Do No Harm

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September 22, 2026

VIA ELECTRONIC MAIL: HHSTips@oig.hhs.gov

The Honorable Thomas M. Bell
Inspector General, Office of Inspector General
U.S. Department of Health and Human Services
330 Independence Avenue SW
Washington, DC 20201

Re: Planned Parenthood's Potential Nationwide Miscoding Scheme

Dear Inspector General Bell,

Do No Harm is a nationwide membership organization dedicated to protecting the integrity of American healthcare. We write to share our findings related to our analysis of Planned Parenthood affiliates' provision of cross-sex hormones to young people and to respectfully request that the Department of Health and Human Services (HHS) open an investigation into the coding practices of Planned Parenthood and its regional affiliates.[1]

Sex-rejecting procedures are medical interventions undertaken to alter an individual's sex-based physical characteristics in a manner inconsistent with biological sex. As you are aware, these procedures involve significant, often irreversible, risks and are supported by low- to very-low-quality evidence—especially in children. *Cf. Medicaid Program; Prohibition on Federal Medicaid and Children's*

[1] On August 13, 2026, HHS released a commissioned report examining insurance coding practices and the provision of pediatric sex-rejecting procedures. Like the HHS report, our analysis similarly suggests that some providers—including as particularly relevant here, Planned Parenthood affiliates—may be engaged in deceptive coding practices to facilitate insurance coverage for sex-rejecting procedures. However, while the HHS report "explore[s] cross-sex hormone treatment of minors," it primarily focuses on puberty blockers. HHS, *Wolves in White Coats: How Doctors and Hospitals Pushed and Profited from the Fraud of "Gender Medicine"* at 61-64, perma.cc/UA6S-XXJ7 (archived Aug. 18, 2026). As a result, the HHS report offers limited information regarding cross-sex hormone treatments from 2023 to 2026 (and only in states that prohibit sex-rejecting procedures for minors). In contrast, our analysis is based on data between 2015 and 2025 and is focused entirely on potentially miscoded services for cross-sex hormones.

Health Insurance Program Funding for Sex-Rejecting Procedures Furnished to Children, 91 Fed. Reg. 52406 (Aug. 13, 2026) (final rule). Despite these grave risks, the transgender industry has become a lucrative business with expensive treatments and long-term patients. Providers of sex-rejecting procedures are aware of this. They are also aware that health insurance providers—including government providers such as Medicare, Medicaid, and TRICARE—only reimburse for treatments that are "medically necessary," and that many kinds of sex-rejecting procedures do not fit that requirement. So rather than risk denial of payment, some practitioners may have decided to miscode services for certain sex-rejecting procedures when seeking reimbursement from the government and other health insurers.

Concerned that Planned Parenthood and its regional affiliates might be miscoding claims at scale, Do No Harm began investigating these affiliates' coding practices with respect to billing claims for cross-sex hormone treatments. Working with a professional data broker,[2] Do No Harm uncovered potential coding discrepancies and considered these discrepancies together with publicly available statements by Planned Parenthood regional affiliates and the World Professional Association for Transgender Health ("WPATH") urging precisely this kind of miscoding as well as other evidence indicating this scheme is widely known among patients. Ultimately, given these findings, Do No Harm believes that Planned Parenthood affiliates may be deliberately miscoding services to mask their true purpose and to facilitate the improper reimbursement of cross-sex hormone treatments.

An investigation by HHS is warranted because Do No Harm's own investigation, while valuable, has limitations that are inherent in a private actor's attempt to root out another private actor's wrongdoing without any of the government's tools. We, thus, respectfully recommend that the government further investigate Planned Parenthood's potential miscoding scheme in two steps.

First, because there could be a widespread practice of miscoding office visits to obscure their true purpose, the government should investigate Planned Parenthood affiliates' coding practices for office visits that lead to prescriptions for cross-sex hormones and other sex-rejecting procedures.

