



Physicians for
Reproductive Health



Abortion Care Network
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NATIONAL
ABORTION
FEDERATION

February 17, 2026

VIA Electronic Submission

Secretary Kennedy and Administrator Oz
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Baltimore, MD 21244-8016

RE: “Hospital Condition of Participation: Prohibiting Sex-Rejecting Procedures for Children” (CMS-3481-P)(RIN 0938-AV73) and “Prohibition on Federal Medicaid and Children’s Health Insurance Program Funding for Sex-Rejecting Procedures furnished to Children” (CMS-2451-P) (RIN 0938-AV87)

Dear Secretary Kennedy and Administrator Oz,

Abortion Care Network, the National Abortion Federation, and Physicians for Reproductive Health submit this comment in response to the proposed rules titled “Hospital Condition of Participation: Prohibiting Sex-Rejecting Procedures for Children” and “Prohibition on Federal Medicaid and Children’s Health Insurance Program Funding for Sex-Rejecting Procedures furnished to Children.” We urge the Department of Health and Human Services to withdraw these rules in their entirety, as they would cause significant harm to young people.

Abortion Care Network (ACN) serves as the only national membership association for independent, community-based abortion care providers and their allies. ACN is building a sustainable future for abortion access by resourcing, connecting, and celebrating independent abortion clinics and their allies. The National Abortion Federation is the professional association of abortion providers that unites, supports, and represents abortion providers and the people they serve, in pursuit of accessible and equitable abortion care. Physicians for Reproductive Health is a physician-led national advocacy organization that organizes, mobilizes, and amplifies the voices of medical providers across the United States to advance sexual and reproductive health, rights, and justice.

Our organizations include providers who deliver the full spectrum of reproductive health care, from contraception to maternal health services to abortion care. Many of these clinicians also provide gender-affirming care as part of their broader commitment to

ensuring that everyone can make the decisions that are right for their bodies, their health, and their families.

Abortion providers are all too familiar with what happens when healthcare becomes politicized. For decades, they have faced waves of restrictions driven not by science, but by political agendas. These types of attacks do not serve patients and only push care farther out of reach. We know that politicians are using the same playbook to attack gender-affirming care by stigmatizing this life-saving care through misinformation and the imposition of medically unnecessary regulations designed to restrict access under the false claim of protecting patients. What is best for patients is the ability to make their own decisions about their health with their health care providers and those closest to them.

I. Gender-Affirming Care is Evidence-Based and Life-Affirming Care; Everyone Regardless of Age Deserves Access to This Critical Healthcare.

Gender-affirming care is safe, essential, life-saving health care that allows for transgender and non-binary people to be able to live their full and authentic lives. Leading medical organizations including the American Academy of Pediatrics, American Medical Association, American College of Obstetricians and Gynecologists, American Endocrine Society, Pediatric Endocrine Society and World Professional Association for Transgender Health support gender-affirming care for transgender and gender-diverse people.¹ Barriers to this essential healthcare makes patients and our communities less healthy and denies people access to the full range of the quality, compassionate, healthcare they deserve.

The proposed rules rely on a deeply flawed report published by the U.S. Department of Health and Human Services (HHS), [Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices](#), that contradicts current existing and established medical guidelines. An example of the report's flaws is its argument that the absence of double-blind randomized control trials for treatments like puberty blockers means that we do not have trustworthy data on the safety of this treatment. However, evidence supporting use of puberty blockers is limited to observational studies precisely because it would be unethical to do a randomized clinical trial given the more than thirty years of available data on the benefits of puberty blockers and the risks of withholding this

¹ GLAAD, *Medical Association statements in support of health care for transgender people and youth*, available at <https://glaad.org/medical-association-statements-supporting-trans-youth-healthcare-and-against-discrimination/>, last updated June 2024

treatment.² The evidence that supports the safety and efficacy of gender-affirming care is better than the evidence for many other treatments and procedures performed in pediatric medicine, where it is difficult to do studies because of unique considerations of the research subjects being youth.³ There is overwhelming evidence⁴ that puberty blockers effectively treat gender dysphoria, that young people continue these medications into adulthood, that their satisfaction with gender-affirming medical treatments is high, and that their transgender identities persist.

