AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY
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February 17, 2026

Robert F. Kennedy, Jr.
Secretary
Department of Health and Human Services
P.O. Box 8016
Baltimore, MD 21244

Re: Medicaid Program: Prohibition on Federal Medicaid and Children's Health Insurance Program Funding for Sex-Rejecting Procedures Furnished to Children (CMS-2451-P)

Submitted Electronically

Dear Secretary Kennedy:

The American Academy of Child and Adolescent Psychiatry (AACAP) appreciates the opportunity to respond to the Department of Health Human Services' (HHS) request for comments on the above-cited proposed regulation prohibiting Medicaid and Children's Health Insurance Program (CHIP) plans to fund gender-affirming medical care for appropriately assessed transgender and gender-diverse youth. We believe that prohibition of funding from Medicaid and CHIP for gender affirming medical care will do untold harm to those who suffer from gender dysphoria and are expertly evaluated and deemed appropriate for medical interventions. We also support the expansion of research efforts to address known challenges in the current scientific literature.

AACAP is the professional home to 11,000 child and adolescent psychiatrists, fellows, residents, and medical students, some of whom also treat adults and transitional age youth (ages 18-26 years). Our mission includes promoting the healthy development of children, adolescents, and families through science, education, and advocacy. We are also committed to supporting clinicians in delivering evidence-based, developmentally informed, and compassionate care. We therefore have an interest in ensuring that all adolescents, including those diagnosed with gender dysphoria, receive what they, their families, and medical professionals determine to be the optimal course of treatment.

AACAP members with expertise in assessing and treating gender dysphoria often work collaboratively in multidisciplinary teams to ensure that a comprehensive psychiatric and physical health assessment occurs, and that any treatment that is delivered occurs after fully informed consent/assent. The goal of the assessment is to identify the full range of behavioral, emotional, and physical needs of the person including the nature and extent of dysphoria. What is critically important is the assessment of the patient to not only benefit from treatment but to function optimally in anticipation of treatment, during treatment and after completing their transitions. Our expert members are also keenly aware of the potential impacts of not accessing care when care has been deemed potentially beneficial and medically necessary to address gender dysphoria.

Patients with gender dysphoria suffer from clinically significant distress or impairment due to an incongruence between their perceived sense of gender, and their sex assigned at birth. Without proper treatment, gender dysphoria can result in severe anxiety, depression, and suicidality. Research consistently demonstrates that gender diverse youth who are supported to explore and/or live in the gender role that is consistent with their gender identity have better mental health outcomes than those who are not. For example, a study published in the February 2026 *Journal of Pediatrics*[i] reports on a retrospective chart review conducted at a multidisciplinary gender health clinic with 432 patients who had received hormone therapy for gender dysphoria (mean follow up of 679 days) who completed the Ask Suicide-Screening Questions before and after treatment initiation. The study demonstrated that hormone therapy was associated with clinically meaningful reductions in suicidality over time, extending previous findings with a larger sample and longer follow-up period of time. The study findings add to the existing clinical evidence supporting the mental health benefits of timely access to hormone therapy among transgender and gender-diverse adolescents and young adults.

AACAP Clinical and Ethical Foundations

AACAP policy recommends that youth have access to multidisciplinary, evidence-based, trauma-informed gender-affirming health care and that youth and families develop an individualized, developmentally thoughtful treatment plan with their clinicians. Consistent with AACAP's ethical duties, child and adolescent psychiatrists must prioritize patient welfare in a context where minors' developmental capacities vary, where guardian and youth perspectives can diverge, and where physicians have advocacy obligations to patients. The AACAP *Code of Ethics*[ii] further requires respect for human dignity and avoidance of discriminatory conduct, explicitly including gender identity.

Scientific Concerns with the HHS Evidence Synthesis

AACAP supports rigorous evidence review; however, the *Review* and *Supplement* raise substantial concerns about whether the evidence synthesis is being used in a manner consistent with accepted standards and with the real-world constraints of pediatric research. The *Review* and *Supplement* acknowledges that certainty of evidence for many outcomes is very low and that long-term outcome questions will not be resolved without more robust research designs and meaningful follow-up. The *Supplement* further documents serious critiques from expert reviewers regarding the methodological clarity and transparency needed for independent verification or replication.

