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January 20, 2026

The Honorable Robert F. Kennedy, Jr.
Secretary
U.S. Department of Health and Human Services
200 Independence Ave SW
Washington, DC 20201

Re: Notice of Proposed Rulemaking:
Nondiscrimination on the Basis of Disability in Programs
or Activities Receiving Federal Financial Assistance, RIN
0945-AA27

Dear Secretary Kennedy:

The National Health Law Program (NHeLP) writes in opposition to the notice of proposed rulemaking from the Department of Health and Human Services (HHS) regarding Nondiscrimination on the Basis of Disability in Programs or Activities Receiving Federal Financial Assistance. For over 55 years, NHeLP has advocated, educated and litigated to preserve, protect and expand access to health care for low-income and underserved populations.

We strongly oppose the proposed revision of the Section 504 regulations for three reasons: First, HHS' proposed exclusion of gender dysphoria is incompatible with Section 504's definition framework and congressional intent. Second, gender dysphoria clearly may be a disability under the plain language of Section 504. And third, the proposed rule evinces animus against people with gender dysphoria. We urge HHS to rescind the proposed rule and retain the entire 504 regulations as they now exist.

I. The Proposed Exclusion of Gender Dysphoria as a Disability is Incompatible with Section 504's Definitional Framework and Congressional Intent

Section 504 of the Rehabilitation Act contains a broad definition of disability that is not overly prescriptive. The statute provides:

The term 'disability' means, with respect to an individual—(A) a physical or mental impairment that substantially limits one or more major life activities of such individual; (B) a record of such an impairment; or (C) being regarded as having such an impairment.¹

In its "[r]ules of construction regarding the definition of disability," the statute further explains that "[t]he definition of disability . . . shall be construed in favor of broad coverage of individuals . . . to the maximum extent permitted by the terms of this chapter."²

Section 504's definition of disability was purposefully constructed to focus on an individual's functional limitations and not on a list of "approved" or "disapproved" conditions. When Congress first passed the Rehabilitation Act of 1973, it defined what it then referred to as a "handicap" in relation to vocational rehabilitation services.³ One year later, it passed a series of amendments to the Act, including revisions to broaden the definition of "handicap" in Section 504 to the one we know today.⁴ This amendment was in direct response to concerns raised by the U.S. Department of Health, Education, and Welfare ("HEW"), the executive department preceding HHS.⁵ HEW noted, and Congress agreed, that a broad definition considering whether a physical or mental impairment "substantially limits one or more major life activities" was appropriate in this context.⁶ Importantly, it rejected the idea to "set forth a list of specific diseases and conditions that constitute physical or mental impairments."⁷ HEW explained that it

¹ 42 U.S.C. § 12102(1); *see* 29 U.S.C. § 705(20)(B) (incorporating the definition of disability at 42 U.S.C. § 12102(1) into Section 504 for the purposes of nondiscrimination in programs and activities receiving federal financial assistance).

² 42 U.S.C. § 12102(4)(A).

³ Rehabilitation Act of 1973, Pub. L. No. 93-112, 87 Stat. 355 (1973).

⁴ Rehabilitation Act Amendments of 1974, Pub. L. No. 93-651, 89 Stat. 2–3, 2–5 (1974).

⁵ Richard K. Scotch, *From Good Will to Civil Rights: Transforming Federal Disability Policy* 66 (2nd ed. 1984).

⁶ *Id.*; *see* S. Rep. No. 93-1297 (1974), *as reprinted in* 1974 U.S.C.C.A.N. 6373, 6388–91; Rehabilitation Act Amendments of 1974, 89 Stat. at 2–5.

