To amend title III of the Public Health Service Act to reauthorize the program of payments to children’s hospitals that operate graduate medical education programs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

M. introduced the following bill; which was referred to the Committee on

A BILL

To amend title III of the Public Health Service Act to reauthorize the program of payments to children’s hospitals that operate graduate medical education programs, 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 cited as the “Children’s Hospital GME Support Reauthorization Act of 2023”.

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SEC. 2. PROGRAM OF PAYMENTS TO CHILDREN’S HOSPITALS THAT OPERATE GRADUATE MEDICAL EDUCATION PROGRAMS.

Section 340E of the Public Health Service Act (42 U.S.C. 256e) is amended—

(1) in subsection (a), by striking “2023” and inserting “2028”;

(2) in subsection (b)(3)(D), by inserting “and the end of fiscal year 2028,” after “fiscal year 2022,”;

(3) in subsection (e), by adding at the end the following new paragraph:

“(4) PROHIBITION ON PAYMENTS TO HOSPITALS FURNISHING GENDER-AFFIRMING CARE TO MINORS.—

“(A) IN GENERAL.—Notwithstanding any other provision of this section, no payment may be made under this section to a children’s hospital for a fiscal year (beginning with fiscal year 2024) if, at any point during the preceding fiscal year, such hospital furnished gender-affirming care (as defined in subsection (g)) to an individual under 18 years of age.

“(B) SPECIAL RULE FOR FISCAL YEAR 2024.—In applying subparagraph (A) with respect to payments described in such subpara-
graph for fiscal year 2024, the reference to ‘the preceding fiscal year’ shall be treated as a reference to ‘the period beginning on July 1, 2023, and ending on September 30, 2023’.

“(C) RULE OF CONSTRUCTION.—Nothing in this paragraph shall be construed as prohibiting payments for a fiscal year to a hospital that, during the preceding fiscal year (or, in the case of payments for fiscal year 2024, during the period described in subparagraph (B)), furnished mental or behavioral health services to individuals under 18 years of age for the treatment of gender dysphoria not consisting of gender-affirming care.”;

(4) in subsection (f)—

(A) in paragraph (1)(A)(vi), by striking “2023” and inserting “2028”; and

(B) in paragraph (2)(F), by striking “2023” and inserting “2028”; and

(5) in subsection (g), by adding at the end the following new paragraph:

“(4) GENDER-AFFIRMING CARE.—

“(A) IN GENERAL.—Except as provided in subparagraph (B), the term ‘gender-affirming
care' means, with respect to an individual, any of the following:

“(i) Performing any surgery for the purpose of changing the body of such individual to correspond to a sex that differs from their biological sex, including—

“(I) castration;
“(II) orchiectomy;
“(III) scrotoplasty;
“(IV) vasectomy;
“(V) hysterectomy;
“(VI) oophorectomy;
“(VII) ovariectomy;
“(VIII) metoidioplasty;
“(IX) penectomy;
“(X) phalloplasty;
“(XI) vaginoplasty;
“(XII) vaginectomy;
“(XIII) vulvoplasty;
“(XIV) reduction thyrochondroplasty;
“(XV) chondrolaryngoplasty; and
“(XVI) mastectomy.
“(ii) Any plastic surgery that feminizes or masculinizes the facial features for the purposes described in clause (i).

“(iii) Any placement of chest implants to create feminine breasts for the purposes described in clause (i).

“(iv) Any placement of fat or artificial implants in the gluteal region for the purposes described in clause (i).

“(v) Administering, supplying, prescribing, dispensing, distributing, or otherwise conveying to an individual medications for the purposes described in clause (i), including—

“(I) gonadotropin-releasing hormone (GnRH) analogues or other puberty-blocking drugs to stop or delay normal puberty;

“(II) testosterone or other androgens to biological females at doses that are supraphysiologic to the female sex; and

“(III) estrogen to biological males at doses that are supraphysiologic to the male sex.
“(B) Exception.—Subparagraph (A) shall not apply to the following individuals:

“(i) An individual with both ovarian and testicular tissue.

“(ii) An individual with respect to whom a physician has determined through genetic or biochemical testing that the individual does not have normal sex chromosome structure, sex steroid hormone production, or sex steroid hormone action.

“(iii) An individual experiencing infection, disease, injury, or disorder caused or exacerbated by previous gender transition procedures.

“(iv) An individual suffering from a physical disorder, physical injury, or physical illness that would, as certified by a physician, place the individual in imminent danger of death or impairment of a major bodily function unless the procedure is performed.

“(C) Biological sex.—For purposes of subparagraph (A), the term ‘biological sex’ means the indication of male or female sex by reproductive potential or capacity, sex chro-
mosomes, naturally occurring sex hormones, go-

nads, or internal or external genitalia present at

birth.”.