

119TH CONGRESS
1ST SESSION

H. R. 2487

To improve access to evidence-based, lifesaving health care for transgender people, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 31, 2025

Ms. BALINT (for herself, Ms. ANSARI, Ms. CROCKETT, Mr. DAVIS of Illinois, Mr. ESPAILLAT, Mr. EVANS of Pennsylvania, Ms. JACOBS, Ms. JAYAPAL, Mr. JOHNSON of Georgia, Ms. JOHNSON of Texas, Mr. KHANNA, Mr. KRISHNAMOORTHY, Mr. LANDSMAN, Ms. LEE of Pennsylvania, Ms. McCLELLAN, Mrs. McIVER, Mr. NADLER, Ms. NORTON, Ms. OCASIO-CORTEZ, Mr. POCAN, Mrs. RAMIREZ, Ms. RANDALL, Ms. SCHAKOWSKY, Mr. TAKANO, Mr. THANEDAR, Ms. TLAIB, Ms. TOKUDA, Mr. TONKO, Ms. VELÁZQUEZ, and Mrs. WATSON COLEMAN) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To improve access to evidence-based, lifesaving health care for transgender people, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be referred to as the “Transgender
5 Health Care Access Act”.

6 **SEC. 2. TABLE OF CONTENTS.**

7 The table of contents of this Act is as follows:

- Sec. 1. Short title.
- Sec. 2. Table of contents.
- Sec. 3. Findings.
- Sec. 4. Definitions.
- Sec. 5. Improving medical education curricula for gender-affirming care.
- Sec. 6. Training demonstration program for gender-affirming care.
- Sec. 7. Expanding capacity for gender-affirming care at community health centers.
- Sec. 8. Training rural providers in gender-affirming care.
- Sec. 9. Report to Congress.

1 **SEC. 3. FINDINGS.**

2 Congress finds the following:

3 (1) Receiving gender-affirming care increases
4 self-esteem and quality of life and decreases depres-
5 sion, self-harm, and suicidality in transgender people
6 of all ages.

7 (2) There is a strong medical consensus about
8 the importance of health care for transgender peo-
9 ple, including transgender young people. The Amer-
10 ican Academy of Child and Adolescent Psychiatry,
11 American Academy of Dermatology, American Acad-
12 emy of Pediatrics, American Academy of Physician
13 Assistants, American Medical Association, American
14 Nurses Association, American Association of Clinical
15 Endocrinology, American Association of Geriatric
16 Psychiatry, American College Health Association,
17 American College of Nurse-Midwives, American Col-
18 lege of Obstetricians and Gynecologists, American
19 College of Physicians, American Counseling Associa-
20 tion, American Heart Association, American Medical

1 Student Association, American Psychiatric Associa-
2 tion, American Psychological Association, American
3 Society for Reproductive Medicine, American
4 Urological Association, Endocrine Society, Federa-
5 tion of Pediatric Organizations, GLMA: Health Pro-
6 fessionals Advancing LGBTQ Equality, The Journal
7 of the American Medical Association, National Asso-
8 ciation of Nurse Practitioners in Women’s Health,
9 National Association of Social Workers, Pediatric
10 Endocrine Society, Pediatrics (Journal of the Amer-
11 ican Academy of Pediatrics), United States Profes-
12 sional Association for Transgender Health
13 (USPATH), World Health Organization (WHO),
14 World Medical Association, and World Professional
15 Association for Transgender Health, have all issued
16 statements in support of health care for transgender
17 people.

18 (3) There is a gap in education across health
19 professions around treating transgender patients.
20 One survey of students at 10 medical schools showed
21 that approximately 80 percent of students did not
22 feel competent at treating transgender patients.

23 (4) Academic literature shows that this edu-
24 cation gap is a significant barrier to appropriate
25 health care.

1 (5) Experts in gender-affirming care and cul-
2 turally competent care for transgender people are
3 improving access to gender-affirming care through
4 peer-to-peer education.

5 **SEC. 4. DEFINITIONS.**

6 In this Act:

7 (1) The term “gender-affirming care”—

8 (A) means health care designed to treat
9 gender dysphoria;

10 (B) includes all supplies, care, and services
11 of a medical, behavioral health, mental health,
12 surgical, psychiatric, therapeutic, diagnostic,
13 preventative, rehabilitative, or supportive na-
14 ture, including medication, relating to the treat-
15 ment of gender dysphoria; and

16 (C) excludes conversion therapy.