⁷ 45 C.F.R. pt. 84 app. A (Dep't of Health, Educ. & Welfare, Analysis of Final Regulation).

would be impossible to “ensur[e] the comprehensiveness of any such list.”⁸ Instead, a functional definition permits inclusion of individuals with disabilities that Congress or HEW could not foresee—allowing for an evolving understanding of disability. Likewise, Congress declined to set forth definitions of “substantially limits” and “major life activities,” following HEW’s assessment that precise definitions would—like a list of disabilities—not be possible or fully inclusive.⁹

Following the Rehabilitation Act Amendments of 1974 and subsequent regulations, very few courts spent time on the issue of whether an individual is disabled, as it usually required little analysis.¹⁰ The most notable case prior to the enactment of the Americans with Disabilities Act (ADA) was *School Board of Nassau County v. Arline*, where the U.S. Supreme Court held that an individual with a contagious disease may be considered disabled for the purposes of Section 504.¹¹

When the ADA was enacted in 1990, litigation over the meaning of “disability,” the definition of which was copied from Section 504, increased. Most notably, a few U.S. Supreme Court decisions, including *Sutton v. United Air Lines* and *Toyota Motor Manufacturing v. Williams*, significantly narrowed the definition of disability under the ADA.¹²

In response to these decisions, Congress passed the ADA Amendments Act of 2008 (ADAAA), which overturned restrictive interpretations and restored the definition of

⁸ *Id.*

⁹ See Rehabilitation Act Amendments of 1974, 89 Stat. at 2–5; Dep’t of Health, Educ. & Welfare, Nondiscrimination on the Basis of Handicap, 42 Fed. Reg. 22676, 22678 (May 4, 1977) (Section 504 Final Rule, declining to define “substantially limits,” instead relying on a common-sense interpretation of the term, and only providing an illustrative—not comprehensive—list of functions that could be considered “major life activities.”).

¹⁰ See, e.g., Chai Feldblum, *Definition of Disability Under Federal Anti-Discrimination Law: What Happened? Why? And What Can We Do About It?*, 21 BERKELEY J. EMP’T & LABOR L. 91, 106–13 (2000) (summarizing caselaw during this period).

¹¹ 480 U.S. 272, 280–86 (1987).

¹² *Sutton v. United Air Lines*, 527 U.S. 471, 481–89 (1991) (holding that “corrective and mitigating measures” should be considered when determining whether one’s impairment constitutes a disability under the ADA) (overturned by Congress); *Toyota Motor Mfg. v. Williams*, 534 U.S. 184, 196–200 (2002) (holding under the ADA that “to be substantially limited in performing manual tasks, an individual must have an impairment that prevents or severely restricts the individual from doing activities that are of central importance to most people’s daily lives”) (overturned by Congress).

disability to its original, broad intent.¹³ With the ADAAA, which included conforming amendments to Section 504, Congress again made clear that Section 504 and the ADA are intended to provide “broad coverage” of people with all sorts of disabilities.¹⁴ On the passage of the ADAAA, Senator Reid stated:

Thanks to the newly enacted amendments, the focus [of disability nondiscrimination law] can return to where it should be – the question of whether the discrimination occurred, not whether the person with a disability is eligible in the first place.¹⁵

Taken together, it is clear that Congress intended Section 504’s definition of disability to be construed broadly. Disability determinations, which should not require extensive analysis, consider functional limitations—not lists of which diagnoses are or are not covered. Exclusions of specific medical conditions are wholly inconsistent with the definitional framework of Section 504 and have been rejected repeatedly by Congress, which has had multiple opportunities to amend the definition. The targeting of gender dysphoria as an excluded disability, even when the individual meets Section 504’s functional limitation definition, contradicts not only the text of Section 504, but over fifty years of precedent. The Department should not finalize this Proposed Rule, nor consider any other condition-based exclusions, as such proposals directly contravene Section 504.

III. Gender Dysphoria Can Be a Disability for Section 504 Purposes

Gender dysphoria is a health condition defined by the American Psychiatric Association (APA).¹⁶ As defined by the APA, gender dysphoria for adolescents and adults as:¹⁷

1. A marked incongruence between one’s experienced/expressed gender and their assigned gender, lasting at least 6 months, as manifested by at least two of the following:

¹³ Pub. L. No. 110–325, 122 Stat. 3553 (codified in scattered sections of 42 U.S.C. § 12101–12210 and 29 U.S.C. § 705).

