111TH CONGRESS
1ST SESSION

H. R. 463

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

JANUARY 13, 2009

Ms. SLAUGHTER (for herself, Ms. DEGETTE, Ms. DELAURO, Ms. HARMAN, Ms. LEE of California, Mrs. LOWEY, Mr. ROTHMAN of New Jersey, Mr. WAXMAN, Mr. ABERCROMBIE, Mr. ACKERMAN, Mr. ADLER of New Jersey, Mr. ARCURI, Ms. BALDWIN, Ms. BERKLEY, Mr. BERMAN, Mrs. BIGGERT, Mr. BISHOP of New York, Mr. BISHOP of Georgia, Mr. BLUMENAUER, Mr. BOUCHER, Mr. BRADY of Pennsylvania, Mr. BRALEY of Iowa, Mrs. CAPPS, Mr. CAPUANO, Mr. CARNAHAN, Mr. CHANDLER, Mr. CLAY, Mr. COHEN, Mr. CONNOLLY of Virginia, Mr. CROWLEY, Mrs. DAVIS of California, Mr. DELAHUNT, Mr. DICKS, Mr. ELLISON, Mr. ENGEL, Mr. FARR, Mr. FATTAH, Mr. FILNER, Mr. FRANK of Massachusetts, Ms. GIFFORDS, Mrs. GILLIBRAND, Mr. AL GREEN of Texas, Mr. GENE GREEN of Texas, Mr. GRIJALVA, Mr. HALL of New York, Mr. HARE, Mr. HIGGINS, Mr. HINCHEY, Ms. HIRONO, Mr. HODES, Mr. HOLT, Mr. HONDA, Mr. INSLEE, Mr. ISRAEL, Ms. JACKSON-LEE of Texas, Mr. KENNEDY, Ms. KILROY, Mr. KIND, Mr. KUCINICH, Mr. LANGEVIN, Mr. LARSEN of Washington, Mr. LEVIN, Mr. LOEBSACK, Ms. ZOE LOFGREN of California, Mrs. MALONEY, Ms. MATSUI, Ms. MCCOLLUM, Mr. MCDERMOTT, Mr. MCGOVERN, Mr. MCNERNEY, Mr. MEEKS of New York, Mr. GEORGE MILLER of California, Mr. MITCHELL, Ms. MOORE of Wisconsin, Mr. MOORE of Kansas, Mr. MURPHY of Connecticut, Mr. PATRICK J. MURPHY of Pennsylvania, Mr. NADLER of New York, Mrs. NAPOLITANO, Ms. NORTON, Mr. OLVER, Mr. PAYNE, Mr. PETERS, Ms. PINGREE of Maine, Mr. PRICE of North Carolina, Mr. RANGEL, Ms. ROYBAL-ALLARD, Mr. RUPPERSBERGER, Mr. RUSH, Mr. RYAN of Ohio, Ms. LORETTA SANCHEZ of California, Mr. SARBANES, Ms. SCHAKOWSKY, Mr. SCHIFF, Ms. SCHWARTZ, Mr. SERRANO, Mr. SHERMAN, Mr. SIRES, Mr. STARK, Ms. SUTTON, Mrs. TAUSCHER, Mr. THOMPSON of California, Ms. TSONGAS, Ms. VELÁZQUEZ, Ms. WASSERMAN SCHULTZ, Mr. WELCH, Mr. WEXLER, Ms. WOOLSEY, Mr. WU, Mr. YARMUTH, and Mr. VAN HOLLEN) 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 of 2009".

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.

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. Limitations on use of funds.
Sec. 806. Definitions.
Sec. 807. Authorization of 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

1 Health Promotion and Disease Prevention Objec-
2 tives.
3 (2) Although the Centers for Disease Control
4 and Prevention (referred to in this section as the
5 "CDC") included family planning in its published
6 list of the Ten Great Public Health Achievements in
7 the 20th Century, the United States still has one of
8 the highest rates of unintended pregnancies among
9 industrialized nations.
10 (3) Each year, nearly half of all pregnancies in
11 the United States are unintended, and nearly half of
12 unintended pregnancies end in abortion.
13 (4) In 2006, 36,200,000 women, more than
14 half of all women of reproductive age, were in need
15 of contraceptive services and supplies to help prevent
16 unintended pregnancy, and nearly half of those were
17 in need of public support for such care.
18 (5) The United States has some of the highest
19 rates of sexually transmitted infections (referred to
20 in this section as "STIs") among industrialized na-
21 tions. In 2006, there were approximately 19,000,000
22 new cases of STIs, almost half of them occurring in
23 young people ages 15 to 24. According to the CDC,
24 in addition to the burden on public health, STIs im-
25 pose a tremendous economic burden with direct med-

1 ical costs as high as $14,700,000,000 each year in
2 2006 dollars.
3 (6) Contraceptive use can improve overall
4 health by enabling women to plan and space their
5 pregnancies and has contributed to dramatic de-
6 clines in maternal and infant mortality. Widespread
7 use of contraceptives has been the driving force in
8 reducing unintended pregnancies and sexually trans-
9 mitted infections, and reducing the need for abortion
10 in this nation. Contraceptive use also saves public
11 health dollars. For every dollar spent to provide
12 services in publicly funded family planning clinics,
13 $4.02 in Medicaid expenses are saved because unin-
14 tended births are averted.
15 (7) Reducing unintended pregnancy improves
16 maternal health and is an important strategy in ef-
17 forts to reduce maternal mortality. Women experi-
18 encing unintended pregnancy are at greater risk for
19 physical abuse.
20 (8) A child born from an unintended pregnancy
21 is at greater risk than a child born from an intended
22 pregnancy of low birth weight, dying in the first
23 year of life, being abused, and not receiving suffi-
24 cient resources for healthy development.

1 (9) The ability to control fertility allows couples
2 to achieve economic stability by facilitating greater
3 educational achievement and participation in the
4 workforce.
5 (10) Contraceptives are effective in preventing
6 unintended pregnancy when used consistently and
7 correctly. Without contraception, a sexually active
8 woman has an 85 percent chance of becoming preg-
9 nant within a year.
10 (11) Approximately 50 percent of unintended
11 pregnancies occur among women who do not use
12 contraception.
13 (12) Many poor and low-income women cannot
14 afford to purchase contraceptive services and sup-
15 plies on their own. The number of women needing
16 subsidized services has increased by more than
17 1,000,000 (seven percent) since 2000. A poor
18 woman in the United States is now nearly four times
19 as likely as a more affluent woman to have an un-
20 planned pregnancy. Between 1994 and 2001, unin-
21 tended pregnancy among low-income women in-
22 creased by 29 percent, while unintended pregnancy
23 decreased by 20 percent among women with higher
24 incomes.

