Do No Harm

2825 E. Cottonwood Parkway, Suite 500
Salt Lake City, UT 84121

July 13, 2026

VIA ELECTRONIC SUBMISSION

Office of Management and Budget
Attention: 2 C.F.R. Part 200
725 17th Street, NW
Washington, DC 20503

Re: The Office of Management and Budget's Request for Comment on the Proposed Rule to Ensure Federal Funding Does Not Support Chemical and Surgical Mutilation for Children Under 19 Years of Age[1]

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. Over the past decade, an ideological—rather than evidentiary—movement has gained traction in the medical field. This movement, presenting itself as the guardian of a "vulnerable population" of children with gender dysphoria, instead exploits them for its own ideological ends.[2] It pushes them into "gender-affirming care"—a euphemism for irreversible chemical and surgical mutilation. These "treatments" cause those vulnerable children serious physical and mental harm.[3] Yet ideologues in certain medical communities continue to pressure children into these permanent procedures.

Consistent with its mission, Do No Harm submits this comment for two main reasons. First, to highlight specifically the importance of not requiring taxpayers to

[1] *See Regulations for Federal Financial Assistance*, 91 Fed. Reg. 32198, 32235 (proposed May 29, 2026) (to be codified at 2 C.F.R. pt. 200) [hereinafter Proposed Rule.]

[2] *See* Am. Pediatric Ass'n., *Position Statement on Gender-Affirming Care for Transgender Youth*, at 1 (Nov. 2025), perma.cc/54PY-JAJH.

[3] *See, e.g.*, U.S. Dep't of Health & Human Services, *Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices* (Nov. 2025), perma.cc/PT2B-XA54.

fund ideologically driven experimental medicine for children. Second, to explain the harms that result from using federal funds to promote disparate-impact liability.

I. The Government Should Ensure Federal Funding Does Not Support Chemical and Surgical Mutilation for Children

Do No Harm urges the government to ensure that taxpayers are not subsidizing dangerous, experimental medicine. Do No Harm submits this comment to make three key points on this score. First, to highlight the lack of evidence on which this so-called "care" is based. Second, to express support for stripping federal funding from these harmful procedures. And finally, to point out a possible way that ideology-driven healthcare providers may attempt to hide these procedures so they can keep using federal funds to support them.

A. The Evidence Does Not Support the Chemical and Surgical Mutilation of Minors

The Office of Management and Budget proposes requiring federal agencies or pass-through entities to verify that government funds are not supporting "the so-called 'transition' of a child under 19 years of age."[4] Do No Harm fully supports this effort. Chemical and surgical mutilation physically rejects a child's biological sex. It can include puberty blockers, cross-sex hormones, and invasive surgeries that permanently disfigure the child's body.[5] These sex-rejecting procedures are not "scientific." They are ideologically driven. And they leave children with lasting scars—both physical and psychological.

For years, major medical organizations have pushed so-called "gender-affirming pediatric care."[6] Whenever opposed, advocates would claim that the science behind sex-rejecting procedures was unambiguous. Indeed, the head of a transgender clinic routinely asked parents hesitant about sex-rejecting procedures if they would "rather have a dead son than a live daughter."[7] And when the *New York Times* published a skeptical article, an advocacy group drove a billboard truck around its building bearing the slogan "the science is settled."[8]

---

[4] Proposed Rule, *supra* note 1, at 32215. The rule defines "transition" to include "chemical and surgical mutilation" as defined by Exec. Order 14,187.

[5] *See* HHS, *supra* note 3, at 131.

[6] *Gender-affirming Pediatric Care Toolkit*, National LGBTQIA+ Health Education Center, perma.cc/E2NW-9H27 (archived June 22, 2026).

[7] Melia Patria & Edward Lovett, *Transgender Kids Pioneer Early Changes to Identity, Body*, ABC News (Aug. 29, 2011), perma.cc/K2ZY-K9AB.

[8] *No Pulitzers for the NYT Anti-trans Coverage & GLAAD Media Awards NY: Firsts and Heartfelt Moments*, GLAAD (May 16, 2023), perma.cc/35YH-PVUY.

