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# United States Senate

COMMITTEE ON HEALTH, EDUCATION,  
LABOR, AND PENSIONS

WASHINGTON, DC 20510-6300

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May 13, 2026

## VIA ELECTRONIC TRANSMISSION

Mr. Thomas J. Engels  
Administrator  
Health Resources and Services Administration  
5600 Fishers Lane  
Rockville, MD 20857

Dear Administrator Engels:

In February of this year, I began an investigation into former Assistant Secretary for Health, Admiral Levine and other Biden health officials, for reportedly colluding with the World Professional Association for Transgender Health (WPATH) to promote gender transition services on minors based on politics and in contradiction to scientific evidence.<sup>1</sup>

This investigation continues my years of work examining the role of major medical organizations, including WPATH, the American Academy of Pediatrics (AAP), and the Endocrine Society, for promoting gender transition services on minors without reliable scientific data.<sup>2</sup> Many of these groups continue to recommend these harmful and irreversible interventions even as President Trump has worked to restrict such practices through Executive Order (EO) 14187, which protects children from irreversible harm through gender transition services.<sup>3</sup> Thank you for your cooperation with this important investigation to expose the concerning and coordinated efforts of the previous administration.

Recently, former General Counsel Mike Stuart at the U.S. Department of Health and Human Services (HHS), referred several HRSA-funded community health centers (CHCs)—including

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<sup>1</sup> Press Release, S. Comm. on Health, Labor, Educ., & Pensions, *Chairman Cassidy Investigates Biden Health Officials Allegedly Colluding with Radical Groups Promoting Gender Mutilation of Children* (Feb. 20, 2026), <https://www.help.senate.gov/rep/newsroom/press/chairman-cassidy-investigates-biden-health-officials-allegedly-colluding-with-radical-groups-promoting-gender-mutilation-of-children>.

<sup>2</sup> Press Release, S. Comm. on Health, Labor, Educ., & Pensions, *Chairman Cassidy Expands Investigation into Medical Groups Promoting Irreversible Gender Mutilation of Children* (Mar. 25, 2026), <https://www.help.senate.gov/rep/newsroom/press/chairman-cassidy-expands-investigation-into-medical-groups-promoting-irreversible-gender-mutilation-of-children>.

<sup>3</sup> Exec. Order No. 14187, 90 Fed. Reg. 8771 (Feb. 3, 2025).

Whitman-Walker Health in Washington, D.C.; Community Health Project, Inc. in New York; Los Angeles LGBT Center in California; and the Institute for Family Health in New York—for investigation by the HHS Office of Inspector General (OIG) for providing gender transition services to children.<sup>4</sup> These referrals for investigation come amid a broader rise in detransition-related litigation, with over two dozen lawsuits filed nationwide.<sup>5</sup> Notably, a growing number of these cases have been brought against CHCs, meaning the federal government is ultimately responsible for defending these entities in cases of alleged medical malpractice.<sup>6</sup> These cases not only raise concerns about past conduct, but also whether gender transition services for children continue to occur at CHCs today.

Under sections 224(g)-(n) of the Public Health Service Act (PHSA), certain CHCs and their providers may be deemed employees of the U.S. Public Health Service for purposes of liability protection.<sup>7</sup> When the deemed designation applies, medical malpractice claims are not brought against the individual provider or CHC, but instead are filed against the federal government under the Federal Tort Claims Act (FTCA).<sup>8</sup> As a result, the Department of Justice (DOJ) is responsible for defending these cases.

Consistent with this framework, the DOJ has represented CHCs and their providers in a number of medical malpractice and related lawsuits involving gender transition services, including but not limited to the following cases:

- (1) *Towe et al. v. Cherokee Health Sys.*, No. 3:24-cv-00136 (E.D. Tenn. filed Mar. 25, 2024);
- (2) *Garcia-Ryan v. Community Health Project, Inc.*, No. 26-864 (2d Cir. filed Apr. 6, 2026);
- (3) *Carlan v. Fenway Community Health Ctr., Inc.*, No. CV 23-12361-MJJ, 2025 WL 1000478 (D. Mass. Mar. 28, 2025);
- (4) *Coblentz v. United States*, No. 25-10435-NMG, 2026 WL 765462 (D. Mass. Mar. 16, 2026); and
- (5) *Ulery v. Rafferty*, No. 1:24-CV-24-MSM-PAS, 2025 WL 2662518 (D.R.I. Sept. 17, 2025).

