Do No Harm

November 4, 2026

Submitted via electronic mail to paperwork@hrsa.gov

HRSA Information Collection Clearance Officer
Health Resources and Services Administration
U.S. Department of Health and Human Services
Room 13N82, 5600 Fishers Lane
Rockville, Maryland 20857

Re: Comment in Support of Proposed Revision, Bureau of Health Workforce Performance Data Collection, OMB No. 0906-0086-Revision, 91 Fed. Reg. 57,155 (Sept. 8, 2026)[1]

Executive Summary

The Children's Hospitals Graduate Medical Education program exists to train physicians who will care for America's children. The Health Resources and Services Administration's proposal to add three response options to the performance reporting instrument for grantees to determine what they are teaching, to whom, and where regarding sex rejecting procedures for minors is appropriate and valuable. The answers are useful, unavailable from any other reliable source, and vital to the quality of the program. Training residents and fellows to deliver interventions with "very uncertain" benefits and "less uncertain" harms under protocols that independent evaluations concluded should not be implemented, is not high-quality graduate medical education.

Do No Harm urges submission of the revised collection to the Office of Management and Budget as proposed.

Background

Do No Harm is a nonprofit organization with over 50,000 members, including physicians, nurses, medical students, patients, and policymakers. Do No Harm is committed to ensuring that the practice of medicine is driven by scientific evidence rather than ideology. Do No Harm's mission includes efforts to protect children from the harms of gender ideology.

Do No Harm submits this comment in support of the Health Resources and Services Administration's (HRSA) proposal to add three response options to the performance reporting instrument for grantees of the Children's Hospitals Graduate Medical Education (CHGME) Payment Program: "Sex Rejecting

Procedures and Services for Minors" on the Program Curriculum Changes form; "Individuals Receiving Training on Sex Rejecting Procedures and Services for Minors" on the Individual Characteristics form; and "This Site Offers Sex Rejecting Procedures and Services for Minors" on the Experiential Training Sites form.[2]

HRSA asks commenters to address "the necessity and utility of the proposed information collection for the proper performance of the agency's functions."[3] The proposal meets that standard for three reasons. First, sex-rejecting procedures are performed on minors at scale in the very hospitals CHGME funds. Second, the federal government has no reliable means of collecting this information today, and this collection supplies one. Third, given the current state of the evidence, whether a federally funded training program teaches these procedures speaks directly to the quality of the education that program provides.

1. Sex-Rejecting Procedures Are Performed on Minors at Scale in CHGME-Funded Hospitals.

In less than two decades, pediatric sex-rejecting procedures grew from a handful of specialized clinics into a widely established hospital service line. The Department of Health and Human Services (HHS) has documented pediatric gender programs at more than 225 hospitals and health systems,[4] and its comprehensive evidence review identified, by a conservative estimate, 200 clinics offering pediatric medical transition as of March 2023.[5] One study estimated that roughly 3,700 minors ages 12 to 18 underwent surgery for gender dysphoria between 2016 and 2020, including more than 3,200 breast surgeries; another found that from 2017 to 2021 more than 4,700 children began puberty blockers and more than 14,000 began cross-sex hormones.[6]

Notably, Do No Harm's own analysis of insurance claims from 2019 through 2023 identified, conservatively, 13,994 minors who received sex-rejecting interventions, including 5,747 who underwent surgery, with at least $119.8 million in associated charges.[7]

These procedures are concentrated in large freestanding children's teaching hospitals, the institutions CHGME exists to support.[8] CHGME funds 59 such hospitals. In academic year 2024–2025 the program sponsored 327 residency and fellowship programs and trained 55 percent of all the nation's pediatric residents and 57 percent of pediatric specialists and subspecialists.[9]

Do No Harm's claims analysis from 2019 through 2023 identified twelve hospitals as the worst-offending children's hospitals promoting sex-rejecting procedures to minors.[10] Every one of those twelve children's hospitals is a CHGME grantee.[11] In fiscal year 2026, these twelve children's hospitals received CHGME award actions totaling at least $150.5 million, roughly 40 percent of the approximately $371 million HRSA awarded through the program that year.[12]

For example, HHS has identified Boston Children's Hospital as one of the two top-grossing providers of these services to minors nationwide, with more than $6.5 million in billed charges from 2019 through 2023.[13] At the same time, Boston Children's Hospital is the program's second-largest FY 2026 recipient. It houses the Center for Gender Health, which it describes as emphasizing "exploration and expression of gender to promote positive self-image."[14] Its surgeons have proudly termed their facility the first gender surgery center in an "American Children's Hospital," reporting "72 chest surgeries" on those over

age 15 within the program's first 18 months and concluding that pediatric institutions may appropriately offer surgery to older adolescents.[15]

