



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-2451-P

RE: Medicaid Program; Prohibition on Federal Medicaid and Children's Health Insurance Program Funding for Sex-Rejecting Procedures Furnished to Children [RIN 0938-AV73]

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 regarding the prohibition of coverage for wide range of health care services known as gender-affirming care (referred to in the proposal as “sex-rejecting procedures”) for individuals under the age of 18 in Medicaid and under the age of 19 in the Children’s Health Insurance Program (CHIP). 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.

According to CMS’ own estimates, approximately half of children and adolescents in the United States receive health care through Medicaid and CHIP. This proposed rule would irreparably harm children and adolescents with gender dysphoria by effectively barring access to a significant scope of health care services for this population. 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 maintained 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.”

CMS’ acknowledgement that the prohibition of coverage includes circumstances in which a physician has determined that the provision of gender-affirming care is medically necessary is diametrically at odds with a physician’s ethical obligation to put patients first and deliver evidence-based, individualized care. Further, Medicaid’s Early and Periodic Screening, Diagnostic, and Treatment benefit (EPSDT) requires individualized determinations of the medical necessity of health care services for a particular patient (1). If finalized, this rule would be a blanket prohibition of coverage of medications and surgical interventions that are considered gender-affirming care for all children and adolescents in Medicaid, regardless of medical necessity. This would undermine a physician’s ability to make individualized clinical determinations in consultation with the patient and their family and is fundamentally at odds with EPSDT’s central principle of individualized determinations of medical necessity. ACP is deeply concerned that this proposal would intrude upon the provision of evidence-based health care and the patient-physician relationship.

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 coverage 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 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

---

<sup>1</sup> EPSDT – A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents (June 2014), <https://www.medicaid.gov/medicaid/benefits/downloads/epsdt-coverage-guide.pdf>

<sup>2</sup> 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;

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> 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.

reasons other than the treatment of gender dysphoria. CMS states that the pharmaceuticals included in this coverage prohibition are not indicated solely as gender-affirming care and may continue to be covered for permissible indications such as precocious puberty and medically verifiable disorders of sexual development. If finalized, this rule would direct states to approve claims for treatments prescribed for some purposes but not for others, creating additional costs and 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 due to the proposed coverage prohibitions. 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 [kcline@acponline.org](mailto:kcline@acponline.org) with comments or questions about the content of this letter.

Sincerely,

A handwritten signature in cursive script that reads "Jason M. Goldman".

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