



February 17, 2026

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention CMS-2451-P and CMS-3481-P
P.O. Box 8016
Baltimore, MD 21244-8016

Via Electronic Submission

Re: Medicaid Program; Prohibition on Federal Medicaid and Children's Health Insurance Program Funding for Sex-Rejecting Procedures Furnished to Children (RIN 0938-AV73); and Medicare and Medicaid Programs; Hospital Condition of Participation: Prohibiting Sex-Rejecting Procedures for Children (RIN 0938-AV87)

Dear Administrator Oz:

The Society for Adolescent Health and Medicine appreciates the opportunity to comment on two rules proposed on December 19, 2025, by the Centers for Medicare & Medicaid Services (CMS):

- CMS, Medicaid Program; Prohibition on Federal Medicaid and Children's Health Insurance Program Funding for Sex-Rejecting Procedures Furnished to Children, 90 Fed. Reg. 59441 (proposed Dec. 19, 2025) ["Medicaid Funding Rule"]; and
- CMS, Medicare and Medicaid Programs; Hospital Condition of Participation: Prohibiting Sex-Rejecting Procedures for Children, 90 Fed. Reg. 59463 (proposed Dec. 19, 2025) ["Hospital Conditions Rule"].

The combined effect of these two proposed rules, if finalized and implemented, would be to prevent adolescents and their families from seeking medically necessary gender-affirming care and also to prevent health care professionals and institutions from providing medically necessary care to youth in accordance with medically recognized guidelines. The resulting harms would be devastating both to young people who require this care to protect and promote their health and well-being and to health care professionals who seek to provide evidence-based medical care to their patients.

These comments are being submitted in response to both proposed rules.

The Society for Adolescent Health and Medicine

Founded in 1968, the Society for Adolescent Health and Medicine (SAHM) is an international multi-disciplinary organization committed to improving the physical and psychological health and well-being of all adolescents and young adults.

1061 AMERICAN LANE, SUITE 310 SCHAUMBURG, IL 60173- 4973

WWW.ADOLESCENTHEALTH.ORG

+1(847)375-4848

INFO@ADOLESCENTHEALTH.ORG

SAHM submits these comments in its capacity as a professional society dedicated to advancing the health and well-being of adolescents and young adults through clinical care, research, education, and advocacy grounded in scientific evidence. As the home of the *Journal of Adolescent Health*, SAHM has a responsibility to ensure that rigorously conducted, ethical, and scientifically-sound peer-reviewed research – including research that documents the lived experiences and health impacts of policy on adolescents, their families, and the clinicians who care for them – is meaningfully considered in federal rulemaking. Because the proposed rules have direct implications for the delivery of medical care to adolescents, SAHM offers these comments to ensure that relevant scientific evidence – particularly qualitative research documenting clinician, provider and youth-level impacts of policy-driven barriers to care – is fully considered as part of the rulemaking process.

Lived Experience of Patients and Families Together with Scientific Evidence Play an important Role in Health Policy and Clinical Decision-Making

In health policy and clinical decision-making, scientific evidence is appropriately integrated with the lived experiences, values, and preferences of patients and their families. Contemporary, authoritative standards for clinical guideline development, including those used in pediatric and adolescent medicine, routinely incorporate patient and caregiver perspectives to contextualize evidence, assess acceptability and feasibility, and evaluate the real-world consequences of recommendations.^[MM2] In reviewing the proposed rules, meaningful consideration of the experiences and expressed preferences of the youth and families most directly affected by policy-driven barriers to care is absent. Peer-reviewed qualitative research is available that documents the health, family, and system-level impacts of policy-driven barriers to care, non-consideration of which risks circumventing norms of health policy development. Thankfully, the public comment process allows for this evidence to be submitted for consideration. Thus, this public comment offers a synthesis of that evidence for consideration as rulemaking processes progress.