¹⁴ ADAAA, 122 Stat. at 3553–54 (codified at 42 U.S.C. § 12101 note), 3558 (Section 504 Conforming Amendment) (codified at 29 U.S.C. § 705).

¹⁵ 154 Cong. Rec. S9626–01 (daily ed. Sept. 26, 2008) (statement of Sen. Harry Reid).

¹⁶ Am. Psychiatric Ass’n, *Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition Text Revision (DSM-5-TR)* (2022); see also Am. Psychiatric Ass’n, *Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition (DSM-V)* 453 (2013).

¹⁷ *Id.*

- a) A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics)
 - b) A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
 - c) A strong desire for the primary and/or secondary sex characteristics of the other gender
 - d) A strong desire to be of the other gender (or some alternative gender different from one's assigned gender)
 - e) A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)
 - f) A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender)
2. In order to meet criteria for the diagnosis, the condition must also be associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

When Section 504 was originally enacted, the definition of disability did not include any explicit statutory exclusion related to what was later called "gender identity disorder." However, when the Americans with Disabilities Act was enacted in 1990, language was added to exclude "gender identity disorders not resulting from physical impairments" from the definition of disability.¹⁸ The Rehabilitation Act was then amended to align definitions.¹⁹

Gender dysphoria cannot be excluded based on the statutory exclusion for gender identity disorder (GID), as gender dysphoria is a distinct medical condition. As the Department acknowledged in the preamble to the 2024 rule, and as courts have explained, gender dysphoria differs in significant ways from GID and other disorders mentioned in the statutory exclusion.²⁰ The medical community used the terms GID and "transsexualism" to refer to incongruence between an individual's birth sex and their

¹⁸ Pub. L. 101-336, 104 Stat. 327, Section 511 (codified at 42 U.S.C. § 12211).

¹⁹ Pub. L. 102-529, 106 Stat. 4344, 4349 (codified at 42 U.S.C. § 705(20)(F)(i)).

²⁰ *Williams v. Kincaid*, 45 F.4th 759, 766-68 (4th Cir. 2022) (reviewing advances in medical understanding and finding the distinction between GID and gender dysphoria is "not just semantic").

true gender. The incongruence itself resulted in all transgender and gender non-conforming people qualifying for a disorder diagnosis. In contrast, gender dysphoria refers to the “discomfort and sense of inappropriateness” between an individual’s birth sex and their true gender.²¹ Given the breadth of the diagnostic criteria, nearly *all* transgender and gender non-conforming people qualified for a GID diagnosis. In contrast, gender dysphoria refers to the “clinically significant distress or impairment” as a result of the incongruence between a person’s birth sex and true gender.²² Gender dysphoria is not necessarily experienced by all transgender and non-binary individuals, but a transgender or non-binary person may receive a diagnosis of gender dysphoria if they experience symptoms of significant distress or functional limitations as a result of incongruence between their birth sex and true gender. Notably, no one can currently receive a diagnosis of transsexualism or GID because the medical community has acknowledged the lack of scientific support for these diagnoses, and therefore these diagnoses no longer exist.²³

The plain statutory text of the Rehabilitation Act excludes GID, not gender dysphoria. The Department acknowledges that at the time the statutory exclusion was added to the Rehabilitation Act, marked psychological distress was not required to make a GID diagnosis.²⁴ Indeed, it was not until the adoption of the gender dysphoria diagnosis in the DSM-5 that the diagnostic criteria focused on “distress/dysphoria as the clinical problem and not on identity per se.”²⁵ The criterion pertaining to distress or impairment

²¹ See, e.g., Peggy T Cohen-Kettenis & Friedemann Pfäfflin, *The DSM Diagnostic Criteria for Gender Identity Disorder in Adolescents and Adults*, 39 *ARC. SEX. BEH.* 499 (2009), https://www.researchgate.net/publication/38019925_The_DSM_Diagnostic_Criteria_for_Gender_Identity_Disorder_in_Adolescents_and_Adults.

