

110TH CONGRESS
1ST SESSION

H. R. 819

To expand access to preventive health care services that help reduce unintended pregnancy, reduce abortions, and improve access to women's health care.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 5, 2007

Ms. SLAUGHTER (for herself, Ms. DEGETTE, Mr. SHAYS, Ms. DELAURO, Ms. HARMAN, Ms. LEE, Mrs. LOWEY, Mr. ROTHMAN, Ms. SOLIS, Mr. WAXMAN, Mr. ABERCROMBIE, Mr. ACKERMAN, Mr. ALLEN, Mr. BACA, Ms. BALDWIN, Ms. BERKLEY, Mr. BERMAN, Mr. BISHOP of New York, Mr. BLUMENAUER, Mr. BOUCHER, Ms. CORRINE BROWN of Florida, Mrs. CAPPS, Mr. CARNAHAN, Mr. CLAY, Mr. COHEN, Mr. CROWLEY, Mr. CUMMINGS, Mrs. DAVIS of California, Mr. DAVIS of Illinois, Mr. DELAHUNT, Mr. DICKS, Mr. DINGELL, Mr. EMANUEL, Mr. ENGEL, Mr. FARR, Mr. FATTAH, Mr. FILNER, Mr. FRANK of Massachusetts, Mr. AL GREEN of Texas, Mr. GRIJALVA, Mr. GUTIERREZ, Mr. HIGGINS, Mr. HINCHEY, Ms. HIRONO, Mr. HOLT, Mr. HONDA, Ms. HOOLEY, Mr. INSLEE, Mr. ISRAEL, Mr. JACKSON of Illinois, Ms. JACKSON-LEE of Texas, Mr. JOHNSON of Georgia, Mr. KENNEDY, Ms. KILPATRICK of Michigan, Mr. KIND, Mr. LANGEVIN, Mr. LANTOS, Mr. LARSEN of Washington, Mrs. MALONEY of New York, Ms. MATSUI, Mrs. MCCARTHY of New York, Ms. MCCOLLUM of Minnesota, Mr. MCDERMOTT, Mr. MCGOVERN, Mr. MCNULTY, Mr. MEEHAN, Mr. MEEKS of New York, Mr. GEORGE MILLER of California, Mr. MILLER of North Carolina, Ms. MOORE of Wisconsin, Mr. MOORE of Kansas, Mr. MORAN of Virginia, Mr. PATRICK J. MURPHY of Pennsylvania, Mr. NADLER, Mrs. NAPOLITANO, Ms. NORTON, Mr. OLVER, Mr. PAYNE, Mr. PRICE of North Carolina, Ms. ROYBAL-ALLARD, Ms. LORETTA SANCHEZ of California, Ms. SCHAKOWSKY, Mr. SCHIFF, Ms. SCHWARTZ, Mr. SCOTT of Virginia, Mr. SHERMAN, Mr. SIRES, Mr. STARK, Ms. SUTTON, Mrs. TAUSCHER, Mr. TIERNEY, Mrs. JONES of Ohio, Mr. UDALL of Colorado, Mr. VAN HOLLEN, Ms. WASSERMAN SCHULTZ, Ms. WATSON, Mr. WEINER, Mr. WEXLER, Ms. WOOLSEY, Mr. WU, and Mr. WYNN) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means and Education and Labor, 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 expand access to preventive health care services that help reduce unintended pregnancy, reduce abortions, and improve access to women’s health care.

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 “Prevention First Act”.

6 (b) TABLE OF CONTENTS.—The table of contents for
 7 this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Findings.

TITLE I—TITLE X OF PUBLIC HEALTH SERVICE ACT

Sec. 101. Short title.

Sec. 102. Authorization of appropriations.

TITLE II—EQUITY IN PRESCRIPTION INSURANCE AND
 CONTRACEPTIVE COVERAGE

Sec. 201. Short title.

Sec. 202. Amendments to Employee Retirement Income Security Act of 1974.

Sec. 203. Amendments to Public Health Service Act relating to the group market.

Sec. 204. Amendment to Public Health Service Act relating to the individual market.

TITLE III—EMERGENCY CONTRACEPTION EDUCATION AND
 INFORMATION

Sec. 301. Short title.

Sec. 302. Emergency contraception education and information programs.

TITLE IV—COMPASSIONATE ASSISTANCE FOR RAPE
 EMERGENCIES

Sec. 401. Short title.

Sec. 402. Survivors of sexual assault; provision by hospitals of emergency contraceptives without charge.

TITLE V—AT-RISK COMMUNITIES TEENAGE PREGNANCY
 PREVENTION ACT

- Sec. 501. Short title.
- Sec. 502. Teen pregnancy prevention.
- Sec. 503. Research.
- Sec. 504. General requirements.

TITLE VI—ACCURACY OF CONTRACEPTIVE INFORMATION

- Sec. 601. Short title.
- Sec. 602. Accuracy of contraceptive information.

TITLE VII—UNINTENDED PREGNANCY REDUCTION ACT

- Sec. 701. Short title.
- Sec. 702. Medicaid; clarification of coverage of family planning services and supplies.
- Sec. 703. Expansion of family planning services.
- Sec. 704. Effective date.

TITLE VIII—RESPONSIBLE EDUCATION ABOUT LIFE ACT

- Sec. 801. Short title.
- Sec. 802. Assistance to reduce teen pregnancy, HIV/AIDS, and other sexually transmitted diseases and to support healthy adolescent development.
- Sec. 803. Sense of Congress.
- Sec. 804. Evaluation of programs.
- Sec. 805. Definitions.
- Sec. 806. Appropriations.

1 **SEC. 2. FINDINGS.**

2 The Congress finds as follows:

3 (1) Healthy People 2010 sets forth a reduction
 4 of unintended pregnancies as an important health
 5 objective for the Nation to achieve over the first dec-
 6 ade of the new century, a goal first articulated in
 7 the 1979 Surgeon General’s Report, Healthy People,
 8 and reiterated in Healthy People 2000: National
 9 Health Promotion and Disease Prevention Objec-
 10 tives.

11 (2) Although the Centers for Disease Control
 12 and Prevention (referred to in this section as the
 13 “CDC”) included family planning in its published

1 list of the Ten Great Public Health Achievements in
2 the 20th Century, the United States still has one of
3 the highest rates of unintended pregnancies among
4 industrialized nations.

5 (3) Each year, 3,000,000 pregnancies, nearly
6 half of all pregnancies, in the United States are un-
7 intended, and nearly half of unintended pregnancies
8 end in abortion.

9 (4) In 2004, 34,400,000 women, half of all
10 women of reproductive age, were in need of contra-
11 ceptive services and supplies to help prevent unin-
12 tended pregnancy, and nearly half of those were in
13 need of public support for such care.

14 (5) The United States has the highest rate of
15 infection with sexually transmitted diseases of any
16 industrialized country. In 2005, there were approxi-
17 mately 19,000,000 new cases of sexually transmitted
18 diseases, almost half of them occurring in young
19 people ages 15 to 24. According to the CDC, these
20 sexually transmitted diseases impose a tremendous
21 economic burden with direct medical costs as high as
22 \$14,100,000,000 per year.

23 (6) Increasing access to family planning serv-
24 ices will improve women's health and reduce the
25 rates of unintended pregnancy, abortion, and infec-

1 tion with sexually transmitted diseases. Contracep-
2 tive use saves public health dollars. For every dollar
3 spent to increase funding for family planning pro-
4 grams under title X of the Public Health Service
5 Act, \$3.80 is saved.

6 (7) Contraception is basic health care that im-
7 proves the health of women and children by enabling
8 women to plan and space births.

9 (8) Women experiencing unintended pregnancy
10 are at greater risk for physical abuse and women
11 having closely spaced births are at greater risk of
12 maternal death.

13 (9) A child born from an unintended pregnancy
14 is at greater risk than a child born from an intended
15 pregnancy of low birth weight, dying in the first
16 year of life, being abused, and not receiving suffi-
17 cient resources for healthy development.

