

119TH CONGRESS
2D SESSION

H. R. 9743

To amend title XXVII of the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to require group health plans and health insurance issuers offering group or individual health insurance coverage that provide benefits for sex-rejecting procedures to provide benefits for items and services to address the harms caused by sex-rejecting procedures and to restore healthy human form and functioning, to the greatest extent practicable.

IN THE HOUSE OF REPRESENTATIVES

JULY 16, 2026

Mrs. HARSHBARGER (for herself, Mr. CARTER of Georgia, Mr. MCGUIRE, Mr. KENNEDY of Utah, Mr. CARTER of Texas, Mr. FULLER, Mr. VAN EPPS, Mrs. BIGGS of South Carolina, Mr. BABIN, Mrs. MILLER of Illinois, Mr. STUTZMAN, Mr. HAMADEH of Arizona, and Mr. CISCOMANI) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and Workforce, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XXVII of the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to require group health plans and health insurance issuers offering group or individual health insurance coverage that provide benefits for sex-rejecting procedures to provide benefits for items and services to address the harms caused by sex-

rejecting procedures and to restore healthy human form and functioning, to the greatest extent practicable.

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 cited as the “Treatment and Res-
 5 toration Uniformity and Transparency in Health Coverage
 6 Act of 2026” or the “TRUTH in Coverage Act of 2026”.

7 **SEC. 2. REQUIRING GROUP HEALTH PLANS AND HEALTH**
 8 **INSURANCE ISSUERS OFFERING GROUP OR**
 9 **INDIVIDUAL HEALTH INSURANCE COVERAGE**
 10 **THAT PROVIDE BENEFITS FOR SEX-REJECT-**
 11 **ING PROCEDURES TO PROVIDE BENEFITS**
 12 **FOR ITEMS AND SERVICES TO ADDRESS THE**
 13 **HARMS OF SUCH PROCEDURES.**

14 (a) PHSA.—Part D of title XXVII of the Public
 15 Health Service Act (42 U.S.C. 300gg–111 et seq.) is
 16 amended by adding at the end the following new section:

17 **“SEC. 2799A–12. REQUIRED COVERAGE OF ITEMS AND SERV-**
 18 **ICES TO ADDRESS THE HARMS OF SEX-RE-**
 19 **JECTING PROCEDURES.**

20 “(a) IN GENERAL.—A group health plan and a health
 21 insurance issuer offering group or individual health insur-
 22 ance coverage shall, in the case such plan or coverage pro-
 23 vides benefits with respect to any sex-rejecting procedure,
 24 also provide benefits for items and services furnished to

1 an individual who has received any such procedure to ad-
2 dress the harms of such procedure (including restorative
3 care), regardless of whether—

4 “(1) such individual received benefits with re-
5 spect to the sex-rejecting procedure under the indi-
6 vidual’s plan or coverage; or

7 “(2) such plan or issuer provides benefits under
8 the individual’s plan or coverage for the sex-rejecting
9 procedure.

10 “(b) APPLICATION OF FINANCIAL REQUIREMENTS
11 AND TREATMENT LIMITATIONS.—A group health plan
12 and a health insurance issuer offering group or individual
13 health insurance coverage shall ensure that, with respect
14 to items and services for which benefits to address the
15 harms of sex-rejecting procedures are required to be pro-
16 vided under such plan or coverage under subsection (a)—

17 “(1) the financial requirements applicable to
18 such items and services are no more restrictive than
19 the predominant financial requirements applied to
20 substantially all medical and surgical benefits cov-
21 ered by the plan or coverage and there are no sepa-
22 rate cost-sharing requirements that are applicable
23 only with respect to such items and services; and

24 “(2) the treatment limitations applicable to
25 such items and services are no more restrictive than

1 the predominant treatment limitations applied to
2 substantially all medical and surgical benefits cov-
3 ered by the plan or coverage and there are no sepa-
4 rate treatment limitations that are applicable only
5 with respect to such items and services.

6 “(c) DEFINITIONS.—In this section:

7 “(1) FEMALE.—Referring to a natural person,
8 the term ‘female’ means an individual characterized
9 by a reproductive system naturally organized to
10 produce (at maturity, absent disruption or con-
11 genital anomaly) large gametes (ova).

12 “(2) FINANCIAL REQUIREMENT; PREDOMINANT;
13 TREATMENT LIMITATION.—The terms ‘financial re-
14 quirement’, ‘predominant’, and ‘treatment limitation’
15 have the meaning given such terms in clauses (i)
16 through (iii), respectively, of section 2726(a)(3)(B),
17 except that the term ‘financial requirement’ shall in-
18 clude aggregate lifetime limits and annual limits.

