



800 Maine Avenue, S.W.  
Suite 900  
Washington, D.C. 20024

**Board of Trustees  
2025-2026**

Theresa M. Miskimen Rivera, M.D.  
*President*

Mank Rapaport, M.D.  
*President-Elect*

Gabrielle L. Shapiro, M.D.  
*Secretary*

Steve Koh, M.D., M.P.H., M.B.A.  
*Treasurer*

Rameswamy Viswanathan, M.D.,  
*Dr.Med.Sc.*

Petros Levounis, M.D., M.A.

Rebecca W. Brendel, M.D., J.D.  
*Past Presidents*

Patricia Westmoreland, M.D.

*Trustee-at-Large*

John C. Bradley, M.D.

*Area 1 Duesitee*

Kenneth B. Ashley, M.D.

*Area 2 Duesitee*

Kenneth Certa, M.D.

*Area 3 Duesitee*

Dionne Hart, M.D.

*Area 4 Duesitee*

Heather Hauck, M.D.

*Area 5 Duesitee*

Lawrence Malik, M.D.

*Area 6 Duesitee*

Mary Hasbah Roessel, M.D.

*Area 7 Duesitee*

Sudhakar K. Shenoy, M.D.

*FOP Duesitee*

Kamalka Roy, M.D., M.C.R.

*MOR Duesitee*

Nicolas K. Fletcher, M.D., M.H.S.A.

*RPM Duesitee*

Tariq Salem, M.D.

*RPM Trustee Elect*

**Assembly  
2025-2026**

A. Evan Epler, M.D., M.P.H.

*Speaker*

Ray C. Hsiao, M.D.

*Speaker-Elect*

James A. Polo, M.D., M.B.A.

*Reciproiter*

**Administration**

Marketa M. Willis, M.D., M.B.A.

*CEO and Medical Director*

February 17, 2026

Center for Medicare and Medicaid Services  
Department of Health and Human Services  
Attention: CMS-2451-P  
Mail Stop C4-26-05  
7500 Security Boulevard  
Baltimore, MD 21244-1850

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

Dear Administrator Oz,

The American Psychiatric Association (APA), the national medical specialty society representing over 39,200 psychiatric physicians and their patients provides the following comments to the proposed rule titled Medicaid Program; Prohibition on Federal Medicaid and Children's Health Insurance Program (CHIP) Funding for Sex-Rejecting Procedures Furnished to Children; that if finalized would prohibit Medicaid and CHIP beneficiaries, under the ages of 18 and 19 respectively, from receiving certain medical treatments characterized as "sex-rejecting procedures". For the reasons outlined below, the proposed rule exceeds the Centers for Medicare and Medicaid Services (CMS) statutory authority, disregards critical evidence, fails to provide rational explanations, and could cause harm to a substantial number of people, it should not be effectuated.

The proposed rule exceeds CMS' statutory authority. The Social Security Act prohibits CMS from exercising any supervision or control over the practice of medicine or how medical services are provided, however CMS proposes to do just that.<sup>1</sup>

Each state has its own definition and requirements for the practice of medicine which generally encompass compassionate, appropriate, and options are for diagnosis, treatment (therapy, medication, or surgical), prevention, and health promotion for both mental and physical health.<sup>2,3,4</sup> For those who are diagnosed with gender dysphoria, treatment options are clinical determinations made by a team of clinicians and decisions are made by the patient and the patient's family or guardians.

<sup>1</sup> [https://www.ssa.gov/OP\\_Home/ssact/title18/1801.htm](https://www.ssa.gov/OP_Home/ssact/title18/1801.htm)

<sup>2</sup> [https://www.leg.state.fl.us/statutes/index.cfm?App\\_mode=Display\\_Statute&Search\\_String=&URL=0400-0499/0458/Sections/0458.305.html](https://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0458/Sections/0458.305.html)

<sup>3</sup> <https://statutes.capitol.texas.gov/?tab=1&code=OC&chapter=OC.151&artSec=>

<sup>4</sup> [https://www.ncleg.gov/EnactedLegislation/Statutes/HTML/ByChapter/Chapter\\_90.html](https://www.ncleg.gov/EnactedLegislation/Statutes/HTML/ByChapter/Chapter_90.html)

The proposed rule undermines the statutory guarantee of EPSDT. Since its establishment in the Social Security Amendments of 1967, Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit has guaranteed comprehensive coverage of and access to medically necessary care for children. EPSDT, requires individualized determinations of medical necessity. Historically, CMS has long afforded state Medicaid agencies considerable flexibility to establish the amount, duration, and scope of covered Medicaid Services, and to develop state-specific medical necessity criteria and utilization control procedures for covered services.

This proposed rule would prevent states from determining whether certain treatments are medically necessary for an EPSDT beneficiary or for a CHIP program that has elected to cover EPSDT-equivalent coverage. Instead, it imposes a nationwide prohibition, a one-size-fits all determination, that overrides individualized clinical determinations and undermines the statutory framework designed to protect children's access to necessary care.

The proposed rule would allow federal Medicaid and CHIP payments to still be available for mental health counseling and psychotherapy for gender dysphoria. While psychotherapy is one important part of the treatment plan, it is not the sole treatment option and maybe clinically insufficient in certain cases. CMS must also use caution to not define the discredited practice of conversion therapy as a type of psychotherapy. Conversion therapy is a practice intended to change the sexual orientation, gender identity, or gender expression of LGBT people. Conversion therapy has been proven ineffective and harmful, with evidence indicating that individuals who experience attempted conversion therapy had nearly twice the odds of lifetime suicidal ideation, 75% increased odds of planning to attempt suicide, and 88% increased odds of a suicide attempt with minor injury compared with individuals who did not experience conversion therapy.<sup>5</sup> As with other medical conditions, treatment decisions for gender dysphoria require a qualified team of clinicians, in coordination with the patient and their family, not the federal government.

For the reasons stated above, APA urges CMS to withdraw the proposed rule. CMS should preserve states' authority to uphold individualized medical decision-making for children and adolescents enrolled in Medicaid and CHIP. If you have any questions, please contact [kkroeger@psych.org](mailto:kkroeger@psych.org).

Sincerely,



M.D., M.B.A., F.A.P.A.

Marketa Wills, MD, MBA, FAPA  
CEO and Medical Director

<sup>5</sup> See HHS, Substance Abuse and Mental Health Services Administration, Moving Beyond Change Efforts: Evidence and Action to Support and Affirm LGBTQI+ Youth, Publication No. PEP22-03-12-001 (2023). See also Blosnich, J.R., Henderson, E. R., Coulter, R. W. S., Goldbach, J. T., & Meyer, I. H. (2020, July). Sexual Orientation Change Efforts, Adverse Childhood Experiences, and Suicide Ideation and Attempt Among Sexual Minority Adults, United States, 2016–2018. *American Journal of Public Health*, 110(7), 1024-1030. doi: 10.2105/AJPH.2020.305637.