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[2] The data was sourced from an all-payer claims database that incorporated data from claims clearinghouses, data aggregators, payors, health systems, CMS, and multiple open data sources to build a Comprehensive Data Ecosystem (CDE). The final product included data from commercial insurance, Medicaid, Medicare, and other government claims. We prioritize the privacy and confidentiality of our data brokers.

Second, the government should attempt to determine whether and to what extent these miscoded office visits ultimately cause pharmacies to fill prescriptions for cross-sex hormones and other sex-rejecting procedures that are submitted to the federal government for reimbursement. This second step in the proposed investigation goes toward showing that Planned Parenthood affiliates' scheme causes the government to pay for medically unnecessary procedures that it otherwise might not reimburse.

I. THE TRANSGENDER INDUSTRY DRIVES HEALTHCARE PROVIDERS TO MISCODE REIMBURSEMENT CLAIMS FOR SEX-REJECTING PROCEDURES.

Planned Parenthood affiliates have a strong financial incentive to engage in systematic miscoding: insulating the multi-billion-dollar market for sex-rejecting procedures from scrutiny. Over the last decade, the transgender industry has evolved into a lucrative business, with expenditures on sex-reassignment surgery and cross-sex hormones alone expected to approach nearly $4 billion annually. *See* Grand View Research, *U.S. Sex Reassignment Surgery Market Size Report* at 1 (2022), perma.cc/Z4VM-2W5Y (archived Jan. 25, 2026); Grand View Research, *U.S. Sex Reassignment Hormone Therapy Market Report* at 1 (2022), perma.cc/Y59K-SHGF (archived Jan. 25, 2026).[3] Healthcare providers thus have a strong incentive to find people or institutions willing to pay for these procedures.

However, health insurers generally require medical procedures to be "medically necessary" in order to qualify for reimbursement.[4] So when patients try to use federal programs like Medicare, Medicaid, or TRICARE to cover sex-rejecting procedures, claims for these so-called treatments must "represent appropriate medical care and [be] generally accepted by qualified professionals to be reasonable and adequate for the diagnosis and treatment of illness." 32 C.F.R. §199.2.

Many kinds of sex-rejecting procedures do not fit the bill. For example, there is no medical consensus that cross-sex hormones are "reasonable and adequate" to

[3] Between 2019 and 2023, Do No Harm found that almost 14,000 minors underwent sex change treatments at healthcare facilities across the country, to say nothing of the almost $120 million dollars in charges that were submitted. *See* Do No Harm, *Stop The Harm Database - About*, perma.cc/4SKQ-C7YE (archived Aug. 16, 2026).

[4] *See, e.g.*, 42 U.S.C. §1395y(a)(1)(A); 42 C.F.R. §440.230(d); 32 C.F.R. §199.4(a)(1)(i); Aetna, *Medical Clinical Policy Bulletins*, perma.cc/6FTE-R5RD (archived Aug. 9, 2026); Cigna Healthcare, *Qualified Health Plan Transparency in Coverage*, perma.cc/2L2V-D6DB, (archived Aug. 9, 2026); UnitedHealthcare, *Medical & Drug Policies for UnitedHealthcare Commercial Plans*, perma.cc/MS2W-GYA2 (archived Aug. 9, 2026).

treat gender dysphoria in minors. *See* Hilary Cass, *Independent Review of Gender Identity Services for Children and Young People* 13, perma.cc/8KAN-62DB (archived Aug. 8, 2026). Indeed, sex-rejecting procedures were barely discussed as a treatment for minors until an exponential rise of cases began ten to fifteen years ago. *See id.* at 24; *see also* Council for Choices in Health Care in Finland (PALKO / COHERE Finland), *Medical Treatment Methods for Dysphoria Related to Gender Variance in Minors* at 8, perma.cc/Q3BQ-5WVT (archived Apr. 23, 2026) (characterizing "gender reassignment of minors [a]s an experimental practice"). Consequently, many types of sex-rejecting procedures are (at best) experimental medicine that pose a "risk of significant harms" with only speculative benefits. *See* Off. of Pop. Affs., *Treatment for Pediatric Gender Dysphoria*: *Review of Evidence and Best Practices* at 10 HHS, perma.cc/BL2Y-KUAY (archived Aug. 8, 2026).

