

119TH CONGRESS
1ST SESSION

S. 977

To prohibit taxpayer-funded gender transition procedures, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MARCH 12, 2025

Mr. MARSHALL (for himself, Mrs. HYDE-SMITH, Mr. CRAMER, Mr. HAWLEY, Mr. BUDD, Mr. GRAHAM, Mr. SHEEHY, Mrs. BLACKBURN, Mr. BANKS, Mr. WICKER, Mr. LEE, Ms. LUMMIS, and Mr. RISCH) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To prohibit taxpayer-funded gender transition procedures,
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 2025”.

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
TRANSITION PROCEDURES

Sec. 101. Prohibiting taxpayer-funded gender transition procedures.

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 TRAN-
3 SITION PROCEDURES

4 SEC. 101. PROHIBITING TAXPAYER-FUNDED GENDER TRAN-
5 SITION PROCEDURES.

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

8 “CHAPTER 4—PROHIBITING TAXPAYER-
9 FUNDED GENDER TRANSITION PROCE-
10 DURES

“Sec.

“301. Prohibition on funding for gender transition procedures.

“302. Prohibition on funding for health benefits plans that cover gender transition procedures.

“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 transition procedures.

“307. Definitions.

11 “§ 301. Prohibition on funding for gender transition
12 procedures

13 “No funds authorized or appropriated by Federal
14 law, and none of the funds in any trust fund to which
15 funds are authorized or appropriated by Federal law, shall
16 be expended for any gender transition procedures.

1 **“§ 302. Prohibition on funding for health benefits**
 2 **plans that cover gender transition proce-**
 3 **dures**

4 “No funds authorized or appropriated by Federal
 5 law, and none of the funds in any trust fund to which
 6 funds are authorized or appropriated by Federal law, shall
 7 be expended for health benefits coverage that includes cov-
 8 erage of gender transition procedures.

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

10 “No health care service furnished—

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

13 “(2) by any physician or other individual em-
 14 ployed by the Federal Government to provide health
 15 care services within the scope of the physician’s or
 16 individual’s employment,
 17 may include gender transition procedures.

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

19 “Nothing in this chapter shall be construed as pro-
 20 hibiting any individual, entity, or State or locality from
 21 purchasing separate coverage for gender transition proce-
 22 dures or health benefits coverage that includes gender
 23 transition procedures so long as such coverage is paid for
 24 entirely using only funds not authorized or appropriated
 25 by Federal law and such coverage shall not be purchased
 26 using matching funds required for a federally subsidized

1 program, including a State’s or locality’s contribution of
 2 Medicaid matching funds.

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

5 “Nothing in this chapter shall be construed as re-
 6 stricting the ability of any non-Federal health benefits cov-
 7 erage provider from offering coverage for gender transi-
 8 tion procedures, or the ability of a State or locality to con-
 9 tract separately with such a provider for such coverage,
 10 so long as only funds not authorized or appropriated by
 11 Federal law are used and such coverage shall not be pur-
 12 chased using matching funds required for a federally sub-
 13 sidized program, including a State’s or locality’s contribu-
 14 tion of Medicaid matching funds.

15 **“§ 306. Construction relating to complications arising**
 16 **from gender transition procedures**

17 “Nothing in this chapter shall be construed to apply
 18 to the treatment of any infection, injury, disease, or dis-
 19 order that has been caused by or exacerbated by the per-
 20 formance of a gender transition procedure.

21 **“§ 307. Definitions**

22 “For purposes of this chapter:

23 “(1) FEMALE.—The term ‘female’, when used
 24 to refer to a natural person, means an individual
 25 who naturally has, had, will have, or would have, but

1 for a congenital anomaly, historical accident, or in-
 2 tentional or unintentional disruption, the reproduc-
 3 tive system that at some point produces, transports,
 4 and utilizes eggs for fertilization.

5 “(2) GENDER TRANSITION.—The term ‘gender
 6 transition’ means the process in which an individual
 7 goes from identifying with or presenting as his or
 8 her sex to identifying with or presenting a self-pro-
 9 claimed identity that does not correspond with or is
 10 different from his or her sex, and may be accom-
 11 panied with social, legal, or physical changes.

12 “(3) GENDER TRANSITION PROCEDURE.—

13 “(A) IN GENERAL.—The term ‘gender
 14 transition procedure’ means any hormonal or
 15 surgical intervention for the purpose of gender
 16 transition, including—

17 “(i) gonadotropin-releasing hormone
 18 (GnRH) agonists or other puberty-blocking
 19 or suppressing drugs to stop or delay nor-
 20 mal puberty;

21 “(ii) testosterone, estrogen, progester-
 22 one, or other androgens to an individual at
 23 doses that are supraphysiologic to what
 24 would normally be produced endogenously

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

1 “(xxiii) sterilization;

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

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

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

10 “(xxvii) augmentation mammoplasty;

11 “(xxviii) liposuction;

12 “(xxix) lipofilling;

13 “(xxx) voice surgery;

14 “(xxxi) hair reconstruction;

15 “(xxxii) pectoral implants; and

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

19 “(B) EXCLUSIONS.—The term ‘gender
 20 transition procedure’ does not include the fol-
 21 lowing when furnished to an individual by a
 22 health care provider with the consent of such
 23 individual or, if applicable, such individual’s
 24 parents or legal guardian:

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

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

20 “(iii) The treatment of any infection,
21 injury, disease, or disorder that has been
22 caused by or exacerbated by the perform-
23 ance of gender transition procedures,
24 whether or not the gender transition proce-
25 dure was performed in accordance with

1 State and Federal law or whether or not
 2 funding for the gender transition proce-
 3 dure is permissible under this section.

