



February 17, 2026

Dr. Mehmet Oz
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Ave SW
Washington, DC 20001
Attn: CMS-3481-P

RE: Medicare and Medicaid Programs; Hospital Condition of Participation: Prohibiting Sex-Rejecting Procedures for Children [RIN 0938-AV87]

Dear Administrator Oz:

On behalf of the American College of Physicians (ACP), I write in strong opposition to the Centers for Medicare and Medicaid Services (CMS) notice of proposed rulemaking prohibiting Medicare and Medicaid-participating hospitals from providing a wide range of health care services known as gender-affirming care (referred to in this proposal as “sex-rejecting procedures”) to individuals under the age of 18. The College is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 163,000 internal medicine physicians, related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness. Internal medicine physicians predominately treat adult populations, though ACP policy maintains that individual physicians may choose to provide care to patients beginning with the onset of puberty, based on their individual level of training and experience.

This proposal represents a gross exercise of federal overreach and deeply inappropriate intrusion into the provision of evidence-based health care and the patient-physician relationship. The proposal would prohibit hospitals from providing medically necessary gender-affirming medical care to patients under the age of 18 as a condition of their participation in Medicare and Medicaid. Hospitals would have to choose between providing medically necessary care to patients under 18 and receiving essential Medicare and Medicaid funding. Hospital conditions of participation have historically encompassed health and safety requirements; threatening hospitals with the loss of funding for providing medically necessary health care in instances that this administration disagrees with is an unprecedented and unwarranted use of hospital conditions of participation. If finalized, the rule would significantly restrict access to essential care for adolescents in the country, regardless of whether they are covered by government programs, private insurance, or pay out of pocket.

ACP's position paper [Lesbian, Gay, Bisexual, Transgender, Queer, and Other Sexual and Gender Minority Health Disparities](#) outlines support for “access to evidence-based and clinically indicated gender-affirming care that is provided in line with the medically accepted standard of care using an informed consent model.” ACP strongly asserts that gender-affirming care is an essential component of comprehensive health care for transgender and gender diverse people and has long asserted that “[l]aws and regulations should not mandate . . . the provision or withholding of . . . care that, in the physician's clinical judgment and based on clinical evidence and the norms of the profession, [is] not . . . appropriate for a particular patient at the time of a patient encounter.” ACP is deeply concerned that this proposal would intrude upon the provision of evidence-based health care and the patient-physician relationship.

ACP vehemently rejects CMS' assertion that gender-affirming medical care is not health care and hence not subsumed under the term of “the practice of medicine.” This assertion is at odds with the Department of Health and Human Services *Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices*, which refers to the same pharmaceuticals and surgical interventions as “medical interventions” throughout the report. CMS does not have the authority to exercise control over the practice of medicine or the manner in which medical services are provided, positioning the regulatory authority this proposal seeks to establish in contradiction with federal law (1).

ACP is disappointed by CMS' interpretation of clinical guidelines developed by The Endocrine Society (ES) and the World Professional Association for Transgender Health (WPATH). WPATH Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 and ES Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons were developed through careful and robust deliberation, employing the same scientific rigor that underpins other medical guidelines. WPATH and ES guidelines do *not* recommend that prepubertal children with gender dysphoria receive puberty blockers, hormone therapy, or surgeries, but rather provide for mental health care and support for the child and their family (2,3). At the onset of puberty, the guidelines provide that, in addition to mental health care, gender-affirming medical care may be indicated following a robust diagnostic assessment and determination by a qualified health care professional. This proposal seeks to prohibit the provision of widely accepted care that is already provided on a highly individualized basis according to these guidelines.

If finalized, this rule may result in negative medical, social, and mental health outcomes for children and adolescents with gender dysphoria. Multiple studies indicate that adolescents with gender dysphoria who receive gender-affirming care experience improvements in their overall well-being. The use of gonadotropin-releasing hormone agonists (puberty blockers) and/or hormone therapy to treat adolescents with gender dysphoria has been shown to improve mental health outcomes, including statistically

¹ 42 U.S.C. 1395

² Coleman E et al.. Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. *Int J Transgend Health*. 2022 Sep 6;23(Suppl 1):S1-S259. doi: 10.1080/26895269.2022.2100644. PMID: 36238954;

³ Hembree WC, Cohen-Kettenis PT, Gooren L, Hannema SE, Meyer WJ, Murad MH, Rosenthal SM, Safer JD, Tangpricha V, T'Sjoen GG. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. *J Clin Endocrinol Metab*. 2017 Nov 1;102(11):3869-3903. doi: 10.1210/jc.2017-01658. Erratum in: *J Clin Endocrinol Metab*. 2018 Feb 1;103(2):699. doi: 10.1210/jc.2017-02548. Erratum in: *J Clin Endocrinol Metab*. 2018 Jul 1;103(7):2758-2759. doi: 10.1210/jc.2018-01268. PMID: 28945902.

significant reductions in depression and suicidal ideation (4,5). This proposal not only threatens access to care for children and adolescents with gender dysphoria, but also for those requiring these services for reasons other than the treatment of gender dysphoria. CMS states that the pharmaceuticals included in this prohibition are not indicated solely as gender-affirming care and may continue to be administered for permissible indications such as precocious puberty and medically verifiable disorders of sexual development. If finalized, hospitals would be directed to provide identical care in certain instances but not others, creating uncertainty and additional administrative burden that may further threaten access to care.

ACP calls on CMS to withdraw this proposal to protect the patient-physician relationship and ensure children and adolescents with gender dysphoria have access to medically indicated and evidence-based health care. This proposal represents a gross federal overreach into the provision of evidence-based health care and undermines physicians' clinical decision making and ethical responsibilities. ACP is further concerned about the moral injury that physicians may suffer as a result of being unable to provide patients with evidence-based, medically necessary health care. Health care for children and adolescents with gender dysphoria is individualized, age-appropriate, and provided according to longstanding expert clinical guidelines, and access to this care must be preserved. Please contact Katelan Cline, Analyst, Health Policy at kccline@acponline.org with comments or questions about the content of this letter.

Sincerely,



Jason M. Goldman, MD, MACP
President, American College of Physicians

⁴ Aldridge Z, Patel S, Guo B, Nixon E, Pierre Bouman W, Witcomb GL, Arcelus J. Long-term effect of gender-affirming hormone treatment on depression and anxiety symptoms in transgender people: A prospective cohort study. *Andrology*. 2021 Nov;9(6):1808-1816. doi: 10.1111/andr.12884.

⁵ Turban JL, King D, Kobe J, Reisner SL, Keuroghlian AS. Access to gender-affirming hormones during adolescence and mental health outcomes among transgender adults. *PLoS One*. 2022 Jan 12;17(1):e0261039. doi: 10.1371/journal.pone.0261039.