1 (13) Public health programs, such as the Med-
2 icaid program and family planning programs under
3 title X of the Public Health Service Act, provide
4 high-quality family planning services and other pre-
5 ventive health care to underinsured or uninsured in-
6 dividuals who may otherwise lack access to health
7 care.

8 (14) Medicaid has become an essential source of
9 support for the provision of subsidized family plan-
10 ning services and supplies. It is the single largest
11 source of public funds supporting these services. In
12 2001, the program provided six in ten of all public
13 dollars spent on family planning services. In 2006,
14 12 percent of women of reproductive age (7,300,000
15 women between the ages of 15 and 44) looked to
16 Medicaid for their care and 37 percent of poor
17 women of reproductive age rely upon Medicaid.

18 (15) Approximately 1,400,000 unintended preg-
19 nancies and 600,000 abortions are averted each year
20 because of services provided in publicly funded clin-
21 ics. In 2006, title X service providers performed
22 more than 2,400,000 Pap tests, 2,400,000 breast
23 exams, and 5,800,000 tests for STIs, including
24 652,426 HIV tests and 2,300,000 Chlamydia tests.
25 One in four women who obtain reproductive health

1 services from a medical provider does so at a pub-
2 licly funded clinic.
3 (16) The stagnant funding for public family
4 planning programs in combination with the increas-
5 ing demand for subsidized services; the rising costs
6 of contraceptive services and supplies, and the high
7 cost of improved screening and treatment for cer-
8 vical cancer and sexually transmitted infections has
9 diminished the ability of clinics receiving funds
10 under title X of the Public Health Services Act to
11 adequately serve all those in need. At present, clinics
12 are able to reach just 41 percent of the women need-
13 ing subsidized services. Had title X funding kept up
14 with inflation since FY 1980, it would now be fund-
15 ed at $759,000,000, instead of its fiscal year 2007
16 funding level of $283,000,000. Taking inflation into
17 account, funding for title X in constant dollars is 63
18 percent lower today than it was in FY 1980.
19 (17) While the Medicaid program remains the
20 largest source of subsidized family planning services,
21 States are facing significant budgetary pressures to
22 cut their Medicaid programs, putting many women
23 at risk of losing coverage for family planning serv-
24 ices.

1 (18) In addition, eligibility under the Medicaid
2 program in many States is severely restricted, which
3 leaves family planning services financially out of
4 reach for many poor women. Many States have dem-
5 onstrated tremendous success with Medicaid family
6 planning waivers that allow States to expand access
7 to Medicaid family planning services. However, the
8 administrative burden of applying for a waiver poses
9 a significant barrier to States that would like to ex-
10 pand their coverage of family planning programs
11 through Medicaid.
12 (19) As of December 2008, 27 States offered
13 expanded family planning benefits as a result of
14 Medicaid family planning waivers. The cost-effective-
15 ness of these waivers was affirmed by a recent eval-
16 uation funded by the Centers for Medicare & Med-
17 icaid Services. This evaluation of six waivers found
18 that all family planning programs under such waiv-
19 ers resulted in significant savings to both the Fed-
20 eral and State governments. Moreover, the research-
21 ers found measurable reductions in unintended preg-
22 nancy.
23 (20) Although employer-sponsored health plans
24 have improved coverage of contraceptive services and
25 supplies, largely in response to State contraceptive

1 coverage laws, there is still significant room for im-
2 provement. The ongoing lack of coverage in health
3 insurance plans, particularly in self-insured and indi-
4 vidual plans, continues to place effective forms of
5 contraception beyond the financial reach of many
6 women.

7 (21) Including contraceptive coverage in private
8 health care plans saves employers money. Not cov-
9 ering contraceptives in employee health plans costs
10 employers 15 to 17 percent more than providing
11 such coverage.

12 (22) Approved for use by the Food and Drug
13 Administration, emergency contraception is a safe
14 and effective way to prevent unintended pregnancy
15 after unprotected sex. Research confirms that easier
16 access to emergency contraceptives does not increase
17 sexual risk-taking or sexually transmitted diseases.

18 (23) The available evidence shows that many
19 women do not know about emergency contraception,
20 do not know where to get it, or are unable to access
21 it. Overcoming these obstacles could help ensure that
22 more women use emergency contraception consist-
23 ently and correctly.

24 (24) A November 2006 study of declining preg-
25 nancy rates among teens concluded that the reduc-

1 tion in teen pregnancy between 1995 and 2002 is
2 primarily the result of increased use of contracep-
3 tives. As such, it is critically important that teens
4 receive accurate, unbiased information about contra-
5 ception.

6 (25) The American Medical Association, the
7 American Nurses Association, the American Acad-
8 emy of Pediatrics, the American College of Obstetri-
9 cians and Gynecologists, the American Public Health
10 Association, and the Society for Adolescent Medi-
11 cine, support responsible sexuality education that in-
12 cludes information about both abstinence and con-
13 traception.

14 (26) Teens who receive comprehensive sexuality
15 education that includes discussion of contraception
16 as well as abstinence are more likely than those who
17 receive abstinence-only messages to delay sex, to
18 have fewer partners, and to use contraceptives when
19 they do become sexually active.

20 (27) Government-funded abstinence-only-until-
21 marriage programs are precluded from discussing
22 contraception except to talk about failure rates. An
23 October 2006 report by the Government Account-
24 ability Office found that the Department of Health
25 and Human Services does not review the materials

1 of recipients of grants administered by such Depart-
2 ment for scientific accuracy and requires grantees to
3 review their own materials for scientific accuracy.
4 The GAO also reported on the Department's total
5 lack of appropriate and customary measurements to
6 determine if funded programs are effective. In addi-
7 tion, a separate letter from the Government Ac-
8 countability Office found that the Department of
9 Health and Human Services is in violation of Fed-
10 eral law by failing to enforce a requirement under
11 the Public Health Service Act that federally funded
12 grantees working to address the prevention of sexu-
13 ally transmitted diseases, including abstinence-only-
14 until-marriage programs, must provide medically ac-
15 curate information about the effectiveness of
16 condoms.

17 (28) Recent scientific reports by the Institute of
18 Medicine, the American Medical Association, and the
19 Office on National AIDS Policy stress the need for
20 sexuality education that includes messages about ab-
21 stinence and provides young people with information
22 about contraception for the prevention of teen preg-
23 nancy, HIV/AIDS, and other sexually transmitted
24 diseases.

1 (29) A 2006 statement from the American Pub-
2 lic Health Association (referred to in this section as
3 ''APHA'') states that APHA ''recognizes the impor-
4 tance of abstinence education, but only as part of a
5 comprehensive sexuality education program . . .
6 APHA calls for repealing current Federal funding
7 for abstinence-only programs and replacing it with
8 funding for a new Federal program to promote com-
9 prehensive sexuality education, combining informa-
10 tion about abstinence with age-appropriate sexuality
11 education.''.

