniform and grooming standards, deployability, and retention.

2. Open service by transgender members is consistent with military service and readiness.

3. If a member is undergoing a transition and has a medical treatment plan in place but is unable to meet standards or requires an ETP, all reasonable efforts by the command will be made to mitigate impacts to the mission and unit readiness until the situation is resolved. If circumstances warrant, commands should seek assistance and support from their chain of command or PSC.

C. **Determination of Gender and Changing Gender.**

1. For the purposes of this Manual, the only gender recognized by the Coast Guard is the member’s gender entered in DEERS and Coast Guard data systems. At this time, the only genders that may be entered into DEERS are male and female. This policy addresses only transitions between the two binary genders of male and female. A change in gender only occurs when the member’s gender marker in DEERS is changed. Members must be considered and treated in accordance with the gender recorded in DEERS in all respects, unless the member has an approved ETP granted by Commander (CG PSC) in accordance with Chapter 9 of this Manual.

2. Consistent with the member’s gender marker in DEERS, the Coast Guard applies, and the member is responsible to meet, all standards for uniforms and grooming; body fat standards; physical readiness testing; drug testing participation (including serving as an observer and being observed); and other military standards for the member’s gender.

3. All members will use those berthing, bathroom, and shower facilities associated with the member’s gender marker in DEERS while on Coast Guard or DoD property, or in a Coast Guard or DoD leased space.

D. **Medical.**

1. Gender dysphoria is considered a condition not constituting a disability as that term is defined in Reference (d) and DoDI 1332.18. The Commandant may authorize separation on the basis of conditions and circumstances not constituting a physical disability that interfere with assignment to or performance of duty. A member is ineligible for referral to
the Physical Disability Evaluation System when he or she has a condition not constituting a disability. A member with a diagnosis of gender dysphoria who is also diagnosed with co-morbidities that are appropriate for disability evaluation processing in accordance with DoDI 1332.18 (e.g., depressive disorder, anxiety disorder), may be referred to PDES.

2. Members with a diagnosis of gender dysphoria from a military medical provider indicating that gender transition is medically necessary to protect the health of the member, will be provided medical care and treatment for the diagnosed medical condition in accordance with Reference (d). Recommendations of a military medical provider will address the severity of the member’s medical condition and the urgency of any proposed medical treatment. Medical advice to CO/OICs will be provided in a manner consistent with processes used for other medical conditions that may affect the member’s performance of official duties.

3. A GTR and medical treatment plan must be approved by Commander (CG PSC) before a member may begin the gender transition process. This provision does not prevent a member from receiving behavioral health screening and treatment. CG PSC has sole approval/denial authority regarding necessary medical treatment and will make its decisions after consultation with the member's command regarding the support that the unit can provide. A unit unable to support or comply with a member’s established treatment plan must notify CG PSC immediately.

4. Any medical care and treatment provided to an individual member for gender dysphoria will be provided in the same manner as other medical care and treatment. Nothing in this Manual will be construed to authorize a CO/OIC to deny medically necessary treatment to a member.

5. Any determination that a transgender member is non-deployable at any time will be made in accordance with established Coast Guard standards, and any consequences of the determination that a member is non-deployable will also be made in accordance with the Coast Guard standard similar to that for other members that are non-deployable for medical reasons unrelated to gender identity or gender transition.

6. To the extent practicable, training plans and requirements, and additional procedural guidance for care and services will be consistent across the Military Health System (MHS), in accordance with Defense Health Agency (DHA) procedural guidance.

E. U.S. Coast Guard Academy Cadets.

1. This Manual applies to Coast Guard Academy cadets in the same manner that it does all other active duty members. The Superintendent must promulgate regulations governing cadets which are consistent with this Manual.
2. A cadet who is diagnosed with gender dysphoria may be disenrolled based on a medical condition that impairs their ability to complete required training or to access into the Coast Guard.

3. A cadet who is diagnosed with gender dysphoria must meet all medical commissioning and appointment standards as a prerequisite to commissioning and appointment in the Armed Forces.

F. Protection of Personally Identifiable Information (PII) and Protected Health Information (PHI).

1. In accordance with The Coast Guard Freedom of Information (FOIA) and Privacy Acts Manual, COMDTINST M5260.3 (series), in cases in which there is a need to collect, use, maintain, or disseminate PII in furtherance of Reference (b), this Manual, and other Coast Guard regulations, policies, or guidance, the Coast Guard will protect against unwarranted invasions of personal privacy and the unauthorized disclosure of such PII. The Coast Guard will maintain such PII so as to protect an individual’s rights, consistent with federal law, regulation, and policy.

