

March 14, 2025

**RESCISSION OF VHA DIRECTIVE 1341(4), PROVIDING HEALTH CARE FOR
TRANSGENDER AND INTERSEX VETERANS**

1. Veterans Health Administration (VHA) Directive 1341(4), Providing Health Care for Transgender and Intersex Veterans, dated May 23, 2018, is hereby rescinded.
2. VA affirms its commitment to provide care to all Veterans, including trans-identifying Veterans. VA provides care and treatment to Veterans that are compatible with generally accepted standards of medical practice and determined by appropriate health care professionals to promote, preserve, or restore the health of the individual.
3. To comply with Executive Order 14168 of January 20, 2025, VA is rescinding VHA Directive 1341(4). In addition, VA will conduct a comprehensive review of care with respect to trans-identifying Veterans and will undergo the rulemaking process to revise the medical benefits package as deemed necessary; however, this rescission does not affect existing clinical guidance. The following limits are also unchanged.
 - a. VA does not provide “gender-affirming” surgeries in VA facilities or through non-VA care because VA regulation excludes them from the medical benefits package.
 - b. VA does not provide plastic reconstructive surgery for strictly cosmetic or gender alteration purposes in VA facilities or through non-VA care.
 - c. VA requires medical necessity for any surgical care offered to Veterans; gender alteration surgery is not an authorized medical treatment.
4. Current clinical guidance can be found at the following locations:
 - a. Clinical guidance can be found in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), American Psychiatric Association (2013).
 - b. Clinical practice guidelines on hormone therapy are available at the Pharmacy Benefits Management (PBM) Formulary Management, Clinical Guidance SharePoint site:
<https://dvagov.sharepoint.com/sites/VHAPBM/Formulary/Clinical%20Guidance/Forms/AllItems.aspx?as=json>. **NOTE:** This is an internal VA website that is not available to the public.
 - c. Clinical practice guidelines on prosthetic devices are available at:
<https://dvagov.sharepoint.com/sites/vhava-lgbt-resources/HealthCareTopics/SitePages/Prosthetics.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

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5. All inquiries concerning this action should be addressed to the LGBTQ+ Health Program, Office of Patient Care Services (12PCS) at vha12pop3lgbtq+healthaction@va.gov.

6. This VHA notice will expire and be archived on March 31, 2026. However, the rescission will remain in effect.

/s/ Acting Under Secretary for Health
Steven L. Lieberman, M.D.

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STRATEGICALLY FREQUENTLY ASKED QUESTIONS ON THE RESCISSION OF VHA DIRECTIVE 1341(4), PROVIDING HEALTH CARE FOR TRANSGENDER AND INTERSEX VETERANS

***NOTE:** These frequently asked questions were developed to communicate with internal and external stakeholders the Secretary of the Department of Veterans Affairs' (VA) decision to rescind Veterans Health Administration (VHA) Directive 1341(4), Providing Health Care for Transgender and Intersex Veterans, dated May 23, 2018.*

1. WILL THE VA CONTINUE TO CARE FOR TRANS-IDENTIFYING VETERANS?

Yes. VA affirms its commitment to provide care and services to all Veterans, including trans-identifying Veterans. All clinical guidance is still in effect. VHA provides care and treatment to Veterans that is compatible with generally accepted standards of medical practice as determined by appropriate health care professionals to promote, preserve, or restore the health of the individual.

2. WHY DID VA RESCIND VHA DIRECTIVE 1341(4)?

a. The publication VHA Directive 1341(4) has been rescinded because it is not compliant with the definitions and terms described in Executive Order 14168.

b. However, health care delivery for Veterans, including trans-identifying Veterans, is currently unchanged. This applies to currently enrolled Veterans and new Veterans requesting or enrolling in care.

c. This rescission notice, which holds the authority of VHA policy, affirms that health care services are unchanged for trans-identifying Veterans and that all clinical guidance remains in effect.

3. WHY ISN'T HEALTH CARE DELIVERY CHANGING?

Changes to healthcare delivery in VHA occur through a rulemaking process. As such, health care services to Veterans will remain unchanged until and unless a rulemaking process is completed.

4. WHAT ABOUT BATHROOMS AND LOCKER ROOMS?

VHA facilities have already addressed that all intimate spaces such as bathrooms and locker rooms are designated by Sex (M, F) or unisex for single person spaces (e.g., one door, one stall bathroom). All signage related to gender identity has been changed.

5. WHAT ABOUT INPATIENT AND RESIDENTIAL ROOM ASSIGNMENTS?

Consistent with Executive Order 14168, sex-segregated spaces will be maintained based on sex. Within that limit, inpatient and residential room assignment decisions should be made in line with clinical guidance to best support the health and safety of the

Veteran. This may include assignment to private rooms/bathrooms, ethics consultation, or referral to Community Care if needs cannot be met.

6. CAN VETERANS APPEAL CLINICAL DECISIONS?

a. Yes. If a Veteran disagrees with a decision a provider has made about their care, they can appeal it. Patients or their surrogates may file a clinical appeal through the Patient Advocate (PA) at their VA medical facility. The PA will work with the facility's chief medical officer and any other needed experts to review the medical treatment decision.

b. If a Veteran disagrees with facility-level decision, the patient may submit a second level appeal to the Veterans Integrated Service Network (VISN) Patient Advocate Coordinator (VPAC) for a final review by the VISN. For more information, see: <https://www.va.gov/decision-reviews/clinical-appeals/>.

7. WHAT STEPS SHOULD PEOPLE TAKE IF THEY EXPERIENCE OR WITNESS DISRESPECT OR HARASSMENT OF VETERANS?

a. **In Person:** If a Veteran experiences or witnesses someone else experiencing harassment, they can request that a complaint be filed in the Patient Advocate Tracking System through the Patient Advocate. Veterans can find the VA medical facility-specific Patient Advocate here: <https://www.va.gov/find-locations>.

b. **By Phone:** If the Veteran has left a VA medical facility and needs to report harassment, call MyVA411 at **1-800-698-2411 (Option 9)**.

8. DO FACILITIES STILL HAVE LGBTQ+ VETERAN CARE COORDINATORS TO ASSIST VETERANS IN ACCESSING HEALTH CARE?

Yes. The LGBTQ+ Veteran Care Coordinator (VCC) and VISN Lead roles remain unchanged as they ensure clinically competent, Veteran-centered, and effective care. VCCs are familiar with best clinical practices, understand how to address health issues for LGBTQ+ Veterans, and provide education and guidance at VA medical facilities. The VCC and VISN Lead roles are codified in VHA Directive 1340, Provision of Health Care for Veterans Who Identify as Lesbian, Gay, Bisexual and Queer, dated September 21, 2022.

9. IS VETERAN INFORMATION CONFIDENTIAL?

Yes. All Veterans' information must be kept confidential. Disclosure of information by VA staff to other Veterans is prohibited without the Veteran's consent. Access to Veteran data is limited to the minimum amount necessary for approved purposes. If you have further questions, please reach out to the Facility Privacy Officer. See: Health Insurance Portability and Accountability Act of 1996 (HIPAA); and Privacy Act or 38 U.S.C. §§ 5701 and 7332.

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10. WHAT RESOURCES ARE AVAILABLE TO VETERANS WHO ARE DISTRESSED ABOUT THIS DECISION?

All Veterans are encouraged to use the Veterans Crisis Line by calling 988 and then pressing 1, by texting 838255, or going online to chat: <https://www.veteranscrisisline.net/>.