

116TH CONGRESS
2D SESSION

H. R. 8013

To prohibit taxpayer-funded gender reassignment medical interventions, and
for other purposes.

IN THE HOUSE OF REPRESENTATIVES

AUGUST 11, 2020

Mr. LAMALFA (for himself, Mr. NORMAN, Mr. ADERHOLT, Mr. LAMBORN, Mr. ALLEN, Mr. KING of Iowa, Mr. STEUBE, Mr. BABIN, Mr. FLORES, and Mr. HICE of Georgia) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on the Judiciary, 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 prohibit taxpayer-funded gender reassignment medical
interventions, 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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “End Taxpayer Funding of Gender Experimentation Act
6 of 2020”.

7 (b) TABLE OF CONTENTS.—The table of contents of
8 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—PROHIBITING FEDERALLY FUNDED GENDER
REASSIGNMENT MEDICAL INTERVENTIONS

Sec. 101. Prohibiting taxpayer-funded gender reassignment medical interventions.

Sec. 102. Amendment to table of chapters.

TITLE II—APPLICATION UNDER THE AFFORDABLE CARE ACT

Sec. 201. Clarifying application of prohibition to premium credits and cost-sharing reductions under ACA.

1 TITLE I—PROHIBITING FEDER-
2 ALLY FUNDED GENDER REAS-
3 SIGNMENT MEDICAL INTER-
4 VENTIONS

5 SEC. 101. PROHIBITING TAXPAYER-FUNDED GENDER REAS-
6 SIGNMENT MEDICAL INTERVENTIONS.

7 Title 1, United States Code, is amended by adding
8 at the end the following new chapter:

9 “CHAPTER 4—PROHIBITING TAXPAYER-
10 FUNDED GENDER REASSIGNMENT
11 MEDICAL INTERVENTIONS

“301. Prohibition on funding for gender reassignment medical interventions.

“302. Prohibition on funding for health benefits plans that cover gender reassignment medical interventions.

“303. Limitation on Federal facilities and employees.

“304. Construction relating to separate coverage.

“305. Construction relating to the use of non-Federal funds for health coverage.

“306. Construction relating to complications arising from gender reassignment medical interventions.

“307. Treatment of individuals born with medically verifiable disorder of sex development.

“308. Gender reassignment medical intervention defined.

1 **“§ 301. Prohibition on funding for gender reassign-**
2 **ment medical interventions**

3 “No funds authorized or appropriated by Federal
4 law, and none of the funds in any trust fund to which
5 funds are authorized or appropriated by Federal law, shall
6 be expended for any gender reassignment medical inter-
7 vention.

8 **“§ 302. Prohibition on funding for health benefits**
9 **plans that cover gender reassignment**
10 **medical interventions**

11 “No funds authorized or appropriated by Federal
12 law, and none of the funds in any trust fund to which
13 funds are authorized or appropriated by Federal law, shall
14 be expended for health benefits coverage that includes cov-
15 erage of gender reassignment medical interventions.

16 **“§ 303. Limitation on Federal facilities and employees**

17 “No health care service furnished—

18 “(1) by or in a health care facility owned or op-
19 erated by the Federal Government; or

20 “(2) by any physician or other individual em-
21 ployed by the Federal Government to provide health
22 care services within the scope of the physician’s or
23 individual’s employment,
24 may include gender reassignment medical interventions.

1 **“§ 304. Construction relating to separate coverage**

2 “Nothing in this chapter shall be construed as pro-
3 hibiting any individual, entity, or State or locality from
4 purchasing separate coverage for gender reassignment
5 medical interventions or health benefits coverage that in-
6 cludes gender reassignment medical interventions so long
7 as such coverage is paid for entirely using only funds not
8 authorized or appropriated by Federal law and such cov-
9 erage shall not be purchased using matching funds re-
10 quired for a federally subsidized program, including a
11 State’s or locality’s contribution of Medicaid matching
12 funds.

13 **“§ 305. Construction relating to the use of non-Fed-**
14 **eral funds for health coverage**

15 “Nothing in this chapter shall be construed as re-
16 stricting the ability of any non-Federal health benefits cov-
17 erage provider from offering coverage for gender reassign-
18 ment medical interventions, or the ability of a State or
19 locality to contract separately with such a provider for
20 such coverage, so long as only funds not authorized or ap-
21 propriated by Federal law are used and such coverage
22 shall not be purchased using matching funds required for
23 a federally subsidized program, including a State’s or lo-
24 cality’s contribution of Medicaid matching funds.