12 (30) Comprehensive sexuality education pro-
13 grams respect the diversity of values and beliefs rep-
14 resented in the community and will complement and
15 augment the sexuality education children receive
16 from their families.

17 (31) Over 60 percent of the 56,300 annual new
18 cases of HIV infections in the United States occur
19 in youth ages 13 through 24. African-American and
20 Latino youth have been disproportionately affected
21 by the HIV/AIDS epidemic. In 2005, Blacks and
22 Latinos accounted for 84 percent of all new HIV in-
23 fections among 13- to 19-year-olds and 76 percent
24 of HIV infections among 20- to 24-year-olds in the
25 United States even though, Black and Latinos rep-

1 resent only about 32 percent of people in these ages.
2 Teens in the United States contract an estimated
3 9,000,000 sexually transmitted infections each year.
4 By age 24, at least one in four sexually active people
5 between the ages of 15 and 24 will have contracted
6 a sexually transmitted infection.
7 (32) Approximately 50 young people a day, an
8 average of 2 young people every hour of every day,
9 are infected with HIV in the United States.

10 TITLE I—TITLE X OF PUBLIC 11 HEALTH SERVICE ACT

12 **SEC. 101. SHORT TITLE.**

13 This title may be cited as the ''Title X Family Plan-
14 ning Services Act of 2009''.

15 **SEC. 102. AUTHORIZATION OF APPROPRIATIONS.**

16 Section 1001(d) of the Public Health Service Act is
17 amended by striking all that follows ''there are authorized
18 to be appropriated'' and inserting ''$700,000,000 for fis-
19 cal year 2010 and such sums as may be necessary for each
20 subsequent fiscal year''.

TITLE II—EQUITY IN PRESCRIPTION INSURANCE AND CONTRACEPTIVE COVERAGE

SEC. 201. SHORT TITLE.

This title may be cited as the "Equity in Prescription Insurance and Contraceptive Coverage Act of 2009".

SEC. 202. AMENDMENTS TO EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974.

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

"SEC. 715. STANDARDS RELATING TO BENEFITS FOR CONTRACEPTIVES.

"(a) REQUIREMENTS FOR COVERAGE.—A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, may not—

"(1) exclude or restrict benefits for prescription contraceptive drugs or devices approved by the Food and Drug Administration, or generic equivalents approved as substitutable by the Food and Drug Administration, if such plan or coverage provides benefits for other outpatient prescription drugs or devices; or

1 "(2) exclude or restrict benefits for outpatient
2 contraceptive services if such plan or coverage pro-
3 vides benefits for other outpatient health care serv-
4 ices.

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

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

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

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

23 "(4) provide incentives (monetary or otherwise)
24 to a health care professional to induce such profes-
25 sional to withhold from a covered individual contra-

1 ceptive drugs or devices, or contraceptive services,
2 described in subsection (a).
3 "(c) RULES OF CONSTRUCTION.—
4 "(1) IN GENERAL.—Nothing in this section
5 shall be construed—
6 "(A) as preventing a group health plan
7 and a health insurance issuer providing health
8 insurance coverage in connection with a group
9 health plan from imposing deductibles, coinsur-
10 ance, or other cost-sharing or limitations in re-
11 lation to—
12 "(i) benefits for contraceptive drugs
13 under the plan or coverage, except that
14 such a deductible, coinsurance, or other
15 cost-sharing or limitation for any such
16 drug shall be consistent with those imposed
17 for other outpatient prescription drugs oth-
18 erwise covered under the plan or coverage;
19 "(ii) benefits for contraceptive devices
20 under the plan or coverage, except that
21 such a deductible, coinsurance, or other
22 cost-sharing or limitation for any such de-
23 vice shall be consistent with those imposed
24 for other outpatient prescription devices

otherwise covered under the plan or coverage; and

"(iii) benefits for outpatient contraceptive services under the plan or coverage, except that such a deductible, coinsurance, or other cost-sharing or limitation for any such service shall be consistent with those imposed for other outpatient health care services otherwise covered under the plan or coverage;

"(B) as requiring a group health plan and a health insurance issuer providing health insurance coverage in connection with a group health plan to cover experimental or investigational contraceptive drugs or devices, or experimental or investigational contraceptive services, described in subsection (a), except to the extent that the plan or issuer provides coverage for other experimental or investigational outpatient prescription drugs or devices, or experimental or investigational outpatient health care services; or

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

1 "(2) LIMITATIONS.—As used in paragraph (1),
2 the term 'limitation' includes—
3 "(A) in the case of a contraceptive drug or
4 device—
5 "(i) restricting the type of health care
6 professionals that may prescribe such
7 drugs or devices;
8 "(ii) utilization review provisions; and
9 "(iii) limits on the volume of prescrip-
10 tion drugs or devices that may be obtained
11 on the basis of a single consultation with
12 a professional; or
13 "(B) in the case of an outpatient contra-
14 ceptive service—
15 "(i) restricting the type of health care
16 professionals that may provide such serv-
17 ices;
18 "(ii) utilization review provisions;
19 "(iii) requirements relating to second
20 opinions prior to the coverage of such serv-
21 ices; and
22 "(iv) requirements relating to
23 preauthorizations prior to the coverage of
24 such services.

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

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

18 “(f) DEFINITIONS.—In this section:

19 “(1) OUTPATIENT CONTRACEPTIVE SERV-
20 ICES.—The term ‘outpatient contraceptive services’
21 means consultations, examinations, procedures, and
22 medical services, provided on an outpatient basis
23 and related to the use of contraceptive methods (in-
24 cluding natural family planning) to prevent an unin-
25 tended pregnancy.

1 “(2) OUTPATIENT HEALTH CARE SERVICES.—
2 The term ‘outpatient health care services’ means
3 outpatient services provided by a health care profes-
4 sional.”.
5 (b) CLERICAL AMENDMENT.—The table of contents
6 in section 1 of the Employee Retirement Income Security
7 Act of 1974 (29 U.S.C. 1001) is amended by inserting
8 after the item relating to section 714 the following:

“Sec. 715. Standards relating to benefits for contraceptives.”.

9 (c) EFFECTIVE DATE.—The amendments made by
10 this section shall apply with respect to plan years begin-
11 ning on or after January 1, 2010.

12 **SEC. 203. AMENDMENTS TO PUBLIC HEALTH SERVICE ACT**
13 **RELATING TO THE GROUP MARKET.**

14 (a) IN GENERAL.—Subpart 2 of part A of title
15 XXVII of the Public Health Service Act (42 U.S.C.
16 300gg–4 et seq.) is amended by adding at the end the
17 following:

18 **“SEC. 2708. STANDARDS RELATING TO BENEFITS FOR CON-**
19 **TRACEPTIVES.**

20 “(a) REQUIREMENTS FOR COVERAGE.—A group
21 health plan, and a health insurance issuer providing health
22 insurance coverage in connection with a group health plan,
23 may not—
24 “(1) exclude or restrict benefits for prescription
25 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 health care serv-
9 ices.