Additionally, we have substantial evidence that banning access to puberty blockers and other forms of gender-affirming care will have devastating effects on the mental health of young trans people.⁵ For transgender and non-binary (TGNB) youth, medical care that is affirming and supportive can mean the difference between life and death. Research consistently proves that when TGNB youth are affirmed by people around them and have access to the gender-affirming care they desire, rates of depression and suicide drop significantly.⁶ A recent study found that transgender youth who receive gender-affirming care are 60% less likely to be depressed and 73% less likely to have thoughts of suicide or self-harm compared to those who do not receive care. Alarming, this same study revealed that youth who are not able to access care experience a two- to threefold increase in depression and suicidal thoughts – indicating that delaying hormones and puberty blockers may in fact worsen mental health symptoms.⁷ These findings are consistent with a recent report from the United Kingdom finding a surge in youth suicides following the UK's decision to severely limit access to puberty blockers.⁸

² Ashley, F., Tordoff, D. M., Olson-Kennedy, J., & Restar, A. J. (2023). Randomized-controlled trials are methodologically inappropriate in adolescent transgender healthcare. *International Journal of Transgender Health*, 25(3), 407–418. <https://doi.org/10.1080/26895269.2023.2218357>

³ Meredith McNamara, An Evidence-Based Critique of “The Cass Review” on Gender-affirming Care for Adolescent Gender Dysphoria, a white paper published by Yale Law School, available at <https://law.yale.edu/yls-today/news/white-paper-addresses-key-issues-legal-battles-over-gender-affirming-health-care>.

⁴ Ramos, G. G. F., Mengai, A. C. S., Daltro, C. A. T., Cutrim, P. T., Zlotnik, E., & Beck, A. P. A. (2021). Systematic Review: Puberty suppression with GnRH analogues in adolescents with gender incongruity. *Journal of Endocrinological Investigation*, 44(6):1151-1158. doi: 10.1007/s40618-020-01449-5

⁵ Lee, W. Y., Hobbs, J. N., Hobaica, S., DeChants, J. P., Price, M. N., & Nath, R. (2024). State-level anti-transgender laws increase past-year suicide attempts among transgender and non-binary young people in the USA. *Nature Human Behaviour*, 8(11), 2096–2106. <https://doi.org/10.1038/s41562-024-01979-5>

⁶ Chen, D., Berona, J., Chan, Y., Ehrensaft, D., Garofalo, R., Hidalgo, M. A., Rosenthal, S. M., Tishelman, A. C., & Olson-Kennedy, J. (2023). Psychosocial Functioning in Transgender Youth after 2 Years of Hormones. *New England Journal of Medicine*, 388(3), 240–250. <https://doi.org/10.1056/nejmoa2206297>

⁷ Tordoff, D. M., Wanta, J. W., Collin, A., Stepney, C. S., Inwards-Breland, D. J., & Ahrens, K. (2022). Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care. *JAMA Network*

Open, 5(2). doi:10.1001/jamanetworkopen.2022.0978

⁸ Good Law Project, New data shows surge in trans kids' suicides following healthcare rollbacks, Feb 2026, available at

Transgender and nonbinary youth should not be subjected to a forced, unwanted form of puberty, particularly when it comes at the unconscionably high price of their dignity and health.

The extensive evidence of the safety and efficacy of gender-affirming care is reinforced by the experiences of our member providers. One provider of gender-affirming care in Washington State tells of a patient's greatly improved mental health because of access to gender affirming care:

“One parent asked her why she wanted to start now instead of waiting until she was 18. She told them that every day she was seeing her body change and become more like a man. And every day her dysphoria, depression and anxiety were getting worse. She wanted to prevent further changes by starting hormones that day. I have seen her since she has been on hormones and her mental health has improved significantly because she feels affirmed in her body. Many trans youth already do not survive to adulthood to be able to experience this affirmation. Further preventing access to hormones for trans kids who need them will absolutely be deadly.”