But the science is not settled. Do No Harm recently published research showing that many otherwise progressive European countries have heavily restricted child sex-rejecting procedures, citing evidence of their risks and lack of effectiveness.[9] In the UK, an independent review of the scientific evidence led to a massive rollback of child chemical and surgical mutilation.[10] And some American organizations have recently followed Europe's lead. Not long ago, the American Society of Plastic Surgeons advised doctors to delay sex-rejecting surgery until 19 years old.[11] Just afterwards, the American Medical Association—the largest association of doctors in the United States—followed suit, recommending that "[sex-rejecting] surgical interventions in minors should be generally deferred to adulthood."[12] The AMA went on to say the evidence for sex-rejection procedures is "insufficient."[13]

There is a simple explanation for this retreat: no solid evidence suggests that sex-rejecting procedures for children generate positive results. To date, every systematic review (a comprehensive review of all relevant studies on a subject) has concluded that no reliable evidence shows that "gender affirming medical interventions" help resolve gender dysphoria.[14] Do No Harm found that the studies on which ideological advocates rely are often fraught with methodological flaws.[15] And in another review, Do No Harm found an "evidence gap" between the claims of

---

[9] *See* Do No Harm, *Reassigned* (Jan. 2023), perma.cc/NM27-FB2X.

[10] *Id.* at 13.

[11] D. Payne & T. Gaffney, *Plastic surgeons society recommends delaying gender-affirming procedures until age 19*, STAT (Feb. 3, 2026), perma.cc/8N9P-L7WR

[12] T. Gaffney, *Did the AMA change its position on surgery for transgender minors?*, STAT (Feb. 10, 2026), perma.cc/BX6U-JFEV.

[13] *Id.*

[14] *See* Brief of Do No Harm as Amicus Curiae at 3-16, *United States v. Skrmetti*, No. 23-477; *see also* J. Taylor, et al., *Interventions To Suppress Puberty in Adolescents Experiencing Gender Dysphoria or Incongruence: A Systematic Review*, Archives Disease Childhood 1 (2024), perma.cc/3ZCW-MYHJ; J. Taylor, et al., *Masculinising and Feminising Hormone Interventions for Adolescents Experiencing Gender Dysphoria or Incongruence: A Systematic Review*, Archives Disease Childhood 1 (2024), perma.cc/Q2JB-EGGM; J. F. Ludvigsson, et al., *A Systematic Review of Hormone Treatment for Children with Gender Dysphoria and Recommendations for Research*, 112 Acta Paediatrica A 2279, 2280 (2023)); Romina Brignardello Petersen & Wojtek Wiercioch, *Effects of Gender Affirming Therapies in People with Gender Dysphoria: Evaluation of the Best Available Evidence* 5 (May 16, 2022), perma.cc/BGQ9-P2EH; *Recommendation of the Council for Choices in Health Care in Finland (PALKO/COHERE Finland) Medical Treatment Methods for Dysphoria Related to Gender Variance in Minors* at 7-8, Palveluvalikoima Nov. 6, 2020).

[15] Do No Harm, *Major Pediatric Gender Studies, Major Flaws* (Sept. 2024), perma.cc/6UMF-XWNN.

advocates and the scientific reality.[16] The upshot is that "the evidence supporting [sex-rejecting procedures] in minors is nonexistent."[17]

B. Do No Harm Supports OMB's Efforts to Ensure the United States Government Does Not Fund These Harmful Procedures

Do No Harm supports stripping federal funding from these harmful procedures for at least two reasons. First, because defunding child sex-rejecting procedures protects vulnerable children. Second, because funding these procedures contradicts the government's commitment to support science-based medicine.

1.

As OMB recognizes in its explanation of the Proposed Rule, the United States has an interest in "protecting the health and safety of children."[18] But using federal funds to support child sex-rejecting procedures does not protect children. It harms them.

Although evidence of the benefits of child sex-rejecting procedures may be lacking, the harms to children are well established. "Hormone therapy" for children is permanently damaging—the Proposed Rule uses the term "chemical mutilation" for a reason.[19] Interfering with the natural hormonal development of a child's body can have disastrous effects such as infertility; an increased risk of heart attacks, strokes, and cancer; and irreversible sex-characteristic changes.[20] The harms of surgical mutilation are even worse.