Policies That Function as Care Bans Predictably and Foreseeably Increase Risk of Serious Harm to Youth

Both the proposed Medicaid Funding Rule and the proposed Hospital Conditions Rule will effectively function as a ban on gender-affirming care for adolescents who need it. Across qualitative studies of providers, parents, and transgender and gender-diverse youth, participants consistently describe care bans and restrictive policies as linked to worsening mental health and distress, including suicidal ideation. These harms are anticipated, articulated, and experienced as consequences of denied or interrupted care.

In a 2021 study by Kidd et al (see Appendix A for Summary of Cited Studies) parents repeatedly described gender-affirming medical care as *protective* and, in some cases, *life-saving*, and described proposed or enacted bans as creating conditions under which their children would not survive:

- One parent of a transgender girl from Pennsylvania stated, “This could mean death for my child.”
- A mother of a transgender son from South Dakota said: “[Proposed laws] mean I have to start fearing, again, that my son will try to take his life because his dysphoria is so bad, and he does not have his blocker to stop his body from betraying him. I asked him the other night how he thinks his life would look without them. Without needing to think about it, he said, ‘I’d probably be dead.’ He’s 14.”
- The father of a nonbinary child in Connecticut said: “If [puberty blockers and hormones] were not available until 18 I would have buried my child 12 years ago.”
- The mother of a transgender son from Texas said: “[Legislators] may as well provide the blade for my child to slit his wrists with. The mental anguish and pain would be unbearable for my child to have to live that way.”
- The mother of a transgender daughter from Oklahoma said: “My child started on puberty blockers a year ago. Since then, she has been so much happier and less anxious. Blockers allow her to pause puberty and give her time to process her thoughts and feelings. Had she continued through a male puberty, she would have had irreversible physical changes that would put her at a higher risk of harassment and harm in the future.”

Youth themselves have described political actions, public discourse, and other barriers to this care as making them feel unwanted, pathologized, and unsafe – sometimes to the point of questioning their continued existence. Several perspectives of youth discussing the impact on barriers to this care are represented in Gridley et al, published in *JAH* in 2016 (see Appendix A for Summary of Cited Studies):

- A 17-year-old stated “I guess that's the thing that kills everybody is the waiting to do something... until you're of age, especially when it's something that you're like ‘I'm solid and I'm not giving this up’... I'm not phasing through it.”
- A 19-year-old said “I had been trying to find any way I could get on [testosterone], even if it wasn’t legal, which really sucks, because you can seriously get hurt by doing that... I was feeling really, really desperate.”

Providers independently echoed these concerns, warning that legislative interference would increase despair and suicide risk among their patients as reported by Hughes et al, 2025 (see Appendix A for Summary of Cited Studies):

- A Massachusetts provider worried “I fear it would lead to increased suicide attempts and completed suicides as well as a search for illegal means of getting the medications which are a normal, evidence-based part of healthcare for trans youth.”

- Another provider believed “This will lead to an increase in mental health problems for TGNB youth and will, without a doubt, be responsible for an increase in suicidality for this vulnerable population”
- An anonymous provider concisely outlined the perceived impact of such legislation: “Some would be suicidal. Some would completely shut down. Some would break the law to get gender affirmative treatment. None would change their gender identity”
- One provider from Nevada stated: “I can foresee an uptick in suicides among these kids.” (Nevada)

Taken together, this body of qualitative evidence demonstrates that policies that limit access to gender-affirming care are reasonably expected to worsen mental health outcomes and place youth at risk of preventable harm.

Substitution of Political Judgment for Clinical Expertise Violates Core Principles of Adolescent Medicine

Providers described existing state-level restrictions on gender affirming healthcare as an unprecedented intrusion into the clinical relationship – one that forces clinicians to choose between ethical practice and personal or professional jeopardy. Clinicians emphasized that decisions about gender-affirming care are already made cautiously, individually, and through shared decision-making with youth and families, consistent with established standards of care (Hughes et al 2023) (see Appendix A for Summary of Cited Studies). A provider in Nevada expressed “[I am] very upset that legislators, who likely do not have any personal experience or knowledge of transgender health, are making healthcare decisions for families - ones that actually may increase the despair these kids and families feel.” (Hughes et al 2023) (see Appendix A for Summary of Cited Studies).

