# Medicaid Should Not Cover Gender Transitions

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The Medicaid program, a federal-state partnership, was created in 1965 to fund needed medical care for vulnerable low-income populations such as children, pregnant women, and the disabled.

Washington has left that goal in the dust.

There is no stronger evidence of Medicaid's drift than states using the program to fund gender transitions, including cross-sex hormone injections and genital surgeries.

## The Medical Necessity Debate

Medicaid and Medicare have a longstanding practice of not funding medically unnecessary cosmetic surgery, since such operations are an optional lifestyle choice and thus an inappropriate use of tax dollars.

In recent years, gender identity activists have attempted to justify the consideration of gender transition as proper health expenses rather than cosmetic procedures.

The medical case put forward by activists is focused on mental health, with claims that those suffering from gender dysphoria will have worse medical outcomes (including a higher likelihood of self-harm) if they do not undergo transition.

Even setting aside the problem of forcing those morally opposed to gender transitioning to pay for other people's procedures, the first test for the government should be whether the procedure is medically necessary.

Two of the most authoritative reviews of the subject were the U.K. National Health Service's Cass Review and the U.S. Health and Human Service's Gender Dysphoria Report. Both take great pains to be objective about the data and concerned about medical outcomes for those suffering from gender dysphoria. Both reports make it clear that the harms of medical gender transitions outweigh the benefits.

While this does not mean the broader debate is finished, it does mean that there is not sufficient medical foundation for the federal government to fund gender transitions.

## Blocking Medicaid Funding for Transitions Through Reconciliation

Although the Trump administration has urged states to not fund transition procedures for minors due to the weight of medical evidence, administrative actions do not have the staying power of statutory text.

Accordingly, Section 44125 of the House Energy & Commerce Committee's reconciliation text bars Medicaid from funding transition procedures on minors. This is common sense: government should not subsidize the de facto sterilization of children.

However, an unfortunate implication of the bill text is that Congress condones using Medicaid funds to pay for gender transition treatments for gender dysphoric adults.

While the Cass and HHS reports do discuss specific effects on youths, the analytical judgment about the medical effects for adults is the same: gender transition procedures do not meet the threshold of being medically necessary or reliably palliative.

As such, Congress should expand the funding prohibition in Section 44125 to include gender transition procedures for anyone regardless of age.

The debate about gender identity is emotionally charged, leading some legislators to be wary of taking any action.

Many activists imply that anything they deem "good" is entitled to public funding and claim that a refusal to fund something is the same as a full ban. The mainstream media has applied this skewed rubric on many occasions, but such bullying tactics should not be allowed to set national policy.

Congress must have the courage to recognize that it is profoundly inappropriate for a deeply indebted federal government to pay for procedures of dubious medical value amid tremendous public disagreement.