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

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

18 “(vi) Male circumcision.

19 “(4) MALE.—The term ‘male’, when used to
 20 refer to a natural person, means an individual who
 21 naturally has, had, will have, or would have, but for
 22 a congenital anomaly, historical accident, or inten-
 23 tional or unintentional disruption, the reproductive
 24 system that at some point produces, transports, and
 25 utilizes sperm for fertilization.

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

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

12 (a) IN GENERAL.—

(1) DISALLOWANCE OF REFUNDABLE CREDIT
AND COST-SHARING REDUCTIONS FOR COVERAGE
UNDER QUALIFIED HEALTH PLAN WHICH PROVIDES
COVERAGE FOR GENDER PROCEDURES.—

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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 TRANSITION PROCEDURES AL-
8 LOWED.—

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 transition procedures
14 described in such subparagraph, or a
15 health plan that includes such gender tran-
16 sition procedures, so long as no credit is
17 allowed under this section with respect to
18 the premiums for such coverage or plan.

19 “(ii) OPTION TO OFFER COVERAGE OR
20 PLAN.—Nothing in subparagraph (A) shall
21 restrict any non-Federal health insurance
22 issuer offering a health plan from offering
23 separate coverage for gender transition
24 procedures described in such subpara-
25 graph, or a plan that includes such gender

1 transition procedures, so long as premiums
 2 for such separate coverage or plan are not
 3 paid for with any amount attributable to
 4 the credit allowed under this section (or
 5 the amount of any advance payment of the
 6 credit under section 1412 of the Patient
 7 Protection and Affordable Care Act).”.

8 (2) DISALLOWANCE OF SMALL EMPLOYER
 9 HEALTH INSURANCE EXPENSE CREDIT FOR PLAN
 10 WHICH INCLUDES COVERAGE FOR GENDER TRANSI-
 11 TION PROCEDURES.—Subsection (h) of section 45R
 12 of the Internal Revenue Code of 1986 is amended—

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

15 “(1) IN GENERAL.—Any term”; and

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

18 “(2) EXCLUSION OF HEALTH PLANS INCLUDING
 19 COVERAGE FOR GENDER TRANSITION PROCE-
 20 DURES.—

21 “(A) IN GENERAL.—In this section, the
 22 term ‘qualified health plan’ does not include
 23 any health plan that includes coverage for gen-
 24 der transition procedures, as defined in section
 25 307 of title 1, United States Code (other than

1 any procedure described in section 306 of such
2 title).

3 “(B) SEPARATE COVERAGE OR PLAN FOR
4 GENDER TRANSITION PROCEDURES AL-
5 LOWED.—

6 “(i) OPTION TO PURCHASE SEPARATE
7 COVERAGE OR PLAN.—Nothing in subpara-
8 graph (A) shall be construed as prohibiting
9 any employer from purchasing for its em-
10 ployees separate coverage for gender tran-
11 sition procedures described in such sub-
12 paragraph, or a health plan that includes
13 such gender transition procedures, so long
14 as no credit is allowed under this section
15 with respect to the employer contributions
16 for such coverage or plan.

17 “(ii) OPTION TO OFFER COVERAGE OR
18 PLAN.—Nothing in subparagraph (A) shall
19 restrict any non-Federal health insurance
20 issuer offering a health plan from offering
21 separate coverage for gender transition
22 procedures described in such subpara-
23 graph, or a plan that includes such gender
24 transition procedures, so long as such sep-
25 arate coverage or plan is not paid for with

1 any employer contribution eligible for the
2 credit allowed under this section.”.

3 (b) APPLICATION TO MULTI-STATE PLANS.—Section
4 1334(a) of Public Law 111–148 (42 U.S.C. 18054(a)) is
5 amended by adding at the end the following new para-
6 graph:

7 “(8) COVERAGE CONSISTENT WITH FEDERAL
8 POLICY REGARDING GENDER TRANSITION PROCE-
9 DURES.—In entering into contracts under this sub-
10 section, the Director shall ensure that no multi-State
11 qualified health plan offered in an Exchange pro-
12 vides health benefits coverage for which the expendi-
13 ture of Federal funds is prohibited under chapter 4
14 of title 1, United States Code.”.

15 (c) EFFECTIVE DATE.—The amendments made by
16 subsection (a) shall apply to taxable years ending after
17 the date that is 1 year after the date of enactment of this
18 Act, but only with respect to plan years beginning after
19 such date, and the amendment made by subsection (b)
20 shall apply to plan years beginning after such date.

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