Because providers know that treatments are reimbursed only when medically necessary, some providers who seek reimbursement for sex-rejecting procedures may deliberately use incorrect diagnosis codes in patient records and on billing claims to "disguis[e] treatment for gender-related mental disorders as another, physical illness" for which both public and private insurers would be more likely to reimburse a claim. Decl. of Gov't Att'y Allan Gordus, ECF No. 24-1 ¶28, *QueerDoc, PLLC v. DOJ*, No. 2:25-MC-00042 (W.D. Wash. Sept. 26, 2025).

For those seeking sex-rejecting procedures, this deception is a well-known mechanism to mislead insurance companies. Online message boards, for example, are replete with individuals advising one another that doctors will deliberately miscode sex-rejecting procedures to increase the likelihood of insurance reimbursement. Indeed, when one recipient of these so-called treatments complained that her insurance insisted that blood work for testosterone "is 'not medically necessary,'" another explained that her "doctor coded [her gender-related mental disorder] as an 'endocrine disorder' to get around that nonsense." *See* r/ftm, Reddit, perma.cc/HC96-LKYA (archived Mar. 6, 2026). In a similar posting, another user explained she wanted her "doctor to switch [her] diagnosis from gender dysphoria to generic endocrine disorder" to get insurance to cover her testosterone; she later updated the post and noted she asked her doctor who responded "oh yeah, 100%. Done." *See* r/asktransgender, Reddit, perma.cc/8F8T-6AK6 (archived Mar. 6, 2026). Still others recommend scrubbing "all references to 'gender dysphoria' out of [the] health records" and "hav[ing] the [hormone replacement therapy] prescribed for something else." *See* r/honesttransgender, Reddit, perma.cc/7Y8K-KZUH (archived Mar. 11, 2026). And

yet another user acknowledged that this subterfuge is what "smart doctor[s]" do: "Insurance is all about wording in the medical field, technicalities." *Id.*

The Department of Justice has already taken notice of these disturbing practices. Last year, the Department announced that it will "pursue investigations" of false claims submitted to federal healthcare programs including "physicians prescribing puberty blockers to a child for an illegitimate reason (*e.g.*, gender dysphoria) but reporting a legitimate purpose (*i.e.*, early onset puberty) to the Centers for Medicare & Medicaid Services." Mem. from the Att'y Gen., U.S. Dep't of Justice, *Preventing the Mutilation of American Children* at 4, perma.cc/JTL8-N4XA (archived May 11, 2026); *see also* Mem. from Brett A. Shumate, Assistant Att'y Gen., U.S. Dep't of Justice, to All Civil Division Employees, *Civil Division Enforcement Priorities* at 3, perma.cc/JT88-XZNN (archived May 11, 2026) (stating that DOJ will "aggressively" pursue claims against "providers that attempt to evade state bans on gender dysphoria treatments by knowingly submitting claims to Medicaid with false diagnosis codes").

The machinery behind this potential fraud reflects an extreme ideology, intent on thwarting accurate review of reimbursement claims submitted for sex-rejecting procedures. Despite their hold over private medical organizations, sex-rejecting procedures lack a recognized, accredited medical subspecialty; unified professional authority; or comprehensive, evidence-based clinical guidelines endorsed across medical disciplines. *See Treatment for Pediatric Gender Dysphoria* at 157-58. As a result, "in the United States, WPATH's influence has been outsized and largely uncontested." *Id.* at 159. And WPATH's influence extends to "'the country's leading provider' of hormones for young people"—Planned Parenthood. *Id.* at 204; *see infra* at 9-10 (discussing Planned Parenthood's deference to WPATH and its standards).