2. All entities must ensure the protection of PII, PHI, and personal privacy considerations in the implementation of this Manual and Coast Guard regulations, policies, and guidance.

3. Disclosure of PHI will be consistent with DoDI 6025.18 and DoDI 6490.08.

G. Personal Privacy Considerations.

1. A CO/OIC should employ reasonable measures to balance respect and the privacy interests of all members.

2. In executing any accommodation, the CO/OIC will take into account the physical construction of the facilities as well as the privacy of all members using the facilities in question. The unit commander should consider and balance the needs of the transgender member and the needs of the command in a manner comparable to the actions available to the commander in addressing comparable Service members’ circumstances unrelated to gender transition. New, renovated, or all-gender bathrooms, showers, and berthing are not required by this Manual.

3. The installation should explore no-cost facility options. No-cost options may include, but are not limited to, allowing the transgender member to use any family style restroom/shower area. No-cost options should not include special accommodations not available to other members of the unit, such as use of command cadre’s facilities, or facilities otherwise not available to others of the same pay-grade. Unit leaders may also consider low cost options, like installing privacy curtains.
4. Coast Guard Housing Manual, COMDTINST M11101.13 (series) states policies and standards for unaccompanied personnel housing assignment. Currently, members are assigned to quarters based on the gender reflected in DEERS, consistent with policy in Reference (a). Until an ETP is approved or gender is changed in DEERS, the transgender member will use the facilities associated with their gender marker in DEERS, taking into account Paragraph 1 above.
Chapter 4   MEDICAL STANDARDS FOR APPOINTMENT, ENLISTMENT, INDUCTION, AND RETENTION

A. Appointment, Enlistment or Induction into the Coast Guard.

1. Individuals will be accessed or commissioned based on the following medical standards, provided they are medically qualified in all other respects in accordance with Reference (d):

   a) A history of gender dysphoria is disqualifying, unless, as certified by a licensed mental health provider, the applicant has been stable without clinically significant distress or impairment in social, occupational, or other important areas of functioning for 18 months, and;

   b) A history of cross-sex hormone therapy associated with gender transition is disqualifying unless the individual has been stable on such hormones for 18 months or no longer requires such hormones, as certified by a licensed medical provider, and;

   c) A history of sex reassignment or genital reconstruction surgery is disqualifying, unless all of the following conditions are met, as certified by a licensed medical provider:

      (1) A period of 18 months has elapsed since the date of the most recent of any such surgery; and

      (2) No functional limitations or complications persist and no additional surgery is required.

2. In-Service Gender Transition Requests. Service members may continue to receive all medically necessary treatment, as defined in References (b) and (d), to protect the health of the individual, obtain a gender marker change in the Defense Enrollment Eligibility Reporting System (DEERS) in accordance with Reference (b), and serve in their self-identified gender. A member requesting a transition must follow the procedures in Chapters 6 to 10.

B. Separation and Retention. A Service member:

1. May not be separated, discharged, or denied reenlistment or continuation of service solely on the basis of gender identity or a diagnosis of gender dysphoria.

2. Whose ability to serve is adversely affected by a medical condition or medical treatment related to his or her gender identity or gender transition, should be treated, for purposes of separation and retention, in a manner consistent with a Service member whose ability to serve is similarly affected for reasons unrelated to gender identity or gender transition.

3. If referral to the PDES is not appropriate in accordance with Reference (d), may be subject
to processing for administration separation in accordance with Reference (e) pursuant to the following guidance:

a) Commander Personnel Service Center may authorize separation based on conditions and circumstances not constituting a physical disability that interfere with assignment to or performance of duty based on a diagnosis of gender dysphoria where the Service member is unable or unwilling to adhere to all applicable standards, including the standards associated with their gender reflected in DEERS.

b) Separation processing will not be initiated until the Service member has been formally counseled that the inability to comply with standards related to their gender reflected in DEERS is grounds for separation. Document the formal counseling in a Coast Guard Memorandum from Commanding Officer/Officer in Charge to the member.

c) Separation processing will not be initiated until the Service member has been counseled in writing that the condition does not qualify as a disability.

d) If appropriate, Service members may be referred to the PDES if they have co-morbidities in addition to gender dysphoria that are appropriate for disability evaluation processing in accordance with Reference (d), regardless of whether processing for administrative separation is contemplated.

e) Service members with a diagnosis of gender dysphoria may be subject to the initiation of administrative separation processing in accordance with Article 4.B.4. of this Manual, if they are unable or unwilling to adhere to all applicable standards, including the standards associated with their biological sex prior to completion of gender transition or change of gender marker in DEERS to the member’s self-identified gender.

f) Nothing in this guidance precludes appropriate disciplinary action for Service members who refuse orders from lawful authority to comply with applicable standards.