18 (10) The ability to control fertility allows cou-
19 ples to achieve economic stability by facilitating
20 greater educational achievement and participation in
21 the workforce.

22 (11) Without contraception, a sexually active
23 woman has an 85 percent chance of becoming preg-
24 nant within a year.

1 (12) The percentage of sexually active women
2 ages 15 through 44 who were not using contracep-
3 tion increased from 5.4 percent to 7.4 percent in
4 2002, an increase of 37 percent, according to the
5 CDC. This represents an apparent increase of
6 1,430,000 women and could raise the rate of unin-
7 tended pregnancy.

8 (13) Many poor and low-income women cannot
9 afford to purchase contraceptive services and sup-
10 plies on their own. In 2003, 20.5 percent of all
11 women ages 15 through 44 were uninsured.

12 (14) Public health programs, such as the Med-
13 icaid program and family planning programs under
14 title X of the Public Health Service Act, provide
15 high-quality family planning services and other pre-
16 ventive health care to underinsured or uninsured in-
17 dividuals who may otherwise lack access to health
18 care.

19 (15) The Medicaid program is the single largest
20 source of public funding for family planning services
21 and HIV/AIDS care in the United States. Half of all
22 public dollars spent on contraceptive services and
23 supplies in the United States are provided through
24 the Medicaid program and more than 6,000,000 low-

1 income women of reproductive age rely on such pro-
2 gram for their basic health care needs.

3 (16) Each year, family planning services pro-
4 vided under title X of the Public Health Service Act
5 enable people in the United States to prevent ap-
6 proximately 1,000,000 unintended pregnancies, and
7 one in three women of reproductive age who obtains
8 testing or treatment for sexually transmitted dis-
9 eases does so at a clinic receiving funds under such
10 title. In 2005, such clinics provided 2.5 million Pap
11 smears, over 5.3 million sexually transmitted disease
12 tests, and over 6.2 million HIV tests.

13 (17) The combination of an increasing number
14 of uninsured individuals, stagnant funding for family
15 planning, health care inflation, new and expensive
16 contraceptive technologies, increasing costs of con-
17 traceptives, and improved but expensive screening
18 and treatment for cervical cancer and sexually trans-
19 mitted diseases, has diminished the ability of clinics
20 receiving funds under title X of the Public Health
21 Service Act to adequately serve all individuals in
22 need of services of such clinics. Taking inflation into
23 account, funding for the family planning programs
24 under such title declined by 59 percent between
25 1980 and 2005.

1 (18) While the Medicaid program remains the
2 largest source of subsidized family planning services,
3 States are facing significant budgetary pressures to
4 cut their Medicaid programs, putting many women
5 at risk of losing coverage for family planning serv-
6 ices.

7 (19) In addition, eligibility under the Medicaid
8 program in many States is severely restricted, which
9 leaves family planning services financially out of
10 reach for many poor women. Many States have dem-
11 onstrated tremendous success with Medicaid family
12 planning waivers that allow States to expand access
13 to Medicaid family planning services. However, the
14 administrative burden of applying for a waiver poses
15 a significant barrier to States that would like to ex-
16 pand their coverage of family planning programs
17 through Medicaid.

18 (20) As of December of 2006, 24 States offered
19 expanded family planning benefits as a result of
20 Medicaid family planning waivers. The cost-effective-
21 ness of these waivers was affirmed by a recent eval-
22 uation funded by the Centers for Medicare & Med-
23 icaid Services. This evaluation of six waivers found
24 that all family planning programs under such waiv-
25 ers resulted in significant savings to both the Fed-

1 eral and State governments. Moreover, the research-
2 ers found measurable reductions in unintended preg-
3 nancy.

4 (21) Although employer-sponsored health plans
5 have improved coverage of contraceptive services and
6 supplies, largely in response to State contraceptive
7 coverage laws, there is still significant room for im-
8 provement. The ongoing lack of coverage in health
9 insurance plans, particularly in self-insured and indi-
10 vidual plans, continues to place effective forms of
11 contraception beyond the financial reach of many
12 women.

13 (22) Including contraceptive coverage in private
14 health care plans saves employers money. Not cov-
15 ering contraceptives in employee health plans costs
16 employers 15 to 17 percent more than providing
17 such coverage.

18 (23) Approved for use by the Food and Drug
19 Administration, emergency contraception is a safe
20 and effective way to prevent unintended pregnancy
21 after unprotected sex. New research confirms that
22 easier access to emergency contraceptives does not
23 increase sexual risk-taking or sexually transmitted
24 diseases.

1 (24) The available evidence shows that many
2 women do not know about emergency contraception,
3 do not know where to get it, or are unable to access
4 it. Overcoming these obstacles could help ensure that
5 more women use emergency contraception consist-
6 ently and correctly.

7 (25) A November 2006 study of declining preg-
8 nancy rates among teens concluded that the reduc-
9 tion in teen pregnancy between 1995 and 2002 is
10 primarily the result of increased use of contracep-
11 tives. As such, it is critically important that teens
12 receive accurate, unbiased information about contra-
13 ception.

14 (26) The American Medical Association, the
15 American Nurses Association, the American Acad-
16 emy of Pediatrics, the American College of Obstetri-
17 cians and Gynecologists, the American Public Health
18 Association, and the Society for Adolescent Medi-
19 cine, support responsible sexuality education that in-
20 cludes information about both abstinence and con-
21 traception.

22 (27) Teens who receive comprehensive sexuality
23 education that includes discussion of contraception
24 as well as abstinence are more likely than those who
25 receive abstinence-only messages to delay sex, to

1 have fewer partners, and to use contraceptives when
2 they do become sexually active.

3 (28) Government-funded abstinence-only-until-
4 marriage programs are precluded from discussing
5 contraception except to talk about failure rates. An
6 October 2006 report by the Government Account-
7 ability Office found that the Department of Health
8 and Human Services does not review the materials
9 of recipients of grants administered by such depart-
10 ment for scientific accuracy and requires grantees to
11 review their own materials for scientific accuracy.
12 The GAO also reported on the Department's total
13 lack of appropriate and customary measurements to
14 determine if funded programs are effective. In addi-
15 tion, a separate letter from the Government Ac-
16 countability Office found that the Department of
17 Health and Human Services is in violation of Fed-
18 eral law by failing to enforce a requirement under
19 the Public Health Service Act that federally-funded
20 grantees working to address the prevention of sexu-
21 ally transmitted diseases, including abstinence-only-
22 until-marriage programs, must provide medically ac-
23 curate information about the effectiveness of
24 condoms.

1 (29) Recent scientific reports by the Institute of
2 Medicine, the American Medical Association, and the
3 Office on National AIDS Policy stress the need for
4 sexuality education that includes messages about ab-
5 stinence and provides young people with information
6 about contraception for the prevention of teen preg-
7 nancy, HIV/AIDS, and other sexually transmitted
8 diseases.

9 (30) A 2006 statement from the American Pub-
10 lic Health Association (“APHA”) “recognizes the
11 importance of abstinence education, but only as part
12 of a comprehensive sexuality education program . . .
13 APHA calls for repealing current federal funding for
14 abstinence-only programs and replacing it with fund-
15 ing for a new Federal program to promote com-
16 prehensive sexuality education, combining informa-
17 tion about abstinence with age-appropriate sexuality
18 education.”

19 (31) Comprehensive sexuality education pro-
20 grams respect the diversity of values and beliefs rep-
21 resented in the community and will complement and
22 augment the sexuality education children receive
23 from their families.

24 (32) Nearly half of the 40,000 annual new
25 cases of HIV infections in the United States occur

1 in youth ages 13 through 24. African American and
2 Latino youth have been disproportionately affected
3 by the HIV/AIDS epidemic. Although African Amer-
4 ican adolescents, ages 13 through 19, represent only
5 15 percent of the adolescent population in the
6 United States, they accounted for 73 percent of new
7 AIDS cases reported among adolescents in 2004.
8 Latino adolescents, ages age 13 through 19, ac-
9 counted for 14 percent of AIDS cases among adoles-
10 cents, compared to 16 percent of all adolescents in
11 the United States, in 2004. Teens in the United
12 States contract an estimated 9.1 million sexually
13 transmitted infections each year. By age 24, at least
14 one in four sexually active people between the ages
15 of 15 and 24 will have contracted a sexually trans-
16 mitted disease.

