



Filed electronically

February 17, 2026

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-3481-P
P.O. Box 8016
Baltimore, MD 21244-8016

Re: Medicare and Medicaid Programs; Hospital Condition of Participation: Prohibiting Sex-Rejecting Procedures for Children; RIN 0938-AV87

To Whom It May Concern,

On behalf of the United States Conference of Catholic Bishops (USCCB), thank you for the opportunity to comment on the Centers for Medicare & Medicaid Services' proposed rule that would establish a prohibition on pediatric "sex-rejecting procedures" (SRPs) in the conditions of participation in Medicare and Medicaid (CoPs).

The proposed rule aligns with Catholic teaching on the nature of the human person. We harbor concerns about the strategic prudence of using the CoPs as the mechanism for pursuing the proposed rule's objective, but the worthiness of the aim of reducing pediatric sex-rejecting procedures (SRPs) is compelling. We encourage the Department of Health and Human Services to simultaneously pursue other more durable, lower-risk means of protecting children from SRPs.

I. What the Church believes about human sexuality

The Catholic Church teaches each person is created by God in his image, and therefore that each person has immeasurable dignity, and that we should all treat each other accordingly. St. John Paul II observed that "Human persons are willed by God; they are imprinted with God's image. Their dignity does not come from the work they do, but from the persons they are."¹

Accordingly, the Church stands firmly against all unjust discrimination, including against those among us who experience same-sex attraction or gender discordance, who are equally loved by God. They bear the full measure of human dignity we each have received through our Creator and must therefore be treated with kindness and respect.

Another fundamental tenet of our faith is that there is an order in the natural world that was designed by its Creator and that this created order is good (Gen 1:31; Ps 19:1ff.).

¹ St. John Paul II, *Centesimus annus*, no. 11.



The Church has always affirmed the essential goodness of the natural order and called on us to respect it. Pope Benedict XVI explained that the natural world has an “inbuilt order,” a “grammar” that “sets forth ends and criteria for its wise use, not its reckless exploitation.”²

What is true of creation as a whole is true of human nature in particular: there is an order in human nature that we are called to respect. In fact, human nature deserves utmost respect since humanity occupies a singular place in the created order, being created in the image of God (Gen. 1:27). To find fulfillment as human persons, to find true happiness, we must respect that order. We did not create human nature; it is a gift from a loving Creator. Nor do we “own” our human nature, as if it were something that we are free to make use of in any way we please.

A crucial aspect of the order of nature created by God is the body-soul unity of each human person. Throughout her history, the Church has opposed dualistic conceptions of the human person that do not regard the body as an intrinsic part of the human person, as if the soul were essentially complete in itself and the body were merely an instrument used by the soul. In opposition to dualisms both ancient and modern, the Church has always maintained that, while there is a distinction between the soul and the body, both are constitutive of what it means to be human, since spirit and matter, in human beings, “are not two natures united, but rather their union forms a single nature.”³ The soul does not come into existence on its own and somehow happen to be in this body, as if it could just as well be in a different body. A soul can never be in another body, much less be in the wrong body. This soul only comes into existence together with this body. What it means to be a human person necessarily includes bodiliness. “Human beings are physical beings sharing a world with other physical beings.”⁴

Human bodiliness is, in turn, intrinsically connected with human sexual differentiation. Just as every human person necessarily has a body, so also human bodies, like those of other mammals, are sexually differentiated as male or female: “Male and female he created them” (Gen 1:27). St. John Paul II reminded us that, in the Book of Genesis, we learn that “Man is created ‘from the very beginning’ as male and female: the life of all humanity – whether of small communities or of society as a whole – is marked by this

² Pope Benedict XVI, *Caritas in veritate*, no. 48.

³ Catechism of the Catholic Church, no. 365.

⁴ International Theological Commission, *Communion and Stewardship: Human Persons Created in the Image of God* (July 23, 2004), no. 26, available at https://www.vatican.va/roman_curia/congregations/cfaith/cti_documents/rc_con_cfaith_doc_20040723_commun-stewardship_en.html.



primordial duality.”⁵ The Catechism of the Catholic Church affirms: “Man and woman have been created, which is to say, willed by God: on the one hand, in perfect equality as human persons; on the other, in their respective beings as man and woman. ‘Being man’ or ‘being woman’ is a reality which is good and willed by God.”⁶