Our reviews of both documents raise substantial concerns regarding departures from established standards for systematic reviews and evidence synthesis, including:

1. <u>Persistent Lack of a Prespecified, Publicly Registered Review Protocol</u>

   Despite repeated criticism from peer reviewers—including from multiple mainstream medical associations—that the *Review* lacks transparency in study selection and analytic framework, the *Supplement* does not remedy this core deficiency. No prespecified protocol, registration (e.g., PROSPERO), or complete analytic plan is provided. Absent such a protocol for completing the *Review* and *Supplement*, it is impossible to determine whether:

   a. inclusion and exclusion criteria of reviewed studies were defined a priori;
   b. analytic decisions were made consistently;
   c. conclusions outlined in the documents were shaped by post hoc interpretive choices rather than a priori methodological protocols. This omission violates foundational norms of PRISMA-, Cochrane-, and GRADE-based systematic reviews and substantially limits reproducibility and undermines the credibility of the documents for making policy decisions.

2. <u>Selective Engagement with Peer Review Criticism</u>

   The *Supplement* reveals a pattern in which peer reviews aligned with the *Reviews*' conclusions are endorsed as confirming methodological rigor, while reviews raising concerns about bias, missing evidence, or interpretive overreach are reframed as misunderstandings or otherwise dismissed without substantive methodological correction. Notably, when reviewers identify missing stakeholder perspectives, incomplete harm–benefit comparisons, or inconsistent evidentiary standards, the replies do not introduce new analyses or sensitivity checks but rather reiterate the original interpretive stance. This is inconsistent with norms of scientific revision following peer review.

3. Continued Conflation of Evidence Appraisal and Normative Judgment

   The *Supplement* confirms that the authors regard conclusions such as "no compelling evidence of benefit" as direct outputs of the umbrella review. However, under evidence-based medicine standards, umbrella reviews assess certainty, consistency, and risk of bias—not the ethical or clinical legitimacy of interventions. Low or very low certainty evidence indicates uncertainty about effect size or direction, not evidence of absence of benefit. The report repeatedly collapses this distinction, and the *Supplement* does not acknowledge it despite explicit peer criticism.

4. Asymmetric Treatment of Benefits and Harms Persists After Review

   The *Report* and *Supplement* employ different standards of rigor to studies suggesting benefit from gender-affirming care versus those suggesting harm. They emphasize uncertainty and methodological weakness among studies suggesting benefit, while accepting mechanistic inference, indirect evidence, and extrapolation as sufficient to assert clinically meaningful harms. If evidence-based frameworks requiring consistency of observational outcome data are insufficient to support benefit, then mechanistic plausibility alone is insufficient to assert harm magnitude or probability. The *Supplement* acknowledges sparse direct harm data yet nonetheless reinforces strong conclusions regarding harm. Furthermore, the *Report* fails to adequately consider the harm of inaction or direct withholding of medical care for youth with dysphoria, including the permanent and irreversible changes that come with progression of puberty.

5. Misuse of Umbrella Review Methodology for Causal Conclusions

   Multiple peer reviewers note that an overview of systematic reviews is poorly suited to causal inference, particularly when the underlying reviews include overlapping primary studies, differ in outcome definitions, and vary in risk-of-bias assessment.
   Despite this, the *Report's* conclusions—and their defense in the *Supplement*—extend beyond mapping evidence quality into assertions about ineffectiveness and unjustifiability of care. These conclusions are not warranted, as they exceed what umbrella review methodology can legitimately support.