17 (33) Approximately 50 young people a day, an
18 average of two young people every hour of every day,
19 are infected with HIV in the United States.

20 **TITLE I—TITLE X OF PUBLIC**
21 **HEALTH SERVICE ACT**

22 **SEC. 101. SHORT TITLE.**

23 This title may be cited as the “Title X Family Plan-
24 ning Services Act of 2007”.

1 **SEC. 102. AUTHORIZATION OF APPROPRIATIONS.**

2 For the purpose of making grants and contracts
3 under section 1001 of the Public Health Service Act, there
4 are authorized to be appropriated \$700,000,000 for fiscal
5 year 2008 and such sums as may be necessary for each
6 subsequent fiscal year.

7 **TITLE II—EQUITY IN PRESCRIP-**
8 **TION INSURANCE AND CON-**
9 **TRACEPTIVE COVERAGE**

10 **SEC. 201. SHORT TITLE.**

11 This title may be cited as the “Equity in Prescription
12 Insurance and Contraceptive Coverage Act of 2007”.

13 **SEC. 202. AMENDMENTS TO EMPLOYEE RETIREMENT IN-**
14 **COME SECURITY ACT OF 1974.**

15 (a) IN GENERAL.—Subpart B of part 7 of subtitle
16 B of title I of the Employee Retirement Income Security
17 Act of 1974 (29 U.S.C. 1185 et seq.) is amended by add-
18 ing at the end the following:

19 **“SEC. 714. STANDARDS RELATING TO BENEFITS FOR CON-**
20 **TRACEPTIVES.**

21 “(a) REQUIREMENTS FOR COVERAGE.—A group
22 health plan, and a health insurance issuer providing health
23 insurance coverage in connection with a group health plan,
24 may not—

25 “(1) exclude or restrict benefits for prescription
26 contraceptive drugs or devices approved by the Food

1 and Drug Administration, or generic equivalents ap-
2 proved as substitutable by the Food and Drug Ad-
3 ministration, if such plan or coverage provides bene-
4 fits for other outpatient prescription drugs or de-
5 vices; or

6 “(2) exclude or restrict benefits for outpatient
7 contraceptive services if such plan or coverage pro-
8 vides benefits for other outpatient services provided
9 by a health care professional (referred to in this sec-
10 tion as ‘outpatient health care services’).

11 “(b) PROHIBITIONS.—A group health plan, and a
12 health insurance issuer providing health insurance cov-
13 erage in connection with a group health plan, may not—

14 “(1) deny to an individual eligibility, or contin-
15 ued eligibility, to enroll or to renew coverage under
16 the terms of the plan because of the individual’s or
17 enrollee’s use or potential use of items or services
18 that are covered in accordance with the requirements
19 of this section;

20 “(2) provide monetary payments or rebates to
21 a covered individual to encourage such individual to
22 accept less than the minimum protections available
23 under this section;

24 “(3) penalize or otherwise reduce or limit the
25 reimbursement of a health care professional because

1 such professional prescribed contraceptive drugs or
2 devices, or provided contraceptive services, described
3 in subsection (a), in accordance with this section; or

4 “(4) provide incentives (monetary or otherwise)
5 to a health care professional to induce such profes-
6 sional to withhold from a covered individual contra-
7 ceptive drugs or devices, or contraceptive services,
8 described in subsection (a).

9 “(c) RULES OF CONSTRUCTION.—

10 “(1) IN GENERAL.—Nothing in this section
11 shall be construed—

12 “(A) as preventing a group health plan
13 and a health insurance issuer providing health
14 insurance coverage in connection with a group
15 health plan from imposing deductibles, coinsur-
16 ance, or other cost-sharing or limitations in re-
17 lation to—

18 “(i) benefits for contraceptive drugs
19 under the plan or coverage, except that
20 such a deductible, coinsurance, or other
21 cost-sharing or limitation for any such
22 drug shall be consistent with those imposed
23 for other outpatient prescription drugs oth-
24 erwise covered under the plan or coverage;

1 “(ii) benefits for contraceptive devices
2 under the plan or coverage, except that
3 such a deductible, coinsurance, or other
4 cost-sharing or limitation for any such de-
5 vice shall be consistent with those imposed
6 for other outpatient prescription devices
7 otherwise covered under the plan or cov-
8 erage; and

9 “(iii) benefits for outpatient contra-
10 ceptive services under the plan or coverage,
11 except that such a deductible, coinsurance,
12 or other cost-sharing or limitation for any
13 such service shall be consistent with those
14 imposed for other outpatient health care
15 services otherwise covered under the plan
16 or coverage;

17 “(B) as requiring a group health plan and
18 a health insurance issuer providing health in-
19 surance coverage in connection with a group
20 health plan to cover experimental or investiga-
21 tional contraceptive drugs or devices, or experi-
22 mental or investigational contraceptive services,
23 described in subsection (a), except to the extent
24 that the plan or issuer provides coverage for
25 other experimental or investigational outpatient

1 prescription drugs or devices, or experimental
2 or investigational outpatient health care serv-
3 ices; or

4 “(C) as modifying, diminishing, or limiting
5 the rights or protections of an individual under
6 any other Federal law.

7 “(2) LIMITATIONS.—As used in paragraph (1),
8 the term ‘limitation’ includes—

9 “(A) in the case of a contraceptive drug or
10 device, restricting the type of health care pro-
11 fessionals that may prescribe such drugs or de-
12 vices, utilization review provisions, and limits on
13 the volume of prescription drugs or devices that
14 may be obtained on the basis of a single con-
15 sultation with a professional; or

16 “(B) in the case of an outpatient contra-
17 ceptive service, restricting the type of health
18 care professionals that may provide such serv-
19 ices, utilization review provisions, requirements
20 relating to second opinions prior to the coverage
21 of such services, and requirements relating to
22 preauthorizations prior to the coverage of such
23 services.

24 “(d) NOTICE UNDER GROUP HEALTH PLAN.—The
25 imposition of the requirements of this section shall be

1 treated as a material modification in the terms of the plan
2 described in section 102(a)(1), for purposes of assuring
3 notice of such requirements under the plan, except that
4 the summary description required to be provided under the
5 last sentence of section 104(b)(1) with respect to such
6 modification shall be provided by not later than 60 days
7 after the first day of the first plan year in which such
8 requirements apply.

9 “(e) PREEMPTION.—Nothing in this section shall be
10 construed to preempt any provision of State law to the
11 extent that such State law establishes, implements, or con-
12 tinues in effect any standard or requirement that provides
13 coverage or protections for participants or beneficiaries
14 that are greater than the coverage or protections provided
15 under this section.

16 “(f) DEFINITION.—In this section, the term ‘out-
17 patient contraceptive services’ means consultations, exami-
18 nations, procedures, and medical services, provided on an
19 outpatient basis and related to the use of contraceptive
20 methods (including natural family planning) to prevent an
21 unintended pregnancy.”.

22 (b) CLERICAL AMENDMENT.—The table of contents
23 in section 1 of the Employee Retirement Income Security
24 Act of 1974 (29 U.S.C. 1001) is amended by inserting
25 after the item relating to section 713 the following:

“Sec. 714. Standards relating to benefits for contraceptives.”.

1 (c) EFFECTIVE DATE.—The amendments made by
2 this section shall apply with respect to plan years begin-
3 ning on or after January 1, 2008.

