

Friday, April 17, 2026

Centers for Disease Control and Prevention

1600 Clifton Rd NE

Atlanta, GA 30333

Re: ICD-10-CM codes for detransition

Submitted to: [nchsicd10CM@cdc.gov](mailto:nchsicd10CM@cdc.gov)

Dear Secretary Kennedy:

Fenway Health takes this opportunity to comment on proposed ICD-10-CM codes for individuals who detransition. Apparently leaders from the anti-transgender organization Do No Harm have proposed the development of of ICD-10-CM diagnosis codes for those who detransition, as well as a number of “Z-codes” to describe various “complications” or interventions related to detransitioning.

We write to urge you to postpone the implementation of the diagnostic codes currently set to be implemented on October 1, 2026 to October 1, 2027. We also request further revision of the proposed codes based on a rigorous and robust assessment of the evidence surrounding the detransition among transgender people. A 2021 peer-reviewed analysis of a large national sample of transgender Americans found that 82.5% of trans people who detransitioned did so because of at least one external factor, including pressure from families who were not supportive

of the individual's transition and social stigma.<sup>1</sup> Were it not for family rejection and societal prejudice, many of these individuals may not have detransitioned.

We also urge the CDC to solicit expert opinions from the American Psychological Association, the American Psychiatric Association (which oversees the development of the diagnostic criteria for gender dysphoria), the Endocrine Society, the American Academy of Pediatrics, the American Medical Association, the World Professional Association of Transgender Health, the U.S. Professional Association of Transgender Health, and the American Public Health Association.

We also ask that you make public all communication between the ICD-10 Coordination and Maintenance Committee and Dr. Kurt Miceli, the Chief Medical Office at Do No Harm. This would be in keeping with the Administration's obligation and purported commitment to fostering transparency in public health policy. Specifically, please provide the public with any communications or documents from Dr. Miceli and Do No Harm that disclose or deny potential conflicts of interest or financial relationships.

DNH is not an objective or neutral organization, and we have concerns about the intentions behind these proposed codes. As researchers and health care providers committed to providing the highest quality care to all patients, we believe that insufficient stakeholder consultation has been undertaken by the federal government in relation to these proposed codes. The highly respected health professional organizations described above should provide input into these deliberations, and the CDC should not move forward with the proposed transition codes in the absence of consulting with experts in health care for transgender patients. At present, there is no available diagnostic framework to support the implementation of these ambiguous categories.

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<sup>1</sup> Turban, J. L., Loo, S. S., Almazan, A. N., & Keuroghlian, A. S. (2021). Factors Leading to "Detransition" Among Transgender and Gender Diverse People in the United States: A Mixed-Methods Analysis. *LGBT health*, 8(4), 273–280. <https://doi.org/10.1089/lgbt.2020.0437>

# FENWAY HEALTH

For the reasons stated above, we strongly urge the CDC to consider our comments and delay the adoption and implementation of the proposed ICD-10-CM and Z codes for detransition. If you have any questions, please contact [information@fenwayhealth.org](mailto:information@fenwayhealth.org).

Sincerely,

Dallas Ducar, MSN, RN, NP, CNL, FAAN

Executive VP for Donor Engagement and External Relations

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