19 “(3) MALE.—Referring to a natural person, the
20 term ‘male’ means an individual characterized by a
21 reproductive system naturally organized to produce
22 (at maturity, absent disruption or congenital anom-
23 aly) small gametes (sperm).

24 “(4) RESTORATIVE CARE.—The term ‘restora-
25 tive care’ means items and services furnished to an

1 individual who has received any sex-rejecting proce-
2 dure at any point during the individual's lifetime to
3 address, mitigate, monitor, treat, or reverse the
4 harms, complications, and adverse effects of such
5 procedure, including interventions intended to re-
6 store, to the greatest extent practicable, healthy
7 human form and functioning. Such care includes
8 items and services furnished to address—

9 “(A) impaired reproductive capacity, di-
10 minished ovarian reserve, impaired spermato-
11 genesis, or other reproductive-system injury;

12 “(B) endocrine dysfunction, hormonal im-
13 balance, hypogonadism, dependence on exoge-
14 nous hormones, or other disruption of healthy
15 endocrine function;

16 “(C) impaired sexual function, including
17 loss of sexual sensation, anorgasmia, erectile
18 dysfunction, genital pain, vaginal stenosis, di-
19 minished libido, or other sexual dysfunction;

20 “(D) urinary dysfunction, including uri-
21 nary incontinence, urinary retention, urethral
22 complications, recurrent urinary tract infec-
23 tions, or other genitourinary injury;

1 “(E) resultant vocal cord damage, perma-
2 nent voice changes, vocal dysfunction, or im-
3 paired speech;

4 “(F) female hirsutism, male-pattern
5 baldness, breast atrophy, breast development, or
6 other secondary-sex-characteristic changes
7 caused by cross-sex hormones;

8 “(G) osteoporosis, osteopenia, impaired
9 bone development, fractures, reduced bone den-
10 sity, or other skeletal disorders associated with
11 puberty suppression or cross-sex hormone use;

12 “(H) cardiovascular disease,
13 thromboembolic disease, hypertension, stroke,
14 myocardial infarction, metabolic syndrome, dia-
15 betes, or other cardiovascular or metabolic com-
16 plications associated with such procedures;

17 “(I) surgical complications, including infec-
18 tion, fistula formation, stenosis, tissue necrosis,
19 chronic pain, nerve damage, graft failure, im-
20 plant complications, wound complications, or
21 the need for revision surgery;

22 “(J) loss, removal, alteration, or impair-
23 ment of healthy reproductive organs, breasts,
24 genital structures, or other healthy tissues;

1 “(K) reconstructive, regenerative, pros-
2 thetic, plastic, or other surgical interventions
3 intended to restore healthy anatomy, appear-
4 ance, or physiological function;

5 “(L) rehabilitation services, including
6 speech therapy, physical therapy, occupational
7 therapy, pelvic floor therapy, sexual health
8 counseling, and other therapies intended to re-
9 store healthy functioning;

10 “(M) psychiatric or psychological condi-
11 tions associated with or exacerbated by such
12 procedures, including depression, anxiety, trau-
13 ma, suicidality, grief, regret, identity distress,
14 body-image disturbance, or dissociation;

15 “(N) diagnostic testing, specialist evalua-
16 tions, fertility assessments, hormone moni-
17 toring, cancer screening, and long-term medical
18 surveillance necessitated by altered anatomy or
19 prior exposure to puberty blockers, cross-sex
20 hormones, or sex-rejecting surgeries;

21 “(O) fertility services that seek to cooper-
22 ate with, or restore the healthy physiology and
23 anatomy of, the human reproductive system,
24 without the use of methods that circumvent
25 natural human functions, such as any treat-

1 ments or procedures that involve the handling
2 of a human egg or embryo outside the body;

3 “(P) breast cancer in men on estrogen and
4 certain cancers in women on testosterone; and

5 “(Q) any other physical, psychological, re-
6 productive, endocrine, neurologic, cardio-
7 vascular, musculoskeletal, or metabolic injury,
8 impairment, complication, or condition resulting
9 from or associated with a sex-rejecting proce-
10 dure.

11 “(5) SEX.—The term ‘sex’, when referring to
12 an individual’s sex, means to refer to either male or
13 female, as genetically determined at fertilization.

