

June 20, 2025

Robert F. Kennedy Jr.  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-9884-P  
P.O. Box 8016  
Baltimore, MD 21244-8016

RE: Patient Protection and Affordable Care Act; Marketplace Integrity and Affordability

Dear Secretary Kennedy:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write in response to the U.S. Department of Health and Human Services (HHS) report “Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices,” which cautions against the use of medical interventions in gender-affirming care for minors, including voice therapy.<sup>1</sup>

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. SLPs provide speech, language, voice, swallowing, and cognitive evaluation and treatment services.

ASHA is specifically concerned about the report’s reference to a 2019 systematic review titled “Interventions for Speech, Voice, and Communication in Transgender People” that was used to develop the 2022 World Professional Association for Transgender Health’s (WPATH) “Standards of Care for the Health of Transgender and Gender Diverse People, Version 8,” which includes a chapter on voice.

ASHA asserts that all people deserve health care that is informed by science, compassion, and respect. Providing gender-affirming voice therapy, as recommended in Chapter 14 of the above-mentioned WPATH guideline, is within the SLP’s scope of practice and may be done independently or as part of an interprofessional team focused on providing services related to vocal health and communication. They can help patients safely modify their voice and communication behaviors—including verbal and nonverbal communication, such as vocal pitch, intonation, voice quality, resonance, fluency, articulation, pragmatics, and vocalization (e.g., laughing)—through evidence-based interventions and patient-focused functional goals.

Gender-affirming voice therapy does not require surgery (though the services SLPs provide can support recovery from some surgical procedures), medication, or other physical interventions, but rather provides individuals with strategies, techniques, and exercises to more closely align with their gender identity or expression. Without proper guidance and treatment, modifying pitch, adopting new mouth shapes, or producing the voice in a different way can be arduous and potentially damaging, leading to problems like vocal fatigue and dysphonia (altered vocal quality), vocal cord nodules, polyps, or scarring.

Recent high-quality systematic reviews and guidelines have found voice and communication to have positive results on changes in acoustic measures, listener perceptions, and self-perceptions. These reviews and guidelines also outline the roles of SLPs in assessing and caring for adolescents with gender dysphoria.<sup>2,3</sup> ASHA members provide vital clinical services to gender-diverse populations who may have speech-language disorders unrelated to their gender, as well as services to individuals whose voices do not reflect their gender expression. Such services can also be provided to cisgender individuals who feel that their voice does not align with their gender.

ASHA has serious concerns about the methodology and integrity of the “Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices” report. HHS has thus far declined to name the authors of the report, which is highly unusual as research transparency is a major aspect of scientific research. The study assesses social transition, psychotherapy, puberty blockers, cross-sex hormones, and surgery but does not specifically examine voice and communication. The authors did not provide a full list of excluded studies, and none of the included systematic reviews examined voice and communication interventions.

For such a report to be credible, it must consider the totality of available data and the full spectrum of clinical outcomes rather than rely on select perspectives and a narrow set of data. This report misrepresents the current medical consensus and fails to reflect the realities of pediatric care. Bypassing medical expertise and scientific evidence has real consequences for the health of America’s children. We are concerned that such a compressed timeframe does not allow for the methodological rigor that such a report requires. The report was commissioned on January 28 and was published without peer review on May 1.

By contrast, the most recent standards for the treatment of gender dysphoria in youth issued by WPATH—an organization that determines the clinical protocols used by the majority of professionals who work with trans people—took more than a decade to compile with numerous systematic reviews and reflect the consensus of hundreds of experts in transgender health from around the world.

In addition, parental consent is a foundational civil rights guardrail. It is the parent and/or child who is in the best position to understand both the acute and long-term voice and communication needs of the child. It is the right of parents and youth to have access to the full range of speech-language pathology services provided to ensure effective, safe, and authentic communication. Patients, their families, and their health care providers should be the ones to make decisions together about what care is best for them based on evidence-based, age-appropriate care.

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. ASHA adds its voice to the many professional scientific associations raising concern over the low-quality research and misleading conclusions in the HHS report.

ASHA appreciates your consideration of our concerns about the methodological rigor of the report and its potential to restrict SLPs’ ability to provide gender-affirming voice therapy. We believe that all individuals, including those who are transgender and gender-nonconforming and those with disabilities, have a right to bodily autonomy, self-determination, and equal access to health care.

Thank you for considering ASHA's comments. If you have questions, please contact Rebecca Bowen, ASHA's director for value and innovation, at [rbowen@asha.org](mailto:rbowen@asha.org).

Sincerely,



A. B. Mayfield-Clarke, PhD, CCC-SLP  
2025 ASHA President

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<sup>1</sup> U.S. Department of Health and Human Services. (May 2025). *Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices*. <https://opa.hhs.gov/gender-dysphoria-report>

<sup>2</sup> Lorimer, G., & Rutter, B. (2025). The Efficacy of Gender-Affirming Voice and Communication Therapy—A Systematic Review. *Journal of Voice: official journal of The Voice Foundation*, S0892-1997(25)00015-3. Advance online publication. <https://doi.org/10.1016/j.jvoice.2025.01.014>

<sup>3</sup> Telfer, M. M., Tollit, M. A., Pace, C. C., & Pang, K. C. (2018). Australian standards of care and treatment guidelines for transgender and gender diverse children and adolescents. *The Medical Journal of Australia*, 209(3), 132–136. <https://doi.org/10.5694/mja17.01044>