6. Confirmation Bias Not Adequately Addressed

   The American Psychiatric Association review explicitly raises concern about confirmation bias and selective weighting of evidence. The author's reply does not introduce formal safeguards against this risk (e.g., dual independent extraction with adjudication, sensitivity analyses including contested studies, or alternative synthesis models). Instead, the authors assert neutrality without demonstrating it methodologically—an approach inconsistent with modern standards of bias mitigation in evidence synthesis. Finally, both the *Report* and *Supplement* retain language and structural framing (e.g., "collapse of clinical rationale," "suppression of evidence") that go beyond neutral scientific description. Such framing is atypical for systematic reviews and risks signaling predetermined conclusions rather than empirically constrained synthesis.

Review of both the primary *Report* and its *Supplement* reveal central scientific limitations in analysis and interpretation. We have identified several important limitations with the documents, including: the absence of a pre-specified protocol, inconsistently applied evidentiary standards, conflation of uncertainty with ineffectiveness, and resistance to methodological correction following peer review. These issues undermine the *Report's* conclusions about the extant evidence. Substantial revision is warranted in order for the document to meet scientific standards for systematic reviews, particularly those intended to inform health care policy or clinical practice.

Why Cutting off Care and Research Funding is Medically Counterproductive

AACAP explicitly supports continued funding for research on the evidence base and efficacy of gender-affirming care. If access to care is broadly prohibited and research support is withdrawn, the field will be unable to generate the high-quality evidence that all stakeholders agree is needed, particularly prospective designs with appropriate comparators and long-term follow-up. A policy approach that simultaneously demands stronger evidence while eliminating the clinical and research infrastructure necessary to produce it is inconsistent with evidence-based health policy and risks worsening outcomes for a vulnerable pediatric population.

Individualized Decision-Making Belongs with Families and Trained Clinicians

AACAP's policy and ethical standards emphasize that pediatric mental health care must be individualized and developmentally informed, formulated by youth, parents/guardians, and qualified clinicians in multidisciplinary settings. When third parties, including administrative or governmental entities, seek to control clinical decision-making, AACAP ethics emphasize that clinicians must advocate for patients' needs, protect privacy rights, and resist external preferences that override evidence-based, individualized care.

AACAP members who work in this field have reported the dire consequences of already limited availability of gender affirming care, due to the restrictions in place in several states across the country. They report seeing patients and families who have been forced to travel from other states to seek care, for those who can afford it, and the missed workdays and expense of these actions. Some families have even moved to other states where they can receive the appropriate care for their adolescents. Other members have witnessed increases in hospital admissions due to suicide attempts by patients with gender dysphoria, linked to restrictions on appropriate care. Still others report sharp increases in their patient panel size from new patients seeking gender affirming care, that if continued, will not be sustainable. The proposed prohibition on the furnishing of medically necessary gender affirming care in Medicaid and CHIP plans, if finalized, will be discriminatory and will only worsen these trends. We note that the mission of the HHS includes a promise to "Enhance the health and well-being of all Americans by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services" and this proposed rule, if finalized, would not take into account the health and well-being of a particularly vulnerable patient population.

Requests

AACAP urges HHS to:

1. Refrain from policies that would broadly prohibit medically indicated gender-affirming care for appropriately assessed youth, and instead support access to multidisciplinary, individualized care consistent with AACAP policy.
2. Expand—rather than restrict—federal support for ethically conducted, methodologically rigorous research that can address uncertainties in outcomes, including long-term follow-up.
3. Ensure that any federal guidance reflects core pediatric ethics: developmentally grounded assent/consent, respect for dignity, nondiscrimination, and protection of the clinician-family relationship in complex medical decision-making.

In closing, our hope is that the agency will continue to work toward equitable access to medically necessary health care for all Americans and will consider the serious consequences of discriminatory policies targeting one group of individuals, especially when based on a flawed analysis of evidence. AACAP experts in the field of gender affirming care would welcome the opportunity for continued dialog on this important topic, and we request thoughtful consideration of the concerns outlined here.

Sincerely,

John T. Walkup, MD
President

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[i] Changes in Suicidality among Transgender Adolescents Following Hormone Therapy: An Extended Study - ScienceDirect

[ii] AACAP_Code_of_Ethics_2023.pdf