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

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

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

23 "(3) penalize or otherwise reduce or limit the
24 reimbursement of a health care professional because
25 such professional prescribed contraceptive drugs or

1 devices, or provided contraceptive services, described
2 in subsection (a), in accordance with this section; or
3 "(4) provide incentives (monetary or otherwise)
4 to a health care professional to induce such profes-
5 sional to withhold from covered individual contracep-
6 tive drugs or devices, or contraceptive services, de-
7 scribed in subsection (a).
8 "(c) RULES OF CONSTRUCTION.—
9 "(1) IN GENERAL.—Nothing in this section
10 shall be construed—
11 "(A) as preventing a group health plan
12 and a health insurance issuer providing health
13 insurance coverage in connection with a group
14 health plan from imposing deductibles, coinsur-
15 ance, or other cost-sharing or limitations in re-
16 lation to—
17 "(i) benefits for contraceptive drugs
18 under the plan or coverage, except that
19 such a deductible, coinsurance, or other
20 cost-sharing or limitation for any such
21 drug shall be consistent with those imposed
22 for other outpatient prescription drugs oth-
23 erwise covered under the plan or coverage;
24 "(ii) benefits for contraceptive devices
25 under the plan or coverage, except that

1 such a deductible, coinsurance, or other
2 cost-sharing or limitation for any such de-
3 vice shall be consistent with those imposed
4 for other outpatient prescription devices
5 otherwise covered under the plan or cov-
6 erage; and
7 ''(iii) benefits for outpatient contra-
8 ceptive services under the plan or coverage,
9 except that such a deductible, coinsurance,
10 or other cost-sharing or limitation for any
11 such service shall be consistent with those
12 imposed for other outpatient health care
13 services otherwise covered under the plan
14 or coverage;
15 ''(B) as requiring a group health plan and
16 a health insurance issuer providing health in-
17 surance coverage in connection with a group
18 health plan to cover experimental or investiga-
19 tional contraceptive drugs or devices, or experi-
20 mental or investigational contraceptive services,
21 described in subsection (a), except to the extent
22 that the plan or issuer provides coverage for
23 other experimental or investigational outpatient
24 prescription drugs or devices, or experimental

1 or investigational outpatient health care serv-
2 ices; or
3 ‘‘(C) as modifying, diminishing, or limiting
4 the rights or protections of an individual under
5 any other Federal law.
6 ‘‘(2) LIMITATIONS.—As used in paragraph (1),
7 the term ‘limitation’ includes—
8 ‘‘(A) in the case of a contraceptive drug or
9 device—
10 ‘‘(i) restricting the type of health care
11 professionals that may prescribe such
12 drugs or devices;
13 ‘‘(ii) utilization review provisions; and
14 ‘‘(iii) limits on the volume of prescrip-
15 tion drugs or devices that may be obtained
16 on the basis of a single consultation with
17 a professional; or
18 ‘‘(B) in the case of an outpatient contra-
19 ceptive service—
20 ‘‘(i) restricting the type of health care
21 professionals that may provide such serv-
22 ices;
23 ‘‘(ii) utilization review provisions;

"(iii) requirements relating to second opinions prior to the coverage of such services; and

"(iv) requirements relating to preauthorizations prior to the coverage of such services.

"(d) NOTICE.—A group health plan under this part shall comply with the notice requirement under section 715(d) of the Employee Retirement Income Security Act of 1974 with respect to the requirements of this section as if such section applied to such plan.

"(e) PREEMPTION.—Nothing in this section shall be construed to preempt any provision of State law to the extent that such State law establishes, implements, or continues in effect any standard or requirement that provides coverage or protections for enrollees that are greater than the coverage or protections provided under this section.

"(f) DEFINITIONS.—In this section:

"(1) OUTPATIENT CONTRACEPTIVE SERVICES.—The term 'outpatient contraceptive services' means consultations, examinations, procedures, and medical services, provided on an outpatient basis and related to the use of contraceptive methods (including natural family planning) to prevent an unintended pregnancy.

1 "(2) OUTPATIENT HEALTH CARE SERVICES.—
2 The term 'outpatient health care services' means
3 outpatient services provided by a health care profes-
4 sional.".
5 (b) EFFECTIVE DATE.—The amendments made by
6 this section shall apply with respect to group health plans
7 for plan years beginning on or after January 1, 2010.

8 **SEC. 204. AMENDMENT TO PUBLIC HEALTH SERVICE ACT**
9 **RELATING TO THE INDIVIDUAL MARKET.**

10 (a) IN GENERAL.—Part B of title XXVII of the Pub-
11 lic Health Service Act (42 U.S.C. 300gg–41 et seq.) is
12 amended by adding at the end of subpart 2 the following:

13 **"SEC. 2754. STANDARDS RELATING TO BENEFITS FOR CON-**
14 **TRACEPTIVES.**

15 "The provisions of section 2708 shall apply to health
16 insurance coverage offered by a health insurance issuer
17 in the individual market in the same manner as such pro-
18 visions apply to health insurance coverage offered by a
19 health insurance issuer in connection with a group health
20 plan in the small or large group market.".
21 (a) EFFECTIVE DATE.—The amendment made by
22 this section shall apply with respect to health insurance
23 coverage offered, sold, issued, renewed, in effect, or oper-
24 ated in the individual market on or after January 1, 2010.

TITLE III—EMERGENCY CONTRACEPTION EDUCATION AND INFORMATION

SEC. 301. SHORT TITLE.

This title may be cited as the "Emergency Contraception Education Act of 2009".

SEC. 302. EMERGENCY CONTRACEPTION EDUCATION AND INFORMATION PROGRAMS.

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

(1) EMERGENCY CONTRACEPTION.—The term "emergency contraception" means a drug or device (as such terms are defined in section 201 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321)) or a drug regimen that—

(A) is used after sexual relations;

(B) prevents pregnancy, by preventing ovulation, fertilization of an egg, or implantation of an egg in a uterus; and

(C) is approved by the Food and Drug Administration.

(2) HEALTH CARE PROVIDER.—The term "health care provider" means an individual who is licensed or certified under State law to provide health care services and who is operating within the scope of such license.

1 (3) INSTITUTION OF HIGHER EDUCATION.—The
2 term ''institution of higher education'' has the same
3 meaning given such term in section 101(a) of the
4 Higher Education Act of 1965 (20 U.S.C. 1001(a)).
5 (4) SECRETARY.—The term ''Secretary'' means
6 the Secretary of Health and Human Services.
7 (b) EMERGENCY CONTRACEPTION PUBLIC EDU-
8 CATION PROGRAM.—
9 (1) IN GENERAL.—The Secretary, acting
10 through the Director of the Centers for Disease
11 Control and Prevention, shall develop and dissemi-
12 nate to the public information on emergency contra-
13 ception.
14 (2) DISSEMINATION.—The Secretary may dis-
15 seminate information under paragraph (1) directly
16 or through arrangements with nonprofit organiza-
17 tions, consumer groups, institutions of higher edu-
18 cation, Federal, State, or local agencies, clinics, and
19 the media.
20 (3) INFORMATION.—The information dissemi-
21 nated under paragraph (1) shall include, at a min-
22 imum, a description of emergency contraception and
23 an explanation of the use, safety, efficacy, and avail-
24 ability of such contraception.

