

3HB 193: Transgender Medical Procedure Amendments

Creates a new section of code to address how public employee insurance funds are used, in that they may not be used to cover or reimburse certain transgender medical treatments or surgeries, with a limited exception for ongoing treatment.

Our taxpayers shouldn't be paying for elective procedures

Applies to the public employer insurance, creating a consistent statewide standard for how public employee insurance funds may be used.

Improves statutory clarity by enacting a new section of Utah Code (49-20-423) that clearly defines coverage limitations and expectations.

Strengthens fiscal responsibility by ensuring public employee insurance is focused on core government obligations rather than elective medical interventions.

Protects taxpayer dollars by prohibiting the use of public employee insurance funds to cover or reimburse certain transgender medical treatments and surgical procedures.

If we aren't clear on legislation, we put local municipalities and agencies in a difficult spot

What the Bill adds to Utah Code

Public employee insurance may not cover or reimburse hormonal transgender treatment, cover or reimburse primary sex characteristic surgical procedures, or cover or reimburse secondary sex characteristic surgical procedures

Limited Exemptions and Detransition Coverage

Individuals who were actively undergoing covered hormonal treatment as of May 5, 2026, may complete that course of treatment under the same terms of coverage, if a physician determines continuation is medically necessary.

If public employee insurance paid for a transition procedure before May 6, 2026, the program must offer the same type and amount of coverage for procedures intended to restore the individual, to the extent possible, to their biological sex.