17 (2) The term “Secretary” means the Secretary
18 of Health and Human Services.

19 **SEC. 5. IMPROVING MEDICAL EDUCATION CURRICULA FOR**
20 **GENDER-AFFIRMING CARE.**

21 (a) IMPROVING THE PROVISION OF GENDER-AFFIRM-
22 ING CARE.—

23 (1) IN GENERAL.—The Secretary, acting
24 through the Administrator of the Health Resources
25 and Services Administration, shall award grants to

1 eligible entities for the development, evaluation, and
2 implementation of model curricula, demonstration
3 projects, and training projects to improve the provi-
4 sion of gender-affirming care.

5 (2) ELIGIBLE ENTITIES.—To be eligible to re-
6 ceive a grant under paragraph (1), an entity shall
7 be—

8 (A) a health care professions school;

9 (B) a health care delivery site with fellows,
10 residents, or other health care professional stu-
11 dents or trainees; or

12 (C) a licensing or accreditation entity for
13 health care professions schools.

14 (b) CURRICULA.—

15 (1) TOPICS.—The Secretary shall ensure that
16 curricula developed pursuant to subsection (a) in-
17 clude instruction on one or more of the following
18 topics:

19 (A) Gender-affirming care.

20 (B) Cultural competency in treating
21 transgender patients.

22 (2) PEDAGOGICAL APPROACHES.—Curricula de-
23 veloped pursuant to subsection (a) may employ—

24 (A) didactic education;

25 (B) clinical education;

1 (C) simulated or standardized patient edu-
2 cation;

3 (D) community-based research; and

4 (E) community-based learning.

5 (c) DISSEMINATION.—The Secretary, acting through
6 the Director of the National Library of Medicine and the
7 Director of the National Institutes of Health, in collabora-
8 tion with medical education accrediting organizations,
9 shall disseminate model curricula developed under this
10 section.

11 (d) DURATION OF AWARD.—The period of a grant
12 under this section shall be 3 years, subject to annual re-
13 view and continuation by the Secretary.

14 (e) CARRYOVER FUNDS.—The Secretary shall make
15 available funds to grantees under this section on an an-
16 nual basis, but may authorize a grantee to retain the
17 funds for obligation and expenditure through the end of
18 the 3-year grant period referred to in subsection (f).

19 (f) AUTHORIZATIONS OF APPROPRIATIONS.—There
20 is authorized to be appropriated to carry out this section
21 \$10,000,000 for each of fiscal years 2026 through 2030.

1 **SEC. 6. TRAINING DEMONSTRATION PROGRAM FOR GEN-**
2 **DER-AFFIRMING CARE.**

3 (a) IN GENERAL.—The Secretary shall establish a
4 demonstration program to award grants to eligible entities
5 to support—

6 (1) training for medical residents and fellows to
7 practice gender-affirming care;

8 (2) training (including for individuals com-
9 pleting clinical training requirements for licensure)
10 for nurse practitioners, physician assistants, health
11 service psychologists, clinical psychologists, coun-
12 selors, nurses, and social workers to practice gender-
13 affirming care; and

14 (3) establishing, maintaining, or improving aca-
15 demic programs that—

16 (A) provide training for students or fac-
17 ulty, including through clinical experiences, to
18 improve their ability to provide culturally com-
19 petent gender-affirming care; and

20 (B) conduct research to develop evidence-
21 based practices regarding gender-affirming
22 care, including curriculum content standards
23 for programs that provide training for students
24 or faculty as described in subparagraph (A).

25 (b) ELIGIBLE ENTITIES.—

1 (1) TRAINING FOR RESIDENTS AND FEL-
2 LWS.—To be eligible to receive a grant under sub-
3 section (a)(1), an entity shall be—

4 (A) a consortium consisting of—

5 (i) at least one teaching health center;

6 and

7 (ii) the sponsoring institution (or par-
8 ent institution of the sponsoring institu-
9 tion) of—

10 (I) a residency program in pri-
11 mary care, internal medicine, family
12 medicine, pediatric medicine, gyne-
13 cology, endocrinology, or surgery that
14 is accredited by the Accreditation
15 Council for Graduate Medical Edu-
16 cation; or

17 (II) a fellowship program in a
18 field identified in subclause (I); or

19 (B) an institution described in subpara-
20 graph (A)(ii) that provides opportunities for
21 residents or fellows to train in community-based
22 settings that provide health care to transgender
23 populations.

