



Submitted via email to SGMRO@nih.gov

January 24, 2020

Lawrence A. Tabak, D.D.S., Ph.D.
Principal Deputy Director
SGMRO, DPCPS
National Institutes of Health (NIH)
6555 Rock Spring Drive
Suite 220, Rm. 2SE31
Bethesda, MD 20817

RE: Request for Information on the Development of the Fiscal Year 2021-2025 Trans-NIH Strategic Plan for Sexual & Gender Minority Health Research

Dear Principal Deputy Director Tabak:

On behalf of the American Speech-Language-Hearing Association, I write to offer comments on the Request for Information on the Development of the Fiscal Year 2021-2025 Trans-NIH Strategic Plan for Sexual & Gender Minority Health Research.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 204,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

ASHA appreciates the opportunity to provide feedback to the Sexual & Gender Minority Health Research Office on the development of the fiscal years (FY) 2021-2025 Trans-NIH Strategic Plan for Sexual and Gender Minority Health Research. ASHA supports the overall draft goals and framework and encourages NIH to ensure proper inclusion of individuals with communication disorders and providers of their care across all four scientific research goal areas. This plan will describe future directions in sexual and gender minority (SGM) health and research to optimize NIH's research investments. ASHA supports coverage protections for transgender and gender diverse individuals and access to gender transition services.

ASHA members provide vital speech-language pathology services to individuals who want to ensure their voice reflects their gender identity.¹ Unfortunately, health plans inconsistently cover voice treatment for transgender and gender diverse individuals, even when they identify it consistently as a key health service related to their transition.² This is a vital service for many patients. According to the Report of the 2015 U.S. Transgender Survey, voice treatment is the second most common reported medical intervention, behind hair removal, for transgender individuals assigned male at birth.³

ASHA notes that based on the NIH RePORTER, of the approximately \$295 million spent on SGM research in FY2018, only \$30K funded a project at the National Institute of Deafness and other Communication Disorders (NIDCD). ASHA appreciates that the grant titled, "Community-based Design and Evaluation of a Mobile Health Application for Voice Training," focused on assisting speech-language pathologists (SLPs) work with individuals receiving voice treatment. Similarly, in 2017, RePORTER indicates only one funded NIDCD project (Inclusion of Deaf/HH Sexual and Gender Minorities in Patient Reported Outcomes Research).

ASHA recommends that the NIH ensure more robust inclusion in its Trans-NIH Strategic Plan for Sexual & Gender Minority Health Research for FY 2021-2025 of individuals with communication disorders and implement a stronger focus on advancing clinical and science-to-service research related to the effectiveness of voice and communication services for transgender and gender diverse populations. Initial evidence indicates that voice treatment is promising and that SLPs are best equipped to facilitate overall vocal health and efficiency, but more research is needed.^{4,5,6}

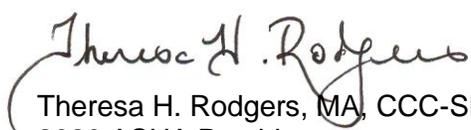
Payers often cover hormone therapy, mental health treatment, and gender alignment surgery for gender dysphoria. However, voice and communication treatment—when covered—is less invasive, safer, and more cost-effective than vocal modification surgery. Transgender individuals and individuals who are seeking gender affirming voice services who attempt to modify their voice without a trained SLP can permanently damage their voice and vocal folds, which can require additional invasive and costly treatment.

Medical associations and experts agree that medical and surgical treatment of gender dysphoria is safe, effective, and medically necessary health care.^{7,8,9,10,11,12} In addition, there is growing recognition of the need for and coverage of transition-related care by state Medicaid agencies and state insurance laws.¹³ For these reasons, additional research regarding voice and communication services must be elevated and prioritized within the Strategic Plan.

ASHA applauds NIH for including “expand SGM health research by fostering partnerships and collaborations with a strategic array of internal and external stakeholders” as an operational goal of the Strategic Plan. ASHA welcomes the opportunity to foster a partnership and engage with the Sexual & Gender Minority Research Office.

ASHA appreciates the opportunity to provide comments on this request for information. If you or your staff have any questions, please contact Daneen G. Sekoni, MHSA, ASHA’s director of health care policy, health care reform, at dsekoni@asha.org.

Sincerely,



Theresa H. Rodgers, MA, CCC-SLP
2020 ASHA President

¹ The American Speech-Language-Hearing Association. (n.d.). *Providing Transgender Voice Services*. Retrieved from <https://www.asha.org/Practice/multicultural/Providing-Transgender-Transsexual-Voice-Services/>.

² Tina Babajanians. (2019). *Giving Voice to Gender Expression*. *The ASHA Leader*. Retrieved from <https://leader.pubs.asha.org/doi/10.1044/leader.FTR2.24022019.54>.

³ National Center for Transgender Equality. (2015). *U.S. Transgender Survey*. Retrieved from <http://www.transequality.org/sites/default/files/docs/usts/USTS%20Full%20Report%20-%20FINAL%201.6.17.pdf>.

⁴ Nolan, I. T., Morrison, S. D., et al. (2019). The Role of Voice Therapy and Phonosurgery in Transgender Vocal Feminization. *Journal of Craniofacial Surgery*, 30(5), 1368-1375.

⁵ Azul, D., Nygren, U., et al. (2017). Transmasculine People’s Voice Function: A Review of the Currently Available Evidence. *Journal of Voice*, 31(2), 261.e9-261.e23.

⁶ Center of Excellence for Transgender Health, Department of Family and Community Medicine, University of California San Francisco. (2016). *Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People* (2nd edition). Retrieved from <https://transcare.ucsf.edu/guidelines>.

⁷ American Medical Association. (2016). *Resolution H-185. 950: Removing Financial Barriers to Care for Transgender Patients*. Retrieved from <https://policysearch.ama-assn.org/policyfinder/detail/financial%20barriers%20transgender?uri=%2FAMADoc%2FHOD.xml-0-1128.xml>.

⁸ American Psychiatric Association. (2018). *Position Statement on Discrimination Against Transgender and Gender Diverse Individuals*. Retrieved from <https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-2018-Discrimination-Against-Transgender-and-Gender-Diverse-Individuals.pdf>.

⁹ American Academy of Family Physicians. (2012). *Resolution No. 1004 Transgender Care*. Retrieved from https://www.aafp.org/dam/AAFP/documents/about_us/special_constituencies/2012RCAR_Advocacy.pdf.

¹⁰ American Public Health Association. (2016). *Promoting Transgender and Gender Minority Health through Inclusive Policies and Practices*. Retrieved from <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2017/01/26/promoting-transgender-and-gender-minority-health-through-inclusive-policies-and-practices>.

¹¹ World Professional Association for Transgender Health. (2016). *Position Statement on Medical Necessity of Treatment, Sex Reassignment, and Insurance Coverage in the U.S.A.* Retrieved from <https://www.wpath.org/media/cms/Documents/Web%20Transfer/Policies/WPATH-Position-on-Medical-Necessity-12-21-2016.pdf>.

¹² Cornell University. (2017). *What does the scholarly research say about the effect of gender transition on transgender well-being?* Retrieved from <https://whatweknow.inequality.cornell.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-the-well-being-of-transgender-people/>.

¹³ Human Rights Campaign. *Finding Insurance for Transgender-Related Healthcare*. Retrieved from <https://www.hrc.org/resources/finding-insurance-for-transgender-related-healthcare>.