WPATH uses this influence to continually push providers to expand access to life-altering sex-rejecting procedures for young people, and it has specifically focused on manipulating the concept of "medical necessity" to achieve this aim. Indeed, the authors of WPATH's Standards of Care 8 (SOC-8)—the most recent edition—recognized the problem: "Medical necessity [was] at the center of dozens of lawsuits in the US" already. *Boe v. Marshall*, 2:22-cv-184 (M.D. Ala.), Defs' Ex. 180 at 64. Accordingly, SOC-8's authors knew they "needed a tool for our attorneys to use in defending access to care." *Boe*, 2:22-cv-184, Defs' Ex. 181 at 34. WPATH thus includes an entire section in SOC-8 dedicated to "medical necessity." *See* Eli Coleman et al., *Standards of Care for the Health of Transgender and Gender Diverse People, Version 8*, 23 Int'l J. Transgender Health, Supp. 1, Statement 2.1 (2022). But the authors of SOC-8 adopted an "understanding of medical necessity" so "expansive" it could

"justify any medical intervention so long as it might help individuals 'better align their bodies with their gender identity.'" *United States v. Skrmetti*, 605 U.S. 495, 538 (2025) (Thomas, J., concurring); *see also Eknes-Tucker v. Governor of Alabama*, 114 F.4th 1241, 1249 (11th Cir. 2024) (Lagoa, J., concurring in the denial of en banc review) (suggesting that "WPATH officials are aware of the risks of cross-sex hormones and other procedures yet are mischaracterizing and ignoring information about those risks").

Such a radical conception of medical necessity does not comport with any genuine understanding of the term, and certainly not any understanding of the term used by government authorities. *See, e.g.*, 10 U.S.C. §1079(a); 32 C.F.R. §199.2; Exh. A (collecting state-law medical-necessity requirements); *supra* n.4. Yet, due to the absence of any unified professional authority, private "medical societies have largely deferred" to WPATH on the efficacy and safety of sex-rejecting procedures. *Treatment for Pediatric Gender Dysphoria* at 158.

But WPATH's manipulation of private medical societies and vulnerable patients cannot hide the truth. Sex-rejecting procedures involve significant risks, are not FDA-approved, and are not "medically necessary." Indeed, every branch of the federal government has recognized the harms of certain sex-rejecting procedures for minors, including cross-sex hormones. Congress recently amended the TRICARE statute to ban cross-sex hormone coverage for minors. 10 U.S.C. §1079(a)(20). Likewise, the Executive Branch plans to implement similar restrictions for Medicaid, Medicare and other federal programs. *See, e.g.*, *Medicaid Program; Prohibition on Federal Medicaid and Children's Health Insurance Program Funding for Sex-Rejecting Procedures Furnished to Children*, 91 Fed. Reg. 52406 (Aug. 13, 2026) (final rule); *Medicare and Medicaid Programs; Hospital Condition of Participation—Prohibiting Sex-Rejecting Procedures for Children*, 90 Fed. Reg. 59477 (Dec. 19, 2025) (to be codified at 42 C.F.R. pts. 482 & 485) (proposed rule). And courts across the country have underscored those profound harms. *See, e.g.*, *Eknes-Tucker v. Governor of Alabama*, 80 F.4th 1205, 1225, 1231 (11th Cir. 2023); *Skrmetti*, 605 U.S. at 505; *id.* at 535 (Thomas, J., concurring).

Given that the government—unlike many private medical organizations—grounds its medical judgment in science rather than WPATH's ideology, it stands in the best position to investigate Planned Parenthood's practices.

II. DO NO HARM'S INVESTIGATION INTO PLANNED PARENTHOOD.

Concerned that Planned Parenthood and its affiliates across the country are facilitating widespread fraud through high volumes of sex-rejecting procedures at the expense of vulnerable children, Do No Harm worked with a private data broker to acquire information about Planned Parenthood's coding practices with respect to claims submissions for cross-sex hormone treatments.