To protect their children against the serious and sometimes lethal harms of gender-affirming care bans, many parents and families upend their lives, regularly traveling out of state, and sometimes even moving from their homes.⁹ A provider in Tennessee shares the enormous hardship patients face in accessing gender-affirming care when it became unavailable in their state:

“In 2023, Tennessee banned access to gender-affirming hormone replacement therapy for minors, forcing youth and their support systems to travel outside of state lines to receive lifesaving healthcare. We have seen firsthand how devastating this legislation has been for young people and their families in our communities. Traveling out of state for lifesaving healthcare has been an immense burden for our young patients and their families, forcing them to travel sometimes hundreds of miles to receive gender-affirming care. We want to see trans and genderqueer youth thrive for their whole lives.”

The social, emotional, health and financial costs associated with navigating restrictions and bans on gender-affirming care are prohibitive for most people, but of course fall

https://goodlawproject.org/new-data-shows-surge-in-trans-kids-suicides-following-healthcare-rollbacks/?utm_source=substack&utm_medium=email

⁹ Some estimate that over 400,000 transgender people have moved states. Reed, E. (2026, January 8). Over 400,000 transgender people have moved states since Trump's election. *Erin In The Morning*. <https://www.erininthemorning.com/p/over-400000-transgender-people-have>

disproportionately on people disempowered by the current political, economic and social systems: people of color, immigrants, low income people, people living in rural areas, and others.¹⁰ The same provider who sees patients travel out of state for gender-affirming care shares:

“Unfortunately our most vulnerable patients, those living in rural communities, immigrants, people of color, people without financial means, and others, often get hit hardest by these bans because they simply don’t have a way to navigate them. It is heartbreaking.”

Another physician who serves predominantly low income people of color in Washington, D.C. and New York shares:

“Restricting Medicaid and CHIP coverage for gender-affirming care would cause immediate and measurable harm to transgender youth who already face significant barriers to healthcare access. In my clinical experience providing gender-affirming hormone therapy, patients arrive highly informed and clear about their healthcare needs, yet deeply anxious that financial or insurance barriers will prevent them from accessing medically indicated care. These programs are often the only pathway to care for youth from low-income families, and eliminating coverage would function as a de facto ban, forcing delays in care, worsening anxiety and depression, and exacerbating health inequities. Denying coverage does not eliminate the need for care; it only shifts harm onto the most vulnerable patients and undermines the ethical obligation to provide evidence-based, patient-centered healthcare.”

A provider from Washington State shares their concern that the proposed rules will have a devastating impact on children:

“[These rules send] a clear message to children that they are not trusted, believed, or cared about. Research has demonstrated that the number one protective factor for the mental health and survival of trans and non-binary youth is loving acceptance. Research has demonstrated that gender affirming care - for both adults and youth - is medically necessary and lifesaving. When trans youth are trusted, believed, loved, and affirmed by their families and healthcare providers, their mental health outcomes start mirroring their cisgender peers. Without this respect and care, we see higher rates of depression, substance

¹⁰ Smallens, Y. (2025). “They’re ruining people’s lives, bans on gender affirming care in the US” In *Human Rights Watch*.
<https://www.hrw.org/report/2025/06/03/theyre-ruining-peoples-lives/bans-on-gender-affirming-care-for-transgender-youth>

abuse, and death by suicide. I do not understand how anyone could think that a targeted assault on the bodies and self-worth of children is good for kids, families, or anyone else.”

II. Restrictions on Provision of Gender Affirming Care Will Have A Significant and Negative Impact on the Healthcare Workforce.