In a comprehensive review of the best available evidence, the Department of Health and Human Services found that the harms from sex-rejecting procedures for minors are "significant, long term, and too often ignored or inadequately tracked."[21] Chloe Cole, who was transitioned at 13, testified before Congress about the consequences of her sex-rejecting procedures: "It's caused permanent changes to my

---

[16] *See* Kurt Miceli, *Unproven and Unsafe: The Evidence Gap in So-Called "Gender-Affirming Care"*, Do No Harm (June 2025), perma.cc/F2RU-QJQU.

[17] *Id.*

[18] Proposed Rule, *supra* note 1, at 32218.

[19] Proposed Rule, *supra* note 1, at 32215.

[20] Do No Harm, *Hormonal Interventions for Minors with Gender Dysphoria Cause Significant Harm*, at 3 (May 2025), perma.cc/K84T-9HAY.

[21] *HHS Releases Peer-Reviewed Report Discrediting Pediatric Sex-Rejecting Procedures*, HHS (Nov. 19, 2025), perma.cc/S44S-LKC5.

body. My voice will forever be deeper, my jawline sharper, my nose longer … I look in the mirror sometimes, and I feel like a monster."[22]

The evidence is clear. Performing a sex-rejecting procedure on a child "is not medicine—it's malpractice."[23] In accord with its interest in preventing more harm to children like Chloe, the federal government should ensure no taxpayer dollars are being used to fund child sex-rejecting procedures.

2.

Funding child sex-rejecting procedures also contradicts the government's commitment to science. As the government recognizes, science can only "spur innovation, translate discovery to success, and ensure continued American strength and global leadership in technology" when it is conducted correctly.[24] The federal government must ensure that "research is transparent, rigorous, and impactful."[25] The federal government should fund science—not ideology.

But sex-rejecting procedures for minors are ideological, not scientific. As Do No Harm has documented, political activism is increasingly "common across specialty medical societies."[26] This move toward politics means a move away from science. For example, The World Professional Association for Transgender Health (WPATH) purports to "develop evidence-based medicine" to treat gender dysphoria.[27] But WPATH members "intentionally chose *not* to seek a systematic review of the evidence before making treatment recommendations" because, in their own words, an "evidence-based review" would "revea[l] little or no evidence" supporting their claims.[28] Nor is this concession unique. During oral argument before the Supreme Court in *United States v. Skrmetti*, ACLU attorney Chase Strangio repeatedly invoked the idea that restricting sex-rejecting procedures for children "increase[s]

---

[22] Josh Christenson, *Detransitioner tells Congress her 'childhood was ruined' by gender reassignment* (July 27, 2023), perma.cc/G2CL-L9HP.

[23] HHS, *supra* note 21 (quoting Robert F. Kennedy, Jr.).

[24] Exec. Order No. 14,303, 90 Fed. Reg. 22601, at 22602 (May 29, 2025) ("Restoring Gold Standard Science").

[25] *Id.* at 22601.

[26] Ian Kingsbury, *Outside Their Lane: Mission Creep in Medical Specialty Societies*, Do No Harm at 5 (Nov. 2024), perma.cc/L442-V48V.

[27] *About WPATH*, WPATH (June 22, 2026), perma.cc/2TSV-6U7B.

[28] *See Brief for Alabama as Amicus Curiae* at 10, 24, *United States v. Skrmetti*, No. 23-477 (emphasis added); *see also* Riittakerttu Kaltiala et al., *Youth Gender Transition Is Pushed Without Evidence*, Wall St. J. (July 13, 2023), perma.cc/TAX3-H5EB (doctors noting their "surprise[]" at statements by the Endocrine Society that were "not supported by the best available evidence" and suggesting that U.S. medical societies have "exaggerat[ed] the benefits and minimiz[ed] the risks" of gender affirming care).

their risk of suicide."[29] But when Justice Alito pushed back, Strangio admitted "there is no evidence" that "this treatment reduces completed suicide."[30] Such exchanges are common because "advocacy groups and medical associations have tamped down their own concerns about [child sex-rejecting procedures'] evidence base," leading to a "reliance on elite consensus over evidence."[31] And when the evidence became undeniable, these groups engaged in "concerted efforts to suppress the evidence" rather than adopt it.[32]