1 (c) EMERGENCY CONTRACEPTION INFORMATION
2 PROGRAM FOR HEALTH CARE PROVIDERS.—
3 (1) IN GENERAL.—The Secretary, acting
4 through the Administrator of the Health Resources
5 and Services Administration and in consultation
6 with major medical and public health organizations,
7 shall develop and disseminate to health care pro-
8 viders information on emergency contraception.
9 (2) INFORMATION.—The information dissemi-
10 nated under paragraph (1) shall include, at a min-
11 imum—
12 (A) information describing the use, safety,
13 efficacy, and availability of emergency contra-
14 ception;
15 (B) a recommendation regarding the use of
16 such contraception in appropriate cases; and
17 (C) information explaining how to obtain
18 copies of the information developed under sub-
19 section (b) for distribution to the patients of
20 the providers.
21 (d) AUTHORIZATION OF APPROPRIATIONS.—There
22 are authorized to be appropriated to carry out this section
23 such sums as may be necessary for each of the fiscal years
24 2010 through 2014.

TITLE IV—COMPASSIONATE ASSISTANCE FOR RAPE EMERGENCIES

SEC. 401. SHORT TITLE.

This title may be cited as the ''Compassionate Assistance for Rape Emergencies Act of 2009''.

SEC. 402. SURVIVORS OF SEXUAL ASSAULT; PROVISION BY HOSPITALS OF EMERGENCY CONTRACEPTIVES WITHOUT CHARGE.

(a) IN GENERAL.—Federal funds may not be provided to a hospital under any health-related program, unless the hospital meets the conditions specified in subsection (b) in the case of—

(1) any woman who presents at the hospital and states that she is a victim of sexual assault, or is accompanied by someone who states she is a victim of sexual assault; and

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

(b) ASSISTANCE FOR VICTIMS.—The conditions specified in this subsection regarding a hospital and a woman described in subsection (a) are as follows:

(1) The hospital promptly provides the woman with medically and factually accurate and unbiased

1 written and oral information about emergency con-
2 traception, including information explaining that—
3 (A) emergency contraception does not
4 cause an abortion; and
5 (B) emergency contraception is effective in
6 most cases in preventing pregnancy after un-
7 protected sex.
8 (2) The hospital promptly offers emergency
9 contraception to the woman, and promptly provides
10 such contraception to her on her request.
11 (3) The information provided pursuant to para-
12 graph (1) is in clear and concise language, is readily
13 comprehensible, and meets such conditions regarding
14 the provision of the information in languages other
15 than English as the Secretary may establish.
16 (4) The services described in paragraphs (1)
17 through (3) are not denied because of the inability
18 of the woman or her family to pay for the services.
19 (c) DEFINITIONS.—For purposes of this section:
20 (1) The term ''emergency contraception'' means
21 a drug, drug regimen, or device that—
22 (A) is used postcoitally;
23 (B) prevents pregnancy by delaying ovula-
24 tion, preventing fertilization of an egg, or pre-
25 venting implantation of an egg in a uterus; and

1 (C) is approved by the Food and Drug Ad-
2 ministration.
3 (2) The term ''hospital'' has the meanings given
4 such term in title XVIII of the Social Security Act,
5 including—
6 (A) the meaning given such term in section
7 1861(e) of such Act;
8 (B) the meaning given the term ''psy-
9 chiatric hospital'' in section 1861(f) of such
10 Act;
11 (C) the meaning given to the term ''critical
12 access hospital'' under section 1861(mm) of
13 such Act; and
14 (D) the meaning applicable such title for
15 purposes of making payments for emergency
16 services to hospitals that do not have agree-
17 ments in effect under such title.
18 (3) The term ''Secretary'' means the Secretary
19 of Health and Human Services.
20 (4) The term ''sexual assault'' means coitus in
21 which the woman involved does not consent or lacks
22 the legal capacity to consent.
23 (d) EFFECTIVE DATE; AGENCY CRITERIA.—This sec-
24 tion takes effect upon the expiration of the 180-day period
25 beginning on the date of the enactment of this title. Not

later than 30 days prior to the expiration of such period, the Secretary shall publish in the Federal Register criteria for carrying out this section.

TITLE V—AT-RISK COMMUNITIES TEENAGE PREGNANCY PREVENTION ACT

SEC. 501. SHORT TITLE.

This title may be cited as the "At-Risk Communities Teenage Pregnancy Prevention Act of 2009".

SEC. 502. TEEN PREGNANCY PREVENTION.

(a) TEENAGE PREGNANCY PREVENTION GRANTS.—Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended by inserting at the end the following section:

"SEC. 399U. TEENAGE PREGNANCY PREVENTION GRANTS.

"(a) AUTHORITY.—The Secretary may award on a competitive basis grants to public and private entities to establish or expand teenage pregnancy prevention programs.

"(b) GRANT RECIPIENTS.—Grant recipients under this section may include State and local not-for-profit coalitions working to prevent teenage pregnancy; State, local, and tribal agencies; schools; entities that provide after-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 may only be used for pro-
21 grams 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 re-
3 duce teenage pregnancy;

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 ''(3) provide information that is age-appro-
12 priate, factually and medically accurate and com-
13 plete, and scientifically based; and

14 ''(4) provide any information, activities, and
15 services that are directed toward a particular popu-
16 lation group in a language and cultural context that
17 is most appropriate for individual in such group.

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

1 cial Security Act are ineligible for funding under this sec-
2 tion.

3 "(f) APPLICATIONS.—Each entity seeking a grant
4 under this section shall submit an application to the Sec-
5 retary at such time and in such form, is made in such
6 manner, and contains such agreements, assurances, and
7 information as the Secretary determines to be necessary
8 to carry out the program involved.

9 "(g) MATCHING FUNDS.—

10 "(1) IN GENERAL.—The Federal share of the
11 cost of an activity carried out with a grant under
12 this section may not exceed 75 percent of cost of the
13 activity.

14 "(2) APPLICANT'S SHARE.—The applicant's
15 share of the cost of a program shall be provided in
16 cash or in kind.

17 "(h) MAINTENANCE OF EFFORT.—As condition of
18 making a grant under this section to an entity during any
19 fiscal year, the Secretary shall require that the entity ex-
20 pend, during such fiscal year, not less than the amount
21 of funds from non-Federal sources expended by such enti-
22 ty for teenage pregnancy prevention during the fiscal year
23 preceding the first fiscal year for which such grant is made
24 to such entity.