Because CHGME hospitals are teaching hospitals, these services are not separated from graduate medical education. Residents and fellows train in the endocrinology, adolescent medicine, psychiatry, and surgical services that deliver these interventions. The field has likewise treated the interventions as training content. A survey of endocrinology fellowship program directors found that 72 percent of responding programs taught transgender care,[16] and pediatric endocrinologists have built formal curricula on "gender-affirming care" for fellows, observing that the American Board of Pediatrics "continues expanding training" in the area.[17]

As such, the connection between CHGME and the propagation of unproven sex rejecting procedures and gender ideology is not abstract. CHGME dollars pay those residents' stipends and the salaries of the faculty who teach them.[18]

The three proposed response options exactly follow that line: whether the curriculum includes these procedures, whether trainees are being trained in them, and whether the sites where trainees learn perform them.

2. The Information Is Useful to the Federal Government, Which Lacks a Reliable Means of Collecting It.

HRSA uses this collection to analyze grantee training activities, report the outcomes of funded initiatives, "inform policymakers," and satisfy the Government Performance and Results Modernization Act of 2010 and the Foundations for Evidence-Based Policymaking Act of 2018.[19] Congress, for its part, requires each CHGME hospital to report the types of training it provides and the changes it makes in "curricula, training experiences, and types of training programs."[20] Whether federally funded pediatric training includes sex-rejecting procedures is clearly information of value. HHS has determined that federal Medicaid and CHIP payment for these procedures is inconsistent with quality of care and with the best interests of children, and has ended it.[21]

Put simply, policymakers responsible for a training program of more than $370 million a year need to know whether it is preparing physicians to deliver interventions for which the Department's own review found the evidence of benefit "very uncertain" and substantial evidence suggests that the evidence of harm is very real.[22]

Currently, no federal reporting requirement identifies which CHGME grantees perform sex-rejecting procedures on minors or train residents to perform them; the current CHGME instrument contains no such option, which is why HRSA proposes to add one.[23] The federal government has instead relied on ad hoc measures: letters asking individual hospitals for their policies, adverse-event data, and financial records;[24] investigative subpoenas, many of which remain tied up in litigation;[25] and claims databases assembled by private parties.[26]

Each has serious limits. Claims data captures only what is billed and how it is coded. HHS's analysis of nationwide claims from 2015 through 2025 found nearly $50 million billed for puberty blockers for patients ages 9 to 17 under endocrine-disorder diagnostic codes, more than $40 million of it under "Endocrine Disorder, Unspecified," and nearly $11 million billed for patients ages 13 to 17 under a code for

precocious puberty, a condition no one that age can have. Coding of that kind conceals the sort of activity a reviewer would want to measure. HHS accordingly described its claims findings as "directional signals rather than findings."[27] And the Department has acknowledged that "[m]ore data is needed" on how these procedures affect children.[28]

Direct grantee reporting fills that gap. The information will come from the institution itself, in a report the hospital must certify and submit to receive full funding.[29] It will capture training activity, including curriculum content and trainee exposure, that no claims database can see. HRSA has already recognized the value of this approach for health centers, adding a comparable question to the Uniform Data System.[30] Extending it to CHGME, the federal government's principal investment in pediatric physician training, is the logical next step.

3. The Current Evidence Makes This an Appropriate Subject for Collection Because It Bears Directly on Program Quality.

HHS's comprehensive review, an umbrella review of systematic reviews finalized after peer review in November 2025, concluded that "[t]he evidence for benefit of pediatric medical transition is very uncertain, while the evidence for harm is less uncertain."[31] It identified known and plausible harms including "infertility/sterility, sexual dysfunction, impaired bone density accrual, adverse cognitive impacts, cardiovascular disease and metabolic disorders, psychiatric disorders, surgical complications, and regret."[32]

An independent appraisal by researchers at the University of York rated the guidance of the World Professional Association for Transgender Health (WPATH), the Endocrine Society, and the American Academy of Pediatrics as very low quality and concluded that their recommendations should not be implemented.[33] Sweden, Finland, and the United Kingdom reached similar conclusions after their own systematic reviews and sharply restricted these interventions; for example, following the Cass Review, the United Kingdom barred puberty blockers outside clinical trials.[34] In 2026, the American Society of Plastic Surgeons recommended against gender-related surgery for minors.[35]

Twenty-seven states and one territory now restrict these procedures,[36] and the Supreme Court has upheld such a law.[37] HHS has ended federal Medicaid and CHIP funding for them,[38] and its *Wolves in White Coats* report documented the financial incentives and billing practices that accompanied their growth.[39]