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<sup>4</sup> Cara Smith, *HHS Probe Into FQHC's Trans Care Treads Into Practice of Medicine*, Inside Health Policy (Feb. 11, 2026, at 7:15 ET), [https://insidehealthpolicy.com/daily-news/hhs-probe-fqhcs-trans-care-treads-practice-medicine?utm\\_medium=ihpbn](https://insidehealthpolicy.com/daily-news/hhs-probe-fqhcs-trans-care-treads-practice-medicine?utm_medium=ihpbn).

<sup>5</sup> Transition Justice, <https://www.transitionjustice.org/> (last visited May 12, 2026). Transition Justice, <https://www.transitionjustice.org/> (last visited May 12, 2026).

<sup>6</sup> *Id.*

<sup>7</sup> The text of section 224 of the PHSA may be found at: 42 U.S.C. § 233(g)-(n).

<sup>8</sup> 42 U.S.C. § 233(c).

CHCs receive billions of taxpayer dollars from Congress. For fiscal year (FY) 2026 alone, CHCs will receive over \$6.3 billion in mandatory and discretionary funding.<sup>9</sup> In addition, the HRSA Health Center Program receives \$120 million to administer the FTCA Program.<sup>10</sup> The underlying conduct is concerning and exposes potential gaps in the guardrails governing existing federal funding streams. Furthermore, the current liability framework raises accountability challenges. Patients alleging harm from gender transition-related services may be forced to litigate against the full resources of the federal government, rather than the individual providers responsible for their care, with DOJ defending providers engaged in practices that this administration and HHS have sought to restrict. This disconnect raises broader questions about how HHS oversees CHCs receiving federal funds and what steps are being taken to ensure that CHCs are not continuing to provide these services in violation of federal policy. Indeed, you wrote in a strategic priority areas memorandum that the agency will deprioritize programs that engage in medical interventions for minors with gender dysphoria.<sup>11</sup> And yet, certain CHCs, including Whitman-Walker Health, continue to publicize gender transition services for minors despite HRSA's statements issued last year.<sup>12</sup> Whitman-Walker received a HRSA grant renewal as recently as January.<sup>13</sup>

I applaud the administration's previous efforts to identify and eliminate federal support for gender transition services, and the investigatory referrals of the aforementioned CHCs is an important step in the right direction. Consistent with key actions already taken, further insight into what additional actions HHS has taken, or plans to take, to ensure that CHCs are complying with applicable federal requirements is essential. Furthermore, it is imperative to know that federal resources are not being used to defend conduct that conflicts with federal policy. As we continue to collaborate on the President's agenda, I look forward to receiving your response to the following by **May 28, 2026**:

1. What information, if any, does HRSA have regarding whether CHCs are currently providing gender transition-related services?
  - a. What steps has HRSA taken to review CHC policies to protect children from gender-transition services?
  - b. Please identify each CHC engaged in this practice and describe the scope of these services, including whether they provide services to minors. Please provide this information in compliance with all Health Insurance Portability and Accountability Act (HIPAA) privacy rules and regulations.

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<sup>9</sup> *Consolidated Appropriations Act, 2026*, Pub. L. No. 119-75, 140 Stat. 173.

<sup>10</sup> *Fiscal Year 2026 Congressional Justification: Administration for a Healthy American (2025)*, U.S. DEP'T OF HEALTH & HUM. SERVS., <https://www.hhs.gov/sites/default/files/fy-2026-aha-cj.pdf> (last visited May 12, 2026).

<sup>11</sup> *Advancing HRSA's Mission Through Focused, Accountable Action*, HEALTH RES. & SERVS. ADMIN., <https://www.hrsa.gov/about/priorities> (last visited Apr. 17, 2026).