4 **SEC. 203. AMENDMENTS TO PUBLIC HEALTH SERVICE ACT**
5 **RELATING TO THE GROUP MARKET.**

6 (a) IN GENERAL.—Subpart 2 of part A of title
7 XXVII of the Public Health Service Act (42 U.S.C.
8 300gg–4 et seq.) is amended by adding at the end the
9 following:

10 **“SEC. 2707. STANDARDS RELATING TO BENEFITS FOR CON-**
11 **TRACEPTIVES.**

12 “(a) REQUIREMENTS FOR COVERAGE.—A group
13 health plan, and a health insurance issuer providing health
14 insurance coverage in connection with a group health plan,
15 may not—

16 “(1) exclude or restrict benefits for prescription
17 contraceptive drugs or devices approved by the Food
18 and Drug Administration, or generic equivalents ap-
19 proved as substitutable by the Food and Drug Ad-
20 ministration, if such plan or coverage provides bene-
21 fits for other outpatient prescription drugs or de-
22 vices; or

23 “(2) exclude or restrict benefits for outpatient
24 contraceptive services if such plan or coverage pro-
25 vides benefits for other outpatient services provided

1 by a health care professional (referred to in this sec-
2 tion as ‘outpatient health care services’).

3 “(b) PROHIBITIONS.—A group health plan, and a
4 health insurance issuer providing health insurance cov-
5 erage in connection with a group health plan, may not—

6 “(1) deny to an individual eligibility, or contin-
7 ued eligibility, to enroll or to renew coverage under
8 the terms of the plan because of the individual’s or
9 enrollee’s use or potential use of items or services
10 that are covered in accordance with the requirements
11 of this section;

12 “(2) provide monetary payments or rebates to
13 a covered individual to encourage such individual to
14 accept less than the minimum protections available
15 under this section;

16 “(3) penalize or otherwise reduce or limit the
17 reimbursement of a health care professional because
18 such professional prescribed contraceptive drugs or
19 devices, or provided contraceptive services, described
20 in subsection (a), in accordance with this section; or

21 “(4) provide incentives (monetary or otherwise)
22 to a health care professional to induce such profes-
23 sional to withhold from covered individual contracep-
24 tive drugs or devices, or contraceptive services, de-
25 scribed in subsection (a).

1 “(c) RULES OF CONSTRUCTION.—

2 “(1) IN GENERAL.—Nothing in this section
3 shall be construed—

4 “(A) as preventing a group health plan
5 and a health insurance issuer providing health
6 insurance coverage in connection with a group
7 health plan from imposing deductibles, coinsur-
8 ance, or other cost-sharing or limitations in re-
9 lation to—

10 “(i) benefits for contraceptive drugs
11 under the plan or coverage, except that
12 such a deductible, coinsurance, or other
13 cost-sharing or limitation for any such
14 drug shall be consistent with those imposed
15 for other outpatient prescription drugs oth-
16 erwise covered under the plan or coverage;

17 “(ii) benefits for contraceptive devices
18 under the plan or coverage, except that
19 such a deductible, coinsurance, or other
20 cost-sharing or limitation for any such de-
21 vice shall be consistent with those imposed
22 for other outpatient prescription devices
23 otherwise covered under the plan or cov-
24 erage; and

1 “(iii) benefits for outpatient contra-
2 ceptive services under the plan or coverage,
3 except that such a deductible, coinsurance,
4 or other cost-sharing or limitation for any
5 such service shall be consistent with those
6 imposed for other outpatient health care
7 services otherwise covered under the plan
8 or coverage;

9 “(B) as requiring a group health plan and
10 a health insurance issuer providing health in-
11 surance coverage in connection with a group
12 health plan to cover experimental or investiga-
13 tional contraceptive drugs or devices, or experi-
14 mental or investigational contraceptive services,
15 described in subsection (a), except to the extent
16 that the plan or issuer provides coverage for
17 other experimental or investigational outpatient
18 prescription drugs or devices, or experimental
19 or investigational outpatient health care serv-
20 ices; or

21 “(C) as modifying, diminishing, or limiting
22 the rights or protections of an individual under
23 any other Federal law.

24 “(2) LIMITATIONS.—As used in paragraph (1),
25 the term ‘limitation’ includes—

1 “(A) in the case of a contraceptive drug or
2 device, restricting the type of health care pro-
3 fessionals that may prescribe such drugs or de-
4 vices, utilization review provisions, and limits on
5 the volume of prescription drugs or devices that
6 may be obtained on the basis of a single con-
7 sultation with a professional; or

8 “(B) in the case of an outpatient contra-
9 ceptive service, restricting the type of health
10 care professionals that may provide such serv-
11 ices, utilization review provisions, requirements
12 relating to second opinions prior to the coverage
13 of such services, and requirements relating to
14 preauthorizations prior to the coverage of such
15 services.

16 “(d) NOTICE.—A group health plan under this part
17 shall comply with the notice requirement under section
18 714(d) of the Employee Retirement Income Security Act
19 of 1974 with respect to the requirements of this section
20 as if such section applied to such plan.

21 “(e) PREEMPTION.—Nothing in this section shall be
22 construed to preempt any provision of State law to the
23 extent that such State law establishes, implements, or con-
24 tinues in effect any standard or requirement that provides

1 coverage or protections for enrollees that are greater than
 2 the coverage or protections provided under this section.

3 “(f) DEFINITION.—In this section, the term ‘out-
 4 patient contraceptive services’ means consultations, exami-
 5 nations, procedures, and medical services, provided on an
 6 outpatient basis and related to the use of contraceptive
 7 methods (including natural family planning) to prevent an
 8 unintended pregnancy.”.

9 (b) EFFECTIVE DATE.—The amendments made by
 10 this section shall apply with respect to group health plans
 11 for plan years beginning on or after January 1, 2008.

12 **SEC. 204. AMENDMENT TO PUBLIC HEALTH SERVICE ACT**
 13 **RELATING TO THE INDIVIDUAL MARKET.**

14 (a) IN GENERAL.—Part B of title XXVII of the Pub-
 15 lic Health Service Act (42 U.S.C. 300gg–41 et seq.) is
 16 amended—

17 (1) by redesignating the first subpart 3 (relat-
 18 ing to other requirements) as subpart 2; and

19 (2) by adding at the end of subpart 2 the fol-
 20 lowing:

21 **“SEC. 2753. STANDARDS RELATING TO BENEFITS FOR CON-**
 22 **TRACEPTIVES.**

23 “The provisions of section 2707 shall apply to health
 24 insurance coverage offered by a health insurance issuer
 25 in the individual market in the same manner as they apply

1 to health insurance coverage offered by a health insurance
2 issuer in connection with a group health plan in the small
3 or large group market.”.

4 (b) EFFECTIVE DATE.—The amendment made by
5 this section shall apply with respect to health insurance
6 coverage offered, sold, issued, renewed, in effect, or oper-
7 ated in the individual market on or after January 1, 2008.

8 **TITLE III—EMERGENCY CON-**
9 **TRACEPTION EDUCATION**
10 **AND INFORMATION**

11 **SEC. 301. SHORT TITLE.**

12 This title may be cited as the “Emergency Contracep-
13 tion Education Act of 2007”.

14 **SEC. 302. EMERGENCY CONTRACEPTION EDUCATION AND**
15 **INFORMATION PROGRAMS.**

16 (a) DEFINITIONS.—For purposes of this section:

17 (1) EMERGENCY CONTRACEPTION.—The term
18 “emergency contraception” means a drug or device
19 (as the terms are defined in section 201 of the Fed-
20 eral Food, Drug, and Cosmetic Act (21 U.S.C. 321))
21 or a drug regimen that is—

22 (A) used after sexual relations;

23 (B) prevents pregnancy, by preventing ovu-
24 lation, fertilization of an egg, or implantation of
25 an egg in a uterus; and

1 (C) approved by the Food and Drug Ad-
2 ministration.

3 (2) HEALTH CARE PROVIDER.—The term
4 “health care provider” means an individual who is li-
5 censed or certified under State law to provide health
6 care services and who is operating within the scope
7 of such license.

8 (3) INSTITUTION OF HIGHER EDUCATION.—The
9 term “institution of higher education” has the same
10 meaning given such term in section 1201(a) of the
11 Higher Education Act of 1965 (20 U.S.C. 1141(a)).

12 (4) SECRETARY.—The term “Secretary” means
13 the Secretary of Health and Human Services.