14 “(6) SEX-REJECTING PROCEDURE.—

15 “(A) IN GENERAL.—The term ‘sex-reject-
16 ing procedure’ means any medical or surgical
17 intervention for the purpose of attempting to
18 align an individual’s physical appearance or
19 body with an asserted identity that differs from
20 the individual’s sex, including—

21 “(i) gonadotropin-releasing hormone
22 (GnRH) agonists or any other puberty-
23 blocking or suppressing drugs to stop or
24 delay normal puberty;

1 “(ii) testosterone, dihydrotestosterone
2 (DHT), or other androgens, estrogen, pro-
3 gesterone, to an individual at doses that
4 are supraphysiologic to what would nor-
5 mally be produced endogenously in a
6 healthy individual of the same age and sex,
7 as well as anti-androgen medications;

8 “(iii) castration;

9 “(iv) orchiectomy;

10 “(v) scrotoplasty;

11 “(vi) implantation of erection or tes-
12 ticular prostheses;

13 “(vii) vasectomy;

14 “(viii) hysterectomy;

15 “(ix) oophorectomy;

16 “(x) ovariectomy;

17 “(xi) reconstruction of the fixed part
18 of the urethra with or without a
19 metoidioplasty or a phalloplasty;

20 “(xii) metoidioplasty;

21 “(xiii) penectomy;

22 “(xiv) phalloplasty;

23 “(xv) vaginoplasty;

24 “(xvi) clitoroplasty;

25 “(xvii) vaginectomy;

- 1 “(xviii) vulvoplasty;
- 2 “(xix) reduction thyrochondroplasty;
- 3 “(xx) chondrolaryngoplasty;
- 4 “(xxi) mastectomy;
- 5 “(xxii) tubal ligation;
- 6 “(xxiii) sterilization;
- 7 “(xxiv) any plastic, cosmetic, or aes-
- 8 thetic surgery that feminizes or
- 9 masculinizes the facial or other physio-
- 10 logical features of an individual;
- 11 “(xxv) any placement of chest im-
- 12 plants to create feminine breasts;
- 13 “(xxvi) any placement of fat or artifi-
- 14 cial implants in the gluteal region;
- 15 “(xxvii) augmentation mammoplasty;
- 16 “(xxviii) liposuction;
- 17 “(xxix) lipofilling;
- 18 “(xxx) voice surgery;
- 19 “(xxxi) hair reconstruction;
- 20 “(xxxii) pectoral implants; and
- 21 “(xxxiii) the removal of any otherwise
- 22 healthy or non-diseased body part or tis-
- 23 sue.
- 24 “(B) EXCEPTIONS.—The term ‘sex-reject-
- 25 ing procedure’ does not include the following

1 when furnished by a health care professional
2 with the consent of such individual or, if appli-
3 cable, such individual's parents or legal guard-
4 ian:

5 “(i) Services to individuals born with
6 a medically verifiable disorder of sex devel-
7 opment, including an individual with exter-
8 nal sex characteristics that are irresolvably
9 ambiguous, such as an individual born with
10 46,XX chromosomes with virilization, an
11 individual born with 46,XY chromosomes
12 with undervirilization, or an individual
13 born having both ovarian and testicular
14 tissue.

15 “(ii) Services provided when a physi-
16 cian has otherwise diagnosed a disorder of
17 sex development in which the physician has
18 determined through genetic or biochemical
19 testing that the individual does not have
20 healthy sex chromosome structure, sex
21 steroid hormone production, or sex steroid
22 hormone action for a healthy individual of
23 the same sex and age.

24 “(iii) The treatment of any infection,
25 injury, disease, or disorder that has been

1 caused by or exacerbated by the perform-
2 ance of sex-rejecting procedures, whether
3 or not the sex-rejecting procedure was per-
4 formed in accordance with State and Fed-
5 eral law and whether or not funding for
6 the procedure is permissible under this sec-
7 tion.

8 “(iv) Any procedure undertaken be-
9 cause the individual suffers from a physical
10 disorder, physical injury, or physical illness
11 (but not claimed mental distress) that
12 would, as certified by a physician, place
13 the individual in imminent danger of death
14 or impairment of major bodily function,
15 unless the procedure is performed.

16 “(v) Puberty suppression or blocking
17 prescription drugs for the purpose of nor-
18 malizing puberty for a minor experiencing
19 precocious puberty.

20 “(vi) Male circumcision.”.