²² Am. Psychiatric Ass’n, *Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition Text Revision (DSM-5-TR)* (2022).

²³ See *Brief of GLBTQ Legal Advocates & Defenders et al. as Amici Curiae in support of Plaintiff-Appellants* at 10-12, *Williams v. Kincaid*, 45 F.4th 759 (4th Cir. 2022) (No. 21-2030), <https://www.glad.org/wp-content/uploads/2021/12/20211208-Williams-v-Kincaid-amicus.pdf> (discussing evolution of scientific and medical classification of GID and GD).

²⁴ U.S. Dep’t Health & Hum. Servs., *Nondiscrimination on the Basis of Disability in Programs or Activities Receiving Federal Financial Assistance*, 90 Fed. Reg. 59478, 59481 (Dec. 19, 2025) [hereinafter 2025 Proposed Rule] (noting that the requirement that “evidence of clinically significant distress or impairment in social, occupational or other important areas of functioning” did not exist in the 1987 version of the DSM, and was only added later).

²⁵ Titia F. Beek et al., *Gender Incongruence/Gender Dysphoria and its Classification History*, 28 *INTERNAT’L REV. PSYCH.* 5, 7 (2016).

was specifically added to the diagnostic criteria “in response to critics who were concerned that previous DSM-diagnoses were overly inclusive.”²⁶ The change was not merely semantic, but made in order to delineate a clinically distinct condition with distinguishing diagnostic criteria. Because GID is not gender dysphoria, and the statutory text only excludes GID, Section 504 does not expressly exclude gender dysphoria from the definition of disability. Gender dysphoria may constitute a disability under Section 504.

There is no question that gender dysphoria can be a disability for the purposes of Section 504. As noted above, Section 504 defines an “individual with a disability” as an individual who has “a physical or mental impairment that substantially limits one or more major life activities of such individual; [] a record of such an impairment; or [] being regarded as having such an impairment . . . ”²⁷

A condition is considered a “physical or mental impairment” when it can affect any bodily system or is a mental or psychological condition. Gender dysphoria is unquestionably a “physical or mental impairment” within the meaning of Section 504, since it is a recognized medical condition. In addition, in some cases, it may affect bodily systems. For some individuals, gender dysphoria substantially limits one or more major life activities. While such an impairment is not a necessary part of the gender dysphoria diagnosis, the diagnostic criteria make plain that the condition may be associated with “impairment in social, occupational, or other important areas of functioning.”²⁸ In cases where a person’s gender dysphoria creates an impairment with a major life activity, then, the person’s gender dysphoria should be considered a qualifying disability for purposes of Section 504.

As the 2024 Final Rule acknowledged, whether a person’s gender dysphoria qualifies as a disability in a particular situation is necessarily a “fact-based, individualized

²⁶ *Id.* at 9; *see also* Jack Drescher, Am. Psych. Ass’n, *Gender Dysphoria Diagnosis* (2017), <https://www.psychiatry.org/psychiatrists/diversity/education/transgender-and-gender-nonconforming-patients/gender-dysphoria-diagnosis> (“With the publication of DSM–5 in 2013, ‘gender identity disorder’ was eliminated and replaced with ‘gender dysphoria’ [which] further focused the diagnosis on the gender identity-related distress that some transgender people experience . . . rather than on transgender individuals or identities themselves.”); Mark Moran, *New Gender Dysphoria Criteria Replace GID*, 48 PSYCHIATRIC NEWS 9 (2013).

²⁷ 42 U.S.C. § 12102(1); *see* 29 U.S.C. § 705(20)(B) (incorporating the definition of disability at 42 U.S.C. § 12102(1) into Section 504 for the purposes of nondiscrimination in federally funded programs).

²⁸ *See* DSM-5-TR, *supra* note 22.

determination”²⁹ The current regulation appropriately allows for this kind of case-specific inquiry into whether a person’s gender dysphoria qualifies as a disability for purposes of Section 504. The proposed change to the regulatory text would improperly curtail a fact-finder’s ability to determine that an individual’s gender dysphoria is a disability. This is inconsistent with Section 504.