14 (b) EMERGENCY CONTRACEPTION PUBLIC EDU-
15 CATION PROGRAM.—

16 (1) IN GENERAL.—The Secretary, acting
17 through the Director of the Centers for Disease
18 Control and Prevention, shall develop and dissemi-
19 nate to the public information on emergency contra-
20 ception.

21 (2) DISSEMINATION.—The Secretary may dis-
22 seminate information under paragraph (1) directly
23 or through arrangements with nonprofit organiza-
24 tions, consumer groups, institutions of higher edu-

1 cation, Federal, State, or local agencies, clinics, and
2 the media.

3 (3) INFORMATION.—The information dissemi-
4 nated under paragraph (1) shall include, at a min-
5 imum, a description of emergency contraception and
6 an explanation of the use, safety, efficacy, and avail-
7 ability of such contraception.

8 (c) EMERGENCY CONTRACEPTION INFORMATION
9 PROGRAM FOR HEALTH CARE PROVIDERS.—

10 (1) IN GENERAL.—The Secretary, acting
11 through the Administrator of the Health Resources
12 and Services Administration and in consultation
13 with major medical and public health organizations,
14 shall develop and disseminate to health care pro-
15 viders information on emergency contraception.

16 (2) INFORMATION.—The information dissemi-
17 nated under paragraph (1) shall include, at a min-
18 imum—

19 (A) information describing the use, safety,
20 efficacy, and availability of emergency contra-
21 ception;

22 (B) a recommendation regarding the use of
23 such contraception in appropriate cases; and

24 (C) information explaining how to obtain
25 copies of the information developed under sub-

1 section (b) for distribution to the patients of
2 the providers.

3 (d) AUTHORIZATION OF APPROPRIATIONS.—There
4 are authorized to be appropriated to carry out this section
5 such sums as may be necessary for each of the fiscal years
6 2008 through 2012.

7 **TITLE IV—COMPASSIONATE AS-**
8 **SISTANCE FOR RAPE EMER-**
9 **GENCIES**

10 **SEC. 401. SHORT TITLE.**

11 This title may be cited as the “Compassionate Assist-
12 ance for Rape Emergencies Act of 2007”.

13 **SEC. 402. SURVIVORS OF SEXUAL ASSAULT; PROVISION BY**
14 **HOSPITALS OF EMERGENCY CONTRACEP-**
15 **TIVES WITHOUT CHARGE.**

16 (a) IN GENERAL.—Federal funds may not be pro-
17 vided to a hospital under any health-related program, un-
18 less the hospital meets the conditions specified in sub-
19 section (b) in the case of—

20 (1) any woman who presents at the hospital
21 and states that she is a victim of sexual assault, or
22 is accompanied by someone who states she is a vic-
23 tim of sexual assault; and

1 (2) any woman who presents at the hospital
2 whom hospital personnel have reason to believe is a
3 victim of sexual assault.

4 (b) ASSISTANCE FOR VICTIMS.—The conditions spec-
5 ified in this subsection regarding a hospital and a woman
6 described in subsection (a) are as follows:

7 (1) The hospital promptly provides the woman
8 with medically and factually accurate and unbiased
9 written and oral information about emergency con-
10 traception, including information explaining that—

11 (A) emergency contraception does not
12 cause an abortion; and

13 (B) emergency contraception is effective in
14 most cases in preventing pregnancy after un-
15 protected sex.

16 (2) The hospital promptly offers emergency
17 contraception to the woman, and promptly provides
18 such contraception to her on her request.

19 (3) The information provided pursuant to para-
20 graph (1) is in clear and concise language, is readily
21 comprehensible, and meets such conditions regarding
22 the provision of the information in languages other
23 than English as the Secretary may establish.

1 (4) The services described in paragraphs (1)
2 through (3) are not denied because of the inability
3 of the woman or her family to pay for the services.

4 (c) DEFINITIONS.—For purposes of this section:

5 (1) The term “emergency contraception” means
6 a drug, drug regimen, or device that—

7 (A) is used postcoitally;

8 (B) prevents pregnancy by delaying ovula-
9 tion, preventing fertilization of an egg, or pre-
10 venting implantation of an egg in a uterus; and

11 (C) is approved by the Food and Drug Ad-
12 ministration.

13 (2) The term “hospital” has the meanings given
14 such term in title XVIII of the Social Security Act,
15 including the meaning applicable in such title for
16 purposes of making payments for emergency services
17 to hospitals that do not have agreements in effect
18 under such title.

19 (3) The term “Secretary” means the Secretary
20 of Health and Human Services.

21 (4) The term “sexual assault” means coitus in
22 which the woman involved does not consent or lacks
23 the legal capacity to consent.

24 (d) EFFECTIVE DATE; AGENCY CRITERIA.—This sec-
25 tion takes effect upon the expiration of the 180-day period

1 beginning on the date of the enactment of this Act. Not
2 later than 30 days prior to the expiration of such period,
3 the Secretary shall publish in the Federal Register criteria
4 for carrying out this section.

5 **TITLE V—AT-RISK COMMUNITIES**
6 **TEENAGE PREGNANCY PRE-**
7 **VENTION ACT**

8 **SEC. 501. SHORT TITLE.**

9 This title may be cited as the “At-Risk Communities
10 Teenage Pregnancy Prevention Act of 2007”.

11 **SEC. 502. TEEN PREGNANCY PREVENTION.**

12 Part P of title III of the Public Health Service Act
13 (42 U.S.C. 280g et seq.) is amended by inserting after
14 section 399N the following section:

15 **“SEC. 399N-1. TEENAGE PREGNANCY PREVENTION GRANTS.**

16 “(a) **AUTHORITY.**—The Secretary may award on a
17 competitive basis grants to public and private entities to
18 establish or expand teenage pregnancy prevention pro-
19 grams.

20 “(b) **GRANT RECIPIENTS.**—Grant recipients under
21 this section may include State and local not-for-profit coa-
22 litions working to prevent teenage pregnancy, State, local,
23 and tribal agencies, schools, entities that provide after-
24 school programs, and community and faith-based groups.

1 “(c) PRIORITY.—In selecting grant recipients under
2 this section, the Secretary shall give—

3 “(1) highest priority to applicants seeking as-
4 sistance for programs targeting communities or pop-
5 ulations in which—

6 “(A) teenage pregnancy or birth rates are
7 higher than the corresponding State average; or

8 “(B) teenage pregnancy or birth rates are
9 increasing; and

10 “(2) priority to applicants seeking assistance
11 for programs that—

12 “(A) will benefit underserved or at-risk
13 populations such as young males or immigrant
14 youths; or

15 “(B) will take advantage of other available
16 resources and be coordinated with other pro-
17 grams that serve youth, such as workforce de-
18 velopment and after school programs.

19 “(d) USE OF FUNDS.—Funds received by an entity
20 as a grant under this section shall be used for programs
21 that—

22 “(1) replicate or substantially incorporate the
23 elements of one or more teenage pregnancy preven-
24 tion programs that have been proven (on the basis
25 of rigorous scientific research) to delay sexual inter-

1 course or sexual activity, increase condom or contra-
2 ceptive use (without increasing sexual activity), or
3 reduce teenage pregnancy; and

4 “(2) incorporate one or more of the following
5 strategies for preventing teenage pregnancy: encour-
6 aging teenagers to delay sexual activity; sex and
7 HIV education; interventions for sexually active
8 teenagers; preventive health services; youth develop-
9 ment programs; service learning programs; and out-
10 reach or media programs.

11 “(e) COMPLETE INFORMATION.—Programs receiving
12 funds under this section that choose to provide informa-
13 tion on HIV/AIDS or contraception or both must provide
14 information that is complete and medically accurate.

15 “(f) RELATION TO ABSTINENCE-ONLY PROGRAMS.—
16 Funds under this section are not intended for use by absti-
17 nence-only education programs. Abstinence-only education
18 programs that receive Federal funds through the Maternal
19 and Child Health Block Grant, the Administration for
20 Children and Families, the Adolescent Family Life Pro-
21 gram, and any other program that uses the definition of
22 ‘abstinence education’ found in section 510(b) of the So-
23 cial Security Act are ineligible for funding.