Just as abortion bans have had significant and negative effects on the reproductive and maternal health care workforce and patients’ access to care, these rules will similarly negatively impact the pediatric healthcare workforce.¹¹ In states with abortion bans, many OB-GYNs and other reproductive health providers have relocated to states with fewer restrictions, making it harder for many people—particularly low-income patients and those in marginalized communities—to receive timely, high-quality health care.¹² For providers who remain in the state, the emotional toll of being unable to provide evidence-based care—and of watching patients suffer preventable complications—has contributed to moral distress, burnout, and job dissatisfaction, ultimately weakening the overall health care system for *everyone* in the state.

Existing research¹³ shows that gender-affirming care restrictions and bans similarly have a negative impact on the range of providers who provide gender-affirming care to youth, including family medicine physicians, pediatric endocrinologists, mental health specialists, and adolescent mental health providers, which in turn has a downstream effect on all patients who access care, not just TGNB patients. A provider in Maine details the impact these rules could have on healthcare for all patients and for profession as a whole:

“In our rural state, our health care network has been in dire straits due to years of insufficient investment in Mainers’ health. We have already been experiencing a health crisis, separate and apart from these disastrous proposed rules. Many patients live far from Maine’s cities and find it difficult to access health care providers on any given day.

¹¹ Shefali Luthra, “We’re not going to win that fight’: Bans on abortion and gender-affirming care are driving doctors from Texas,” *The 19th*, June 21, 2023, <https://19thnews.org/2023/06/abortion-gender-affirming-care-bans-doctors-leaving-texas/> (accessed November 21, 2024).

¹² Commonwealth Fund, Maternity Care Providers and Trainees Are Leaving States with Abortion Restrictions, Further Widening Gaps in Care, October 2024, available at <https://www.commonwealthfund.org/blog/2024/maternity-care-providers-and-trainees-are-leaving-states-a-abortion-restrictions-further>.

¹³ Scheffert, A. H. M., & Timbers, V. L. (2025). The impact of restrictive legislation on Gender-Affirming care providers in the United States: a national survey. *Sexuality Research and Social Policy*. <https://doi.org/10.1007/s13178-025-01177-6>

In recent years, hospitals have been forced to reduce services, merge, and/or close, creating a crisis for patients. Other health care practices are trying to absorb patients, but we don't have the capacity to serve everyone. And what's crucial to understand is that barring reimbursement for gender-affirming care affects our entire population of patients, whether or not they're seeking gender-affirming care. Care will be harder to come by for ALL patients.

What's more, gender-affirming care is routine, evidence-based, lifesaving health care that many Mainers will need in their lives. It's not limited to those experiencing gender dysphoria. Throughout their lives, patients need menopause management and testosterone as they age; some need hormone replacement therapy, others will experience early estrogen loss from cancer treatment and need help managing symptoms.

A rule like the two proposed by the Trump Administration will make it harder for medical professionals to practice medicine. Fear of determining which type of care is legal vs. illegal could have crippling effects on medical professionals.

When the federal government wields ideology to decide what kind of care it will reimburse for, it further weakens public trust in our healthcare system. Where will it stop? It opens the door to denial of care for any services demonized by the federal government and administration. While it is gender affirming care now, it could be diabetes care or contraceptives or cervical cancer screenings tomorrow.

This arbitrary political attack on health care will disrupt the entire system, and cause unnecessary suffering. Nothing about these proposed rules will help the health of our nation."

A reproductive healthcare clinic provider in Tennessee share similar concerns about the effect these rules will have on healthcare delivery to all patients, not just those seeking gender-affirming care:

"If hospitals no longer provide gender-affirming care for young people, clinics of our size may be unable to absorb the resulting influx of patients, both from out-of-state and in-state patients. This increased burden will strain the capacity of our staff, inevitably reducing the quality of care available to all of our patients, not just youth receiving gender-affirming care. While these proposed rules claim to 'protect the health and safety of children,' they put some of the most vulnerable young people at risk. It has been proven time and time again that this level of care saves youth lives."