21 (b) ERISA.—

22 (1) IN GENERAL.—Subpart B of part 7 of sub-
23 title B of title I of the Employee Retirement Income
24 Security Act of 1974 (29 U.S.C. 1185 et seq.) is

1 amended by adding at the end the following new sec-
2 tion:

3 **“SEC. 727. REQUIRED COVERAGE OF ITEMS AND SERVICES**
4 **TO ADDRESS THE HARMS OF SEX-REJECTING**
5 **PROCEDURES.**

6 “(a) IN GENERAL.—A group health plan and a health
7 insurance issuer offering group health insurance coverage
8 shall, in the case such plan or coverage provides benefits
9 with respect to any sex-rejecting procedure, also provide
10 benefits for items and services furnished to an individual
11 who has received any such procedure to address the harms
12 of such procedure (including restorative care), regardless
13 of whether—

14 “(1) such individual received benefits with re-
15 spect to the sex-rejecting procedure under the indi-
16 vidual’s plan or coverage; or

17 “(2) such plan or issuer provides benefits under
18 the individual’s plan or coverage for the sex-rejecting
19 procedure.

20 “(b) APPLICATION OF FINANCIAL REQUIREMENTS
21 AND TREATMENT LIMITATIONS.—A group health plan
22 and a health insurance issuer offering group health insur-
23 ance coverage shall ensure that, with respect to items and
24 services for which benefits to address the harms of sex-

1 rejecting procedures are required to be provided under
2 such plan or coverage under subsection (a)—

3 “(1) the financial requirements applicable to
4 such items and services are no more restrictive than
5 the predominant financial requirements applied to
6 substantially all medical and surgical benefits cov-
7 ered by the plan or coverage and there are no sepa-
8 rate cost-sharing requirements that are applicable
9 only with respect to such items and services; and

10 “(2) the treatment limitations applicable to
11 such items and services are no more restrictive than
12 the predominant treatment limitations applied to
13 substantially all medical and surgical benefits cov-
14 ered by the plan or coverage and there are no sepa-
15 rate treatment limitations that are applicable only
16 with respect to such items and services.

17 “(c) DEFINITIONS.—In this section:

18 “(1) FEMALE.—Referring to a natural person,
19 the term ‘female’ means an individual characterized
20 by a reproductive system naturally organized to
21 produce (at maturity, absent disruption or con-
22 genital anomaly) large gametes (ova).

23 “(2) FINANCIAL REQUIREMENT; PREDOMINANT;
24 TREATMENT LIMITATION.—The terms ‘financial re-
25 quirement’, ‘predominant’, and ‘treatment limitation’

1 have the meaning given such terms in clauses (i)
2 through (iii), respectively, of section 712(a)(3)(B),
3 except that the term ‘financial requirement’ shall in-
4 clude aggregate lifetime limits and annual limits.

5 “(3) MALE.—Referring to a natural person, the
6 term ‘male’ means an individual characterized by a
7 reproductive system naturally organized to produce
8 (at maturity, absent disruption or congenital anom-
9 aly) small gametes (sperm).

10 “(4) RESTORATIVE CARE.—The term ‘restora-
11 tive care’ means items and services furnished to an
12 individual who has received any sex-rejecting proce-
13 dure at any point during the individual’s lifetime to
14 address, mitigate, monitor, treat, or reverse the
15 harms, complications, and adverse effects of such
16 procedure, including interventions intended to re-
17 store, to the greatest extent practicable, healthy
18 human form and functioning. Such care includes
19 items and services furnished to address—

20 “(A) impaired reproductive capacity, di-
21 minished ovarian reserve, impaired spermat-
22 ogenesis, or other reproductive-system injury;

23 “(B) endocrine dysfunction, hormonal im-
24 balance, hypogonadism, dependence on exoge-

1 nous hormones, or other disruption of healthy
2 endocrine function;

3 “(C) impaired sexual function, including
4 loss of sexual sensation, anorgasmia, erectile
5 dysfunction, genital pain, vaginal stenosis, di-
6 minished libido, or other sexual dysfunction;

7 “(D) urinary dysfunction, including uri-
8 nary incontinence, urinary retention, urethral
9 complications, recurrent urinary tract infec-
10 tions, or other genitourinary injury;

11 “(E) resultant vocal cord damage, perma-
12 nent voice changes, vocal dysfunction, or im-
13 paired speech;

14 “(F) female hirsutism, male-pattern
15 baldness, breast atrophy, breast development, or
16 other secondary-sex-characteristic changes
17 caused by cross-sex hormones;

18 “(G) osteoporosis, osteopenia, impaired
19 bone development, fractures, reduced bone den-
20 sity, or other skeletal disorders associated with
21 puberty suppression or cross-sex hormone use;

22 “(H) cardiovascular disease,
23 thromboembolic disease, hypertension, stroke,
24 myocardial infarction, metabolic syndrome, dia-

1 betes, or other cardiovascular or metabolic com-
2 plications associated with such procedures;

