

117TH CONGRESS
1ST SESSION

H. R. 1927

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

IN THE HOUSE OF REPRESENTATIVES

MARCH 16, 2021

Mr. LAMALFA (for himself, Mr. NORMAN, Mr. ALLEN, Mr. GROTHMAN, Mr. DUNCAN, Mr. LAMBORN, Mr. HICE of Georgia, Mrs. MILLER of Illinois, Mr. STEUBE, Mr. KELLY of Mississippi, Mr. JORDAN, Mr. BANKS, Mr. WEBER of Texas, Mr. ADERHOLT, Mr. BABIN, and Mr. GOOD of Virginia) 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 2021”.

1 (b) TABLE OF CONTENTS.—The table of contents of
 2 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.

3 **TITLE I—PROHIBITING FEDER-**
 4 **ALLY FUNDED GENDER REAS-**
 5 **SIGNMENT MEDICAL INTER-**
 6 **VENTIONS**

7 **SEC. 101. PROHIBITING TAXPAYER-FUNDED GENDER REAS-**
 8 **SIGNMENT MEDICAL INTERVENTIONS.**

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

11 **“CHAPTER 4—PROHIBITING TAXPAYER-**
 12 **FUNDED GENDER REASSIGNMENT**
 13 **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 viriliza-
 22 tion, 46 XY chromosomes with undervirilization, or
 23 having both ovarian and testicular tissue.

24 “(2) An individual with respect to whom a phy-
 25 sician has determined through genetic or biochemical
 26 testing that the individual does not have normal sex

1 chromosome structure, sex steroid hormone produc-
2 tion, or sex steroid hormone action for a biological
3 male or female.

4 **“§ 308. Gender reassignment medical intervention de-**
5 **fin**

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

8 “(1) performing a surgery that sterilizes an in-
9 dividual, including castration, vasectomy, hysterecto-
10 my, oophorectomy, metoidioplasty, penectomy, phal-
11 loplasty, and vaginoplasty, to change the body of
12 such individual to correspond to a sex that is dis-
13 cordant with biological sex;

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

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

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

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

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

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

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

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

4 **TITLE II—APPLICATION UNDER**
5 **THE AFFORDABLE CARE ACT**

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

9 (a) IN GENERAL.—

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

15 (A) IN GENERAL.—Subparagraph (A) of
16 section 36B(c)(3) of the Internal Revenue Code
17 of 1986 is amended by inserting before the pe-
18 riod at the end the following: “or any health
19 plan that includes coverage for gender reassign-
20 ment medical interventions (other than any
21 gender reassignment medical intervention or
22 treatment described in section 306 or 307 of
23 title 1, United States Code)”.

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

6 “(C) SEPARATE COVERAGE OR PLAN FOR
7 GENDER REASSIGNMENT MEDICAL INTERVEN-
8 TIONS ALLOWED.—

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

20 “(ii) OPTION TO OFFER COVERAGE OR
21 PLAN.—Nothing in subparagraph (A) shall
22 restrict any non-Federal health insurance
23 issuer offering a health plan from offering
24 separate coverage for gender reassignment
25 medical interventions described in such

subparagraph, or a plan that includes such gender reassignment medical interventions, so long as premiums for such separate coverage or plan are not paid for with any amount attributable to the credit allowed under this section (or the amount of any advance payment of the credit under section 1412 of the Patient Protection and Affordable Care Act).”.

(2) DISALLOWANCE OF SMALL EMPLOYER HEALTH INSURANCE EXPENSE CREDIT FOR PLAN WHICH INCLUDES COVERAGE FOR GENDER REASSIGNMENT MEDICAL INTERVENTIONS.—Subsection (h) of section 45R of the Internal Revenue Code of 1986 is amended—

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

“(1) IN GENERAL.—Any term”; and

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

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

“(A) IN GENERAL.—The term ‘qualified health plan’ does not include any health plan

1 that includes coverage for gender reassignment
2 medical interventions (other than any gender
3 reassignment medical intervention or treatment
4 described in section 306 or 307 of title 1,
5 United States Code).

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

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

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

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

8 (b) APPLICATION TO MULTI-STATE PLANS.—Section
9 1334(a) of Public Law 111–148 (42 U.S.C. 18054(a)) is
10 amended by adding at the end the following new para-
11 graph:

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

20 (c) EFFECTIVE DATE.—The amendments made by
21 subsection (a) shall apply to taxable years ending after
22 the date that is one year after the date of enactment of
23 this Act, but only with respect to plan years beginning

- 1 after such date, and the amendment made by subsection
- 2 (b) shall apply to plan years beginning after such date.

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