1 **“§ 306. Construction relating to complications arising**
2 **from gender reassignment medical inter-**
3 **ventions**

4 “Nothing in this chapter shall be construed to apply
5 to the treatment of any infection, injury, disease, or dis-
6 order that has been caused by or exacerbated by the per-
7 formance of a gender reassignment medical intervention.
8 This rule of construction shall be applicable without re-
9 gard to whether the gender reassignment medical inter-
10 vention was performed in accord with Federal or State
11 law, and without regard to whether funding for the gender
12 reassignment medical intervention is permissible under
13 section 307.

14 **“§ 307. Treatment of individuals born with medically**
15 **verifiable disorder of sex development**

16 “The limitations established in sections 301, 302,
17 and 303 shall not apply with respect to the following indi-
18 viduals:

19 “(1) An individual with external biological sex
20 characteristics that are irresolvably ambiguous, such
21 as those born with 46 XX chromosomes with
22 virilization, 46 XY chromosomes with
23 undervirilization, or having both ovarian and testic-
24 ular tissue.

25 “(2) An individual with respect to whom a phy-
26 sician has determined through genetic or biochemical

1 testing that the individual does not have normal sex
2 chromosome structure, sex steroid hormone produc-
3 tion, or sex steroid hormone action for a biological
4 male or female.

5 **“§ 308. Gender reassignment medical intervention de-**
6 **fined**

7 “For purposes of this chapter, the term ‘gender reas-
8 signment medical intervention’ means—

9 “(1) performing a surgery that sterilizes an in-
10 dividual, including castration, vasectomy,
11 hysterectomy, oophorectomy, metoidioplasty,
12 penectomy, phalloplasty, and vaginoplasty, to change
13 the body of such individual to correspond to a sex
14 that is discordant with biological sex;

15 “(2) performing a mastectomy on an individual
16 for the purpose described in paragraph (1); and

17 “(3) administering or supplying to an individual
18 medications for the purpose described in paragraph
19 (1), including—

20 “(A) GnRH agonists or other puberty-
21 blocking drugs to stop or delay normal puberty;

22 “(B) testosterone or other androgens to bi-
23 ological females at doses that are
24 supraphysiologic to the female sex; and

1 “(C) estrogen to biological males at doses
2 that are supraphysiologic to the male sex.”.

3 **SEC. 102. AMENDMENT TO TABLE OF CHAPTERS.**

4 The table of chapters for title 1, United States Code,
5 is amended by adding at the end the following new item:

“4. Prohibiting taxpayer-funded gender reassignment
medical interventions 301”.

6 **TITLE II—APPLICATION UNDER**
7 **THE AFFORDABLE CARE ACT**

8 **SEC. 201. CLARIFYING APPLICATION OF PROHIBITION TO**
9 **PREMIUM CREDITS AND COST-SHARING RE-**
10 **DUCTIONS UNDER ACA.**

11 (a) IN GENERAL.—

12 (1) DISALLOWANCE OF REFUNDABLE CREDIT
13 AND COST-SHARING REDUCTIONS FOR COVERAGE
14 UNDER QUALIFIED HEALTH PLAN WHICH PROVIDES
15 COVERAGE FOR GENDER REASSIGNMENT MEDICAL
16 INTERVENTIONS.—

17 (A) IN GENERAL.—Subparagraph (A) of
18 section 36B(c)(3) of the Internal Revenue Code
19 of 1986 is amended by inserting before the pe-
20 riod at the end the following: “or any health
21 plan that includes coverage for gender reassign-
22 ment medical interventions (other than any
23 gender reassignment medical intervention or

1 treatment described in section 306 or 307 of
2 title 1, United States Code)”.
3

4 (B) OPTION TO PURCHASE OR OFFER SEP-
5 ARATE COVERAGE OR PLAN.—Paragraph (3) of
6 section 36B(c) of such Code is amended by
7 adding at the end the following new subpara-
8 graph:

9 “(C) SEPARATE COVERAGE OR PLAN FOR
10 GENDER REASSIGNMENT MEDICAL INTERVEN-
11 TIONS ALLOWED.—

12 “(i) OPTION TO PURCHASE SEPARATE
13 COVERAGE OR PLAN.—Nothing in subpara-
14 graph (A) shall be construed as prohibiting
15 any individual from purchasing separate
16 coverage for gender reassignment medical
17 interventions described in such subpara-
18 graph, or a health plan that includes such
19 gender reassignment medical interventions,
20 so long as no credit is allowed under this
21 section with respect to the premiums for
22 such coverage or plan.

