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HOUSE OF REPRESENTATIVES
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CHAIR
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& Recovery

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Secretary Robert F. Kennedy
Department of Health and Human Services
200 Independence Ave, SW
Washington, DC 20201

Dr. Mehmet Oz
Administrator for Centers for Medicare and Medicaid Services
7500 Security Blvd.
Baltimore, MD 21244

Opposition to Proposed Rules CMS-2451-P and CMS-3481-P, and Executive Order 14187

Dear Secretary Kennedy and Administrator Oz,

I am writing to strongly oppose the proposed rules CMS-2451-P and CMS-3481-P, and Executive Order 14187 that limit states, hospitals, and doctors from performing life saving, essential medical care and procedures to transgender youth, jeopardizing their physical and mental health and undermining their capacity to be their authentic selves.

Families and doctors are responsible for making medical decisions, not the federal government. The role of a doctor is to apply their extensive training and expertise and combine it with current science to advise a patient on how to alleviate their pain. These actions, CMS-2451-P, CMS-3481-P, and Executive Order 14187, diminish parental rights, undermine bodily autonomy, and compromise the practice of medicine.

In both CMS-2451-P and CMS-3481-P, it is acknowledged that nearly all leading medical associations support and endorse gender affirming care access for appropriate minors. In a 2021 letter to the National Governors Association on state legislation limiting gender affirming care, the American Medical Association (AMA) wrote, "We believe this legislation represents a dangerous governmental intrusion into the practice of medicine and will be detrimental to the health of transgender children across the country." The American Academy of Pediatrics, Massachusetts Medical Society, and the American Academy of Family Physicians have also all expressed their support for gender affirming care for youth.

Gender-affirming care is proven to not only honor the bodily autonomy of individuals, but also improve mental health outcomes: the Utah legislature published a report titled "Gender-Affirming Medical Treatments for Pediatric Patients with Gender Dysphoria" which not only cites the well-documented safety of gender affirming care for pediatric patients with gender dysphoria, but also demonstrates the effectiveness of pharmacologic and surgical treatments for minors with gender dysphoria and "virtually no regret associated with receiving the treatments, even in the very small percentages of patients who ultimately discontinued them." (Gender-Affirming Medical Treatments for Pediatric Patients with Gender Dysphoria, I.6.0) Additionally, gender affirming care for minors is associated with lower incidences of depression and suicidality: in one study, those utilizing gender affirming care were associated 73% lower odds of self-harm or suicidal thoughts, and 60% lower odds of moderate or severe depression.

CMS-2451-P and CMS-3481-P mistakenly assert that there has been a conspiracy perpetrated by the World Professional Association for Transgender Health (WPATH) to encourage surgery and chemical interventions without considering psychotherapy and other mental health treatments. The SOC8 Guidelines published by WPATH specifically state that chemical and surgical gender affirming care only be used with adolescents when "gender diversity/incongruence is marked and sustained over time," requires that "the adolescents mental health concerns that may interfere with diagnostic clarity, capacity to consent, and gender affirming medical treatments be addressed," and in their recommendations related to children, recommends consultation and psychotherapy related to emotional well being and gender development (SOC8, 548,569). These guidelines not only encourage mental health care, but even consider it to be a necessary step before introducing - with significant caution and care - surgical or chemical treatment. In addition, WPATH outlines the information that needs to be provided before such treatments (including impact on future fertility) and requires informed consent for any procedure.

These proposed restrictions would explicitly prohibit the use of hormone antagonists, hormone therapies, surgeries on primary and secondary sex organs and surgeries on secondary sex characteristics. Hormone antagonists are also used to treat endometriosis, prostate cancer, and breast cancer. Surgeries on secondary sex characteristics are regularly performed to affirm gender, including on minors: breast augmentation surgeries, rhinoplasties, laryngeal prominence surgeries, and hair transplant surgeries, are all used by cisgender people to affirm their gender identity and to feel more feminine or masculine. Limiting procedures for transgender people that are identical to the gender-affirming procedures celebrated and enjoyed by cisgender counterparts highlights the discriminatory basis of these actions and disregard for the health of the population.

Restricting gender affirming care, through these proposed regulations, would result in fewer doctors being equipped with adequate gender affirming evidence-based practices that are critical in ensuring transgender and nonbinary individuals access standardized, excellent, science-based

primary care. In this way, the proposed regulations and accompanying actions would thwart the delivery of effective medical care, change how medical care is administered, and threaten the well-being and health of so many Americans.

These rules represent a harmful intrusion into the physician-patient interaction, while they punish providers for delivering the best-practice standard of care, and trample on the rights of parents to care for their children and to access the medical care that is best for their children's health. In addition, as more and more people struggle to afford healthcare, restricting Medicare, Medicaid, and CHIP recipients from receiving the highest standard of care prevents low-income parents from doing what is best for their children. In this way, the proposed regulations will be experienced as a punishment for poverty.

The proposed rules are dangerous; they threaten the lives of transgender youth, undermine the long-affirmed principle of scientific and medical independence and integrity, and specifically target low-income families and providers. I strongly oppose CMS-2451-P, CMS-3481-P, and Executive Order 14187 and urge the rejection and reversal of these actions.

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