Howard Brown Health

February 17th, 2026
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW, Room 445-G
Washington, DC 20201

RE: Medicare and Medicaid Programs; Hospital Condition of Participation: Prohibiting Sex-Rejecting Procedures for Children

Howard Brown Health is one of the largest health centers in the Midwest, serving more than 40,000 patients across seven clinical locations in Chicago. Howard Brown serves adults and youth in its diverse health and social service delivery system focused around seven major programmatic divisions: primary medical care, behavioral health, research, HIV/STI prevention, youth services, elder services, and community initiatives. As a federally qualified health center, Howard Brown provides services regardless of a patient's ability to pay or insurance status.

This proposed rule would amend the Conditions of Participation (CoP) to prohibit hospitals enrolled in Medicaid and Medicare from providing gender-affirming services, including puberty blockers, cross-sex hormones, and surgeries, to youth. This will only serve to severely limit access to gender-affirming care for youth despite the ample amount of evidence that shows the safety and efficacy of this kind of care. Nationally, nearly half (44%) of all spending on hospital care comes from Medicare and Medicaid payments. As such, this rule could essentially force most, if not all, hospitals that provide gender-affirming care to stop in order to continue receiving the Medicaid and Medicare dollars that they need to serve their communities at large. **We urge CMS to rescind this proposed rule to protect hospitals' ability to provide life-saving care for all patients.**

Transgender people are disproportionately burdened by health disparities rooted in systemic discrimination and stigma that prevents access to safe and effective healthcare. Data from the 2022 U.S. Transgender Survey (USTS) Health & Wellbeing Report, based on responses from more than 84,000 transgender adults, show that transgender individuals experience worse overall health outcomes than the general population.[1] Only 66% of respondents rated their health as "excellent," "very good," or "good," compared to 81% of the general population, while 34% reported their health as "fair" or "poor."[2] Mental health

[1] Rastogi, A., Menard, L., Miller, G. H., Cole, W., Laurison, D., Caballero, J. R., Murano-Kinney, S., & Heng-Lehtinen, R. (2025, June). Health and wellbeing: A report of the 2022 U.S. Transgender Survey. Advocates for Transgender Equality. https://ustranssurvey.org/download-reports
[2] *Ibid.*

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disparities are particularly pronounced. The 2022 USTS found that 81% of respondents reported feeling down, depressed, or hopeless for at least several days in the two weeks prior to the survey, far exceeding the national average of 57%.[3] These outcomes reflect the cumulative impact of stigma, discrimination, and barriers to healthcare, which are being compounded by a proliferation of restrictive policies targeting transgender healthcare, including this proposed rule.

Studies show that improving access to medically necessary care is essential for improving health outcomes and reducing structural disparities experienced by transgender people. Gender-affirming care is evidence-based and studies have shown numerous benefits, especially for mental health and overall quality of life. A 2023 peer-reviewed longitudinal study by the *New England Journal of Medicine* found that gender-affirming hormone therapy significantly improved transgender adolescents' mental health, decreased anxiety and depression symptoms, and improved overall life satisfaction and body image.[4] A 2022 comprehensive review of over 50 scientific studies found that transgender people who accessed gender-affirming care experienced decreased suicidality, anxiety, depression, and increased happiness and quality of life.[5] The evidence base supporting gender-affirming care is sound and that is why the American Medical Association, American Academy of Pediatrics, and American Psychiatric Association all agree gender-affirming care is safe and medically appropriate.[6,7,8]

Despite the overwhelming scientific and professional consensus around the efficacy and safety of gender-affirming care, this proposed rule asserts that gender-affirming care is experimental, harmful, and routinely involves irreversible surgical procedures for children. Many of these false assertions are based on evidence presented by the Cass Review, an independent review of gender services for youth in England. The Cass Review has been consistently criticized for its inconsistent standards of evidence, methodological flaws,