3 “(I) surgical complications, including infec-
4 tion, fistula formation, stenosis, tissue necrosis,
5 chronic pain, nerve damage, graft failure, im-
6 plant complications, wound complications, or
7 the need for revision surgery;

8 “(J) loss, removal, alteration, or impair-
9 ment of healthy reproductive organs, breasts,
10 genital structures, or other healthy tissues;

11 “(K) reconstructive, regenerative, pros-
12 thetic, plastic, or other surgical interventions
13 intended to restore healthy anatomy, appear-
14 ance, or physiological function;

15 “(L) rehabilitation services, including
16 speech therapy, physical therapy, occupational
17 therapy, pelvic floor therapy, sexual health
18 counseling, and other therapies intended to re-
19 store healthy functioning;

20 “(M) psychiatric or psychological condi-
21 tions associated with or exacerbated by such
22 procedures, including depression, anxiety, trau-
23 ma, suicidality, grief, regret, identity distress,
24 body-image disturbance, or dissociation;

“(N) diagnostic testing, specialist evaluations, fertility assessments, hormone monitoring, cancer screening, and long-term medical surveillance necessitated by altered anatomy or prior exposure to puberty blockers, cross-sex hormones, or sex-rejecting surgeries;

“(O) fertility services that seek to cooperate with, or restore the healthy physiology and anatomy of, the human reproductive system, without the use of methods that circumvent natural human functions, such as any treatments or procedures that involve the handling of a human egg or embryo outside the body;

“(P) breast cancer in men on estrogen and certain cancers in women on testosterone; and

“(Q) any other physical, psychological, reproductive, endocrine, neurologic, cardiovascular, musculoskeletal, or metabolic injury, impairment, complication, or condition resulting from or associated with a sex-rejecting procedure.

“(5) SEX.—The term ‘sex’, when referring to an individual’s sex, means to refer to either male or female, as genetically determined at fertilization.

“(6) SEX-REJECTING PROCEDURE.—

1 “(A) IN GENERAL.—The term ‘sex-reject-
2 ing procedure’ means any medical or surgical
3 intervention for the purpose of attempting to
4 align an individual’s physical appearance or
5 body with an asserted identity that differs from
6 the individual’s sex, including—

7 “(i) gonadotropin-releasing hormone
8 (GnRH) agonists or any other puberty-
9 blocking or suppressing drugs to stop or
10 delay normal puberty;

11 “(ii) testosterone, dihydrotestosterone
12 (DHT), or other androgens, estrogen, pro-
13 gesterone, to an individual at doses that
14 are supraphysiologic to what would be pro-
15 duced endogenously in a healthy individual
16 of the same age and sex, as well as anti-
17 androgen medications;

18 “(iii) castration;

19 “(iv) orchiectomy;

20 “(v) scrotoplasty;

21 “(vi) implantation of erection or tes-
22 ticular prostheses;

23 “(vii) vasectomy;

24 “(viii) hysterectomy;

25 “(ix) oophorectomy;

1 “(x) ovariectomy;

2 “(xi) reconstruction of the fixed part
3 of the urethra with or without a
4 metoidioplasty or a phalloplasty;

5 “(xii) metoidioplasty;

6 “(xiii) penectomy;

7 “(xiv) phalloplasty;

8 “(xv) vaginoplasty;

9 “(xvi) clitoroplasty;

10 “(xvii) vaginectomy;

11 “(xviii) vulvoplasty;

12 “(xix) reduction thyrochondroplasty;

13 “(xx) chondrolaryngoplasty;

14 “(xxi) mastectomy;

15 “(xxii) tubal ligation;

16 “(xxiii) sterilization;

17 “(xxiv) any plastic, cosmetic, or aes-
18 thetic surgery that feminizes or
19 masculinizes the facial or other physio-
20 logical features of an individual;

21 “(xxv) any placement of chest im-
22 plants to create feminine breasts;

23 “(xxvi) any placement of fat or artifi-
24 cial implants in the gluteal region;

25 “(xxvii) augmentation mammoplasty;

1 “(xxviii) liposuction;
2 “(xxix) lipofilling;
3 “(xxx) voice surgery;
4 “(xxxi) hair reconstruction;
5 “(xxxii) pectoral implants; and
6 “(xxxiii) the removal of any otherwise
7 healthy or non-diseased body part or tis-
8 sue.