23 “(ii) OPTION TO OFFER COVERAGE OR
24 PLAN.—Nothing in subparagraph (A) shall
25 restrict any non-Federal health insurance
issuer offering a health plan from offering

1 separate coverage for gender reassignment
2 medical interventions described in such
3 subparagraph, or a plan that includes such
4 gender reassignment medical interventions,
5 so long as premiums for such separate cov-
6 erage or plan are not paid for with any
7 amount attributable to the credit allowed
8 under this section (or the amount of any
9 advance payment of the credit under sec-
10 tion 1412 of the Patient Protection and
11 Affordable Care Act).”.

12 (2) DISALLOWANCE OF SMALL EMPLOYER
13 HEALTH INSURANCE EXPENSE CREDIT FOR PLAN
14 WHICH INCLUDES COVERAGE FOR GENDER REAS-
15 SIGNMENT MEDICAL INTERVENTIONS.—Subsection
16 (h) of section 45R of the Internal Revenue Code of
17 1986 is amended—

18 (A) by striking “Any term” and inserting
19 the following:

20 “(1) IN GENERAL.—Any term”; and

21 (B) by adding at the end the following new
22 paragraph:

23 “(2) EXCLUSION OF HEALTH PLANS INCLUDING
24 COVERAGE FOR GENDER REASSIGNMENT MEDICAL
25 INTERVENTIONS.—

1 “(A) IN GENERAL.—The term ‘qualified
2 health plan’ does not include any health plan
3 that includes coverage for gender reassignment
4 medical interventions (other than any gender
5 reassignment medical intervention or treatment
6 described in section 306 or 307 of title 1,
7 United States Code).

8 “(B) SEPARATE COVERAGE OR PLAN FOR
9 GENDER REASSIGNMENT MEDICAL INTERVEN-
10 TIONS ALLOWED.—

11 “(i) OPTION TO PURCHASE SEPARATE
12 COVERAGE OR PLAN.—Nothing in subpara-
13 graph (A) shall be construed as prohibiting
14 any employer from purchasing for its em-
15 ployees separate coverage for gender reas-
16 signment medical interventions described
17 in such subparagraph, or a health plan
18 that includes such gender reassignment
19 medical interventions, so long as no credit
20 is allowed under this section with respect
21 to the employer contributions for such cov-
22 erage or plan.

23 “(ii) OPTION TO OFFER COVERAGE OR
24 PLAN.—Nothing in subparagraph (A) shall
25 restrict any non-Federal health insurance

1 issuer offering a health plan from offering
2 separate coverage for gender reassignment
3 medical interventions described in such
4 subparagraph, or a plan that includes such
5 gender reassignment medical interventions,
6 so long as such separate coverage or plan
7 is not paid for with any employer contribu-
8 tion eligible for the credit allowed under
9 this section.”.

10 (b) APPLICATION TO MULTI-STATE PLANS.—Section
11 1334(a) of Public Law 111–148 (42 U.S.C. 18054(a)) is
12 amended by adding at the end the following new para-
13 graph:

14 “(7) COVERAGE CONSISTENT WITH FEDERAL
15 POLICY REGARDING GENDER REASSIGNMENT MED-
16 ICAL INTERVENTIONS.—In entering into contracts
17 under this subsection, the Director shall ensure that
18 no multi-State qualified health plan offered in an
19 Exchange provides health benefits coverage for
20 which the expenditure of Federal funds is prohibited
21 under chapter 4 of title 1, United States Code.”.

22 (c) EFFECTIVE DATE.—The amendments made by
23 subsection (a) shall apply to taxable years ending after
24 December 31, 2019, but only with respect to plan years
25 beginning after such date, and the amendment made by

- 1 subsection (b) shall apply to plan years beginning after
- 2 such date.

