

Generic Supporting Statement
Sex-Rejecting Procedures
Medicaid State Plan Amendment Template
CMS-10398 #97, OMB 0938-1148

This September/October 2026 iteration is being submitted to OMB as a new generic collection of information request under control number 0938-1148.

The contents of this Supporting Statement and the associated attachments have been reviewed to ensure that they are consistent with the Trump administration's policies, goals, and objectives.

A. Background

The Centers for Medicare & Medicaid Services (CMS) works in partnership with States to implement Medicaid and the Children's Health Insurance Program (CHIP). Together these programs provide health coverage to millions of Americans. Medicaid and CHIP are based in Federal statute, associated regulations and policy guidance, and the approved State plan documents that serve as a contract between CMS and States about how Medicaid and CHIP will be operated in that State. CMS works collaboratively with States in the ongoing management of programs and policies, and CMS continues to develop implementing guidance and templates for States to use to comply with new statutory or regulatory provisions. CMS also continues to work with States through other methods, including program waivers and demonstrations, and other technical assistance initiatives.

On August 13, 2026, CMS published the final rule titled *Medicaid Program; Prohibition on Federal Medicaid and Children's Health Insurance Program Funding for Sex-Rejecting Procedures Furnished to Children* (CMS-2451-F). The final rule amends Medicaid regulations at 42 CFR part 441, adding new subpart N. These regulations prohibit the use of Federal Medicaid dollars to fund sex-rejecting procedures for children under the age of 18. The final rule is effective 60 days after publication.

The amendments to regulation provide the authority for State plan amendments (SPAs) to collect assurances from states regarding the operation of state Medicaid programs. The attached template has been developed to simplify state SPA submissions to add an assurance to their state plan indicating the Medicaid agency does not claim Federal financial participation (FFP) under the plan for sex-rejecting procedures for children under the age of 18 pursuant to federal regulations at subpart N.

States should submit their SPA template no later than the end of the quarter of the effective date of the final rule for Medicaid (December 31, 2026).

B. Description of Information Collection

The SPA template consists of a single simple assurance checkbox. States must select the checkbox to confirm they are compliant with requirements pursuant to federal regulations at subpart N. These services are defined at § 441.80.

Availability of the template will be announced through a Medicaid.gov email blast, which will include a link to a downloadable version of the template, and available upon request through the State lead points of contact.

States will submit these amendments through [the One Medicaid and Chip \(OneMAC\) System](#) online submission portal where States can upload completed (PDF or Word) state plan pages. This portal was created to replace the previous email submission process with a standard point of submission. Please note, OneMAC accepts submissions independently and is not affiliated with the MACPro or MMDL system or process. Technical Assistance in submitting these plan pages will be available from State lead points of contact.

Approved Medicaid SPAs are publicly posted to Medicaid.gov. In accordance with § 430.20, the effective date of a SPA, generally, may be no earlier than the first day of the quarter in which it was submitted (with the exception of 1915(i) SPAs which must be approved with a prospective effective date). However, in accordance with § 430.20(b)(3), for SPAs which are not related to additional services under the approved plan, payment for services, or eligibility for services, the effective date may be a date requested by the State if CMS approves it. CMS review time can vary, based on any revisions needed by the State.

Generally, once they are submitted, CMS has 90 days to review and approve or disapprove a submission or respond with a formal Request for Additional Information (RAI). State responses to the RAI are requested to be sent to CMS within 90 days of receipt of the RAI. Once a response is received, CMS has 90 days to review and approve or disapprove the submission. The timeline is not expected to exceed 270 calendar days but can be as little as 2 days for simple approvals involving no revisions or requests for additional information.

There are no plans to publish the reported information for statistical use.

C. Deviations from Generic Request

No deviations are requested.

D. Burden Hour Deduction

Wage Data

To derive average costs, we are using data from the U.S. Bureau of Labor Statistics' May 2025 National Occupational Employment and Wage Statistics for all salary estimates (<https://www.bls.gov/oes/tables.htm>). In this regard, the following table presents BLS' mean hourly wage, our estimated cost of fringe benefits and other indirect costs (calculated at 100 percent of salary), and our adjusted hourly wage.

