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(Original Signature of Member)

119TH CONGRESS  
1ST SESSION

**H. R.** \_\_\_\_\_

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

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IN THE HOUSE OF REPRESENTATIVES

Ms. BALINT introduced the following bill; which was referred to the Committee on \_\_\_\_\_

\_\_\_\_\_  
**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  
21 Student Association, American Psychiatric Associa-  
22 tion, American Psychological Association, American

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

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

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

24 (5) Experts in gender-affirming care and cul-  
25 turally competent care for transgender people are

1 improving access to gender-affirming care through  
2 peer-to-peer education.

3 **SEC. 4. DEFINITIONS.**

4 In this Act:

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

6 (A) means health care designed to treat  
7 gender dysphoria;

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

14 (C) excludes conversion therapy.

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

17 **SEC. 5. IMPROVING MEDICAL EDUCATION CURRICULA FOR**  
18 **GENDER-AFFIRMING CARE.**

19 (a) IMPROVING THE PROVISION OF GENDER-AFFIRM-  
20 ING CARE.—

21 (1) IN GENERAL.—The Secretary, acting  
22 through the Administrator of the Health Resources  
23 and Services Administration, shall award grants to  
24 eligible entities for the development, evaluation, and  
25 implementation of model curricula, demonstration

1 projects, and training projects to improve the provi-  
2 sion of gender-affirming care.

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

6 (A) a health care professions school;

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

10 (C) a licensing or accreditation entity for  
11 health care professions schools.

12 (b) CURRICULA.—

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

17 (A) Gender-affirming care.

18 (B) Cultural competency in treating  
19 transgender patients.

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

22 (A) didactic education;

23 (B) clinical education;

24 (C) simulated or standardized patient edu-  
25 cation;

1 (D) community-based research; and

2 (E) community-based learning.

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

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

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

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

20 **SEC. 6. TRAINING DEMONSTRATION PROGRAM FOR GEN-**  
21 **DER-AFFIRMING CARE.**

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

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

3           (2) training (including for individuals com-  
4           pleting clinical training requirements for licensure)  
5           for nurse practitioners, physician assistants, health  
6           service psychologists, clinical psychologists, coun-  
7           selors, nurses, and social workers to practice gender-  
8           affirming care; and

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

11           (A) provide training for students or fac-  
12           ulty, including through clinical experiences, to  
13           improve their ability to provide culturally com-  
14           petent gender-affirming care; and

15           (B) conduct research to develop evidence-  
16           based practices regarding gender-affirming  
17           care, including curriculum content standards  
18           for programs that provide training for students  
19           or faculty as described in subparagraph (A).

20          (b) ELIGIBLE ENTITIES.—

21           (1) TRAINING FOR RESIDENTS AND FEL-  
22           LLOWS.—To be eligible to receive a grant under sub-  
23           section (a)(1), an entity shall be—

24           (A) a consortium consisting of—

1 (i) at least one teaching health center;

2 and

3 (ii) the sponsoring institution (or par-  
4 ent institution of the sponsoring institu-  
5 tion) of—

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

13 (II) a fellowship program in a  
14 field identified in subclause (I); or

15 (B) an institution described in subpara-  
16 graph (A)(ii) that provides opportunities for  
17 residents or fellows to train in community-based  
18 settings that provide health care to transgender  
19 populations.

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

23 (A) a teaching health center (as defined in  
24 section 749A(f)(3) of the Public Health Service  
25 Act (42 U.S.C. 2931–1(f)(3)));



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

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

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

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

15 (F) an entity with a demonstrated record  
16 of success in providing training for nurse prac-  
17 titioners, physician assistants, health service  
18 psychologists, counselors, nurses, or social  
19 workers, including such entities that serve pedi-  
20 atric populations.

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

24 (A) a school of medicine or osteopathic  
25 medicine;

- 1 (B) a school of nursing;
- 2 (C) a physician assistant training program;
- 3 (D) a school of pharmacy;
- 4 (E) a school of social work;
- 5 (F) an accredited public or nonprofit pri-
- 6 vate hospital;
- 7 (G) an accredited medical residency pro-
- 8 gram; or
- 9 (H) a public or nonprofit private entity
- 10 that the Secretary determines is capable of car-
- 11 rying out such a grant because of prior experi-
- 12 ence providing education on the provision of
- 13 health care to transgender people.