1 (2) TRAINING FOR OTHER PROVIDERS.—To be
2 eligible to receive a grant under subsection (a)(2),
3 an entity shall be—

4 (A) a teaching health center (as defined in
5 section 749A(f)(3) of the Public Health Service
6 Act (42 U.S.C. 293l–1(f)(3)));

7 (B) a Federally-qualified health center (as
8 defined in section 1905(l)(2)(B) of the Social
9 Security Act (42 U.S.C. 1396d(l)(2)(B)));

10 (C) a community mental health center (as
11 defined in section 1861(ff)(3)(B) of the Social
12 Security Act (42 U.S.C. 1395x(ff)(3)(B)));

13 (D) a rural health clinic (as defined in sec-
14 tion 1861(aa)(2) of the Social Security Act (42
15 U.S.C. 1395x(aa)(2)));

16 (E) a health center operated by the Indian
17 Health Service, an Indian Tribe, a Tribal orga-
18 nization, or an Urban Indian organization (as
19 defined in section 4 of the Indian Health Care
20 Improvement Act (25 U.S.C. 1603)); or

21 (F) an entity with a demonstrated record
22 of success in providing training for nurse prac-
23 titioners, physician assistants, health service
24 psychologists, counselors, nurses, or social

1 workers, including such entities that serve pedi-
2 atric populations.

3 (3) ACADEMIC UNITS OR PROGRAMS.—To be el-
4 igible to receive a grant under subsection (a)(3), an
5 entity shall be—

6 (A) a school of medicine or osteopathic
7 medicine;

8 (B) a school of nursing;

9 (C) a physician assistant training program;

10 (D) a school of pharmacy;

11 (E) a school of social work;

12 (F) an accredited public or nonprofit pri-
13 vate hospital;

14 (G) an accredited medical residency pro-
15 gram; or

16 (H) a public or nonprofit private entity
17 that the Secretary determines is capable of car-
18 rying out such a grant because of prior experi-
19 ence providing education on the provision of
20 health care to transgender people.

21 (c) USE OF FUNDS.—

22 (1) TRAINING GRANTS.—A recipient of a grant
23 under subsection (a)(1) or (a)(2)—

1 (A) shall use the grant funds to plan, de-
2 velop, and operate a training program for resi-
3 dents and fellows; and

4 (B) may use the grant funds to—

5 (i) support the administration of a
6 program described in subparagraph (A);

7 (ii) support professional development
8 for faculty of a program described in sub-
9 paragraph (A); or

10 (iii) establish, maintain, or improve
11 departments, divisions, or other units nec-
12 essary to implement a program described
13 in subparagraph (A).

14 (2) GRANTS TO ACADEMIC UNITS OR PRO-
15 GRAMS.—A recipient of a grant under subsection
16 (a)(3) shall enter into a partnership with education
17 accrediting organizations or similar organizations to
18 carry out activities under subsection (a)(3).

19 (d) PRIORITY.—In making awards under this section,
20 the Secretary shall give priority to eligible entities that—

21 (1) have a history of providing health care to
22 transgender people; or

23 (2) serve areas where access to gender-affirm-
24 ing care is limited.

1 (e) MINIMUM PERIOD OF GRANTS.—The period of a
2 grant under this section shall be not less than 5 years.

3 (f) AUTHORIZATION OF APPROPRIATIONS.—There is
4 authorized to be appropriated to carry out this section
5 \$15,000,000 for each of fiscal years 2026 through 2030.

6 **SEC. 7. EXPANDING CAPACITY FOR GENDER-AFFIRMING**
7 **CARE AT COMMUNITY HEALTH CENTERS.**

8 (a) IN GENERAL.—The Secretary, acting through the
9 Administrator of the Health Resources and Services Ad-
10 ministration, shall award grants or cooperative agree-
11 ments to eligible entities to promote the capacity of com-
12 munity health centers to provide gender-affirming care to
13 transgender populations.