C. Considerations Associated with First Term of Service

1. The following policies and procedures apply to Service members during the first term of service, as defined in 10USC501, and will be applied to Service members with a diagnosis indicating that gender transition is medically necessary in the same manner, and to the same extent, as to Service members with other medical conditions that impact the Service member’s ability to serve:

a) A Service member is subject to separation in an entry-level status during the period of initial training in accordance with DoDI 1332.14 based on a medical condition that impairs the member’s ability to complete such training.
b) An officer trainee or cadet is subject to placement on a medical leave of absence or medical disenrollment from any Officer Accession Training Program in accordance with DoDI 1215.08 or from a Military Service Academy in accordance with DoDI 1322.22, based on a medical condition that impairs the individual’s ability to complete such training or to access into the Military Services.

c) A Service member is subject to administrative separation for fraudulent or erroneous enlistment or induction when warranted and in accordance with DoDI 1332.14, based on any deliberate material misrepresentation, omission, or concealment of a fact, including a medical condition, that if known at the time of enlistment, induction, or entry into a period of military service, might have resulted in rejection.

d) If a Service member requests non-urgent medical treatment or an ETP associated with gender transition during the first term of service, including during periods of initial entry training in excess of 180 calendar days such as the Coast Guard Academy, the command will consider and balance the individual need associated with the request and the needs of the command in determining when such treatment, or whether such ETP, may commence in accordance with Article 4.C.1 of this Manual.

D. Unresolved Gender Dysphoria

1. A Service member who has completed their gender transition but has not resolved the gender dysphoria should consult with their military medical provider and CO/OIC.

2. If a return to the Service member’s previous gender is medically required, the Service member must submit a new Gender Transition Request (GTR) to their CO/OIC pursuant to Chapter 6 of this Manual.

E. Medical Policy. Any Service members who have been diagnosed with gender dysphoria must consult the applicable sections of Reference (d) to understand the level of medical care and treatment they are eligible to receive.
Chapter 5  SERVICE CENTRAL COORDINATION CELL (SCCC) OPERATIONS

A. **Overview.** The SCCC is a tool that helps COs/OICs understand the generalities and nuances of transgender member service and medical treatment, reaffirms that no two individuals are identical, helps commands navigate through the treatment process (regardless of complexity), and ensures a methodical approach to transgender member care across the Coast Guard.

B. **Membership.** The SCCC is made up of representatives (as needed) from the following organizations:

1. Commandant (CG-00H) – Civil Rights Directorate
2. Commandant (CG-092) – Governmental and Public Affairs
3. Commandant (CG-133) – Office of Military Personnel
4. Commandant (CG-112) – Office of Health Services
5. Commandant (CG-127) – Office of Diversity and Inclusion
6. Commandant (CG-LGL) – General Law
7. Commander (CG PSC)
8. Commanding Officer (HSWL SC)
9. Commander (LANT-1), *Ad Hoc* member
10. Commander (PAC-1), *Ad Hoc* member
11. Commander (DOL-1), *Ad Hoc* member
12. Any additional members required by Commandant (CG-1)

C. **Authority.** The SCCC acts as a guidance and advisory body to CO/OIC and stakeholders, and only Commander (CG PSC) may issue an ETP, in accordance with Chapter 9 of this Manual.

D. **Senior Executive Tasking.** Commander (CG PSC), per Article 2.E.2. of this Manual, is the senior executive tasked with immediate oversight of the SCCC. This includes, but is not limited to:

1. Maintenance and responses of the SCCC@uscg.mil e-mail, and
2. Maintenance of PSC controlled websites or related transgender information sites for Coast Guard commands and members.
E. **SCCC Response.** The SCCC must contact the CO/OIC within five business days to assess a request and begin giving advice and assistance to the CO/OIC.
Chapter 6  GENDER TRANSITION REQUEST (GTR)

A. Overview. This Chapter states polices and standards for Service members to transition to their self-identified gender, including to request a gender marker change in DEERS.