24 “(g) APPLICATIONS.—Each entity seeking a grant
25 under this section shall submit an application to the Sec-

1 retary at such time and in such manner as the Secretary
2 may require.

3 “(h) MATCHING FUNDS.—

4 “(1) IN GENERAL.—The Secretary may not
5 award a grant to an applicant for a program under
6 this section unless the applicant demonstrates that
7 it will pay, from funds derived from non-Federal
8 sources, at least 25 percent of the cost of the pro-
9 gram.

10 “(2) APPLICANT’S SHARE.—The applicant’s
11 share of the cost of a program shall be provided in
12 cash or in kind.

13 “(i) SUPPLEMENTATION OF FUNDS.—An entity that
14 receives funds as a grant under this section shall use the
15 funds to supplement and not supplant funds that would
16 otherwise be available to the entity for teenage pregnancy
17 prevention.

18 “(j) EVALUATIONS.—

19 “(1) IN GENERAL.—The Secretary shall—

20 “(A) conduct or provide for a rigorous
21 evaluation of 10 percent of programs for which
22 a grant is awarded under this section;

23 “(B) collect basic data on each program
24 for which a grant is awarded under this section;
25 and

1 “(C) upon completion of the evaluations
2 referred to in subparagraph (A), submit to the
3 Congress a report that includes a detailed state-
4 ment on the effectiveness of grants under this
5 section.

6 “(2) COOPERATION BY GRANTEES.—Each grant
7 recipient under this section shall provide such infor-
8 mation and cooperation as may be required for an
9 evaluation under paragraph (1).

10 “(k) DEFINITION.—For purposes of this section, the
11 term ‘rigorous scientific research’ means based on a pro-
12 gram evaluation that:

13 “(1) Measured impact on sexual or contracep-
14 tive behavior, pregnancy or childbearing.

15 “(2) Employed an experimental or quasi-experi-
16 mental design with well-constructed and appropriate
17 comparison groups.

18 “(3) Had a sample size large enough (at least
19 100 in the combined treatment and control group)
20 and a follow-up interval long enough (at least six
21 months) to draw valid conclusions about impact.

22 “(l) AUTHORIZATION OF APPROPRIATIONS.—There
23 are authorized to be appropriated to carry out this section
24 such sums as may be necessary for fiscal year 2007 and
25 each subsequent fiscal year.”.

1 **SEC. 503. RESEARCH.**

2 (a) IN GENERAL.—The Secretary of Health and
3 Human Services, acting through the Director of the Cen-
4 ters for Disease Control and Prevention, shall make grants
5 to public or nonprofit private entities to conduct, support,
6 and coordinate research on the prevention of teen preg-
7 nancy in eligible communities, including research on the
8 factors contributing to the disproportionate rates of teen
9 pregnancy in such communities.

10 (b) RESEARCH.—In carrying out subsection (a), the
11 Secretary of Health and Human Services shall support re-
12 search that—

13 (1) investigates and determines the incidence
14 and prevalence of teen pregnancy in communities de-
15 scribed in such subsection;

16 (2) examines—

17 (A) the extent of the impact of teen preg-
18 nancy on—

19 (i) the health and well-being of teen-
20 agers in the communities; and

21 (ii) the scholastic achievement of such
22 teenagers;

23 (B) the variance in the rates of teen preg-
24 nancy by—

25 (i) location (such as inner cities, inner
26 suburbs, and outer suburbs);

1 (ii) population subgroup (such as His-
2 panic, Asian-Pacific Islander, African-
3 American, Native American); and

4 (iii) level of acculturation;

5 (C) the importance of the physical and so-
6 cial environment as a factor in placing commu-
7 nities at risk of increased rates of teen preg-
8 nancy; and

9 (D) the importance of aspirations as a fac-
10 tor affecting young women's risk of teen preg-
11 nancy; and

12 (3) is used to develop—

13 (A) measures to address race, ethnicity, so-
14 cioeconomic status, environment, and edu-
15 cational attainment and the relationship to the
16 incidence and prevalence of teen pregnancy; and

17 (B) efforts to link the measures to relevant
18 databases, including health databases.

19 (c) PRIORITY.—In making grants under subsection
20 (a), the Secretary of Health and Human Services shall
21 give priority to research that incorporates—

22 (1) interdisciplinary approaches; or

23 (2) a strong emphasis on community-based
24 participatory research.

1 (d) AUTHORIZATION OF APPROPRIATIONS.—For the
2 purpose of carrying out this section, there is authorized
3 to be appropriated such sums as may be necessary for
4 each of the fiscal years 2008 through 2012.

5 **SEC. 504. GENERAL REQUIREMENTS.**

6 (a) MEDICALLY ACCURATE INFORMATION.—A grant
7 may be made under this title only if the applicant involved
8 agrees that all information provided pursuant to the grant
9 will be age-appropriate, factually and medically accurate
10 and complete, and scientifically based.

11 (b) CULTURAL CONTEXT OF SERVICES.—A grant
12 may be made under this title only if the applicant involved
13 agrees that information, activities, and services under the
14 grant that are directed toward a particular population
15 group will be provided in the language and cultural context
16 that is most appropriate for individuals in such group.

17 (c) APPLICATION FOR GRANT.—A grant may be
18 made under this title only if an application for the grant
19 is submitted to the Secretary of Health and Human Serv-
20 ices and the application is in such form, is made in such
21 manner, and contains such agreements, assurances, and
22 information as the Secretary of Health and Human Serv-
23 ices determines to be necessary to carry out the program
24 involved.

1 **TITLE VI—ACCURACY OF**
2 **CONTRACEPTIVE INFORMATION**

3 **SEC. 601. SHORT TITLE.**

4 This title may be cited as the “Truth in Contracep-
5 tion Act of 2007”.

6 **SEC. 602. ACCURACY OF CONTRACEPTIVE INFORMATION.**

7 Notwithstanding any other provision of law, any in-
8 formation concerning the use of a contraceptive provided
9 through any federally funded sex education, family life
10 education, abstinence education, comprehensive health
11 education, or character education program shall be medi-
12 cally accurate and shall include health benefits and failure
13 rates relating to the use of such contraceptive.

14 **TITLE VII—UNINTENDED**
15 **PREGNANCY REDUCTION ACT**

16 **SEC. 701. SHORT TITLE.**

17 This title may be cited as the “Unintended Preg-
18 nancy Reduction Act of 2007”.

19 **SEC. 702. MEDICAID; CLARIFICATION OF COVERAGE OF**
20 **FAMILY PLANNING SERVICES AND SUPPLIES.**

21 Section 1937(b) of the Social Security Act (42 U.S.C.
22 1396u–7(b)) is amended by adding at the end the fol-
23 lowing:

24 “(5) COVERAGE OF FAMILY PLANNING SERV-
25 ICES AND SUPPLIES.—Notwithstanding the previous

1 provisions of this section, a State may not provide
2 for medical assistance through enrollment of an indi-
3 vidual with benchmark coverage or benchmark-equiv-
4 alent coverage under this section unless such cov-
5 erage includes for any individual described in section
6 1905(a)(4)(C), medical assistance for family plan-
7 ning services and supplies in accordance with such
8 section.”.

9 **SEC. 703. EXPANSION OF FAMILY PLANNING SERVICES.**

10 (a) COVERAGE AS MANDATORY CATEGORICALLY
11 NEEDY GROUP.—

12 (1) IN GENERAL.—Section 1902(a)(10)(A)(i) of
13 the Social Security Act (42 U.S.C.
14 1396a(a)(10)(A)(i)) is amended—

15 (A) in subclause (VI), by striking “or” at
16 the end;

17 (B) in subclause (VII), by adding “or” at
18 the end; and

19 (C) by adding at the end the following new
20 subclause:

21 “(VIII) who are described in sub-
22 section (dd) (relating to individuals
23 who meet the income standards for
24 pregnant women);”.