9 “(B) EXCEPTIONS.—The term ‘sex-reject-
10 ing procedure’ does not include the following
11 when furnished by a health care professional
12 with the consent of such individual or, if appli-
13 cable, such individual’s parents or legal guard-
14 ian:

15 “(i) Services to individuals born with
16 a medically verifiable disorder of sex devel-
17 opment, including an individual with exter-
18 nal sex characteristics that are irresolvably
19 ambiguous, such as an individual born with
20 46,XX chromosomes with virilization, an
21 individual born with 46,XY chromosomes
22 with undervirilization, or an individual
23 born having both ovarian and testicular
24 tissue.

1 “(ii) Services provided when a physi-
2 cian has otherwise diagnosed a disorder of
3 sex development in which the physician has
4 determined through genetic or biochemical
5 testing that the individual does not have
6 healthy sex chromosome structure, sex
7 steroid hormone production, or sex steroid
8 hormone action for a healthy individual of
9 the same sex and age.

10 “(iii) The treatment of any infection,
11 injury, disease, or disorder that has been
12 caused by or exacerbated by the perform-
13 ance of sex-rejecting procedures, whether
14 or not the sex-rejecting procedure was per-
15 formed in accordance with State and Fed-
16 eral law and whether or not funding for
17 the procedure is permissible under this sec-
18 tion.

19 “(iv) Any procedure undertaken be-
20 cause the individual suffers from a physical
21 disorder, physical injury, or physical illness
22 (but not claimed mental distress) that
23 would, as certified by a physician, place
24 the individual in imminent danger of death

1 or impairment of major bodily function,
 2 unless the procedure is performed.

3 “(v) Puberty suppression or blocking
 4 prescription drugs for the purpose of nor-
 5 malizing puberty for a minor experiencing
 6 precocious puberty.

7 “(vi) Male circumcision.”.

8 (2) CLERICAL AMENDMENT.—The table of con-
 9 tents in section 1 of the Employee Retirement In-
 10 come Security Act of 1974 (29 U.S.C. 1001 note) is
 11 amended by inserting after the item relating to sec-
 12 tion 726 the following new item:

“Sec. 727. Required coverage of items and services to address the harms of sex-
 rejecting procedures.”.

13 (c) IRC.—

14 (1) IN GENERAL.—Subchapter B of chapter
 15 100 of the Internal Revenue Code of 1986 is amend-
 16 ed by adding at the end the following new section:

17 **“SEC. 9827. REQUIRED COVERAGE OF ITEMS AND SERVICES**
 18 **TO ADDRESS THE HARMS OF SEX-REJECTING**
 19 **PROCEDURES.**

20 “(a) IN GENERAL.—A group health plan shall, in the
 21 case such plan provides benefits with respect to any sex-
 22 rejecting procedure, also provide benefits for items and
 23 services furnished to an individual who has received any

1 such procedure to address the harms of such procedure
2 (including restorative care), regardless of whether—

3 “(1) such individual received benefits with re-
4 spect to the sex-rejecting procedure under the indi-
5 vidual’s plan; or

6 “(2) such plan provides benefits under the indi-
7 vidual’s plan for the sex-rejecting procedure.

8 “(b) APPLICATION OF FINANCIAL REQUIREMENTS
9 AND TREATMENT LIMITATIONS.—A group health plan
10 shall ensure that, with respect to items and services for
11 which benefits to address the harms of sex-rejecting proce-
12 dures are required to be provided under such plan under
13 subsection (a)—

14 “(1) the financial requirements applicable to
15 such items and services are no more restrictive than
16 the predominant financial requirements applied to
17 substantially all medical and surgical benefits cov-
18 ered by the plan and there are no separate cost-
19 sharing requirements that are applicable only with
20 respect to such items and services; and

21 “(2) the treatment limitations applicable to
22 such items and services are no more restrictive than
23 the predominant treatment limitations applied to
24 substantially all medical and surgical benefits cov-
25 ered by the plan and there are no separate treat-

1 ment limitations that are applicable only with re-
2 spect to such items and services.

3 “(c) DEFINITIONS.—In this section:

4 “(1) FEMALE.—Referring to a natural person,
5 the term ‘female’ means an individual characterized
6 by a reproductive system naturally organized to
7 produce (at maturity, absent disruption or con-
8 genital anomaly) large gametes (ova).

9 “(2) FINANCIAL REQUIREMENT; PREDOMINANT;
10 TREATMENT LIMITATION.—The terms ‘financial re-
11 quirement’, ‘predominant’, and ‘treatment limitation’
12 have the meaning given such terms in clauses (i)
13 through (iii), respectively, of section 9812(a)(3)(B),
14 except that the term ‘financial requirement’ shall in-
15 clude aggregate lifetime limits and annual limits.