B. Identification of Transgender Identity.

1. For Service members seeking initial treatment, this begins with a diagnosis that transition is medically necessary by a privileged behavioral health provider at a military facility (or similarly qualified and approved by a Coast Guard HSWL SC civilian provider if unavailable in a military facility), with appropriate referral to other types of providers as indicated or required.

2. The medical assessment must be comprehensive in nature, including exclusion of other causes for dysphoria, comorbid (simultaneous presence of two conditions in a patient) behavioral health conditions, and lead to formulation of an initial treatment plan.

3. For Service members stationed at remote locations where access to a military medical provider is challenging due to geographical distance, the local Independent Duty Health Services Technician (IDHS) will coordinate with the overseeing Coast Guard medical clinic to facilitate the process with a military medical provider.

4. Reservists should coordinate with the servicing clinic associated with their assigned duty location to facilitate validation of their civilian provider’s assessment by a military medical provider. Members in the Individual Ready Reserve (IRR) should contact Reserve Personnel Management (RPM) for routing of their medical package and GTR.

C. Medical Treatment Plans for Gender Dysphoria. In accordance with Reference (b), medical treatment plans for a change in gender identity begin when a member receives a diagnosis from a military medical provider indicating that gender transition is medically necessary and the member desires to request a change in gender.

D. Member Requested Change of Gender. No member is required to request a change of gender for any reason, even if they have a qualifying diagnosis of gender dysphoria from a military medical provider indicating that gender transition is medically necessary. However, transgender members remain subject to the same standards and procedures as other members with regard to their medical fitness for duty, physical fitness, uniform and grooming standards, deployability, and retention. In order for a member to request a change of gender, the member must have obtained a diagnosis from a military medical provider indicating that gender transition is medically necessary. After receiving such a diagnosis and the member desires to request a change in gender, the process begins by notification to the CO/OIC, with accompaniment of the following:
1. A medical treatment plan in accordance with Chapter 7 of this Manual, and
2. A transition plan in accordance with Chapter 8 of this Manual.

E. Military Medical Provider. The Military Medical Provider must:

1. In accordance with Reference (d), when indicated, notify the CO/OIC on the medical diagnosis of gender dysphoria applicable to the member, including the provider’s assessment of the medically necessary care and treatment, the urgency of the proposed care and treatment, the likely impact of the care and treatment on the member’s readiness and deployability, and the scope of the human and functional support network needed to support the individual.

2. Coordinate with a military Medical Multidisciplinary Team (MMDT) to ensure validity of the diagnosis of gender dysphoria, and validation when the member has completed their transition. MMDT composition must be commensurate with the level of treatment complexity and include a mental health provider, an endocrinologist (for cross-sex hormone therapy), and a surgeon (if surgery is deemed medically necessary). MMDT members must be knowledgeable in medical care for gender dysphoria.

3. Formally advise the CO/OIC when the member has completed their transition, and recommend as part of the GTR a time at which the member’s gender marker may be changed in DEERS.

F. Commanding Officers and Officers in Charge. The CO/OIC must:

1. Contact the SCCC within five business days of receiving a GTR. The SCCC must be contacted via email at SCCC@uscg.mil.

2. Assist the member in completing the request, as needed.

3. Endorse and forward the request to the first O-6 in the chain of command (if not already approved by an O-6) within 30 calendar days of receipt of a completed package. A completed GTR must:
   a) Comply with this Manual;
   b) Consider the individual facts and circumstances presented by the member;
   c) Preserve military readiness by minimizing impacts to the mission (including deployment, operational, training, exercise schedules, and critical skills availability), as well as impacts to the morale and welfare, and good order and discipline of the unit;
   d) Be consistent with the medical treatment plan;
e) Be consistent with the transition plan; and

f) Incorporate consideration of other factors, as appropriate.

4. Ensure the appropriate members of their chain of command are aware of the request and comply with privacy requirements listed in Chapter 3 of this Manual.

G. Gender Transition Request Approval.

1. The routing of the GTR goes from member to CO/OIC, CO/OIC to first O-6 or GS-15 in chain (if not already approved by an O-6 or GS-15), then first O-6 or GS-15 in chain to Commander (CG PSC).