Just as bodiliness is a fundamental aspect of human existence, so is either “being a man” or “being a woman” a fundamental aspect of existence as a human being, expressing a person’s unitive and procreative finality. The Congregation for the Doctrine of the Faith, the Vatican’s office that holds the primary responsibility to uphold and preserve Church doctrine, insists:

[T]he importance and the meaning of sexual difference, as a reality deeply inscribed in man and woman, needs to be noted. “Sexuality characterizes man and woman not only on the physical level, but also on the psychological and spiritual, making its mark on each of their expressions.” It cannot be reduced to a pure and insignificant biological fact, but rather “is a fundamental component of personality, one of its modes of being, of manifestation, of communicating with others, of feeling, of expressing and of living human love.” This capacity to love – reflection and image of God who is Love – is disclosed in the spousal character of the body, in which the masculinity or femininity of the person is expressed.⁷

As Pope Francis affirmed, “The acceptance of our bodies as God’s gift is vital for welcoming and accepting the entire world as a gift from the Father and our common home, whereas thinking that we enjoy absolute power over our own bodies turns, often subtly, into thinking that we enjoy absolute power over creation.” He also taught that young people in particular:

need to be helped to accept their own body as it was created... An appreciation of our body as male or female is also necessary for our own self-awareness in an encounter with others different from ourselves. In this way we can joyfully

⁵ St. John Paul II, Letter to Families (Feb. 2, 1994), no. 6, *available at* https://www.vatican.va/content/john-paul-ii/en/letters/1994/documents/hf_jp-ii_let_02021994_families.html

⁶ Catechism of the Catholic Church, no. 369.

⁷ Congregation for the Doctrine of the Faith, Letter on the Collaboration of Men and Woman in the Church and in the World (2004), no. 8, *available at* https://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20040731_collaboration_en.html.



accept the specific gifts of another man or woman, the work of God the Creator, and find mutual enrichment.⁸

Most recently, the bishops of the United States voted in 2025 to revise the Ethical and Religious Directives for Catholic Health Care Services, which set out the moral principles of Catholic teaching that guide Catholic health care ministry.⁹ Those revisions specify that, under longstanding principles of Catholic teaching, surgical or chemical techniques that aim to exchange the sex characteristics of a patient’s body for those of the opposite sex or for simulations thereof are morally illicit.

The understanding that each person whom our health and social service ministries encounter is, him or herself, “the work of God the Creator,” is what makes Catholic health care Catholic – and what makes it especially effective.

While the proposed rule’s review of the evidence understandably focuses on pediatric SRPs’ potential for physical and mental harm, it is also important to recognize the spiritual dimension of SRPs. Indeed, the spiritual harm wrought by SRPs is no less real and even more profound.

Rejection of our God-given bodies, such as by modifying them to appear as the opposite sex, is a grave matter, and when done with full knowledge and complete consent, is a grave sin.¹⁰ The Catechism of the Catholic Church, which sets out the fundamental truths of the Catholic faith, teaches that “[g]rave sin deprives us of communion with God and therefore makes us incapable of eternal life, the privation of which is called the ‘eternal punishment’ of sin.”¹¹ Grave sin damages the soul, turning the soul away from God and

⁸ Pope Francis, *Amoris Laetitia*, no. 285.

⁹ <https://www.osvnews.com/us-bishops-overwhelmingly-back-ban-on-gender-interventions-by-catholic-health-care/>.

¹⁰ Dicastery for the Doctrine of the Faith, *Dignitas infinita*, 60 (“[A]ny sex-change intervention, as a rule, risks threatening the unique dignity the person has received from the moment of conception”); Catechism of the Catholic Church, § 2297 (“Except when performed for strictly therapeutic medical reasons, directly intended amputations, mutilations, and sterilizations performed on innocent persons are against the moral law”); CCC, § 364 (“The human body shares in the dignity of ‘the image of God’: it is a human body precisely because it is animated by a spiritual soul, and it is the whole human person that is intended to become, in the body of Christ, a temple of the Spirit: ‘Man, though made of body and soul, is a unity. Through his very bodily condition he sums up in himself the elements of the material world. Through him they are thus brought to their highest perfection and can raise their voice in praise freely given to the Creator. For this reason man may not despise his bodily life. Rather he is obliged to regard his body as good and to hold it in honor since God has created it and will raise it up on the last day.’”).