A. What Do No Harm's Investigation Shows.

Do No Harm worked with a professional data broker to collect claims-related information in connection with hormone treatments prescribed by Planned Parenthood affiliates. Because the data broker lacks access to Planned Parenthood and its affiliates' internal records, it sought to discern Planned Parenthood and its affiliates' practices through logical inferences built on related data. To glean these entities' coding practices, the broker took two discrete data streams—(1) diagnosis codes from medical claims related to office visits associated with Planned Parenthood regional affiliates, and (2) prescriptions for hormones (specifically, estradiol, conjugated estrogens, and testosterone) where the prescriber is also associated with Planned Parenthood affiliates—and combined them into a broader set for analysis.[5] Which medical claims related to which prescriptions was inferred by comparing the medical claim data with the prescription claim data, isolating the set of patients who had prescription claims from a Planned Parenthood-related prescriber no later than 30 days after an office visit claim at a Planned Parenthood affiliated facility.

After filtering for a variety of variables such as age and nature of the prescription, the data broker was left with a sample of approximately 5,700 patients 22 years old or younger to whom Planned Parenthood affiliates appear to have provided between 11,000 and 12,000 gender-related prescriptions between 2015 and 2025. From that sample, Do No Harm and the data broker ultimately isolated a subset of approximately 800 patients from across the country for whom Planned Parenthood affiliates wrote between 1,100 and 1,200 prescriptions seemingly related to gender dysphoria while potentially failing to use the correct diagnosis codes for the associated office visit.

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[5] The data broker established these claims were "associated" with Planned Parenthood affiliates based on whether the bulk of the prescriber's National Provider Identifier ("NPI") billing occurred at a Planned Parenthood-affiliated facility. The NPI is a unique 10-digit identification number used by the Centers for Medicare & Medicaid Services, and it provides a reliable and widely-used means of identifying healthcare providers in the U.S. healthcare system. *See* Ctrs. For Medicare & Medicaid Servs., *National Provider Identifier (NPI)*, perma.cc/J84K-29VT (archived Apr. 20, 2026).

More specifically, while the correct code to use for gender identity disorders generally falls within the F64 family of ICD-10-CM diagnosis codes, Planned Parenthood affiliates neglected to use an F64.X code for the office visits associated with each of the approximately 1,100 to 1,200 claims for cross-sex hormones. *See* American Medical Ass'n, ICD-10-CM 2023, *The Complete Official Codebook 2023* at 582. These affiliates instead used the diagnosis codes E34.9 (for "endocrine disorder, unspecified"), Z51.81 (a status code for "encounter for therapeutic drug level monitoring"), or a smattering of other codes unrelated to gender dysphoria.

If the medical visit was related to the provision of cross-sex hormones—inferred based on the temporal proximity between the prescription claim and the office visit claim—and the data is otherwise accurate, then this pattern may "sugges[t] coding misuse." Do No Harm, *Spotting Potential Fraud: How Healthcare Providers May Skirt Coding Rules to Get Paid for Child Sex Changes* at 7, perma.cc/96GX-V69R (archived Apr. 23, 2026). And given some of the inherent limitations in Do No Harm's data, our sample may only represent a fraction of Planned Parenthood affiliates' deceptive practices, which may not only span the country but also substantially exceed the roughly 1,100 to 1,200 claims derived from Do No Harm's data sets.

B. Limitations of Do No Harm's Data.

As explained above, Do No Harm's conclusions regarding Planned Parenthood affiliates' coding practices rely on drawing logical, but unverifiable, inferences from two separate datasets—viz. (1) medical claims related to office visits at clinics associated with Planned Parenthood's regional affiliates, and (2) prescription claims associated with such affiliates. While valuable, this data and Do No Harm's inferences are no substitute for direct evidence from Planned Parenthood affiliates' internal records, and we note below the core inferences driving our interpretation of the data.