25 "(i) EVALUATIONS.—

1 "(1) IN GENERAL.—The Secretary shall—
2 "(A) conduct or provide for a rigorous
3 evaluation of 10 percent of programs for which
4 a grant is awarded under this section for the
5 purpose of determining the effectiveness of such
6 programs;
7 "(B) collect and analyze data relating to
8 program effectiveness on each program for
9 which a grant is awarded under this section;
10 and
11 "(C) upon completion of the evaluations
12 referred to in subparagraph (A), submit to the
13 Congress a report that includes a detailed state-
14 ment on the effectiveness of grants under this
15 section.
16 "(2) COOPERATION BY GRANTEES.—Each grant
17 recipient under this section shall provide such infor-
18 mation and cooperation as may be required by the
19 Secretary for purposes of an evaluation or data col-
20 lection under paragraph (1).
21 "(j) DEFINITION.—For purposes of this section, the
22 term 'rigorous scientific research' means research based
23 on a program evaluation that—
24 "(1) measured impact of the program on sexual
25 or contraceptive behavior, pregnancy or childbearing;

1 “(2) employed an experimental or quasi-experi-
2 mental design with well-constructed and appropriate
3 comparison groups; and

4 “(3) had a sample size large enough (at least
5 100 in the combined treatment and control group)
6 and a follow-up interval long enough (at least 6
7 months) to draw valid conclusions about such im-
8 pact.

9 “(k) AUTHORIZATION OF APPROPRIATIONS.—There
10 are authorized to be appropriated to carry out this section
11 such sums as may be necessary for fiscal year 2010 and
12 each subsequent fiscal year.”.

13 (b) TECHNICAL CORRECTIONS.—Part P of title III
14 of the Public Health Service Act (42 U.S.C. 280g et seq.)
15 is amended by—

16 (1) redesignating the second section 399R (as
17 added by section 2 of Public Law 110–373) as sec-
18 tion 399S; and

19 (2) redesignating the third section 399R (as
20 added by section 3 of Public Law 110–374) as sec-
21 tion 399T.

22 **SEC. 503. RESEARCH.**

23 (a) IN GENERAL.—The Secretary of Health and
24 Human Services, acting through the Director of the Cen-
25 ters for Disease Control and Prevention, shall make grants

1 to public or nonprofit private entities to conduct, support,
2 and coordinate research on the prevention of teen preg-
3 nancy in eligible communities, including research on the
4 factors contributing to the disproportionate rates of teen
5 pregnancy in such communities.

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

9 (1) investigates and determines the incidence
10 and prevalence of teen pregnancy in communities de-
11 scribed in such subsection;

12 (2) examines—

13 (A) the extent of the impact of teen preg-
14 nancy on—

15 (i) the health and well-being of teen-
16 agers in the communities; and

17 (ii) the scholastic achievement of such
18 teenagers;

19 (B) the variance in the rates of teen preg-
20 nancy by—

21 (i) location (such as inner cities, inner
22 suburbs, and outer suburbs);

23 (ii) population subgroup (such as His-
24 panic, Asian-Pacific Islander, African-
25 American, and Native American); and

(iii) level of acculturation;

(C) the importance of the physical and social environment as a factor in placing communities at risk of increased rates of teen pregnancy; and

(D) the importance of aspirations as a factor affecting young women's risk of teen pregnancy; and

(3) is used to develop—

(A) measures to address race, ethnicity, socioeconomic status, environment, and educational attainment and the relationship to the incidence and prevalence of teen pregnancy; and

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

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

(1) interdisciplinary approaches; or

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

(d) REQUIREMENTS.—A grant may be made under this section only if—

(1) the applicant agrees that all information provided pursuant to the grant will be age-appro-

1 priate, factually and medically accurate and com-
2 plete, and scientifically based;
3 (2) the applicant agrees that information, ac-
4 tivities, and services under the grant that are di-
5 rected toward a particular population group will be
6 provided in the language and cultural context that is
7 most appropriate for individuals in such group; and
8 (3) an application for the grant is submitted to
9 the Secretary of Health and Human Services and
10 the application is in such form, is made in such
11 manner, and contains such agreements, assurances,
12 and information as the Secretary of Health and
13 Human Services determines to be necessary to carry
14 out the program involved.
15 (e) AUTHORIZATION OF APPROPRIATIONS.—For the
16 purpose of carrying out this section, there is authorized
17 to be appropriated such sums as may be necessary for
18 each of the fiscal years 2010 through 2014.

19 TITLE VI—ACCURACY OF
20 CONTRACEPTIVE INFORMATION

21 SEC. 601. SHORT TITLE.

22 This title may be cited as the ''Truth in Contracep-
23 tion Act of 2009''.

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

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

9 TITLE VII—UNINTENDED 10 PREGNANCY REDUCTION ACT

11 **SEC. 701. SHORT TITLE.**

12 This title may be cited as the ''Unintended Preg-
13 nancy Reduction Act of 2009''.

14 **SEC. 702. MEDICAID; CLARIFICATION OF COVERAGE OF**
15 **FAMILY PLANNING SERVICES AND SUPPLIES.**

16 Section 1937(b) of the Social Security Act (42 U.S.C.
17 1396u–7(b)) is amended by adding at the end the fol-
18 lowing:

19 ''(5) COVERAGE OF FAMILY PLANNING SERV-
20 ICES AND SUPPLIES.—Notwithstanding the previous
21 provisions of this section, a State may not provide
22 for medical assistance through enrollment of an indi-
23 vidual with benchmark coverage or benchmark-equiv-
24 alent coverage under this section unless such cov-
25 erage includes, for any individual described in sec-
26 tion 1905(a)(4)(c)), medical assistance for family

1 planning services and supplies in accordance with
2 such section.''.

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

4 (a) COVERAGE AS A MANDATORY CATEGORICALLY
5 NEEDY GROUP.—

6 (1) IN GENERAL.—Section 1902(a)(10)(A)(I) of
7 the Social Security Act (42 U.S.C.
8 1396a(a)(10)(A)(I)) is amended—

9 (A) in subclause (VI), by striking ''or'' at
10 the end;

11 (B) in subclause (VII), by adding ''or'' at
12 the end; and

13 (C) by adding at the end the following new
14 subclause:

15 ''(VIII) who are described in sub-
16 section (dd) (relating to individuals
17 who meet the income standards for
18 pregnant women);''.

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

22 ''(dd)(1) Individuals described in this subsection are
23 individuals who—

24 ''(A) meet at least the income eligibility stand-
25 ards established under the State plan as of January

1 1, 2009, for pregnant women or such higher income
2 eligibility standard for such women as the State may
3 establish; and

4 "(B) are not pregnant.