1 (2) GROUP DESCRIBED.—Section 1902 of the
2 Social Security Act (42 U.S.C. 1396a) is amended
3 by adding at the end the following new subsection:

4 “(dd)(1) Individuals described in this subsection are
5 individuals who—

6 “(A) meet at least the income eligibility stand-
7 ards established under the State plan as of January
8 1, 2007, for pregnant women or such higher income
9 eligibility standard for such women as the State may
10 establish; and

11 “(B) are not pregnant.

12 “(2) At the option of a State, individuals described
13 in this subsection may include individuals who are deter-
14 mined to meet the income eligibility standards referred to
15 in paragraph (1)(A) under the terms and conditions appli-
16 cable to making eligibility determinations for medical as-
17 sistance under this title under a waiver to provide the ben-
18 efits described in clause (XV) of the matter following sub-
19 paragraph (G) of section 1902(a)(10) granted to the State
20 under section 1115 as of January 1, 2007.”.

21 (3) LIMITATION ON BENEFITS.—Section
22 1902(a)(10) of the Social Security Act (42 U.S.C.
23 1396a(a)(10)) is amended in the matter following
24 subparagraph (G)—

1 (A) by striking “and (XIV)” and inserting
2 “(XIV)”; and

3 (B) by inserting “, and (XV) the medical
4 assistance made available to an individual de-
5 scribed in subsection (dd) who is eligible for
6 medical assistance only because of subpara-
7 graph (A)(10)(i)(VIII) shall be limited to family
8 planning services and supplies described in
9 1905(a)(4)(C) and, at the State’s option, med-
10 ical diagnosis or treatment services that are
11 provided in conjunction with a family planning
12 service in a family planning setting provided
13 during the period in which such an individual is
14 eligible;” after “cervical cancer”.

15 (4) CONFORMING AMENDMENTS.—Section
16 1905(a) of the Social Security Act (42 U.S.C.
17 1396d(a)) is amended in the matter preceding para-
18 graph (1)—

19 (A) in clause (xii), by striking “or” at the
20 end;

21 (B) in clause (xii), by adding “or” at the
22 end; and

23 (C) by inserting after clause (xiii) the fol-
24 lowing:

1 “(xiv) individuals described in section
2 1902(dd),”.

3 (b) PRESUMPTIVE ELIGIBILITY.—

4 (1) IN GENERAL.—Title XIX of the Social Se-
5 curity Act (42 U.S.C. 1396 et seq.) is amended by
6 inserting after section 1920B the following:

7 “PRESUMPTIVE ELIGIBILITY FOR FAMILY PLANNING
8 SERVICES

9 “SEC. 1920C. (a) STATE OPTION.—A State plan ap-
10 proved under section 1902 may provide for making med-
11 ical assistance available to an individual described in sec-
12 tion 1902(dd) (relating to individuals who meet the in-
13 come eligibility standard for pregnant women in the State)
14 during a presumptive eligibility period. In the case of an
15 individual described in section 1902(dd) who is eligible for
16 medical assistance only because of subparagraph
17 (A)(10)(i)(VIII), such medical assistance may be limited
18 to family planning services and supplies described in
19 1905(a)(4)(C) and, at the State’s option, medical diag-
20 nosis or treatment services that are provided in conjunc-
21 tion with a family planning service in a family planning
22 setting provided during the period in which such an indi-
23 vidual is eligible.

24 “(b) DEFINITIONS.—For purposes of this section:

25 “(1) PRESUMPTIVE ELIGIBILITY PERIOD.—The
26 term ‘presumptive eligibility period’ means, with re-

1 spect to an individual described in subsection (a),
2 the period that—

3 “(A) begins with the date on which a
4 qualified entity determines, on the basis of pre-
5 liminary information, that the individual is de-
6 scribed in section 1902(dd); and

7 “(B) ends with (and includes) the earlier
8 of—

9 “(i) the day on which a determination
10 is made with respect to the eligibility of
11 such individual for services under the State
12 plan; or

13 “(ii) in the case of such an individual
14 who does not file an application by the last
15 day of the month following the month dur-
16 ing which the entity makes the determina-
17 tion referred to in subparagraph (A), such
18 last day.

19 “(2) QUALIFIED ENTITY.—

20 “(A) IN GENERAL.—Subject to subpara-
21 graph (B), the term ‘qualified entity’ means
22 any entity that—

23 “(i) is eligible for payments under a
24 State plan approved under this title; and

1 “(ii) is determined by the State agen-
2 cy to be capable of making determinations
3 of the type described in paragraph (1)(A).

4 “(B) REGULATIONS.—The Secretary may
5 issue regulations further limiting those entities
6 that may become qualified entities in order to
7 prevent fraud and abuse and for other reasons.

8 “(C) RULE OF CONSTRUCTION.—Nothing
9 in this paragraph shall be construed as pre-
10 venting a State from limiting the classes of en-
11 tities that may become qualified entities, con-
12 sistent with any limitations imposed under sub-
13 paragraph (B).

14 “(c) ADMINISTRATION.—

15 “(1) IN GENERAL.—The State agency shall pro-
16 vide qualified entities with—

17 “(A) such forms as are necessary for an
18 application to be made by an individual de-
19 scribed in subsection (a) for medical assistance
20 under the State plan; and

21 “(B) information on how to assist such in-
22 dividuals in completing and filing such forms.

23 “(2) NOTIFICATION REQUIREMENTS.—A quali-
24 fied entity that determines under subsection
25 (b)(1)(A) that an individual described in subsection

1 (a) is presumptively eligible for medical assistance
2 under a State plan shall—

3 “(A) notify the State agency of the deter-
4 mination within 5 working days after the date
5 on which determination is made; and

6 “(B) inform such individual at the time
7 the determination is made that an application
8 for medical assistance is required to be made by
9 not later than the last day of the month fol-
10 lowing the month during which the determina-
11 tion is made.

12 “(3) APPLICATION FOR MEDICAL ASSIST-
13 ANCE.—In the case of an individual described in
14 subsection (a) who is determined by a qualified enti-
15 ty to be presumptively eligible for medical assistance
16 under a State plan, the individual shall apply for
17 medical assistance by not later than the last day of
18 the month following the month during which the de-
19 termination is made.

20 “(d) PAYMENT.—Notwithstanding any other provi-
21 sion of this title, medical assistance that—

22 “(1) is furnished to an individual described in
23 subsection (a)—

24 “(A) during a presumptive eligibility pe-
25 riod;

1 “(B) by a entity that is eligible for pay-
2 ments under the State plan; and

3 “(2) is included in the care and services covered
4 by the State plan, shall be treated as medical assist-
5 ance provided by such plan for purposes of clause
6 (4) of the first sentence of section 1905(b).”.

7 (2) CONFORMING AMENDMENTS.—

8 (A) Section 1902(a)(47) of the Social Se-
9 curity Act (42 U.S.C. 1396a(a)(47)) is amend-
10 ed by inserting before the semicolon at the end
11 the following: “and provide for making medical
12 assistance available to individuals described in
13 subsection (a) of section 1920C during a pre-
14 sumptive eligibility period in accordance with
15 such section.”.

16 (B) Section 1903(u)(1)(D)(v) of such Act
17 (42 U.S.C. 1396b(u)(1)(D)(v)) is amended—

18 (i) by striking “or for” and inserting
19 “, for”; and

20 (ii) by inserting before the period the
21 following: “, or for medical assistance pro-
22 vided to an individual described in sub-
23 section (a) of section 1920C during a pre-
24 sumptive eligibility period under such sec-
25 tion”.

1 **SEC. 704. EFFECTIVE DATE.**

2 (a) IN GENERAL.—Except as provided in paragraph
3 (2), the amendments made by this title take effect on Oc-
4 tober 1, 2007.

5 (b) EXTENSION OF EFFECTIVE DATE FOR STATE
6 LAW AMENDMENT.—In the case of a State plan under
7 title XIX of the Social Security Act (42 U.S.C. 1396 et
8 seq.) which the Secretary of Health and Human Services
9 determines requires State legislation in order for the plan
10 to meet the additional requirements imposed by the
11 amendments made by this title, the State plan shall not
12 be regarded as failing to comply with the requirements of
13 such title solely on the basis of its failure to meet these
14 additional requirements before the first day of the first
15 calendar quarter beginning after the close of the first reg-
16 ular session of the State legislature that begins after the
17 date of the enactment of this Act. For purposes of the
18 previous sentence, in the case of a State that has a 2-
19 year legislative session, each year of the session is consid-
20 ered to be a separate regular session of the State legisla-
21 ture.