This evidence makes the proposed collection appropriate because whether a program trains residents in these procedures speaks directly to the quality of the program. Enhancing "the quality of education" is one of the four outcomes this collection exists to measure.[40] Congress specifically required CHGME hospitals to report changes in curricula and training experiences, along with changes made to train residents "in the measurement and improvement of the quality and safety of patient care,"[41] and authorized HHS to reward hospitals that meet quality standards through a quality bonus system.[42]

Training residents and fellows to deliver interventions with "very uncertain" benefits and "less uncertain" harms under protocols that independent evaluations concluded should not be implemented, is not high-quality graduate medical education. HHS has found that WPATH's standards "are embedded in nearly all aspects of healthcare including clinical education."[43] HRSA cannot evaluate the quality of the training it funds without knowing whether that training includes them. This is also true of training sites, which

shape the clinical judgment residents carry into practice. Knowing which sites offer these procedures tells HRSA what its trainees are learning to treat as the standard of care.

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If you have any questions, please contact me at stanley@donoharmmedicine.org. Thank you for your attention to this important matter.

Sincerely,



Stanley Goldfarb

BOARD CHAIRMAN

Do No Harm

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[1]Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: Bureau of Health Workforce Performance Data Collection, OMB No. 0906-0086-Revision, 91 Fed. Reg. 57,155 (Sept. 8, 2026) [hereinafter *Notice*].

[2]*Notice*, 91 Fed. Reg. at 57,155–56.

[3]*Id.* at 57,156; *see* 44 U.S.C. § 3506(c)(2)(A)(i); 5 C.F.R. § 1320.8(d)(1)(i).

[4]U.S. Dep't of Health & Hum. Servs., *Wolves in White Coats: How Doctors and Hospitals Pushed and Profited from the Fraud of "Gender Medicine"* 7 (2026), https://opa.hhs.gov/gender-dysphoria/wiwc-report [hereinafter *Wolves in White Coats*].

[5]Medicaid Program; Prohibition on Federal Medicaid and Children's Health Insurance Program Funding for Sex-Rejecting Procedures Furnished to Children, 91 Fed. Reg. 52,406, 52,408 (Aug. 13, 2026) (to be codified at 42 C.F.R. pts. 441, 457) [hereinafter *Medicaid Final Rule*] (quoting HHS review).

[6]*Medicaid Final Rule*, 91 Fed. Reg. at 52,408–09.

[7]Do No Harm, *Stop the Harm Database*, https://stoptheharmdatabase.com (last visited Oct. 26, 2026); *see Wolves in White Coats*, *supra* note 4, at 9 & n.14.

[8] Ibid.

[9]Health Res. & Servs. Admin., *Children's Hospitals Graduate Medical Education Program: Academic Year 2024–2025*, at 1–2 (2026), https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/chgme-24-25-brief.pdf.

[10] Do No Harm, *Stop the Harm Database*, https://stoptheharmdatabase.com (last visited Oct. 26, 2026)

[11]Press Release, Do No Harm, Do No Harm Launches First National Database Exposing the Child Trans Industry (Oct. 8, 2024) (identifying the Children's Hospital of Philadelphia, Connecticut Children's Medical Center, Children's Minnesota, Seattle Children's, Children's Hospital Los Angeles, Boston Children's Hospital, Rady Children's Hospital, Children's National Medical Center, UCSF Benioff Children's Hospital Oakland, Children's Hospital Colorado, UPMC Children's Hospital of Pittsburgh, and Cincinnati Children's Hospital Medical Center); *see* Health Res. & Servs. Admin., *Children's Hospitals Graduate Medical Education (CHGME) Payment Program Awardees*, https://bhw.hrsa.gov/funding/children-hospitals-graduate-medical-education-awardee-map (last visited Oct. 26, 2026).

[12]*See* U.S. Dep't of Health & Hum. Servs., *Tracking Accountability in Government Grants System (TAGGS), Assistance Listing 93.255: Children's Hospitals Graduate Medical Education Payment Program*, https://taggs.hhs.gov/Detail/CFDADetail?arg_CFDA_NUM=93255 (last visited Nov. 2, 2026) (reporting FY 2026 award actions to the Children's Hospital of Philadelphia ($27,670,061); The Children's Hospital Corporation (Boston Children's Hospital) ($23,217,227); Children's National Medical Center ($16,811,113); Children's Hospital Los Angeles ($14,421,124); UPMC Children's Hospital of Pittsburgh ($13,261,897); Children's Hospital Medical Center (Cincinnati) ($11,447,658); Seattle Children's Hospital ($10,666,022); Children's Hospital & Research Center at Oakland ($10,524,822); Children's Hospital Colorado ($9,130,664); Rady Children's Hospital San Diego ($5,314,095); Connecticut Children's Medical Center ($4,119,078); and Children's Health Care (Children's Minnesota) ($3,913,349), against an FY 2026 program subtotal of $365,947,823).