¹¹ Catechism of the Catholic Church, no. 1472; St. Thomas Aquinas, *Summa Theologiae*, I-II:50 (“[T]he second good of nature, viz. the natural inclination to virtue, is diminished by sin. Because human acts produce an inclination to like acts, as stated above. Now from the very fact that thing becomes inclined to one of two



toward further sin.¹² The Church is also deeply concerned for the spiritual welfare of the medical professionals who administer these drugs and procedures, as their participation likewise involves grave moral consequences.

II. The proposed rule

The proposed rule’s aim – “to protect the health and safety of children” in this particular way – is consistent with Church teaching. It mirrors the same basic principle at the heart of the Hyde Amendment, a longstanding and bipartisan provision in appropriations legislation that prohibits federal funding of domestic abortions, except in cases of rape, incest or to save the life of the mother.¹³ As two bishop chairmen of USCCB committees wrote to Congress just earlier this year, “Hyde is essential for health care policy that protects human dignity. Authentic health care and the protection of human life go hand in hand. There can be no compromise on these two combined values.”¹⁴ So too here.

We do harbor significant concerns about the strategic prudence of the particular means by which the proposed rule would seek to reduce the prevalence of pediatric SRPs. The CoPs have not, as far as we are aware, ever been used to pursue this sort of morally and politically freighted policy objective. While we take no position on whether the proposed rule would be lawful, it is surely more vulnerable to legal challenge than other avenues available to HHS, as discussed below. If the proposed rule is finalized and survives litigation, it is reasonable to expect that it would be cited as precedent for the future imposition of mandates to perform morally illicit, harmful treatments and procedures.¹⁵

The moral gravity of pediatric SRPs nonetheless compels us to support the proposed rule as good policy. It is manifestly just to deny federal funds to hospitals that, instead of

contraries, its inclination to the other contrary must needs be diminished. Wherefore as sin is opposed to virtue, from the very fact that a man sins, there results a diminution of that good of nature, which is the inclination to virtue.”).

¹² *Summa Theologiae*, I-II:50 (“[The] four wounds [of ignorance, malice, weakness, are concupiscence] are also the result of other sins, in so far as, through sin, the reason is obscured, especially in practical matters, the will hardened to evil, good actions become more difficult and concupiscence more impetuous.”).

¹³ While this rule goes further than the Hyde Amendment in denying Medicare and Medicaid funding to any hospital that performs pediatric SRPs, rather than denying funding *for* SRPs, that funding is of course fungible.

¹⁴ Most. Rev. Shelton J. Fabre and Most Rev. Daniel E. Thomas, Letter to Congress regarding the Hyde Amendment (Jan. 14, 2026), available at <https://www.usccb.org/resources/letter-congress-hyde-amendment-january-14-2026>.

¹⁵ Of course, any such attempt might still be unlawful for any number of reasons, including conflict with the Religious Freedom Restoration Act or the Free Exercise Clause.



healing children who suffer from gender dysphoria, harm them both physically and spiritually.

III. Additional means of restricting SRPs

HHS has at its disposal more durable, lower-risk ways to restrict pediatric SRPs. The Food and Drug Administration (FDA) is especially well suited to act in this area and could take a number of steps to place needed controls on drugs, devices, and biologics used for pediatric SRPs, consistent with (and building on) the proposed rule's review of the evidence on the subject. The FDA should:

1. Initiate a formal pediatric risk-benefit reassessment of pediatric use of GnRH analogues and cross-sex hormones for gender dysphoria.
2. Clarify labeling regarding unapproved pediatric indications. The FDA should require clear label warnings stating, for example, that gender dysphoria in minors is not an FDA-approved indication for these products, and that long-term safety and efficacy in pediatric populations remain uncertain.
3. Strengthen risk warnings based on documented evidence gaps. Consider requiring prominent warnings addressing, for example, reduced bone density and potential infertility, and pediatric-specific disclosure language emphasizing uncertainty about SRPs' long-term psychological benefit.
4. Impose Risk Evaluation and Mitigation Strategies. These may include prescriber certification for pediatric use; standardized, FDA-approved informed-consent documentation; and mandatory patient registries to track long-term outcomes.
5. Enhance post-market monitoring. Require mandatory reporting of specified adverse outcomes in minors, with long-term follow-up rather than the short observational windows identified in existing reviews.

These steps would give HHS a sturdier regulatory footing than the proposed rule can provide on its own. Pursuing them in parallel would ensure that federal oversight of pediatric SRPs does not hinge on a single policy instrument or political moment.

Thank you for your consideration of these comments.

Respectfully submitted,

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