Because these private organizations are too often cowed by pressure, the federal government must stand in the breach. Indeed, as OMB acknowledges, it has a duty to ensure that federal funds are "not diverted to other activities or ideological initiatives unrelated to the purposes authorized by Congress."[33] Because the surgical and chemical mutilation of children is based on ideology, not science, the Proposed Rule will ensure the government lives up to its obligation.[34]

Indeed, the Proposed Rule more broadly will ensure that merit—not ideology—governs notices of funding opportunity and federal review of the merit of proposals. Those provisions are indispensable. Between 2021 and 2024, federal agencies increasingly conditioned research funding on criteria unrelated to scientific quality—diversity statements, mandatory DEI plans, and identity-based scoring that competed with, and at times displaced, the assessment of scientific merit. Indeed, a 2024 report of the Senate Committee on Commerce, Science, and Transportation, discussed in the preamble of the Proposed Rule, found that a substantial and rapidly growing share of new grant funding at the National Science Foundation had been directed toward projects selected for their alignment with DEI objectives rather than their scientific value.[35] When peer review rewards ideological conformity instead of rigor, the quality of the resulting science—and the patients who ultimately depend on it—suffers. Refocusing merit review on demonstrated scientific and technical excellence is the reform that federally funded medical research requires.

For the same reasons, Do No Harm supports removing ideological mandates from award conditions. The identity-based conditions attached to federal awards in

---

[29] United States v. Skrmetti, Oral Argument at 48 (Dec. 4, 2024), perma.cc/9NUM-XHY9.

[30] *Id.* at 89.

[31] Helen Lewis, *The Liberal Misinformation Bubble About Youth Gender Medicine*, The Atlantic (June 29, 2025), perma.cc/4FN5-VQ7T.

[32] *Id.*

[33] Proposed Rule, *supra* note 1, at 32216.

[34] *Id.*

[35] *See* Staff Report of the S. Comm. on Commerce, Science & Transportation on grant-making at the National Science Foundation (2024), discussed in 91 Fed. Reg. at 32200.

recent years imposed significant costs on medical schools, teaching hospitals, and research institutions. These institutions were required to build and staff compliance bureaucracies, draft ideological plans, and divert administrative effort away from research and patient care.[36] As Do No Harm Chairman Stanley Goldfarb testified in Congress, the American people should not be compelled to subsidize ideological agendas in the name of health care."[37]

* * *

The United States should center merit, not ideology, and accordingly should not endorse sex-rejecting procedures for minors. The United States provides taxpayer funding to advance "certain activities it believes to be in the public interest."[38] And OMB recognizes that federal funding is a "value judgment."[39] Thus when the federal government funds the chemical and surgical mutilation of children, it sends a message: that mutilating children in the name of ideology is in the public interest. The United States has a mission to protect scientific integrity and the safety of its children. Endorsing an ideology that ignores both is not a value judgment the government should make.

C. Do No Harm's Research Reveals One Method Providers May Use to Hide Sex-Rejecting Procedures from the Government

If the Proposed Rule passes, agencies will need tools to investigate potential misuses of federal funding. Do No Harm wants to flag a way in which healthcare providers may try to conceal their continued providing of child sex-rejecting procedures with government funds.

Do No Harm's research reveals that healthcare providers could use improper insurance codes to deceive insurance companies about sex-rejecting procedures.[40] Normally, when a provider performs a procedure, they mark it with an ICD-10 insurance code. Insurance companies then use those codes to make decisions about reimbursement. But some providers could abuse this system. They could mark otherwise-ineligible child sex-rejecting procedures with incorrect billing codes to receive insurance payment.[41] For example, code *E34.9: Endocrine Disorder,*

