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

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A BILL

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

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be referred to as the ''Transgender Health Care Access Act''.

SEC. 2. FINDINGS.

Congress finds the following:

(1) Receiving gender-affirming care increases 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

Endocrine Society, Pediatrics (Journal of the American Academy of Pediatrics), United States Professional Association for Transgender Health (USPATH), World Health Organization (WHO), World Medical Association, and World Professional Association for Transgender Health, have all issued statements in support of health care for transgender people.

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

(4) Academic literature shows that this education gap is a significant barrier to appropriate health care.

(5) Experts in gender-affirming care and culturally competent care for transgender people are improving access to gender-affirming care through peer-to-peer education.

SEC. 3. DEFINITIONS.

In this Act:

(1) GENDER-AFFIRMING CARE.—The term ''gender-affirming care''—

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

(B) includes all supplies, care, and services of a medical, behavioral health, mental health, surgical, psychiatric, therapeutic, diagnostic, preventative, rehabilitative, or supportive nature, including medication, relating to the treatment of gender dysphoria; and

(C) excludes conversion therapy.

(2) SECRETARY.—The term ''Secretary'' means the Secretary of Health and Human Services.

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

(a) IMPROVING THE PROVISION OF GENDER-AFFIRMING CARE.—

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

(2) ELIGIBLE ENTITIES.—To be eligible to receive a grant under paragraph (1), an entity shall be—

(A) a health care professions school;

(B) a health care delivery site with fellows, residents, or other health care professional students or trainees; or

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

(b) CURRICULA.—

(1) TOPICS.—The Secretary shall ensure that curricula developed pursuant to subsection (a) include instruction on one or more of the following topics:

(A) Gender-affirming care.

(B) Cultural competency in treating transgender patients.

(2) PEDAGOGICAL APPROACHES.—Curricula developed pursuant to subsection (a) may employ—

(A) didactic education;

(B) clinical education;

(C) simulated or standardized patient education;

(D) community-based research; and

(E) community-based learning.

(c) DISSEMINATION.—The Secretary, acting through the Director of the National Library of Medicine and the 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 review and continuation by the Secretary.

(e) CARRYOVER FUNDS.—The Secretary shall make available funds to grantees under this section on an annual 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 GENDER-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 completing clinical training requirements for licensure) for nurse practitioners, physician assistants, health service psychologists, clinical psychologists, coun-

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

(3) establishing, maintaining, or improving academic programs that—

(A) provide training for students or faculty, including through clinical experiences, to improve their ability to provide culturally competent gender-affirming care; and

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

(b) ELIGIBLE ENTITIES.—

(1) TRAINING FOR RESIDENTS AND FELLOWS.—To be eligible to receive a grant under subsection (a)(1), an entity shall be—

(A) a consortium consisting of—

(i) at least one teaching health center; and

(ii) the sponsoring institution (or parent institution of the sponsoring institution) of—

(I) a residency program in primary care, internal medicine, family

medicine, pediatric medicine, gynecology, endocrinology, or surgery that is accredited by the Accreditation Council for Graduate Medical Education; or

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

(B) an institution described in subparagraph (A)(ii) that provides opportunities for residents or fellows to train in community-based settings that provide health care to transgender populations.

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

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

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

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

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

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

(F) an entity with a demonstrated record of success in providing training for nurse practitioners, physician assistants, health service psychologists, counselors, nurses, or social workers, including such entities that serve pediatric populations.

(3) ACADEMIC UNITS OR PROGRAMS.—To be eligible to receive a grant under subsection (a)(3), an entity shall be—

(A) a school of medicine or osteopathic medicine;

(B) a school of nursing;

(C) a physician assistant training program;

(D) a school of pharmacy;

(E) a school of social work;

(F) an accredited public or nonprofit private hospital;

(G) an accredited medical residency program; or

(H) a public or nonprofit private entity that the Secretary determines is capable of carrying out such a grant because of prior experience providing education on the provision of health care to transgender people.

(c) USE OF FUNDS.—

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

(A) shall use the grant funds to plan, develop, and operate a training program for residents and fellows; and

(B) may use the grant funds to—

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

(ii) support professional development for faculty of a program described in subparagraph (A); or

(iii) establish, maintain, or improve departments, divisions, or other units necessary to implement a program described in subparagraph (A).

(2) GRANTS TO ACADEMIC UNITS OR PROGRAMS.—A recipient of a grant under subsection

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

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

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

(2) serve areas where access to gender-affirming care is limited.

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

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

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

(a) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall award grants or cooperative agreements to eligible entities to promote the capacity of community health centers to provide gender-affirming care to transgender populations.

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

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

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

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

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

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

(6) a State or local entity, such as a State office of rural health.

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

(1) education and training, including professional development and training on nondiscrimina-

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

(2) establishing or sustaining a community review board;

(3) updating electronic health records; and

(4) administrative, operational, or technical costs related to the effective provision of gender-affirming care.

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

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

SEC. 7. TRAINING RURAL PROVIDERS IN GENDER-AFFIRMING CARE.

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

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

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

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

(3) a health care professions school;

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

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

(c) ALLOWABLE ACTIVITIES.—In establishing a collaborative network as described in subsection (a), a grantee may, with respect to gender-affirming care, use grant funds—

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

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

(3) to perform patient education.

(d) DEFINITION.—In this section, the term ''rural health care provider'' means a health care provider serving an area that is not designated by the United States Census Bureau as an urbanized area or urban cluster.

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

SEC. 8. REPORT TO CONGRESS.

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

(b) CONTENT.—The report submitted under subsection (a) shall include—

(1) a description of—

(A) progress made in implementing programs and activities under this Act; and

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

(2) recommendations for workforce development to improve access to, and the quality of, gender-affirming care for transgender populations.

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