BLS's wage estimates are updated annually. Current and historic wage figures can be found at the above BLS address and can be used to calculate current cost estimates. May 2025 is current as of the date of this collection of information request.

Occupation Title	Occupation Code	Mean Hourly Wage (\$/hr)	Fringe Benefits and Other Indirect Costs (\$/hr)	Adjusted Hourly Wage (\$/hr)
Business Operations Specialist, All Other	13-1199	45.18	45.18	90.36
General and Operations Manager	11-1021	64.87	64.87	129.74

As indicated, we are adjusting our employee hourly wage estimates by a factor of 100 percent. This is necessarily a rough adjustment, both because fringe benefits and other indirect costs vary significantly from employer to employer, and because methods of estimating these costs vary widely from study to study. Nonetheless, we believe that doubling the hourly wage to estimate total cost is a reasonably accurate estimation method.

Requirements and Associated Burden Estimates

We estimate a potential of 56 respondents consisting of 50 States, the District of Colombia, American Samoa, Commonwealth of the Mariana Islands, Guam, Puerto Rico, and the US Virgin Islands.

While the template contains minimal content, we estimate it will take a Business Operations Specialist 2 hours at \$90.36/hr to prepare the applicable SPAs and discuss their submission with a General and Operations Manager. We also estimate that it will take a General and Operations Manager 1 hour at \$129.74/hr to review, discuss, and approve the SPA for submission to CMS.

In aggregate we estimate a one-time state burden of 168 hours (56 states x 3 hr/response) at a cost of \$17,386 [(2 hr x \$90.36/hr x 56 states) + (1 hr x \$129.74/hr x 56 states)]. When taking into account the Federal administrative match of 50 percent, we estimate a one-time State cost of \$8,693 (\$17,386 * 0.5). We assumed all services meeting the definition will no longer be covered by Medicaid, and thus not eligible for Federal matching funds.

Since we this is an assurance SPA and there are no anticipated changes or amendments, the 168-hour estimate is an estimated annual figure that addresses the initial one-time burden at the beginning of this effort. We acknowledge that this is likely an overestimate, but we will refine our on-going estimates if/when applicable.

Burden Summary

Requirements	Number of Respondents	Total Number of Responses	Time per Response (hours)	Total Time (hours)	Labor Rate (\$/hr)	Total Cost (\$)	State Cost (\$)
Sex Rejecting Procedures Assurances SPA Template	56 States and Territories	56	3	168	varies	17,386	8,693

Information Collection Instruments and Instruction Documents

- Sex Rejecting Procedures Assurances SPA Template (New)

E. Timeline

CMS requests OMB's approval as soon as possible, and no later than October 1, 2026. The consequences of not obtaining OMB approval prior to 10/1/2026 is that States may not have sufficient time to draft their SPA so that they can submit them to CMS by December 31, 2026, risking non-compliance with the final rule.

Our 14-day notice published in the Federal Register on September 25, 2026 (91 FR 60959). Comments must be received by October 9, 2026.

The template in this collection implements CMS-2451-F by adding an assurance to the state plan as described above. This final rule is aligned with the non-enjoined sections of Presidential Executive Order 14187, titled "Protecting Children from Chemical and Surgical Mutilation," which directs federal agencies to restrict and defund medical procedures that alter the physical sex of individuals under 19 years old. The CMS final rule was published on Aug 13, 2026, and is effective 60 days after the publication date. Since the effective date will occur in October, and states must submit their completed state plan template before the end of the quarter in which they are effective, states will need to submit this template between the date of template publication and December 31, 2026. Accounting for state approval processes, we will need to post the OMB-approved template immediately, which is why approval is requested as soon as possible. The SPA template could not have been created earlier due to the public comment period between the proposed and final rule which could have resulted in a different template.