

119TH CONGRESS
1ST SESSION

S. 3206

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

IN THE SENATE OF THE UNITED STATES

NOVEMBER 19, 2025

Mr. MARKEY (for himself, Mr. BLUMENTHAL, Mr. MERKLEY, Mr. SCHIFF, Mr. WYDEN, and Mr. PADILLA) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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. FINDINGS.**

7 Congress finds the following:

8 (1) Receiving gender-affirming care increases
9 self-esteem and quality of life and decreases depres-

sion, self-harm, and suicidality in transgender people of all ages.

(2) There is a strong medical consensus about the importance of health care for transgender people, including transgender young people. The American Academy of Child and Adolescent Psychiatry, American Academy of Dermatology, American Academy of Pediatrics, American Academy of Physician Assistants, American Medical Association, American Nurses Association, American Association of Clinical Endocrinology, American Association of Geriatric Psychiatry, American College Health Association, American College of Nurse-Midwives, American College of Obstetricians and Gynecologists, American College of Physicians, American Counseling Association, American Heart Association, American Medical Student Association, American Psychiatric Association, American Psychological Association, American Society for Reproductive Medicine, American Urological Association, Endocrine Society, Federation of Pediatric Organizations, GLMA: Health Professionals Advancing LGBTQ Equality, The Journal of the American Medical Association, National Association of Nurse Practitioners in Women's Health, National Association of Social Workers, Pediatric

1 Endocrine Society, Pediatrics (Journal of the Amer-
2 ican Academy of Pediatrics), United States Profes-
3 sional Association for Transgender Health
4 (USPATH), World Health Organization (WHO),
5 World Medical Association, and World Professional
6 Association for Transgender Health, have all issued
7 statements in support of health care for transgender
8 people.

9 (3) There is a gap in education across health
10 professions around treating transgender patients.
11 One survey of students at 10 medical schools showed
12 that approximately 80 percent of students did not
13 feel competent at treating transgender patients.

14 (4) Academic literature shows that this edu-
15 cation gap is a significant barrier to appropriate
16 health care.

17 (5) Experts in gender-affirming care and cul-
18 turally competent care for transgender people are
19 improving access to gender-affirming care through
20 peer-to-peer education.

21 **SEC. 3. DEFINITIONS.**

22 In this Act:

23 (1) GENDER-AFFIRMING CARE.—The term
24 “gender-affirming care”—

1 (A) means health care designed to treat
2 gender dysphoria;

3 (B) includes all supplies, care, and services
4 of a medical, behavioral health, mental health,
5 surgical, psychiatric, therapeutic, diagnostic,
6 preventative, rehabilitative, or supportive na-
7 ture, including medication, relating to the treat-
8 ment of gender dysphoria; and

9 (C) excludes conversion therapy.

10 (2) SECRETARY.—The term “Secretary” means
11 the Secretary of Health and Human Services.

12 **SEC. 4. IMPROVING MEDICAL EDUCATION CURRICULA FOR**
13 **GENDER-AFFIRMING CARE.**

14 (a) IMPROVING THE PROVISION OF GENDER-AFFIRM-
15 ING CARE.—

16 (1) IN GENERAL.—The Secretary, acting
17 through the Administrator of the Health Resources
18 and Services Administration, shall award grants to
19 eligible entities for the development, evaluation, and
20 implementation of model curricula, demonstration
21 projects, and training projects to improve the provi-
22 sion of gender-affirming care.

23 (2) ELIGIBLE ENTITIES.—To be eligible to re-
24 ceive a grant under paragraph (1), an entity shall
25 be—

1 (A) a health care professions school;

2 (B) a health care delivery site with fellows,
3 residents, or other health care professional stu-
4 dents or trainees; or

5 (C) a licensing or accreditation entity for
6 health care professions schools.

7 (b) CURRICULA.—

8 (1) TOPICS.—The Secretary shall ensure that
9 curricula developed pursuant to subsection (a) in-
10 clude instruction on one or more of the following
11 topics:

12 (A) Gender-affirming care.

13 (B) Cultural competency in treating
14 transgender patients.

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

17 (A) didactic education;

18 (B) clinical education;

19 (C) simulated or standardized patient edu-
20 cation;

21 (D) community-based research; and

22 (E) community-based learning.

23 (c) DISSEMINATION.—The Secretary, acting through
24 the Director of the National Library of Medicine and the
25 Director of the National Institutes of Health, in collabora-

tion with medical education accrediting organizations,
shall disseminate model curricula developed under this
section.

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

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

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

**SEC. 5. TRAINING DEMONSTRATION PROGRAM FOR GEN-
DER-AFFIRMING CARE.**

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

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

(2) training (including for individuals com-
pleting clinical training requirements for licensure)
for nurse practitioners, physician assistants, health
service psychologists, clinical psychologists, coun-

1 selors, nurses, and social workers to practice gender-
 2 affirming care; and

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

5 (A) provide training for students or fac-
 6 ulty, including through clinical experiences, to
 7 improve their ability to provide culturally com-
 8 petent gender-affirming care; and

9 (B) conduct research to develop evidence-
 10 based practices regarding gender-affirming
 11 care, including curriculum content standards
 12 for programs that provide training for students
 13 or faculty as described in subparagraph (A).