2. The first O-6 or GS-15 in the member’s chain of command must endorse the GTR and forward to Commander (CG PSC) within 45 days of initial routing of a completed package.

3. Commander (CG PSC) must respond to the completed GTR within 45 calendar days of receipt.

4. At no point will a request for medical treatment or a GTR not be responded to within 90 calendar days of routing of a completed package unless exigent circumstances are demonstrated.

H. Modifications to the Approved GTR.

1. A Service member may submit a request to modify a previously approved GTR at any time.

2. Requests to modify a previously approved GTR must be routed in the same manner as the original request, as prescribed in this Chapter.

3. Commander (CG PSC) may modify a previously approved transition plan without a modification request from the member, with consultation of PSC medical authority. The member should have an opportunity to provide written input on the modification, when practicable.

I. Appeal.

1. A Service member may appeal any decision with regard to any part of any request under this Directive and any subsequent modifications to that decision.

2. Commandant (CG-13) serves as the final appeal authority.
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Chapter 7  MEDICAL TREATMENT PLANS

A. Overview. This Chapter describes the policies and standards for medical treatment plans for transgender members of the Coast Guard.

B. Treatment Plan.

1. A medical provider will consult with a military Medical Multidisciplinary Team (MMDT).

2. A medical treatment plan must account for the potential stress on a member diagnosed with gender dysphoria, and the member’s mental health and well-being must be periodically evaluated.

3. All medical treatment plans are individualized and there is no minimum required level of medical treatment.

4. The plan must be routed as part of the Gender Transition Request (GTR).

C. Elements of the Medical Treatment Plan.

1. The medical treatment plan includes all medically necessary behavioral health, mental health, and medical treatment options available to the member, the projected timing for each available medical option, and anticipated duty limitations.

2. All medical treatment plans must identify:

   a) Expected duty limitations and Not Fit for Duty (NFFD) timeframes,

   b) Urgency of the proposed care and treatment,

   c) All medically necessary treatment that is part of the member’s medical treatment plan and a projected schedule for such treatment, and

   d) A post-gender marker change behavioral health follow-up schedule to ensure the member maintains mental health stability.

3. Provision of care may involve multiple facilities and require appropriate care coordination between providers.

D. Endorsement.

1. Medical treatment plans must be created by or positively endorsed by a military medical provider.

2. Commanding Officer (CG HSWL SC) ensures the military medical provider working within the CG healthcare system is qualified to create or endorse a treatment plan.
3. Only CG medical providers who have completed the required training on gender dysphoria and treatment options are qualified to create or endorse a treatment plan.
Chapter 8  TRANSITION PLANS

A. Overview. This Chapter states policies and standards for transition plans of transgender members.

B. Transition Plan

1. The transition plan is separate from, but complementary to, the medical treatment plan and addresses non-medical items, to include social and emotional transition for the member.

2. The transition plan must be routed as part of the Gender Transition Request (GTR).

C. Elements of the Transition Plan. The transition plan must consist of:

1. Any request, including timing, for ETPs in accordance with Chapter 9 of this Manual,

2. Any request to alter the member’s assignment. The CO/OIC or member may request or comment on arrangements for the transfer of the member to another organization, command, location, or duty status, as appropriate, during the transition process,

3. An expected date to change the gender marker in DEERS as reflected in the medical treatment plan, and

4. Any other accommodations being requested by the member.

D. Endorsements. Non-medical endorsements are covered as part of the GTR, Chapter 6 of this Manual.
Chapter 9  EXCEPTIONS TO POLICY (ETP)

A. Overview. This Chapter provides an overview of policies and standards for granting ETP for transgender members prior to a member changing their gender marker in DEERS if and when such exceptions are determined to be medically necessary and specifically approved by Commander (CG PSC).

B. Authority to Issue, Modify, and Cancel ETP. Commander (CG PSC) is the sole approval authority for ETP.

C. Limitations of ETP.

1. ETP must be a component of a GTR as determined by the member’s military medical provider.

2. ETP are cancelled and should not ordinarily be granted or renewed after the gender marker in DEERS is changed.

D. Requesting ETP.

1. Requests for ETP must be submitted with a GTR in accordance with Chapter 6 of this Manual.

2. Additional requests for ETP may be initiated any time between approval of the GTR and changing the gender marker in DEERS. Additional requests must be submitted in accordance with Chapter 6 of this Manual. CO/OICs should forward all additional ETP to PSC when practicable.

