



February 17, 2026

The Honorable Mehmet C. Oz, MD, MBA  
Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
Hubert H. Humphrey Building, Room 445–G  
200 Independence Avenue, SW  
Washington, DC 20201

Re: File Code CMS–3481–P. Medicare and Medicaid Programs; Hospital Condition of Participation:  
Prohibiting Sex-Rejecting Procedures for Children  
File Code CMS-2451-P Medicaid Program; Prohibition on Federal Medicaid and Children's  
Health Insurance Program Funding for Sex-Rejecting Procedures Furnished to Children

On behalf of over 23,000 physician, resident, and student members of the Massachusetts Medical Society (MMS), we write to express our opposition to CMS' proposed rules CMS-2451-P and CMS-3481-P. Our physicians are guided by evidence-based medical research that is translated to clinical decision making in an individualized discussion between physicians, patients and their families. These rules would effectively prohibit the provision of a broad spectrum of social, psychological, behavioral, and medical services for minors that are evidence-based and medically necessary.

The proposed rules would use Medicare Conditions of Participation and Medicaid funding limitations in a manner that functions as a de facto ban on gender-affirming care. This change represents a significant shift in federal health policy without new scientific evidence to support such a change. The resulting barriers to care would have harmful and discriminatory impacts, particularly for transgender youth, who already experience elevated rates of depression, anxiety, and suicide risk.<sup>1</sup>

Gender-affirming care for minors is grounded in a careful, individualized, multidisciplinary process that necessarily involves shared decision making among the patient, their parents or guardians, and their physicians. Gender-affirming surgery, which is only one of the many services provided under gender-affirming care category, remains exceedingly rare for individuals under 18 years of age, reflecting adherence to established clinical guidelines and rigorous case-by-case assessments that guide all such care.<sup>2,3</sup>

In addition to concern that the proposed rules would improperly interfere in the physician-patient relationship for a population that already faces significant health disparities, MMS is cognizant that these

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<sup>1</sup>Suarez et al., Disparities in School Connectedness, Unstable Housing, Experiences of Violence, Mental Health, and Suicidal Thoughts and Behaviors Among Transgender and Cisgender High School Students — Youth Risk Behavior Survey – United States, 2023, *MMWR Morb Mortal Wkly Rep.* 2024;73(4):50–58.

<sup>2</sup> 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. doi:10.1001/jamanetworkopen.2024.18814

<sup>3</sup> Dai, D., Charlton, B. M., Boskey, E. R., Hughes, L. D., Hughto, J. M. W., Orav, E. J., & Figueroa, J. F. (2024). Prevalence of Gender-Affirming Surgical Procedures Among Minors and Adults in the US. *JAMA network open*, 7(6), e2418814. <https://doi.org/10.1001/jamanetworkopen.2024.18814>

rules redefine gender-affirming care in a way that does not align with established medical terminology or evidence-based guidelines. This new terminology could create confusion for clinicians and potentially impede safe, effective care.

The MMS recognizes health care as a human right and believes that providing inclusive, welcoming, and accepting care to patients of all genders, sexual orientations, identities, and anatomies is necessary in providing optimal patient care in health. Decisions regarding gender-affirming care must remain grounded in individualized clinical assessments and shared decision making among physicians, patients, and their parents or guardians. MMS supports parents in accessing patient-centered gender-affirming care for their children and opposes restrictions that prevent parents from supporting their adolescent's health needs. Federal regulations should support, not undermine, the ability of families to make informed medical decisions in consultation with their medical teams.

The Massachusetts Medical Society appreciates the opportunity to comment and stands ready to work with CMS to advance our shared goal of ensuring high-quality, evidence-based health care for all patients. Should you have any questions, please contact Casey Rojas, Federal Relations & Health Equity Director, at [crojas@mms.org](mailto:crojas@mms.org) or (781) 434-7082.