First, the primary inference supporting the data's utility is that the prescriptions for cross-sex hormones arise from the miscoded office visits. But to conclude the cross-sex hormone prescriptions arise from specific office visits, Do No Harm and the data broker assumed that a patient, who has a prescription claim for cross-sex hormones within 30 days of a claim for an office visit, received the prescription at that office visit. Do No Harm cannot verify the strength of this inference with certainty, but "[t]he narrower the timeframe between the prescription claim and office visit claim, the higher confidence in the association (*i.e.*, the

prescription was written at the time of the office visit)." Do No Harm, *Spotting Potential Fraud* at 5.

Second, the data broker determined that prescription claims were "associated" with a Planned Parenthood affiliate if a significant amount of the prescriber's NPI billing occurred at a Planned Parenthood-related facility. But, while significant billing at such facilities is circumstantial evidence of a link between the prescriber and a Planned Parenthood affiliate, it is not dispositive.

Although these limitations are important considerations, they are inherent in analyzing evidence of systematic misconduct without Planned Parenthood's and its affiliates' internal records. To definitively determine whether the Planned Parenthood affiliates' diagnosis codes accurately characterize the respective medical encounters, internal records are indispensable.

III. PLANNED PARENTHOOD AFFILIATES' CODING PRACTICES ARE SUSPECT AND WARRANT FURTHER INVESTIGATION.

Publicly available evidence—especially when combined with Do No Harm's data—suggests that Planned Parenthood affiliates could be engaged in a broad scheme to deliberately miscode services for gender-related mental disorders.

First, many regional Planned Parenthood affiliates openly advertise a practice of facilitating insurance reimbursement by strategically miscoding medical encounters for gender-related mental disorders. For example, Do No Harm's investigation revealed that Planned Parenthood of Southeastern Pennsylvania, Planned Parenthood of Michigan, and Planned Parenthood of Central & Western New York have represented to prospective patients that they use the E34.9 code when submitting claims for certain kinds of sex-rejecting procedures—not the appropriate F64.X code—"[i]n order to meet the needs of most insurance companies and patients." *See* Questions About the GAC Service, PlannedParenthood.org, bit.ly/4fYzfYC (Mar. 17, 2026); Questions about Gender-Affirming Care at PPMI, PlannedParenthood.org, bit.ly/4asoSeG (July 11, 2025); Gender Affirming Hormone Care FAQs, PlannedParenthood.org, bit.ly/49mqeGM (July 11, 2025). In representing that they use inaccurate diagnosis codes to "meet the needs of most insurance companies," these affiliates' public statements reflect well-known strategies for evading insurance scrutiny via intentional miscoding. *See supra* at 4-5. And although Do No Harm's data is limited, it appears to point to these same types of miscoding at Planned Parenthood facilities across the country. *See* Exh. B (listing Planned Parenthood regional affiliates with potential coding discrepancies).

Moreover, Planned Parenthood's deference to WPATH and WPATH's extreme ideological views on gender and issues related to sex-rejecting procedures only reinforces the conclusion that Planned Parenthood affiliates' nationwide miscoding pattern constitutes a deliberate practice. Planned Parenthood and its affiliates treat the WPATH Standards of Care as the governing framework for the validity of "gender-affirming" medical interventions. *See* Planned Parenthood, *Providing Transgender & Non-Binary Care: A Guide for Community Health Centers* (2018), perma.cc/3XS2-Z76M (archived Jan. 22, 2026) (instructing that being "trained in the most recent WPATH standards of care" is a "basic cultural competency"); *see also, e.g.*, Planned Parenthood of W. Pa., *Preparing for Your Hormone Therapy Visit*, perma.cc/EQ5D-SFV9 (archived Jan. 22, 2026) ("Planned Parenthood's criteria for hormone therapy reflect guidelines set by several centers of excellence for transgender and nonbinary care provision, including WPATH's Standards of Care."); Planned Parenthood of Greater Wash. & N. Idaho, *Transgender and Gender-Affirming Health Care*, perma.cc/9SRL-GNVP (archived Jan. 25, 2026) ("Our criteria for hormone therapy reflect the … WPATH guidelines.").