14 (c) USE OF FUNDS.—

15 (1) TRAINING GRANTS.—A recipient of a grant

16 under subsection (a)(1) or (a)(2)—

17 (A) shall use the grant funds to plan, de-

18 velop, and operate a training program for resi-

19 dents and fellows; and

20 (B) may use the grant funds to—

21 (i) support the administration of a

22 program described in subparagraph (A);

23 (ii) support professional development

24 for faculty of a program described in sub-

25 paragraph (A); or

1 (iii) establish, maintain, or improve  
2 departments, divisions, or other units nec-  
3 essary to implement a program described  
4 in subparagraph (A).

5 (2) GRANTS TO ACADEMIC UNITS OR PRO-  
6 GRAMS.—A recipient of a grant under subsection  
7 (a)(3) shall enter into a partnership with education  
8 accrediting organizations or similar organizations to  
9 carry out activities under subsection (a)(3).

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

12 (1) have a history of providing health care to  
13 transgender people; or

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

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

18 (f) AUTHORIZATION OF APPROPRIATIONS.—There is  
19 authorized to be appropriated to carry out this section  
20 \$15,000,000 for each of fiscal years 2026 through 2030.

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

23 (a) IN GENERAL.—The Secretary, acting through the  
24 Administrator of the Health Resources and Services Ad-  
25 ministration, shall award grants or cooperative agree-

1 ments to eligible entities to promote the capacity of com-  
2 munity health centers to provide gender-affirming care to  
3 transgender populations.

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

6 (1) a teaching health center (as defined in sec-  
7 tion 749A(f)(3) of the Public Health Service Act (42  
8 U.S.C. 2931–1(f)(3)));

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

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

15 (4) a rural health clinic (as defined in section  
16 1861(aa)(2) of the Social Security Act (42 U.S.C.  
17 1395x(aa)(2)));

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

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

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

5 (1) education and training, including profes-  
6 sional development and training on nondiscrimina-  
7 tion regulations, for health care professionals and  
8 other staff of health care providers;

9 (2) establishing or sustaining a community re-  
10 view board;

11 (3) updating electronic health records; and

12 (4) administrative, operational, or technical  
13 costs related to the effective provision of gender-af-  
14 firming care.

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

17 (e) AUTHORIZATION OF APPROPRIATIONS.—There is  
18 authorized to be appropriated to carry out this section  
19 \$15,000,000 for each of fiscal years 2026 through 2030.

20 **SEC. 8. TRAINING RURAL PROVIDERS IN GENDER-AFFIRM-**  
21 **ING CARE.**

22 (a) IN GENERAL.—The Secretary shall award grants  
23 or cooperative agreements to eligible entities to establish  
24 collaborative networks to improve the quality of gender-  
25 affirming care.

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

3 (1) a public or nonprofit private health care  
4 provider, such as a critical access hospital or health  
5 clinic;

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

9 (3) a health care professions school;

10 (4) a health care delivery site that has fellows,  
11 residents, or other health care professional students  
12 or trainees; and

13 (5) a licensing or accreditation entity for health  
14 care professions schools.

15 (c) ALLOWABLE ACTIVITIES.—In establishing a col-  
16 laborative network as described in subsection (a), a grant-  
17 ee may, with respect to gender-affirming care, use grant  
18 funds—

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

21 (2) to perform provider-to-provider education  
22 and outreach to rural health care providers; and

23 (3) to perform patient education.

24 (d) DEFINITION.—In this section, the term “rural  
25 health care provider” means a health care provider serving

1 an area that is not designated by the United States Cen-  
2 sus Bureau as an urbanized area or urban cluster.

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

6 **SEC. 9. REPORT TO CONGRESS.**

7 (a) SUBMISSION.—Not later than 2 years after the  
8 date of enactment of this Act the Secretary shall submit  
9 a report to the Congress on the programs and activities  
10 under this Act.

11 (b) CONTENT.—Reports submitted under subsection

12 (a) shall include—

13 (1) a description of—

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

16 (B) the extent to which such programs and  
17 activities have improved health equity for  
18 transgender populations; and

19 (2) recommendations for workforce development  
20 to improve access to, and the quality of, gender-af-  
21 firming care for transgender populations.