16 “(3) MALE.—Referring to a natural person, the
17 term ‘male’ means an individual characterized by a
18 reproductive system naturally organized to produce
19 (at maturity, absent disruption or congenital anom-
20 aly) small gametes (sperm).

21 “(4) RESTORATIVE CARE.—The term ‘restora-
22 tive care’ means items and services furnished to an
23 individual who has received any sex-rejecting proce-
24 dure at any point during the individual’s lifetime to
25 address, mitigate, monitor, treat, or reverse the

1 harms, complications, and adverse effects of such
2 procedure, including interventions intended to re-
3 store, to the greatest extent practicable, healthy
4 human form and functioning. Such care includes
5 items and services furnished to address—

6 “(A) impaired reproductive capacity, di-
7 minished ovarian reserve, impaired spermatogenesis, or other reproductive-system injury;

9 “(B) endocrine dysfunction, hormonal im-
10 balance, hypogonadism, dependence on exoge-
11 nous hormones, or other disruption of healthy
12 endocrine function;

13 “(C) impaired sexual function, including
14 loss of sexual sensation, anorgasmia, erectile
15 dysfunction, genital pain, vaginal stenosis, di-
16 minished libido, or other sexual dysfunction;

17 “(D) urinary dysfunction, including uri-
18 nary incontinence, urinary retention, urethral
19 complications, recurrent urinary tract infec-
20 tions, or other genitourinary injury;

21 “(E) resultant vocal cord damage, perma-
22 nent voice changes, vocal dysfunction, or im-
23 paired speech;

24 “(F) female hirsutism, male-pattern
25 baldness, breast atrophy, breast development, or

1 other secondary-sex-characteristic changes
2 caused by cross-sex hormones;

3 “(G) osteoporosis, osteopenia, impaired
4 bone development, fractures, reduced bone den-
5 sity, or other skeletal disorders associated with
6 puberty suppression or cross-sex hormone use;

7 “(H) cardiovascular disease,
8 thromboembolic disease, hypertension, stroke,
9 myocardial infarction, metabolic syndrome, dia-
10 betes, or other cardiovascular or metabolic com-
11 plications associated with such procedures;

12 “(I) surgical complications, including infec-
13 tion, fistula formation, stenosis, tissue necrosis,
14 chronic pain, nerve damage, graft failure, im-
15 plant complications, wound complications, or
16 the need for revision surgery;

17 “(J) loss, removal, alteration, or impair-
18 ment of healthy reproductive organs, breasts,
19 genital structures, or other healthy tissues;

20 “(K) reconstructive, regenerative, pros-
21 thetic, plastic, or other surgical interventions
22 intended to restore healthy anatomy, appear-
23 ance, or physiological function;

24 “(L) rehabilitation services, including
25 speech therapy, physical therapy, occupational

1 therapy, pelvic floor therapy, sexual health
2 counseling, and other therapies intended to re-
3 store healthy functioning;

4 “(M) psychiatric or psychological condi-
5 tions associated with or exacerbated by such
6 procedures, including depression, anxiety, trau-
7 ma, suicidality, grief, regret, identity distress,
8 body-image disturbance, or dissociation;

9 “(N) diagnostic testing, specialist evalua-
10 tions, fertility assessments, hormone moni-
11 toring, cancer screening, and long-term medical
12 surveillance necessitated by altered anatomy or
13 prior exposure to puberty blockers, cross-sex
14 hormones, or sex-rejecting surgeries;

15 “(O) fertility services that seek to cooper-
16 ate with, or restore the healthy physiology and
17 anatomy of, the human reproductive system,
18 without the use of methods that circumvent
19 natural human functions, such as any treat-
20 ments or procedures that involve the handling
21 of a human egg or embryo outside the body;

22 “(P) breast cancer in men on estrogen and
23 certain cancers in women on testosterone; and

24 “(Q) any other physical, psychological, re-
25 productive, endocrine, neurologic, cardio-

1 vascular, musculoskeletal, or metabolic injury,
2 impairment, complication, or condition resulting
3 from or associated with a sex-rejecting proce-
4 dure.

5 “(5) SEX.—The term ‘sex’, when referring to
6 an individual’s sex, means to refer to either male or
7 female, as genetically determined at fertilization.

