



February 17, 2026

Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-2451-P
P.O. Box 8016
Baltimore, MD 21244-8016

RE: Medicaid Program; Prohibition on Federal Medicaid and Children's Health Insurance Program Funding for Sex-Rejecting Procedures Furnished to Children

Dear Secretary Kennedy and Administrator Oz:

On behalf of the American Speech-Language-Hearing Association (ASHA), I am writing in response to the Medicaid Program; Prohibition on Federal Medicaid and Children's Health Insurance Program Funding for Sex-Rejecting Procedures Furnished to Children proposed rule.

ASHA is the national professional, scientific, and credentialing association for 241,000 members, certificate holders, and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students.

ASHA opposes efforts to inhibit patient access to care and attempts to specifically restrict the ability of SLPs to provide services within their scope of practice. We believe that all individuals, including those who are transgender and gender-nonconforming and people with disabilities, have a right to bodily autonomy, self-determination, and equal access to health care. By restricting Medicaid funding for these services, the Administration is limiting access to health care services that patients and their health care teams have determined are medically necessary.

ASHA's vision is to make effective communication, a human right, accessible and achievable for all. One of our core values is that scientifically based professional practice advances the discipline of human communication sciences and disorders. Therefore, ASHA encourages federal agencies to focus on access and affordability issues for all people, rather than proposing regulations that would restrict essential medical care to a small segment of the U.S. population.

Provider/Family Relationship and Parent Choice

ASHA believes medical decisions should stay between patients, families, and their trusted health care professionals. The executive branch does not have the authority to unilaterally determine what medical care can be covered or to arbitrarily exclude hospitals from Medicare and Medicaid.

Parental consent is a foundational civil rights safeguard. Parents and children are best positioned to understand the child's acute and long-term voice and communication needs.

They have the right to access the full range of speech-language pathology services necessary to ensure effective, safe, and authentic communication. Decisions about care should be made by patients, their families, and their health care providers together, based on evidence-based, age-appropriate care.

Health care in the United States is facing both an access and an affordability crisis. These proposals would further undermine access to life-saving health care. ASHA encourages the Department to focus on lowering health care costs for everyone rather than focusing on care decisions that should rest with patients, their families, and their providers—not the government.

Impact on Access for All

ASHA strongly opposes restricting access to care under Medicaid and CHIP, which would disproportionately and unfairly harm low-income young people and individuals with disabilities. No provider should be forced to choose between maintaining Medicaid funding for vulnerable patients and eliminating essential services for those currently receiving care.

Medicaid and CHIP are federally funded insurance programs designed to improve access to care and health outcomes for low-income individuals and those with disabilities. Together, they cover approximately 77.1 million people, including 37 million youth.^{1,2} This proposed regulation would create different standards of care based on a patient's economic and/or disability status.

Chilling Effect

Although this proposed rule does not yet have any legal effect, it is already causing confusion, barriers to care, and a chilling effect on all health care for this population. Providers, fearful of grant funding cuts, payment reductions, and/or denial of payment as retribution, are unclear about which services they can provide and to whom.

Thank you for considering ASHA's comments. If you have questions, please contact Rebecca Bowen, MA., CCC-SLP, ASHA's director for health care policy for value & innovation, at rbowen@asha.org.

Sincerely,



Linda I. Rosa-Lugo, EdD, CCC-SLP
2026 ASHA President

¹ Kaiser Family Foundation. (2026, January 29). *Medicaid Enrollment and Unwinding Tracker*. <https://www.kff.org/medicaid/medicaid-enrollment-and-unwinding-tracker/>

² Centers for Medicare & Medicaid Services. (2025). *October 2025 Medicaid & CHIP Enrollment Data Highlights*. <https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-chip-enrollment-data/october-2025-medicaid-chip-enrollment-data-highlights>