25 MAY 2025

MEMORANDUM FOR RECORD

FROM: [RANK/TITLE, FIRST M.I. LAST NAME, SERVICE, POSITION TITLE]

SUBJECT: Ensuring Continuation of Care for [RANK LAST NAME, FIRST NAME, M.I., (DOD ID Number)]

REFERENCES:

1. DHA-Memorandum for the Director, Defense Health Agency, “Additional Guidance on Treatment of Gender Dysphoria,” [May 9, 2025]
2. **Purpose:** This memorandum documents the medical necessity and administrative justification for the referral of a transgender Service member to a TRICARE-authorized provider off-post, for the continuation of care for transgender service members.
3. In accordance with the reference above, all military treatment facilities (MTFs) are directed to discontinue the initiation of cross-sex hormone therapy and to cancel all planned surgical procedures related to gender-affirming health care (GAHC). Furthermore, previously approved Supplemental Health Care Program (SHCP) waivers have been rescinded.
4. GAHC must continue for Service members who established GD diagnosis and must continue to prevent complications or allow abandonment of care. Therefore, continuation of medically necessary GAHC hormone therapy is permitted until separation is complete, off-post referral is authorized, and transfer to Veterans Affairs is complete. It is essential that the Service member’s care remains uninterrupted to ensure health and readiness are maintained.
5. The Service member maintains a current diagnosis of gender dysphoria and/or continues to receive gender affirming healthcare treatment prior to the May 9, 2025 policy change. A summary of their current medical treatment plan, diagnosis, and therapy history is included to assist the receiving off-post provider with continuity of care as necessary.
6. This memorandum serves as official documentation supporting referral to a TRICARE-authorized provider in accordance with current Defense Health Agency (DHA) guidance. POC for this memorandum is the signature below and can be reached at [xxxxx.mil@xxx.mil](mailto:xxxxx.mil@xxx.mil) or XXX-XXX-XXXX

FIRST M. LAST NAME, Rank, Service

[Director / Deputy Director of the TGHC or TGCT Lead]