8 “(6) SEX-REJECTING PROCEDURE.—

9 “(A) IN GENERAL.—The term ‘sex-reject-
10 ing procedure’ means any medical or surgical
11 intervention for the purpose of attempting to
12 align an individual’s physical appearance or
13 body with an asserted identity that differs from
14 the individual’s sex, including—

15 “(i) gonadotropin-releasing hormone
16 (GnRH) agonists or any other puberty-
17 blocking or suppressing drugs to stop or
18 delay normal puberty;

19 “(ii) testosterone, dihydrotestosterone
20 (DHT), or other androgens, estrogen, pro-
21 gesterone, to an individual at doses that
22 are supraphysiologic to what would nor-
23 mally be produced endogenously in a
24 healthy individual of the same age and sex,
25 as well as anti-androgen medications;

- 1 “(iii) castration;
- 2 “(iv) orchiectomy;
- 3 “(v) scrotoplasty;
- 4 “(vi) implantation of erection or tes-
- 5 ticular prostheses;
- 6 “(vii) vasectomy;
- 7 “(viii) hysterectomy;
- 8 “(ix) oophorectomy;
- 9 “(x) ovariectomy;
- 10 “(xi) reconstruction of the fixed part
- 11 of the urethra with or without a
- 12 metoidioplasty or a phalloplasty;
- 13 “(xii) metoidioplasty;
- 14 “(xiii) penectomy;
- 15 “(xiv) phalloplasty;
- 16 “(xv) vaginoplasty;
- 17 “(xvi) clitoroplasty;
- 18 “(xvii) vaginectomy;
- 19 “(xviii) vulvoplasty;
- 20 “(xix) reduction thyrochondroplasty;
- 21 “(xx) chondrolaryngoplasty;
- 22 “(xxi) mastectomy;
- 23 “(xxii) tubal ligation;
- 24 “(xxiii) sterilization;

1 “(xxiv) any plastic, cosmetic, or aes-
2 thetic surgery that feminizes or
3 masculinizes the facial or other physio-
4 logical features of an individual;

5 “(xxv) any placement of chest im-
6 plants to create feminine breasts;

7 “(xxvi) any placement of fat or artifi-
8 cial implants in the gluteal region;

9 “(xxvii) augmentation mammoplasty;

10 “(xxviii) liposuction;

11 “(xxix) lipofilling;

12 “(xxx) voice surgery;

13 “(xxxi) hair reconstruction;

14 “(xxxii) pectoral implants; and

15 “(xxxiii) the removal of any otherwise
16 healthy or non-diseased body part or tis-
17 sue.

18 “(B) EXCEPTIONS.—The term ‘sex-reject-
19 ing procedure’ does not include the following
20 when furnished by a health care professional
21 with the consent of such individual or, if appli-
22 cable, such individual’s parents or legal guard-
23 ian:

24 “(i) Services to individuals born with
25 a medically verifiable disorder of sex devel-

1 opment, including an individual with exter-
2 nal sex characteristics that are irresolvably
3 ambiguous, such as an individual born with
4 46,XX chromosomes with virilization, an
5 individual born with 46,XY chromosomes
6 with undervirilization, or an individual
7 born having both ovarian and testicular
8 tissue.

9 “(ii) Services provided when a physi-
10 cian has otherwise diagnosed a disorder of
11 sex development in which the physician has
12 determined through genetic or biochemical
13 testing that the individual does not have
14 healthy sex chromosome structure, sex
15 steroid hormone production, or sex steroid
16 hormone action for a healthy individual of
17 the same sex and age.

18 “(iii) The treatment of any infection,
19 injury, disease, or disorder that has been
20 caused by or exacerbated by the perform-
21 ance of sex-rejecting procedures, whether
22 or not the sex-rejecting procedure was per-
23 formed in accordance with State and Fed-
24 eral law and whether or not funding for

1 the procedure is permissible under this sec-
 2 tion.

3 “(iv) Any procedure undertaken be-
 4 cause the individual suffers from a physical
 5 disorder, physical injury, or physical illness
 6 (but not claimed mental distress) that
 7 would, as certified by a physician, place
 8 the individual in imminent danger of death
 9 or impairment of major bodily function,
 10 unless the procedure is performed.

11 “(v) Puberty suppression or blocking
 12 prescription drugs for the purpose of nor-
 13 malizing puberty for a minor experiencing
 14 precocious puberty.

15 “(vi) Male circumcision.”.

16 (2) CLERICAL AMENDMENT.—The table of sec-
 17 tions for subchapter B of chapter 100 of the Inter-
 18 nal Revenue Code of 1986 is amended by adding at
 19 the end the following new item:

“Sec. 9827. Required coverage of items and services to address the harms of
 sex-rejecting procedures.”.

20 (d) EFFECTIVE DATE.—The amendments made by
 21 this section shall apply with respect to plan years begin-
 22 ning on or after January 1, 2027.

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