IV. The Department’s Proposed Rule Evinces Animus Toward Those with Gender Dysphoria.

A. Purpose of the NPRM is Pretextual

In 2023, the Department issued the first major proposed update to its Section 504 regulations since 1977.³⁰ The preamble to that proposed rule said that federal courts considered whether gender dysphoria constitutes a disability for purposes of the ADA and Section 504 and would make future determinations regarding same.³¹ Specifically, the Department stated that “gender dysphoria *may* violate Section 504.”³²

The Department purports to “issu[e] this NPRM to address a targeted but consequential gap in regulatory clarity created by the 2024 Final Rule’s preamble.”³³ The Department states that “the preamble’s general discussion of gender dysphoria introduced interpretive confusion regarding how the statutory exclusion applies to that condition.” But this so-called “gap” is not an oversight or a lack of clarity—rather it was intentional. As explained above, the 2024 Final Rule’s preamble made clear that the question would be resolved by courts.³⁴ Rather than allow courts to do precisely that, the Department issued this NPRM to target gender dysphoria for exclusion from Section 504’s protections.³⁵

²⁹ U.S. Dep’t of Health & Hum. Servs., *Nondiscrimination on the Basis of Disability in Programs or Activities Receiving Federal Financial Assistance*, 89 Fed. Reg. 40066, 40069 (May 9, 2024) [hereinafter 2024 Final Rule].

³⁰ U.S. Dep’t Health & Hum. Servs., *Discrimination on the Basis of Disability and Human Service Programs or Activities, Notice of Proposed Rulemaking*, 88 Fed. Reg. 63392 (Sept. 14, 2023) [hereinafter 2023 Proposed Rule].

³¹ *Id.* at 63464.

³² *Id.* (emphasis added).

³³ 2025 Proposed Rule at 59481.

³⁴ 2024 Final Rule, *supra* note 29. *See also* 2023 Proposed Rule, *supra* note 30 at 63464.

³⁵ *Cf.* 2025 Proposed Rule at 59481.

B. The Context of the Proposed Rule's Issuance Demonstrates that a Discrete Group is Being Targeted, and that the NPRM is Part of a Larger Campaign Against that Group

The Department issued this Proposed Rule with a suite of federal agency actions targeting people with gender dysphoria. The Proposed Rule issued on the same day that two other rules targeting people with gender dysphoria sought to limit their access to vital care.³⁶ Both of those proposed actions adopt the pejorative term “sex-rejecting” in connection with the relevant care for gender dysphoria and expressly invoke Executive Order 14187, “Protecting Children from Chemical and Surgical Mutilation,” in promulgating restrictions targeting exclusively those with gender dysphoria.³⁷ The Department’s announcement of this Proposed Rule confirmed that it, too, is related to the Department’s actions to “carry out President Trump’s Executive Order protecting children,” and, as such, that it is infused with the same animus motivating the Department’s related actions.³⁸

The text of the Proposed Rule reflects its motivating animus.³⁹ As discussed more fully above, *see* Section II *supra*, the rule expressly targets people with gender dysphoria, but not people with other conditions that share symptoms with gender dysphoria. For example, the Proposed Rule does not deny protections to persons with mental health disorders that entail “clinically significant distress or impairment” when those conditions

³⁶ U.S. Dep’t Health & Hum. Servs., *Medicaid Program; Prohibition on Federal Medicaid and Children’s Health Insurance Program Funding for Sex-Rejecting Procedures Furnished to Children*, 90 Fed. Reg. 59441 (Dec. 19, 2025); U.S. Dep’t of Health & Hum. Servs., *Hospital Condition of Participation: Prohibiting Sex-Rejecting Procedures for Children*, 90 Fed. Reg. 59463 (Dec. 19, 2025).