3. Requests for each ETP must have supporting justification, as well as assessment by the CO/OIC, to include a specific implementation plan.

4. CO/OICs will return any request that is determined to be incomplete to the Service member with written notice of the deficiencies identified as soon as practicable, but not later than 30 calendar days after receipt.

E. Examples of ETP. Members may request ETP from any gender-based Coast Guard policy. Examples include, but are not limited to:

1. Grooming and uniform standards in Uniform Regulations, COMDTINST M1020.6 (series).

2. Use of berthing, bathroom, and shower facilities.

3. Physical fitness and weight standards.
F. **Notifications.** Commander (CG PSC) must notify the member and the chain of command of its decision via Coast Guard memorandum. Commander (CG PSC) will timely respond to any request for an ETP associated with gender transition, but not later than 60 calendar days after receiving a request determined to be complete.

G. **Duration of ETP.**

1. An ETP may not remain in effect beyond two years of the date it was issued. Members may request to extend the ETP in two year increments. Managing extensions of ETP is the sole responsibility of the member. Commander (CG PSC) is not required to notify the member or the chain of command of an upcoming expiration of ETP.

2. All ETPs are cancelled effective upon changing the member’s gender marker in DEERS and without further action by PSC.
Chapter 10  DETERMINATION OF GENDER IDENTITY AND CHANGING A GENDER MARKER IN DEERS

A. Overview. This Chapter states policies and standards for determining a member’s gender identity and for changing a member’s gender marker in DEERS.

B. Determination of Gender and Changing Gender. For the purposes of this Manual, a member’s gender is only that which is recognized by the Coast Guard and reflected in the data element in DEERS and Coast Guard data systems. The Coast Guard and DEERS only recognize two genders: male and female. A change in gender only occurs when the member’s gender marker in DEERS is changed.

C. Requesting a Gender Marker Change. To change a gender marker in DEERS, the member must provide the information to Commander (CG PSC):

1. A determination by the military medical provider that the member has completed the transition process, and

2. Documentation indicating gender change. Such documentation is limited to:
   a) A certified true copy of a State birth certificate reflecting the Service member’s self-identified gender;
   b) A certified true copy of a court order reflecting the Service member’s self-identified gender; or
   c) A United States passport reflecting the Service member’s self-identified gender.

3. A gender marker change must be routed in the same manner as the Gender Transition Request (GTR) in Chapter 6 of this Manual.

D. Actions After Completion.

1. Upon review and approval of the documents required in Paragraph C.2. of this Chapter, Commander (CG PSC) will notify the member and the chain of command via Coast Guard memorandum.

2. PSC will initiate the gender marker update in DEERS and Coast Guard data systems through notification to the Pay and Personnel Center (PPC).

E. Post-Gender Change Policies.

1. Once the gender marker is changed in DEERS, the member will be responsible for meeting all applicable military standards in their gender, and will use the military berthing, bathroom, and shower facilities associated with that gender.
2. Records indicating a person’s previous gender are not required to be updated. Members may submit a request to update any part of their record in accordance with existing policies and procedures.

3. A military medical provider may determine certain medical care and treatment to be medically necessary, even after a member’s gender marker is changed in DEERS. A gender marker change does not preclude such continued care and treatment. Any such additional medical care, such as behavioral health, cross-sex hormone therapy, and surgical treatment, must follow policies and standards in Reference (d) and is not subject to the requirements of this Manual. When a new GTR is implicated, then this Manual would apply.
Chapter 11  RESERVE SPECIFIC STANDARDS

A. **Overview.** Excepting only those special considerations set forth below, Reserve personnel are subject to all policies and procedures applicable to active duty members as set forth in this Manual.

B. **Ready Reserve Participation Standards.** To the greatest extent possible, CO/OICs and members will address periods of non-availability for any period of military duty, paid or unpaid, during the member’s medical treatment plan with a view to mitigating unsatisfactory participation. However, the member must still maintain participation standards in accordance with Reserve Duty Status and Participation Manual, COMDTINST 1001.2. Such mitigation strategies may include:

1. Rescheduled training,
2. Authorized absences,
3. Alternate training, or
4. Waiver of annual training requirements.

C. **Delayed Training Program.** Delayed Training Program personnel must be advised by recruiters and CO/OICs of limitations resulting from being non-duty qualified.