But "WPATH's lodestar is ideology, not science." *Skrmetti*, 605 U.S. at 545 (Thomas, J., concurring). So, it is unsurprising that WPATH's protocols encourage the deceptive coding practices that Planned Parenthood affiliates appear to employ, asserting that "[p]athologizing ICD codes" like F64 codes "may be (appropriately) avoided" because accurately linking certain diagnosis codes to treatments "can be problematic." R. Nick Gorton & J.M. Jaffe, *Insurance Coverage of Gender-Affirming Healthcare: WPATH SOC8 Updates*, perma.cc/9J6A-SL86 (archived Mar. 5, 2026).

Furthermore, that so many Planned Parenthood affiliates have explicitly adopted WPATH's guidelines also suggests some direction from the parent organization—Planned Parenthood Federation of America—likely through Planned Parenthood's Manual of Medical Standards and Guidelines, which "provides a model for operating a family planning clinic and for providing ... services consistent with [Planned Parenthood's] unique model of care." *See N.H. Right to Life v. U.S. Dep't of Health & Hum. Servs.*, 778 F.3d 43, 51 (1st Cir. 2015). But Do No Harm has been unable to confirm such influence because "Planned Parenthood treat[s] these documents as confidential information not generally available to the public." *Id.*

The upshot is that publicly available, circumstantial evidence already points to potential wrongdoing.[6] When viewed in light of Planned Parenthood's apparent

[6] *See Wolves in White Coats* at 23, 61-64.

deference to WPATH and its affiliates' public statements, Do No Harm's data suggests Planned Parenthood may be engaged in a broader scheme to miscode services for gender-related mental disorders in an effort to facilitate reimbursement for cross-sex hormones.

There is already precedent for this kind of misconduct to lead to sweeping judgments. Just last month, a qui tam case alleging Texas Children's Hospital was prescribing cross-sex hormones to patients and billing those services to government healthcare programs using false diagnosis codes settled with Texas Children's paying a total of $10,000,000 in penalties and restitution. *See Burke Law Group Secures Landmark False Claims Act Settlement and Sets National Precedent*, Burke Law Grp., PLLC, perma.cc/5GLC-8NRN (archived Aug. 8, 2026). The court also ordered the Texas health system to engage in a host of other measures to undo the harm it caused, including operating a detransition clinic, training healthcare professionals on federal and state law governing the prohibition of sex-rejecting procedures, and committing to a permanent prohibition on sex-rejecting procedures at any of its facilities. *Id.*

Do No Harm respectfully suggests that all of this is cause for the government to investigate Planned Parenthood's potential scheme. As alluded to above, such an investigation could proceed productively in two steps: investigate Planned Parenthood affiliates' coding practices for office visits that lead to prescriptions for cross-sex hormones and other sex-rejecting procedures, and determine whether and to what extent these miscoded office visits ultimately cause pharmacies to fill prescriptions for cross-sex hormones and other sex-rejecting procedures for which claims are submitted to the federal government for reimbursement.

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In sum, Do No Harm's investigation suggests that Planned Parenthood affiliates could be perpetrating a nationwide miscoding scheme related to the cross-sex hormones they prescribe. But the limitations inherent in Do No Harm's data prevent confirmation of misconduct. Because Do No Harm has exhausted the tools at its disposal, it respectfully suggests that the government use its investigative authority to seek direct evidence of Planned Parenthood's scheme, picking up where Do No Harm has left off.

Sincerely,

Do No Harm

Enclosures: Exhibit A (State Medicaid Requirements Regarding Medical Necessity); Exhibit B (Planned Parenthood Regional Affiliates That Do No Harm's Data Strongly Suggests Are Engaged in Miscoding).