14 (b) ELIGIBLE ENTITIES.—

15 (1) TRAINING FOR RESIDENTS AND FEL-
 16 LOWS.—To be eligible to receive a grant under sub-
 17 section (a)(1), an entity shall be—

18 (A) a consortium consisting of—

19 (i) at least one teaching health center;

20 and

21 (ii) the sponsoring institution (or par-
 22 ent institution of the sponsoring institu-
 23 tion) of—

24 (I) a residency program in pri-
 25 mary care, internal medicine, family

1 medicine, pediatric medicine, gyne-
 2 cology, endocrinology, or surgery that
 3 is accredited by the Accreditation
 4 Council for Graduate Medical Edu-
 5 cation; or

6 (II) a fellowship program in a
 7 field identified in subclause (I); or

8 (B) an institution described in subpara-
 9 graph (A)(ii) that provides opportunities for
 10 residents or fellows to train in community-based
 11 settings that provide health care to transgender
 12 populations.

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

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

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

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

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

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

9 (F) an entity with a demonstrated record
 10 of success in providing training for nurse prac-
 11 titioners, physician assistants, health service
 12 psychologists, counselors, nurses, or social
 13 workers, including such entities that serve pedi-
 14 atric populations.

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

18 (A) a school of medicine or osteopathic
 19 medicine;

20 (B) a school of nursing;

21 (C) a physician assistant training program;

22 (D) a school of pharmacy;

23 (E) a school of social work;

24 (F) an accredited public or nonprofit pri-
 25 vate hospital;

1 (G) an accredited medical residency pro-
 2 gram; or

3 (H) a public or nonprofit private entity
 4 that the Secretary determines is capable of car-
 5 rying out such a grant because of prior experi-
 6 ence providing education on the provision of
 7 health care to transgender people.

8 (c) USE OF FUNDS.—

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

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

14 (B) may use the grant funds to—

15 (i) support the administration of a
 16 program described in subparagraph (A);

17 (ii) support professional development
 18 for faculty of a program described in sub-
 19 paragraph (A); or

20 (iii) establish, maintain, or improve
 21 departments, divisions, or other units nec-
 22 essary to implement a program described
 23 in subparagraph (A).

24 (2) GRANTS TO ACADEMIC UNITS OR PRO-
 25 GRAMS.—A recipient of a grant under subsection

1 (a)(3) shall enter into a partnership with education
 2 accrediting organizations or similar organizations to
 3 carry out activities under subsection (a)(3).

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

6 (1) have a history of providing health care to
 7 transgender people; or

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

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

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

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

17 (a) IN GENERAL.—The Secretary, acting through the
 18 Administrator of the Health Resources and Services Ad-
 19 ministration, shall award grants or cooperative agree-
 20 ments to eligible entities to promote the capacity of com-
 21 munity health centers to provide gender-affirming care to
 22 transgender populations.

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

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

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

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

10 (4) a rural health clinic (as defined in section
 11 1861(aa)(2) of the Social Security Act (42 U.S.C.
 12 1395x(aa)(2)));

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

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

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

24 (1) education and training, including profes-
 25 sional development and training on nondiscrimina-

1 tion regulations, for health care professionals and
2 other staff of health care providers;

3 (2) establishing or sustaining a community re-
4 view board;

5 (3) updating electronic health records; and

6 (4) administrative, operational, or technical
7 costs related to the effective provision of gender-af-
8 firming care.

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

11 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
12 authorized to be appropriated to carry out this section
13 \$15,000,000 for each of fiscal years 2026 through 2030.

14 **SEC. 7. TRAINING RURAL PROVIDERS IN GENDER-AFFIRM-**
15 **ING CARE.**

16 (a) IN GENERAL.—The Secretary shall award grants
17 or cooperative agreements to eligible entities to establish
18 collaborative networks to improve the quality of gender-
19 affirming care.

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

22 (1) a public or nonprofit private health care
23 provider, such as a critical access hospital or health
24 clinic;

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

4 (3) a health care professions school;

5 (4) a health care delivery site that has fellows,
6 residents, or other health care professional students
7 or trainees; and

8 (5) a licensing or accreditation entity for health
9 care professions schools.

10 (c) ALLOWABLE ACTIVITIES.—In establishing a col-
11 laborative network as described in subsection (a), a grant-
12 ee may, with respect to gender-affirming care, use grant
13 funds—

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

16 (2) to perform provider-to-provider education
17 and outreach to rural health care providers; and

18 (3) to perform patient education.

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

23 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
24 authorized to be appropriated to carry out this section
25 \$5,000,000 for each of fiscal years 2026 through 2030.

1 **SEC. 8. REPORT TO CONGRESS.**

2 (a) SUBMISSION.—Not later than 2 years after the
3 date of enactment of this Act, the Secretary shall submit
4 to Congress a report on the programs and activities under
5 this Act.

6 (b) CONTENT.—The report submitted under sub-
7 section (a) shall include—

8 (1) a description of—

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

11 (B) the extent to which such programs and
12 activities have improved health equity for
13 transgender populations; and

14 (2) recommendations for workforce development
15 to improve access to, and the quality of, gender-af-
16 firming care for transgender populations.

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