D. **Release from Active Duty.**

1. Members being released from active duty, with an approved Gender Transition Request (GTR), must be separated in the same manner as members without an approved GTR.
2. An approved GTR is not a valid reason to extend a Reserve member on active duty.

E. **Dual Status Employees.** When a civilian employee of the Coast Guard is also a Reservist of any U.S. uniformed service, the member must follow administrative military standards for the gender marker in DEERS only when in a military duty status. This allowance is not a waiver from reporting medical treatment or any other medical requirement in References (d), (e) and Reserve Policy Manual, COMDTINST M1001.28 (series).
Chapter 12 REPORTING REQUIREMENTS

A. Overview. This Chapter states policies and standards for reporting and record keeping requirements. These requirements ensure the Coast Guard is meeting the intent of References (a), (b), and this Manual.

B. Submission Schedule. Commander (CG PSC) must submit a report to Commandant (CG-1) through Commandant (CG-13) and Commandant (CG-11) covering activity occurring within each fiscal year by December 1 of each year.

C. Required Reporting Elements. The following elements must be included in the report:

1. Number of personnel submitting a Gender Transition Request (GTR).
2. Number of and reason(s) for personnel denied a GTR.
3. Number and description of ETP granted.
4. Number of and reason(s) for personnel denied an ETP.
5. Number of personnel approved for a gender marker change in DEERS.
Chapter 13  GLOSSARY

A. Overview. These definitions apply to the entire Manual, but may or may not apply to other Coast Guard policies.

B. Acronyms.
   1. CO/OIC  Commanding Officer and Officer in Charge
   2. DEERS  Defense Enrollment Eligibility Reporting System
   3. DoD    Department of Defense
   4. DoDI   DoD Instruction
   5. ETP    Exception to Policy
   6. GTR    Gender Transition Request
   7. MMDT   Medical Multidisciplinary Team
   8. PHI    Protected Health Information
   9. PII    Personally Identifiable Information
   10. SCCC  Service Central Coordination Cell

C. Definitions.
   1. Accessed Gender. The gender recognized by the Coast Guard at accession (male or female) and reflected in the data element in DEERS and Coast Guard data systems.
   2. Biological Sex. A person’s biological status as male or female based on chromosomes, hormones, and genitals (intersex is a rare exception). Often referred to as a member’s assigned or birth sex.
   4. First Term of Service. As defined in 10 USC 501 and 10 USC 531 as the military service obligation (MSO). The MSO refers to the total required service (active duty and reserve commitments) that an individual must serve upon accepting an appointment.
   5. Gender. The gender (male or female) recognized by the Coast Guard and reflected in the data element in DEERS (gender marker) and Coast Guard data systems.
6. **Gender Dysphoria.** A marked incongruence between one’s experienced or expressed gender and assigned gender of at least six months in duration, as manifested by conditions specified in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition (DSM-5), page 452, which is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

7. **Gender Identity.** A member’s internal or personal sense of gender, which may or may not match the member’s biological sex.

8. **Gender Marker.** Data element in DEERS that identifies a member’s gender. A member is expected to adhere to all military standards associated with the member’s gender marker in DEERS and use military berthing, bathroom, and shower facilities in accordance with the DEERS gender marker.

9. **Gender Transition.** A form of treatment for the medical condition of gender dysphoria that may involve any one, or a combination, of the following:
   
a) Social transition, also known as “real life experience,” to allow the patient to live and work in his or her self-identified gender without any cross-sex hormone treatment or surgery; may also include a legal change of gender, including gender on a passport, birth certificate, or through a court order;
   
b) Medical transition to align secondary sex characteristics with the patient’s self-identified gender using cross-sex hormone therapy or surgical and cosmetic procedures; and,
   
c) Surgical transition, also known as sex reassignment surgery, to make the physical body, both primary and secondary sex characteristics, resemble as closely as possible the patient’s self-identified gender.

10. **Medically Necessary.** Those health-care services or supplies necessary to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms, and that meet accepted standards of medicine.

11. **Medical Treatment Plan.** A medical treatment plan is a medical plan that is prepared and endorsed by a military medical provider in consultation with a Medical Multidisciplinary Team (MMDT) describing medical care specific to treating a member’s gender dysphoria. A medical treatment plan established by a civilian medical provider will be subject to review and approval by a military medical provider.