14 (b) ELIGIBLE ENTITIES.—To be eligible to receive a
15 grant under subsection (a), an entity shall be—

16 (1) a teaching health center (as defined in sec-
17 tion 749A(f)(3) of the Public Health Service Act (42
18 U.S.C. 293l–1(f)(3)));

19 (2) a Federally-qualified health center (as de-
20 fined in section 1905(l)(2)(B) of the Social Security
21 Act (42 U.S.C. 1396d(l)(2)(B)));

22 (3) a community mental health center (as de-
23 fined in section 1861(ff)(3)(B) of the Social Security
24 Act (42 U.S.C. 1395x(ff)(3)(B)));

1 (4) a rural health clinic (as defined in section
2 1861(aa)(2) of the Social Security Act (42 U.S.C.
3 1395x(aa)(2)));

4 (5) a health center operated by the Indian
5 Health Service, an Indian Tribe, a Tribal organiza-
6 tion, or an Urban Indian organization (as defined in
7 section 4 of the Indian Health Care Improvement
8 Act (25 U.S.C. 1603)); or

9 (6) a State or local entity, such as a State of-
10 fice of rural health.

11 (c) USE OF FUNDS.—A grant under subsection (a)
12 shall be used to promote the capacity of community health
13 centers to provide gender-affirming care, which may in-
14 clude—

15 (1) education and training, including profes-
16 sional development and training on nondiscrimina-
17 tion regulations, for health care professionals and
18 other staff of health care providers;

19 (2) establishing or sustaining a community re-
20 view board;

21 (3) updating electronic health records; and

22 (4) administrative, operational, or technical
23 costs related to the effective provision of gender-af-
24 firming care.

1 (d) MINIMUM PERIOD OF GRANTS.—The period of
2 a grant under this section shall be not less than 3 years.

3 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
4 authorized to be appropriated to carry out this section
5 \$15,000,000 for each of fiscal years 2026 through 2030.

6 **SEC. 8. TRAINING RURAL PROVIDERS IN GENDER-AFFIRM-**
7 **ING CARE.**

8 (a) IN GENERAL.—The Secretary shall award grants
9 or cooperative agreements to eligible entities to establish
10 collaborative networks to improve the quality of gender-
11 affirming care.

12 (b) ELIGIBLE ENTITIES.—To be eligible for a grant
13 under subsection (a), an entity shall be—

14 (1) a public or nonprofit private health care
15 provider, such as a critical access hospital or health
16 clinic;

17 (2) a Federally-qualified health center (as de-
18 fined in section 1905(l)(2)(B) of the Social Security
19 Act (42 U.S.C. 1396d(l)(2)(B)));

20 (3) a health care professions school;

21 (4) a health care delivery site that has fellows,
22 residents, or other health care professional students
23 or trainees; and

24 (5) a licensing or accreditation entity for health
25 care professions schools.

1 (c) ALLOWABLE ACTIVITIES.—In establishing a col-
2 laborative network as described in subsection (a), a grant-
3 ee may, with respect to gender-affirming care, use grant
4 funds—

5 (1) to assist rural health care providers in the
6 network to conduct or pursue additional training;

7 (2) to perform provider-to-provider education
8 and outreach to rural health care providers; and

9 (3) to perform patient education.

10 (d) DEFINITION.—In this section, the term “rural
11 health care provider” means a health care provider serving
12 an area that is not designated by the United States Cen-
13 sus Bureau as an urbanized area or urban cluster.

14 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
15 authorized to be appropriated to carry out this section
16 \$5,000,000 for each of fiscal years 2026 through 2030.

17 **SEC. 9. REPORT TO CONGRESS.**

18 (a) SUBMISSION.—Not later than 2 years after the
19 date of enactment of this Act the Secretary shall submit
20 a report to the Congress on the programs and activities
21 under this Act.

22 (b) CONTENT.—Reports submitted under subsection
23 (a) shall include—

24 (1) a description of—

1 (A) progress made in implementing pro-
2 grams and activities under this Act; and

3 (B) the extent to which such programs and
4 activities have improved health equity for
5 transgender populations; and

6 (2) recommendations for workforce development
7 to improve access to, and the quality of, gender-af-
8 firming care for transgender populations.

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