22 **TITLE VIII—RESPONSIBLE**
23 **EDUCATION ABOUT LIFE ACT**

24 **SEC. 801. SHORT TITLE.**

25 This title may be cited as the “Responsible Education
26 About Life Act of 2007”.

1 **SEC. 802. ASSISTANCE TO REDUCE TEEN PREGNANCY, HIV/
2 AIDS, AND OTHER SEXUALLY TRANSMITTED
3 DISEASES AND TO SUPPORT HEALTHY ADO-
4 LESCENT DEVELOPMENT.**

5 (a) IN GENERAL.—Each eligible State shall be enti-
6 tled to receive from the Secretary of Health and Human
7 Services, for each of the fiscal years 2008 through 2012,
8 a grant to conduct programs of family life education, in-
9 cluding education on both abstinence and contraception
10 for the prevention of teenage pregnancy and sexually
11 transmitted diseases, including HIV/AIDS.

12 (b) REQUIREMENTS FOR FAMILY LIFE PROGRAMS.—
13 For purposes of this title, a program of family life edu-
14 cation is a program that—

- 15 (1) is age-appropriate and medically accurate;
- 16 (2) does not teach or promote religion;
- 17 (3) teaches that abstinence is the only sure way
18 to avoid pregnancy or sexually transmitted diseases;
- 19 (4) stresses the value of abstinence while not ig-
20 noring those young people who have had or are hav-
21 ing sexual intercourse;
- 22 (5) provides information about the health bene-
23 fits and side effects of all contraceptives and barrier
24 methods as a means to prevent pregnancy;
- 25 (6) provides information about the health bene-
26 fits and side effects of all contraceptives and barrier

1 methods as a means to reduce the risk of con-
2 tracting sexually transmitted diseases, including
3 HIV/AIDS;

4 (7) encourages family communication between
5 parent and child about sexuality;

6 (8) teaches young people the skills to make re-
7 sponsible decisions about sexuality, including how to
8 avoid unwanted verbal, physical, and sexual ad-
9 vances and how not to make unwanted verbal, phys-
10 ical, and sexual advances; and

11 (9) teaches young people how alcohol and drug
12 use can effect responsible decisionmaking.

13 (c) ADDITIONAL ACTIVITIES.—In carrying out a pro-
14 gram of family life education, a State may expend a grant
15 under subsection (a) to carry out educational and motiva-
16 tional activities that help young people—

17 (1) gain knowledge about the physical, emo-
18 tional, biological, and hormonal changes of adoles-
19 cence and subsequent stages of human maturation;

20 (2) develop the knowledge and skills necessary
21 to ensure and protect their sexual and reproductive
22 health from unintended pregnancy and sexually
23 transmitted disease, including HIV/AIDS through-
24 out their lifespan;

1 (3) gain knowledge about the specific involve-
2 ment and responsibility of males in sexual decision-
3 making;

4 (4) develop healthy attitudes and values about
5 adolescent growth and development, body image, ra-
6 cial and ethnic diversity, and other related subjects;

7 (5) develop and practice healthy life skills, in-
8 cluding goal-setting, decisionmaking, negotiation,
9 communication, and stress management;

10 (6) promote self-esteem and positive inter-
11 personal skills focusing on relationship dynamics, in-
12 cluding friendships, dating, romantic involvement,
13 marriage and family interactions; and

14 (7) prepare for the adult world by focusing on
15 educational and career success, including developing
16 skills for employment preparation, job seeking, inde-
17 pendent living, financial self-sufficiency, and work-
18 place productivity.

19 **SEC. 803. SENSE OF CONGRESS.**

20 It is the sense of Congress that while States are not
21 required under this title to provide matching funds, with
22 respect to grants authorized under section 802(a), they
23 are encouraged to do so.

1 **SEC. 804. EVALUATION OF PROGRAMS.**

2 (a) IN GENERAL.—For the purpose of evaluating the
3 effectiveness of programs of family life education carried
4 out with a grant under section 802, evaluations of such
5 program shall be carried out in accordance with sub-
6 sections (b) and (c).

7 (b) NATIONAL EVALUATION.—

8 (1) IN GENERAL.—The Secretary shall provide
9 for a national evaluation of a representative sample
10 of programs of family life education carried out with
11 grants under section 802. A condition for the receipt
12 of such a grant is that the State involved agree to
13 cooperate with the evaluation. The purposes of the
14 national evaluation shall be the determination of—

15 (A) the effectiveness of such programs in
16 helping to delay the initiation of sexual inter-
17 course and other high-risk behaviors;

18 (B) the effectiveness of such programs in
19 preventing adolescent pregnancy;

20 (C) the effectiveness of such programs in
21 preventing sexually transmitted disease, includ-
22 ing HIV/AIDS;

23 (D) the effectiveness of such programs in
24 increasing contraceptive knowledge and contra-
25 ceptive behaviors when sexual intercourse oc-
26 curs; and

1 (E) a list of best practices based upon es-
2 sential programmatic components of evaluated
3 programs that have led to success in subpara-
4 graphs (A) through (D).

5 (2) REPORT.—A report providing the results of
6 the national evaluation under paragraph (1) shall be
7 submitted to Congress not later than March 31,
8 2011, with an interim report provided on an annual
9 basis at the end of each fiscal year.

10 (c) INDIVIDUAL STATE EVALUATIONS.—

11 (1) IN GENERAL.—A condition for the receipt
12 of a grant under section 802 is that the State in-
13 volved agree to provide for the evaluation of the pro-
14 grams of family education carried out with the grant
15 in accordance with the following:

16 (A) The evaluation will be conducted by an
17 external, independent entity.

18 (B) The purposes of the evaluation will be
19 the determination of—

20 (i) the effectiveness of such programs
21 in helping to delay the initiation of sexual
22 intercourse and other high-risk behaviors;

23 (ii) the effectiveness of such programs
24 in preventing adolescent pregnancy;

1 (iii) the effectiveness of such pro-
2 grams in preventing sexually transmitted
3 disease, including HIV/AIDS; and

4 (iv) the effectiveness of such programs
5 in increasing contraceptive knowledge and
6 contraceptive behaviors when sexual inter-
7 course occurs.

8 (2) USE OF GRANT.—A condition for the re-
9 ceipt of a grant under section 802 is that the State
10 involved agree that not more than 10 percent of the
11 grant will be expended for the evaluation under
12 paragraph (1).

13 **SEC. 805. DEFINITIONS.**

14 For purposes of this title:

15 (1) The term “eligible State” means a State
16 that submits to the Secretary an application for a
17 grant under section 802 that is in such form, is
18 made in such manner, and contains such agree-
19 ments, assurances, and information as the Secretary
20 determines to be necessary to carry out this title.

21 (2) The term “HIV/AIDS” means the human
22 immunodeficiency virus, and includes acquired im-
23 mune deficiency syndrome.

24 (3) The term “medically accurate”, with respect
25 to information, means information that is supported

1 by research, recognized as accurate and objective by
2 leading medical, psychological, psychiatric, and pub-
3 lic health organizations and agencies, and where rel-
4 evant, published in peer review journals.

5 (4) The term “Secretary” means the Secretary
6 of Health and Human Services.

7 **SEC. 806. APPROPRIATIONS.**

8 (a) IN GENERAL.—For the purpose of carrying out
9 this title, there are authorized to be appropriated such
10 sums as may be necessary for each of the fiscal years 2008
11 through 2012.

12 (b) ALLOCATIONS.—Of the amounts appropriated
13 under subsection (a) for a fiscal year—

14 (1) not more than 7 percent may be used for
15 the administrative expenses of the Secretary in car-
16 rying out this title for that fiscal year; and

17 (2) not more than 10 percent may be used for
18 the national evaluation under section 804(b).

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