12. **Member.** A military member of the Coast Guard, including members of the Active Component, Reserve Component, and cadets. The term “Service member” and “member” are interchangeable.
13. Military Medical Multidisciplinary Team (MMDT). A medical team comprised of experts knowledgeable in transgender medical care and typically include a general medical health provider, an endocrinologist, and a surgeon. MMDTs are typically located at large military medical centers across the nation.

14. Military Medical Provider: Any military, government service, or contract civilian health care professional who, in accordance with regulations of a Military Department or DHA, is credentialed and granted clinical practice privileges to provide health care services within the provider’s scope of practice in a Military MTF.

15. PHI. Any personal health information that can potentially identify an individual that was created, used, or disclosed in the course of providing healthcare services, whether it was a diagnosis or a treatment.

16. PII. Information used to distinguish or trace an individual’s identity, such as name, social security number, date and place of birth, mother’s maiden name, biometric records, home phone numbers, and other demographic, personal, medical and financial information. PII includes any information that is linked or linkable to a specified individual, alone or when combined with other personal or identifying information.

17. Real Life Experience (RLE). The phase in the gender transition process during which the individual begins living socially in the gender role consistent with their self-identified gender. RLE may or may not be preceded by the commencement of cross-sex hormone therapy, depending on the medical treatment associated with the individual Service member or cadet’s gender transition. The RLE phase is also a necessary precursor to certain medical procedures, including gender transition surgery. RLE generally encompasses dressing in the new gender, as well as using self-identified gender berthing, bathroom, and shower facilities.

18. Self-identified Gender. The gender with which an individual identifies.

19. Stable in Self-identified Gender. The absence of clinically significant distress or impairment in social, occupational, or other important areas of functioning associated with a marked incongruence between an individual’s experienced or expressed gender and the individual’s biological sex. Continuing medical care including, but not limited to, cross-sex hormone therapy may be required to maintain a state of stability.

20. Transgender Service Member. A Service member who has received a medical diagnosis indicating that gender transition is medically necessary, including any Service member who intends to begin transition, is undergoing transition, or has completed transition and is stable in the self-identified gender.
21. **Transition.** Period of time when individuals change from the gender role associated with their sex assigned at birth to a different gender role. For many people, this involves learning how to live socially in another gender role. For others, this means finding a gender role and expression that are most comfortable for them. Transition may or may not include feminization or masculinization of the body through cross-sex hormone therapy or other medical procedures. The nature and duration of transition are variable and individualized.

22. **Transition Plan.** A transition plan complements a medical treatment plan and addresses social and emotional transition.
Gender Transition Request Process

Step 1: Member experiencing gender dysphoria.

Step 2: Military Medical Provider: Provides or confirms medical diagnosis of gender dysphoria and that gender transition is medically necessary, develops medical treatment plan, timeline, ETPs.

Step 3: Member: Desires gender transition, notifies command, and submits a GTR covering medical treatment, ETPs and timeline.

Step 4: CO/OIC: Contacts SCCC within 5 days of member’s notification. Reviews/endorses GTR; forwards to first O6 or GS-15 in chain (if CO/OIC is not an O6) within 30 days of completed package receipt. First O6 or GS-15 forwards to PSC within 45 days of initial package routing.

Step 5: PSC: Approves/Disapproves GTR within 45 calendar days of receipt of completed package, adjudicates requests for ETPs.

Step 6: Member: After GTR approved, initiates treatment including:
  o Mental Health and/or
  o Hormone Therapy and/or
  o Surgery and/or
  o Other prescribed treatment.

NOTE:
- ETPs may be in effect during this phase as part of the approved GTR, or may be requested in addition to the GTR.
- SCCC provides guidance and advice during these phases.

Step 7: Member:
  o Completes medical treatment plan and
  o Is stable in gender for 18 months as certified by a military medical provider and
  o Produces required documentation and
  o Requests PSC approval to change Gender Marker in DEERS

Step 8: PSC: Notifies PPC of approval for Gender Marker Change.

Step 9: CG & Member: Gender Transition Complete. New gender standards apply: uniform, grooming, billeting, showers, restrooms, height/weight, physical training, pronouns.

Acronyms:
ETP: Exceptions to Policy
GTR: Gender Transition Request
SCCC: Service Central Coordination Cell

Note: Member may choose to cancel transition process at any time.