By replacing individualized, evidence-informed clinical judgment with categorical prohibitions, policymakers impose a one-size-fits-all mandate that is incompatible with normative practices in individualized healthcare. Providers described this as fundamentally at odds with their oath to act in patients’ best interests and as an explicit rejection of the medical literature guiding adolescent care. A provider stated “It’s deliberately and explicitly in opposition to the body of medical research and the established standards of care for gender dysphoria in children and adolescents, and is based on total ignorance of the medical literature and the nature of gender dysphoria.” This qualitative evidence underscores that insurmountable restrictions on care are not neutral regulatory actions, but rather that they represent a profound ethical rupture in adolescent health care.

Care Bans Fracture Families and Force Harmful Tradeoffs

Parents described extraordinary disruptions caused by care bans, including fleeing their home states, taking additional jobs, losing continuity with trusted care teams, and absorbing severe financial and emotional strain to secure medically indicated treatment for their children. These

burdens were not temporary inconveniences but rather sustained stressors that affected parental mental health, family stability, and economic security.

Families repeatedly emphasized that many others lack the resources to travel, relocate, or navigate complex systems – meaning that restrictive policies selectively harm the most vulnerable. Parents also described the anguish of being unable to reassure their children that care would remain available, creating chronic uncertainty and fear within the household. As reported by Kidd et al 2025 (see Appendix A for Summaries of Cited Studies):

- On the known harms of state-level bans, one parent stated “These restrictions have not only limited access to essential health care but have also cast a shadow over our daily lives. We've had to navigate conversations no family should ever have to explain to our child why there are people who refuse to see them for the beautiful person they are.”
- Another parent stated, “In a matter of months with the health-care ban, we went from having regular care with a team of doctors to fleeing the state.”
- “There is nothing I can say as a parent that will make it better. I try to reassure him that we won't let him go without his medications or treatment, but it's hard to make that guarantee with so much hostility and uncertainty.”
- “After the laws affecting treatment for under 18 my trans son's treatment was cut short for the next two appointments since we couldn't afford the expenses of going out of state for treatment. I managed to get a second job to help with the treatment and their other basic needs.”
- “It's cost me hours and hours and hours of work, research, phone calls, time from work within the day, days off work to travel for care, and the expense (financial, psychological, emotional, mental) of each of these aspects...just to find information or the people who can help, and then to get care. My child's gender care used to literally be a 10-minute drive away and a simple doctor appointment.”

These findings illustrate that policies restricting gender-affirming care function not only as health care barriers, but as family-level stress multipliers that compound existing inequities and destabilize communities.

Legislative Hostility and Policy Threats Create a Climate of Fear That Undermines Youth Well-Being Even Absent Direct Care Denial

Importantly, the proposed rules themselves Youth described political rhetoric, media coverage, and policy debates as deeply destabilizing – even when their own care had not yet been interrupted. Many internalized public messages as evidence that society viewed them as disordered, dangerous, or undeserving of rights. This climate contributed to anxiety, depression, withdrawal from civic engagement, and fear for personal safety.

Importantly, these effects were not limited to jurisdictions with enacted bans. The mere presence of hostile policies and national discourse shaped how youth understood their place in society and their future prospects. One youth stated, on conversations and discourse about transgender youth in media and policy, “They make me feel pretty depressed. And so I try to stay away from it ...but it just makes me feel like, a lot of the times the country does not want us to exist and stuff, or it would be easier if we just stopped existing, I guess.” (Pham et al 2020) (see Appendix A for Summaries of Cited Studies).

This qualitative evidence makes clear that policies targeting gender-affirming care cause harm not only through direct service denial, but by legitimizing stigma and signaling state-sanctioned rejection.