[13]*Wolves in White Coats*, *supra* note 4, at 9 & n.15; Do No Harm, *Stop the Harm Database*, Boston Children's Hospital page, https://stoptheharmdatabase.com/hospital/boston-childrens-hospital/ (last visited Oct. 26, 2026).

[14]Boston Children's Hosp., *Center for Gender Help*, https://www.childrenshospital.org/services/center-gender-health (last visited Nov. 2, 2026).

[15]David A. Diamond et al., Establishing the First Gender Surgery Center in an American Children's Hospital, Abstract P48, Soc'y for Pediatric Urology Fall Cong. (2019), https://fallcongress.spuonline.org/abstracts/2019/P48.cgi.

[16]Caroline Davidge-Pitts et al., *Transgender Health in Endocrinology: Current Status of Endocrinology Fellowship Programs and Practicing Clinicians*, 102 J. Clinical Endocrinology & Metabolism 1286 (2017).

[17]Elizabeth S. Sandberg et al., *A Self-Guided Curriculum on Endocrinology Standard of Care for Gender Diverse Youth, Including Ethical Considerations*, Endocrine & Metabolic Sci., June 2023.

[18]Health Res. & Servs. Admin., *Children's Hospitals Graduate Medical Education (CHGME) Payment Program*, https://bhw.hrsa.gov/funding/apply-grant/childrens-hospitals-graduate-medical-education (last visited Oct. 26, 2026).

[19]*Notice*, 91 Fed. Reg. at 57,155–56.

[20]42 U.S.C. § 256e(b)(3)(B)(iii)–(iv).

[21]*Medicaid Final Rule*, 91 Fed. Reg. at 52,406, 52,415–16.

[22]*See infra* Part III.

[23]*See Notice*, 91 Fed. Reg. at 57,155–56.

[24]*See Medicaid Final Rule*, 91 Fed. Reg. at 52,415 (describing the Centers for Medicare & Medicaid Services' May 28, 2025 letter to hospitals).

[25]*See, e.g.*, *In re* Admin. Subpoena No. 25-1431-019, No. 1:25-mc-91324-MJJ, 2025 WL 2607784 (D. Mass. Sept. 9, 2025) (Boston Children's Hospital), *appeal docketed*, No. 25-2092 (1st Cir. 2025); *In re* Dep't of Just. Admin. Subpoena No. 25-1431-030, No. 1:25-mc-00063-SKC-CYC (D. Colo. Jan. 5, 2026) (Children's Hospital Colorado) (magistrate judge's recommendation).

[26]*See Wolves in White Coats*, *supra* note 4, at 9 & nn.14–15, 15–19; Do No Harm, *supra* note 7.

[27]*Wolves in White Coats*, *supra* note 4, at 15–16, 18–19.

[28]*Medicaid Final Rule*, 91 Fed. Reg. at 52,419.

[29]*Notice*, 91 Fed. Reg. at 57,156; 42 U.S.C. § 256e(b)(3)(A).

[30]Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; Health Resources and Services Administration Uniform Data System, 91 Fed. Reg. 36146 (June 16, 2026) (FR Doc. No. 2026-12046) (adding Appendix D, Question 20).

[31]Off. of Population Affs., U.S. Dep't of Health & Hum. Servs., *Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices*, Foreword & Executive Summary 7–8 (rev. Nov. 19, 2025), https://opa.hhs.gov/gender-dysphoria-report [hereinafter *HHS Review*]; *see Medicaid Final Rule*, 91 Fed. Reg. at 52,409.

[32]*Medicaid Final Rule*, 91 Fed. Reg. at 52,409 (quoting *HHS Review*, *supra* note 29).

[33]*Id.* at 52,411.

[34]*Id.* at 52,410; *see* Hilary Cass, *Independent Review of Gender Identity Services for Children and Young People: Final Report* (Apr. 2024).

[35]*Medicaid Final Rule*, 91 Fed. Reg. at 52,410.

[36]*Id.* at 52,413.

[37]United States v. Skrmetti, 605 U.S. 495 (2025).

[38]*Medicaid Final Rule*, 91 Fed. Reg. at 52,406.

[39]*Wolves in White Coats*, *supra* note 4, at 7–30.

[40]*Notice*, 91 Fed. Reg. at 57,156.

[41]42 U.S.C. § 256e(b)(3)(B)(iv)(I)–(II).

[42]*Id.* § 256e(h)(6)(B).

[43]*Medicaid Final Rule*, 91 Fed. Reg. at 52,412 (quoting *HHS Review*, *supra* note 29).