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[3] *Ibid.*
[4] Chen, Diane, et al. "Psychosocial Functioning in Transgender Youth after 2 Years of Hormones." *New England Journal of Medicine*, vol. 388, no. 3, 19 Jan. 2023, pp. 240–250, https://doi.org/10.1056/nejmoa2206297.
[5] Swan, J., Phillips, T. M., Sanders, T., Mullens, A. B., Debattista, J., & Brömdal, A. (2023). Mental health and quality of life outcomes of gender-affirming surgery: A systematic literature review. *Journal of Gay & Lesbian Mental Health*, *27*(1), 2–45. https://doi.org/10.1080/19359705.2021.2016537
[6] American Medical Association. "March 26, 2021: State Advocacy Update." *American Medical Association*, Mar. 2021, www.ama-assn.org/health-care-advocacy/advocacy-update/march-26-2021-state-advocacy-update.
[7] Szilagyi, Moira. "Why We Stand up for Transgender Children and Teens." *Www.aap.org*, 10 Aug. 2022, www.aap.org/en/news-room/aap-voices/why-we-stand-up-for-transgender-children-and-teens/.
[8] American Psychiatric Association. "Frontline Physicians Oppose Legislation That Interferes in or Criminalizes Patient Care." *Www.psychiatry.org*, Apr. 2021, www.psychiatry.org/newsroom/news-releases/frontline-physicians-oppose-legislation-that-interferes-in-or-criminalizes-patient-care.

and clear anti-transgender bias.[9,10] For example, the Cass Review dismisses decades of rigorous qualitative research and clinical consensus supporting gender-affirming care as "low-quality" evidence mainly due to lack of randomized controlled trials (RCTs). While RCTs represent the "gold standard" of medical research, there are notable shortcomings of RCTs, including limited applicability, significant cost and duration, and unacceptable ethical issues from withholding treatment for the placebo group. As such, many accepted healthcare interventions, including gender-affirming care, rely on strong observational and qualitative scientific evidence. The Cass Review shows its clear double-standard by dismissing evidence in support of gender-affirming care as "low-quality," while emphasizing risks of care based on studies that are of significantly worse quality, and also not based on RCTs. Given these methodological flaws, enacting policy based upon the Cass Review would be dangerous and harmful.

The proposed rule also inappropriately asserts that gender-affirming surgery is routinely performed on minors. However, 92% of spending on gender-affirming services for individuals aged 18 and younger is for non-surgical care.[11] Additionally, a recent study by researchers at Harvard of a nationally representative pool of medical claims data found that gender-affirming surgery among transgender youth was exceedingly rare: 2.1 per 100,000 for teens 15-17 years old and 5.3 per 100,000 for adults 18 and over.[12] The study also compared utilization of breast reduction surgery between cisgender males and transgender people and found that among minors, 97% of breast reduction surgeries were actually performed for cisgender boys.[13]

Further, not all gender-affirming services are irreversible medical procedures. Transgender youth are more commonly interested in treatments like puberty blockers that use specific hormones to temporarily pause pubertal development and are typically prescribed during early puberty. This treatment is considered medically reversible, as typical pubertal development resumes if the medication is discontinued. At any stage or age, the goal of gender-affirming care is for providers to work collaboratively with a multidisciplinary care team, the patient, and the patient's support system to inform the patient of all care options and to create an individualized care plan that works for the patient. Bodily autonomy and consent are key to gender-affirming care.

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[9] Noone, Chris, et al. "Critically appraising the Cass report: Methodological flaws and unsupported claims." *BMC Med Res Methodol*. 2025 May 10; 25:128.
[10] Grijseels, D. M. (2026). Biological and psychosocial evidence in the Cass Review: A critical commentary. *International Journal of Transgender Health*, *27*(1), 278–288.
[11] Dawson, L. and Hulver, S. (2025, Dec 22). "New Trump Administration Proposals Would Further Limit Gender Affirming Care for Young People by Restricting Providers and Reducing Coverage." KFF.
[12] Dai D, Charlton BM, Boskey ER, et al. Prevalence of Gender-Affirming Surgical Procedures Among Minors and Adults in the US. *JAMA Netw Open*. 2024;7(6):e2418814.
[13] *Ibid*.

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Gender-affirming care is crucial for transgender youth because it dramatically improves their mental health outcomes and supports their overall well-being by validating their identity, fostering self-esteem, and allowing them to develop authentically. The Centers for Medicare and Medicaid Services should not be placing additional barriers to life-saving care. We strongly urge CMS to rescind this proposed rule in its entirety.

Sincerely,

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