Restrictive Policies Drive Clinician Harassment, Burnout, and Workforce Attrition— Further Limiting Access to Care

Due to policies that restrict or bar access to gender-affirming care, providers described escalating harassment, threats to personal safety, and institutional silence or inadequacy in response. Many reported emotional exhaustion, moral distress, and burnout related to practicing under constant scrutiny and fear. Some described limiting visibility, or reconsidering their roles altogether, to protect themselves and their families.

One physician stated “I would be forced to choose between following the oath that I took when I became a physician (in which I vowed to do no harm, to deliver high quality care, and to practice in the best interests of the patient), and risk losing my medical license, my employment, or even my freedom (by serving jail time).” (Hughes 2023) (see Appendix A for Summaries of Cited Studies).

These dynamics further restrict access to care by shrinking an already limited workforce and discouraging clinicians from entering or remaining in youth serving roles. Thus, policies framed as protecting youth instead destabilize the systems and professionals responsible for their care. Across studies, parents, youth, and providers consistently rejected the framing of care bans as protective of vulnerable youth. They described these policies as coercive, punitive, and indifferent to lived experience. Families emphasized that they were not seeking experimental or reckless interventions, but careful, monitored care aligned with their child’s needs.

When families and clinicians are stripped of decision-making authority, uncertainty is no longer managed through shared deliberation – it is resolved through prohibition and government-imposed harm.

Why This Evidence Matters for Federal Healthcare Rulemaking

The public comment period for the proposed Medicaid Funding Rule and the Hospital Conditions Rule offers an invaluable opportunity to describe the lived experiences of youth, families, and

providers under the climate of healthcare restriction. The qualitative research published in the *Journal of Adolescent Health* and included in the “Appendix A: Summaries of Cited Studies” powerfully illustrates how policies operating as de facto bans on gender-affirming care destabilize families, harm youth mental health, and undermine the pediatric workforce. These effects, documented across multiple populations and geographic contexts, are likely to be exacerbated should adoption of the proposed rules take place. In light of this evidence, proposed rules that restrict or eliminate access to gender-affirming care through funding mechanisms cannot be considered neutral administrative actions.

Clinicians caring for transgender and gender-diverse youth describe a climate of pervasive fear and instability that has become a defining feature of their patients’ lives. Young people and their families live with constant anxiety about whether medically indicated care will remain available, covered, or legal. Clinics have closed or withdrawn services, forcing patients to transfer care repeatedly, travel long distances, or disengage altogether. This uncertainty alone is harmful: clinicians report worsening depression, anxiety, suicidal ideation, and self-directed violence directly linked to restrictions and the threat of them. Parents describe profound anguish—fear for their children’s safety, grief at watching their child face an unwanted puberty, and disbelief at the cruelty directed toward youth who are already navigating significant challenges simply to exist. These policies also produce concrete medical harm. Fear of scrutiny has led some families to delay or avoid routine follow-up visits, laboratory monitoring, and dose adjustments, reducing clinicians’ ability to ensure safe, continuous care and increasing medical risk. Families with means may travel across state lines or relocate entirely—sometimes even leaving the country—fracturing schooling, housing stability, employment, and social support. Families without those resources are left behind, facing delayed or foregone care and widening inequities. Clinicians themselves are not spared: providers describe being forced to uproot their lives to continue practicing medicine ethically, increased emotional and administrative labor, and fear of punishment for providing care they know to be beneficial and, in many cases, lifesaving. Taken together, these experiences make clear that bans and coverage restrictions do not simply regulate a medical service—they destabilize families, undermine clinician-patient relationships, exacerbate mental health crises, and inflict lasting harm on vulnerable youth in ways that clinicians are witnessing every day.

For all of the foregoing reasons, the Society for Adolescent Health and Medicine strongly urges CMS to withdraw these proposed rules.

Sincerely,

Lisa Barkley, MD
President, Society for Adolescent Health and Medicine

Appendix A: Summaries of Cited Studies:

Hughes, L. D., Kidd, K. M., Gamarel, K. E., Operario, D., & Dowshen, N. (2021). “These laws will be devastating”: Provider perspectives on legislation banning gender-affirming care for transgender adolescents. *Journal of Adolescent Health, 69*(6), 976-982.