<sup>12</sup> *Gender Affirming Care*, WHITMAN-WALKER HEALTH, <https://www.whitman-walker.org/service-category/gender-affirming-care/> (last visited May 12, 2026).

<sup>13</sup> *Grant Summary*, USASPENDING.GOV, [https://www.usaspending.gov/award/ASST\\_NON\\_H8026632\\_075](https://www.usaspending.gov/award/ASST_NON_H8026632_075) (last visited May 12, 2026).

2. What actions has HRSA taken to communicate to CHCs the harms associated with gender transition-related services?
3. What are HHS's and HRSA's policies regarding continued federal funding for CHCs that provide gender transition services, including services provided to minors?
4. Would the provision of such services affect a CHC's eligibility for federal funding or participation in the Health Center Program under the PHSA? If so, please explain how.
5. Under the PHSA, eligible CHCs and their employees may be deemed PHS employees for purposes of FTCA coverage upon approval by the Secretary.<sup>14</sup> Please explain, in detail, the eligibility requirements and review process used to evaluate and approve applications for "deeming" status.
  - a. The PHSA further provides that the Attorney General determines whether FTCA coverage extends to a particular lawsuit, including whether the conduct at issue falls within the scope of a health center's grant.<sup>15</sup> Please explain how HRSA coordinates with the Attorney General when evaluating whether specific conduct falls within that scope.
  - b. CHCs are required to submit an annual application to the Secretary of HHS to maintain deemed status.<sup>16</sup> Please describe the review process for these applications, including how HHS verifies compliance with statutory requirements and identifies any potential deficiencies.
  - c. Please provide an example of an application from a CHC applying for FTCA deemed status.
  - d. Once a CHC is granted deemed status, does HRSA conduct any independent review of individual providers including whether or not they have been previously sued?
6. According to the HHS FY 2027 Administration for a Healthy America Justification of Estimates for Appropriations Committees, "the FTCA Program supports risk mitigation activities, including reviews of risk management plans and sites visits as well as risk management technical assistance and resources to support health centers."<sup>17</sup>
  - a. Do these risk mitigation activities include mechanisms to ensure covered providers are delivering care consistent with federal requirements or applicable law?
  - b. Does the FTCA Program monitor medical malpractice or related claims at CHCs? If so, please explain how these claims are monitored and the number of claims that have been received since 2021.

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<sup>14</sup> 42 U.S.C. § 233(g)(1)(D)-(G).

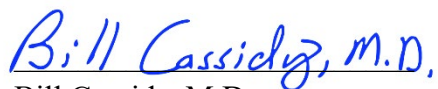
<sup>15</sup> 42 U.S.C. § 233(i)(1).

<sup>16</sup> 42 U.S.C. § 233(g)(1)(D).

<sup>17</sup> *Fiscal Year 2026 Congressional Justification: Administration for a Healthy American (2025)*, U.S. DEP'T OF HEALTH & HUM. SERVS., <https://www.hhs.gov/sites/default/files/fy-2026-aha-cj.pdf> (last visited May 12, 2026).

- c. Can individual providers be excluded from the FTCA Program based on claims of malpractice or misconduct? If so, please explain how this process works.
7. Has HRSA taken any enforcement actions, such as funding restrictions or termination of designation, against CHCs related to the provision of gender transition services? If so, please describe such actions.
8. In FY 2026, HRSA requested, and Congress appropriated, \$120 million for the FTCA Program for payment of settlements for PHSA-deemed CHCs.<sup>18</sup> According to the FY 2027 presidential budget request, over \$440 million has been paid to more than 500 claims from FY 2022-2025.<sup>19</sup>
  - a. Of this more than \$440 million, how much has been paid by the federal government to resolve claims involving gender transition-related procedures performed by CHCs?

Sincerely,



Bill Cassidy, M.D.

Chairman

U.S. Senate Committee on Health,  
Education, Labor, and Pensions

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<sup>18</sup> *Id.*

<sup>19</sup> *Id.*