³⁷ Exec. Order No. 14187, 90 Fed. Reg. 8771 (Jan. 28, 2025); *See* 90 Fed. Reg. 59441, at 59442; 90 Fed. Reg. 59463, 59464; Press Release, HHS Acts to Bar Hospital from Performing Sex-Rejecting Procedures on Children (Dec. 18, 2025), available at: <https://www.hhs.gov/press-room/hhs-acts-bar-hospitals-performing-sex-rejecting-procedures-children.html> (last visited Jan. 16, 2026) (“As part of the Department’s announcement of proposed regulatory actions to carry out President Trump’s Executive Order protecting children, the HHS Office for Civil Rights is proposing revisions to the regulation that prohibits disability discrimination in programs and activities operated by recipients of HHS funding, section 504 of the Rehabilitation Act of 1973[.]”).

³⁸ Press Release, HHS Acts to Bar Hospital from Performing Sex-Rejecting Procedures on Children (Dec. 18, 2025), available at: <https://www.hhs.gov/press-room/hhs-acts-bar-hospitals-performing-sex-rejecting-procedures-children.html> (last visited Jan. 16, 2026).

³⁹ 2025 Proposed Rule, 90 Fed. Reg. at 59479–82.

are *not* associated with gender dysphoria.⁴⁰ Indeed, the policy change embodied in the Proposed Rule cannot be squared with continuing protections for those experiencing “clinically significant distress” associated with physical impairments or needing comparable care.

V. Additional Amendment of the 2024 Final Section 504 Rule Would Contravene the Statute’s Purpose and Settled Application

In the proposed rule, HHS states that it considered several alternatives to rulemaking. One of these alternatives was “full repeal of the 2024 Final Rule.”⁴¹ HHS notes that doing so may be “broader than necessary.”⁴² This is a gross understatement. We strongly recommend that HHS retain the entire Section 504 regulations as they currently exist.

Prior to 2024, Section 504 regulations had rarely been amended over almost fifty years, and did not address multiple intervening statutory amendments to the Rehabilitation Act, or even the enactment of the Americans with Disabilities Act.⁴³ Thus, over the course of 2023 and 2024, HHS undertook a major and much-needed revision of Section 504 regulations, addressing intervening changes in law, technology, and health care.

The 2024 rule was finalized after receiving robust public engagement on the broad subject matter addressed, including over 5,000 comments over a 60 day period.⁴⁴ Rescission of the 2024 Rule or extensive amendment of these provisions would unjustifiably deprive people with disabilities of statutory protections that are well-settled, and on which people with disabilities rely to obtain health care and services that enable them to constructively participate in the economic and social life of the Nation.

VI. Conclusion

For the reasons stated above, we ask that HHS rescind the proposed notice of rulemaking. We have included numerous citations to supporting research, including direct links to research. We direct HHS to each of the materials we have cited and made

⁴⁰ *Id.* at 59481.

⁴¹ *Id.* at 59482.

⁴² *Id.*

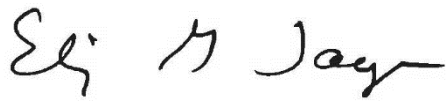
⁴³ 2024 Final Rule, *supra* note 29 (noting that Section 504 regulations had rarely been revised since 1977, and listing the rare amendments).

⁴⁴ HHS, docket number HHS-OCR-2023-0013, RIN 0945-AA15, available at: <https://www.regulations.gov/docket/HHS-OCR-2023-0013/comments> (last visited Jan. 16, 2026).

available through active links, and we request that the full text of each of the studies and articles cited, along with the full text of our comment, be considered part of the formal administrative record for purposes of the Administrative Procedure Act. If HHS is not planning to consider these materials part of the record as we have requested here, we ask that you notify us and provide an opportunity to submit copies of the studies and articles into the record.

Thank you for the opportunity to comment on this proposed update. If you have any questions or concerns, please feel free to contact me at lav@healthlaw.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Elizabeth G. Taylor". The signature is fluid and cursive, with the first name "Elizabeth" written in a stylized script, followed by a middle initial "G", and the last name "Taylor" in a more legible cursive.

Elizabeth G. Taylor
Executive Director