- Survey of 103 GAC providers
- Providers of gender-affirming care overwhelmingly opposed legislation that bans gender-affirming care for gender-diverse youth citing the severe consequences to the health and well-being of gender-diverse youth along with the need to practice evidence-based medicine without fear.

Hughes, L. D., Gamarel, K. E., Restar, A. J., Sequeira, G. M., Dowshen, N., Regan, K., & Kidd, K. M. (2023). Adolescent providers' experiences of harassment related to delivering gender-affirming care. *Journal of Adolescent Health, 73*(4), 672-678.

- Survey of 117 GAC providers
- Adolescent gender-affirming care providers are experiencing targeted harassment, significantly affecting their ability to deliver care to transgender and gender-diverse adolescents and their families. Providers stressed the importance of receiving support from their institutions to ensure their safety. The ongoing sociopolitical climate related to gender-affirming care coupled with targeted harassment of those providing it will further limit access to this care.

Pham, A., Morgan, A. R., Kerman, H., Albertson, K., Crouch, J. M., Inwards-Breland, D. J., ... & Salehi, P. (2020). How are transgender and gender nonconforming youth affected by the news? A qualitative study. *Journal of Adolescent Health, 66*(4), 478-483.

- 23 TGNC youth 13-19
- Four main themes were identified: (1) news coverage of current political climate affects gender transition; (2) negative news coverage of gender & sexual minority people contributes to concerns about mental well-being and safety; (3) geographical location affects perception of news; and (4) positive news coverage of transgender and gender non-conforming people increases visibility and hope.

Kidd, K. M., Sequeira, G. M., Paglisotti, T., Katz-Wise, S. L., Kazmerski, T. M., Hillier, A., ... & Dowshen, N. (2021). “This could mean death for my child”: Parent perspectives on laws banning gender-affirming care for transgender adolescents. *Journal of Adolescent Health, 68*(6), 1082-1088.

- Qualitative study of 273 parents of trans adols asking what bans on care would mean for their children
- Parents and caregivers overwhelmingly expressed fear that the proposed legislation will lead to worsening mental health and increased suicidal ideation for their gender-diverse youth. They implored lawmakers to hear their stories and to leave critical decisions about gender-affirming medical interventions to families and their medical providers.

Gridley SJ, Crouch JM, Evans Y, et al. Youth and Caregiver Perspectives on Barriers to Gender-Affirming Health Care for Transgender Youth. *J Adolesc Health*. 2016;59(3):254-261. doi:10.1016/j.jadohealth.2016.03.017

- Qualitative study of 65 participants (15 youth, 50 caregivers) described barriers spanning six themes: (1) few accessible pediatric providers are trained in gender-affirming health care; (2) lack of consistently applied protocols; (3) inconsistent use of chosen name/pronoun; (4) uncoordinated care and gatekeeping; (5) limited/delayed access to pubertal blockers and cross-sex hormones; and (6) insurance exclusions.

Kidd, K. M., Sequeira, G. M., Fechter-Leggett, M., Kahn, N. F., Salyer, R., Chinn, E., ... & Dowshen, N. (2025). "From Having Regular Care With a Team of Doctors to Fleeing the State": Parent Experiences Supporting Gender Diverse Youth in States With Care Bans. *Journal of Adolescent Health*.

- 130 parents from 19 states who had to seek GAC for their children in other states due to bans
- This study underscores significant challenges and stressors experienced by families of gender-diverse youth, who already likely experienced minority stress and subsequent negative health effects, as they navigate care for their children. While they often remain hopeful that their struggle will be temporary, many voiced fears of future policies that further limit their ability to provide for their child's needs and worry for other families who are unable to find care. Restrictions on gender-affirming medical care may be associated with worsened health outcomes for parents in addition to their gender-diverse youth.