---

[36] See Exec. Order No. 13985.
[37] Testimony of Stanley Goldfarb, M.D., Chairman, Do No Harm, Before the H. Comm. on Ways & Means (Sept. 16, 2025).
[38] *Id.* at 32219 (quoting *Rust v. Sullivan*, 500 U.S. 173, 193 (1991)).
[39] *Id.*
[40] *See* Kurt Miceli, *Spotting Potential Fraud: How Healthcare Providers May Skirt Coding Rules to Get Paid for Child Sex Changes*, Do No Harm (Apr. 30, 2026), perma.cc/T3PV-NHRY.
[41] *See id.*

unspecified, refers to a generalized endocrine problem with a medical record "insufficient to assign a more specific code."[42] That could, in certain circumstances, justify a prescription for testosterone supplements. But to avoid detection, a healthcare provider might use that code—rather than *F64.0: Gender Dysphoria*—to issue testosterone as "hormone therapy" to a female child.[43]

This strategy could be used to hide child sex-rejecting procedures from agency eyes. Unlike child sex-rejecting procedures, standard chemical corrections of endocrine disorders are widely endorsed. As such, their billing codes might avoid much scrutiny.[44] Organizations such as WPATH and Planned Parenthood have advocated using improper codes to conceal sex-rejecting procedures, and Campaign for Southern Equality previously provided a list of improper billing codes with comments detailing exactly what sex-rejecting procedure they concealed (*e.g.*, N62: Breast Hypertrophy for a mastectomy).[45]

When preparing to implement the Proposed Rule, OMB should bear this possible strategy of using incorrect billing codes in mind. Without scrutiny, healthcare providers could use it to conceal the chemical and surgical mutilation of children so that they can continue accepting government funds.

II. The Prohibition on Using Federal Awards to Promote Disparate-Impact Liability Restores the Individualized Standard of Care.

Do No Harm strongly supports prohibiting the use of federal funds to promote disparate-impact liability. In recent years, the theory of disparate-impact liability has been invoked to justify the spread of race-conscious practices throughout federally funded medicine: race-adjusted clinical algorithms, identity-based enrollment targets, and "health equity" frameworks that direct clinicians to weigh a patient's racial or ethnic group rather than that individual patient's clinical presentation. That is dangerous, unfair, and potentially unlawful.

Proposed §200.218 is a sound safeguard against using federal awards to entrench expansive theories of disparate-impact liability. As the Office of Legal Counsel (OLC) has explained, disparate-impact regimes raise serious equal-

---

[42] *ICD-10-CM Official Guidelines for Coding and Reporting*, §I(A)(9)(b), perma.cc/L7ZD-MT2H (archived Jan. 4, 2026).

[43] *See* Miceli, *supra* note 40.

[44] *See* Miceli, *supra* note 40, at 3.

[45] *Gender Affirming Hormone Theraphy [sic]: Frequently asked questions about gender affirming care*, Planned Parenthood of Se. Pa. (June 16, 2026), perma.cc/32CT-MUXS (under "What billing codes does PPSP use for gender affirming hormone care?"); *Insurance Coding Alternatives for Trans Healthcare,* Campaign for Southern Equality, perma.cc/K6JK-JRUZ (archived Dec. 16, 2024).

protection concerns when they pressure regulated parties to make race-based decisions to avoid liability, even though the challenged policy is facially neutral and no discriminatory intent has been shown.[46] By directing agencies and recipients—unless expressly required by law—not to use federal awards to support disparate-impact studies, litigation, or related activities, the proposed rule reasonably seeks to prevent federal funding from creating those race-conscious incentives.

The provision is particularly justified for federally funded programs governed by Title VI. OLC notes that, unlike Title VII, Congress has never amended Title VI to incorporate disparate-impact liability and that Title VI addresses intentional discrimination rather than merely unequal effects.[47] Proposed §200.218 therefore helps align federal-award administration with the limits of statutory authority while preserving any disparate-impact requirement that Congress has expressly imposed. At the same time, OLC distinguishes disparate-impact liability from the permissible use of statistical disparities as evidence of discriminatory intent, so the proposed provision can coexist with traditional enforcement against intentional discrimination.

* * *

If you have any questions or require further information, please feel free to contact me at stanley@donoharmmedicine.org. Thank you for your attention to this important matter.

Sincerely,

Stanley Goldfarb, M.D.

BOARD CHAIRMAN

Do No Harm

[46] *Constitutionality of Disparate-Impact Liability Under Title VII*, 50 Op. O.L.C. __, at 8-9 (June 9, 2026.

[47] *Id.* at 7 n.2.