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

14 (3) LIMITATION ON BENEFITS.—Section
15 1902(a)(10) of the Social Security Act (42 U.S.C.
16 1396a(a)(10)) is amended in the matter following
17 subparagraph (G)—

18 (A) by striking "and (XIV)" and inserting
19 "(XIV)"; and

20 (B) by striking the semicolon at the end
21 and inserting ", and (XV) the medical assist-
22 ance made available to an individual described
23 in subsection (dd) who is eligible for medical as-
24 sistance only because of subparagraph
25 (A)(10)(I)(VIII) shall be limited to family plan-

1 ning services and supplies described in
2 1905(a)(4)(C) and, at the State's option, med-
3 ical diagnosis or treatment services that are
4 provided in conjunction with a family planning
5 service in a family planning setting provided
6 during the period in which such an individual is
7 eligible;''.

8 (4) CONFORMING AMENDMENTS.—Section
9 1905(a) of the Social Security Act (42 U.S.C.
10 1396d(a)) is amended in the matter preceding para-
11 graph (1)—

12 (A) in clause (xii), by striking ''or'' at the
13 end;

14 (B) in clause (xiii), by adding ''or'' at the
15 end; and

16 (C) by inserting after clause (xiii) the fol-
17 lowing:

18 ''(xiv) individuals described in section
19 1902(dd),''.

20 (b) PRESUMPTIVE ELIGIBILITY.—

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

1 ‘‘PRESUMPTIVE ELIGIBILITY FOR FAMILY PLANNING
2 SERVICES

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

18 ‘‘(b) DEFINITIONS.—For purposes of this section:

19 ‘‘(1) PRESUMPTIVE ELIGIBILITY PERIOD.—The
20 term ‘presumptive eligibility period’ means, with re-
21 spect to an individual described in subsection (a),
22 the period that—

23 ‘‘(A) begins with the date on which a
24 qualified entity determines, on the basis of pre-

1 liminary information, that the individual is de-
2 scribed in section 1902(dd); and
3 "(B) ends with (and includes) the earlier
4 of—
5 "(i) the day on which a determination
6 is made with respect to the eligibility of
7 such individual for services under the State
8 plan; or
9 "(ii) in the case of such an individual
10 who does not file an application by the last
11 day of the month following the month dur-
12 ing which the entity makes the determina-
13 tion referred to in subparagraph (A), such
14 last day.
15 "(2) QUALIFIED ENTITY.—
16 "(A) IN GENERAL.—Subject to subpara-
17 graph (B), the term 'qualified entity' means
18 any entity that—
19 "(i) is eligible for payments under a
20 State plan approved under this title; and
21 "(ii) is determined by the State agen-
22 cy to be capable of making determinations
23 of the type described in paragraph (1)(A).
24 "(B) REGULATIONS.—The Secretary may
25 issue regulations further limiting those entities

1 that may become qualified entities in order to
2 prevent fraud and abuse and for other reasons.
3 ‘‘(C) RULE OF CONSTRUCTION.—Nothing
4 in this paragraph shall be construed as pre-
5 venting a State from limiting the classes of en-
6 tities that may become qualified entities, con-
7 sistent with any limitations imposed under sub-
8 paragraph (B).
9 ‘‘(c) ADMINISTRATION.—
10 ‘‘(1) IN GENERAL.—The State agency shall pro-
11 vide qualified entities with—
12 ‘‘(A) such forms as are necessary for an
13 application to be made by an individual de-
14 scribed in subsection (a) for medical assistance
15 under the State plan; and
16 ‘‘(B) information on how to assist such in-
17 dividuals in completing and filing such forms.
18 ‘‘(2) NOTIFICATION REQUIREMENTS.—A quali-
19 fied entity that determines under subsection
20 (b)(1)(A) that an individual described in subsection
21 (a) is presumptively eligible for medical assistance
22 under a State plan shall—
23 ‘‘(A) notify the State agency of the deter-
24 mination within 5 working days after the date
25 on which determination is made; and

1 "(B) inform such individual at the time
2 the determination is made that an application
3 for medical assistance is required to be made by
4 not later than the last day of the month fol-
5 lowing the month during which the determina-
6 tion is made.
7 "(3) APPLICATION FOR MEDICAL ASSIST-
8 ANCE.—In the case of an individual described in
9 subsection (a) who is determined by a qualified enti-
10 ty to be presumptively eligible for medical assistance
11 under a State plan, the individual shall apply for
12 medical assistance by not later than the last day of
13 the month following the month during which the de-
14 termination is made.
15 "(d) PAYMENT.—Notwithstanding any other provi-
16 sion of this title, medical assistance that—
17 "(1) is furnished to an individual described in
18 subsection (a) during a presumptive eligibility period
19 by an entity that is eligible for payments under the
20 State plan; and
21 "(2) is included in the care and services covered
22 by the State plan,
23 shall be treated as medical assistance provided by such
24 plan for purposes of clause (4) of the first sentence of
25 section 1905(b).".

1 (2) CONFORMING AMENDMENTS.—
2 (A) Section 1902(a)(47) of the Social Se-
3 curity Act (42 U.S.C. 1396a(a)(47)) is amend-
4 ed by inserting before the semicolon at the end
5 the following: ''and provide for making medical
6 assistance available to individuals described in
7 subsection (a) of section 1920C during a pre-
8 sumptive eligibility period in accordance with
9 such section.''.
10 (B) Section 1903(u)(1)(D)(v) of such Act
11 (42 U.S.C. 1396b(u)(1)(D)(v)) is amended—
12 (i) by striking ''or for'' and inserting
13 '', for''; and
14 (ii) by inserting before the period the
15 following: '', or for medical assistance pro-
16 vided to an individual described in sub-
17 section (a) of section 1920C during a pre-
18 sumptive eligibility period under such sec-
19 tion''.
20 **SEC. 704. EFFECTIVE DATE.**
21 (a) IN GENERAL.—Except as provided in paragraph
22 (2), the amendments made by this title take effect on Oc-
23 tober 1, 2010.
24 (b) EXTENSION OF EFFECTIVE DATE FOR STATE
25 LAW AMENDMENT.—In the case of a State plan under

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

16 TITLE VIII—RESPONSIBLE 17 EDUCATION ABOUT LIFE ACT

18 **SEC. 801. SHORT TITLE.**

19 This title may be cited as the ''Responsible Education
20 About Life Act of 2009''.

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.—The Secretary of Health and
6 Human Services may make grants to eligible States to
7 conduct sex education programs, including programs that
8 provide education on both abstinence and contraception
9 for the prevention of teenage pregnancy and sexually
10 transmitted diseases, including HIV/AIDS.