A physician in California warns of the risk of pushing gender-affirming care for youth out of hospitals:

“If gender-affirming care gets pushed out of big institutions that have the resources to do the intensive service provision that some trans youth need and this healthcare gets pushed into small standalone clinics that do not have the resources to provide the level of care some trans youth need, it will be of great detriment to some trans youth. They will not get the healthcare they need. Also, it will also be of detriment to everyone the stand alone clinics serve, not just trans youth, because they will be stretched too thin. ”

The experience of abortion providers shows that restricting access to gender-affirming care will not only harm TGNB youth but will also destabilize the broader pediatric health care system, reducing provider availability, increasing burnout, and limiting timely, high-quality care for all children and families.

III. Restrictions on Gender-Affirming Care Set a Dangerous Precedent for Other Evidence-Based, Life-Affirming Care That Is Politicized.

The proposed rules set a dangerous precedent of unwarranted government interference into health care. The federal government controls enormous amounts of healthcare dollars and should not use that power as a cudgel to attack evidence-based, life-saving care, regardless of how politicized that care has become. Penalizing providers and entire health systems for delivering lifesaving and evidence-based care to young people understandably makes providers wonder: what is next? As noted above, abortion providers have long experienced the consequences of similar restrictions, which function as backdoor bans on evidence-based care. It is unconscionable to restrict care for patients, whether that is reproductive healthcare or gender-affirming care, based on political belief and not on science. The burdens of these policies always fall most heavily on families and communities marginalized by society, such as people struggling to make ends meet, people in rural communities, people of color, immigrants, and others who are forced to rely on public insurance and/or large health systems for specialized care.

One provider aptly shared with us:

“I have also seen many patients (especially in Texas) who have been forced to access hormones through non-medical routes and have had complications due to lack of medical guidance. Much like with abortion, gender-affirming care will still happen even if it is banned, but it will come at a higher cost and with more health risks.”

A provider from Maine shares their concerns with the politicization of essential healthcare.

“It is extremely worrisome to see the government engage in such blatant overreach to target a marginalized community that makes up such a small percentage of the population, seeking to bar their access to best-practice healthcare. It is definitely worrisome enough on its own, but it raises concerns for what kind of precedent is being set by the federal government to politicize and target other healthcare for marginalized people. This of course raises concerns for attacks on essential care like abortion and contraception. It's important to note that attacks against trans healthcare like this always, including in this circumstance, carve out exceptions to allow for nonconsensual care for intersex youth, demonstrating that this is about control, not the health and wellbeing of young people.”

A physician in California shares similar concerns:

“It sets an incredibly dangerous precedent for the federal government to decide what care is counted as healthcare at all instead of our profession. They could next decide infertility care doesn't fall under healthcare and any hospitals providing fertility care should not receive funding. They could decide contraceptive care isn't healthcare and prohibit any hospital that discusses and prescribes birth control from getting federal money. The government should not be deciding what is healthcare and shutting down healthcare for vulnerable populations.”

Our member providers need to be able to spend their time and energy on providing best practice medical care to their patients, not worrying about political interests overriding their professional judgment. The proposed rules, based more in animus than evidence, run contrary to what we should all want – allowing health care providers to do their jobs without political interference.

IV. Conclusion

For the foregoing reasons, we strongly urge the agency to withdraw the proposed rules prohibiting federal Medicaid and CHIP funding for care for transgender youth and withholding federal funds from hospitals who participate in Medicare and Medicaid and provide health care for transgender youth, as they pose a significant threat to the health and wellbeing of these young people. Access to essential healthcare should not be restricted by ideological opposition, and every individual deserves access to the care

they need. We also request that you incorporate the cited materials into the record and comply with Administrative Procedure Act requirements.

Sincerely,

Abortion Care Network

National Abortion Federation

Physicians for Reproductive Health