11 (b) REQUIREMENTS FOR SEX EDUCATION PRO-
12 GRAMS.—For purposes of this title, a sex education pro-
13 gram is a program that—

14 (1) is age-appropriate and medically accurate;

15 (2) stresses the value of abstinence while not ig-
16 noring those young people who have had or are hav-
17 ing sexual intercourse;

18 (3) provides information about the health bene-
19 fits and side effects of all contraceptive and barrier
20 methods used—

21 (A) as a means to prevent pregnancy; and

22 (B) to reduce the risk of contracting sexu-
23 ally transmitted disease, including HIV/AIDS;

24 (4) encourages family communication between
25 parent and child about sexuality;

1 (5) teaches young people the skills to make re-
2 sponsible decisions about sexuality, including how to
3 avoid unwanted verbal, physical, and sexual ad-
4 vances and how to avoid making verbal, physical,
5 and sexual advances that are not wanted by the
6 other party;
7 (6) teaches young people how alcohol and drug
8 use can affect responsible decision making; and
9 (7) does not teach or promote religion;
10 (c) ADDITIONAL ACTIVITIES.—In carrying out a pro-
11 gram of sex education, a State may expend a grant under
12 subsection (a) to carry out educational and motivational
13 activities that help young people—
14 (1) gain knowledge about the physical, emo-
15 tional, biological, and hormonal changes of adoles-
16 cence and subsequent stages of human maturation;
17 (2) develop the knowledge and skills necessary
18 to ensure and protect their sexual and reproductive
19 health from unintended pregnancy and sexually
20 transmitted disease, including HIV/AIDS through-
21 out their lifespan;
22 (3) gain knowledge about the specific involve-
23 ment and responsibility of males in sexual decision
24 making;

1 (4) develop healthy attitudes and values about
2 adolescent growth and development, body image, ra-
3 cial and ethnic diversity, and other related subjects;
4 (5) develop and practice healthy life skills, in-
5 cluding goal-setting, decision making, negotiation,
6 communication, and stress management;
7 (6) develop healthy relationships, including
8 skills to prevent dating and sexual violence;
9 (7) promote self-esteem and positive inter-
10 personal skills focusing on relationship dynamics, in-
11 cluding friendships, dating, romantic involvement,
12 marriage and family interactions; and
13 (8) prepare for the adult world by focusing on
14 educational and career success, including developing
15 skills for employment, job seeking, independent liv-
16 ing, financial self-sufficiency, and workplace produc-
17 tivity.

18 **SEC. 803. SENSE OF CONGRESS.**

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

23 **SEC. 804. EVALUATION OF PROGRAMS.**

24 (a) IN GENERAL.—For the purpose of evaluating the
25 effectiveness of programs of sex education carried out with

1 a grant under section 802, evaluations of such programs
2 shall be carried out in accordance with subsections (b) and
3 (c)).

4 (b) NATIONAL EVALUATION.—

5 (1) IN GENERAL.—The Secretary shall provide
6 for a national evaluation of a representative sample
7 of programs of sex education carried out with grants
8 under section 802 to determine—

9 (A) the effectiveness of such programs in
10 helping to delay the initiation of sexual inter-
11 course and other high-risk behaviors;

12 (B) the effectiveness of such programs in
13 preventing adolescent pregnancy;

14 (C) the effectiveness of such programs in
15 preventing sexually transmitted disease, includ-
16 ing HIV/AIDS;

17 (D) the effectiveness of such programs in
18 increasing contraceptive knowledge and contra-
19 ceptive behaviors when sexual intercourse oc-
20 curs; and

21 (E) a list of best practices based upon es-
22 sential programmatic components of evaluated
23 programs that have led to success in subpara-
24 graphs (A) through (D).

1 (2) GRANT CONDITION.—A condition for the re-
2 ceipt of a grant under section 802 is that the State
3 involved agree to cooperate with the evaluation
4 under paragraph (1).
5 (3) REPORTS.—The Secretary shall submit to
6 Congress—
7 (A) not later than the end of each fiscal
8 year during the 5-year period beginning with
9 fiscal year 2010, an interim report on the na-
10 tional evaluation under paragraph (1); and
11 (B) not later than March 31, 2015, a final
12 report providing the results of such national
13 evaluation.
14 (c) INDIVIDUAL STATE EVALUATIONS.—
15 (1) IN GENERAL.—A condition for the receipt
16 of a grant under section 802 is that the State in-
17 volved agree to provide for the evaluation of the pro-
18 grams of family education carried out with the grant
19 in accordance with the following:
20 (A) The evaluation will be conducted by an
21 external, independent entity.
22 (B) The purposes of the evaluation will be
23 the determination of—

1 (i) the effectiveness of such programs
2 in helping to delay the initiation of sexual
3 intercourse and other high-risk behaviors;
4 (ii) the effectiveness of such programs
5 in preventing adolescent pregnancy;
6 (iii) the effectiveness of such pro-
7 grams in preventing sexually transmitted
8 disease, including HIV/AIDS; and
9 (iv) the effectiveness of such programs
10 in increasing contraceptive knowledge and
11 contraceptive behaviors when sexual inter-
12 course occurs.

13 **SEC. 805. LIMITATIONS ON USE OF FUNDS.**

14 (a) LIMITATIONS ON SECRETARY.—Of the amounts
15 appropriated for a fiscal year for purposes of this title,
16 the Secretary may not use more than—
17 (1) 7 percent of such amounts for administra-
18 tive expenses related to carrying out this title for
19 that fiscal year; and
20 (2) 10 percent of such amounts for the national
21 evaluation under section 804(b).
22 (b) LIMITATIONS TO STATES.—Of amounts provided
23 to an eligible State under the section 802(a), the eligible
24 entity may not use more than 10 percent of the grant to
25 conduct any evaluation under section 804(c).

1 **SEC. 806. DEFINITIONS.**

2 For purposes of this title:

3 (1) The term ''age-appropriate'' refers to topics,
4 messages, and teaching methods suitable to par-
5 ticular ages or age groups of children and adoles-
6 cents, based on developing cognitive, emotional, and
7 behavioral capacity typical for the age or age group.

8 (2) The term ''eligible State'' means a State
9 that submits to the Secretary an application for a
10 grant under section 802 that is in such form, is
11 made in such manner, and contains such agree-
12 ments, assurances, and information as the Secretary
13 determines to be necessary to carry out this title.

14 (3) The term ''HIV/AIDS'' means the human
15 immunodeficiency virus, and includes acquired im-
16 mune deficiency syndrome.

17 (4) The term ''medically accurate'', with respect
18 to information, means information that is supported
19 by research, recognized as accurate and objective by
20 leading medical, psychological, psychiatric, and pub-
21 lic health organizations and agencies, and where rel-
22 evant, published in peer review journals.

23 (5) The term ''Secretary'' means the Secretary
24 of Health and Human Services.

1 **SEC. 807. AUTHORIZATION OF APPROPRIATIONS.**

2 For the purpose of carrying out this title, there are
3 authorized to be appropriated such sums as may be nec-
4 essary for each of the fiscal years 2010 through 2014.

○