

117TH CONGRESS
2D SESSION

S. 4541

To require the Secretary of Health and Human Services to furnish tailored information to expecting mothers, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JULY 14, 2022

Mr. RUBIO (for himself, Mr. MARSHALL, Mr. WICKER, Mr. INHOFE, Mrs. HYDE-SMITH, Mr. THUNE, Mr. SCOTT of Florida, Mr. CRUZ, and Mrs. FISCHER) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To require the Secretary of Health and Human Services to furnish tailored information to expecting mothers, and for other purposes.

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.**

4 This Act may be cited as the “Standing with Moms
5 Act”.

6 **SEC. 2. AWARENESS FOR EXPECTING MOTHERS.**

7 The Public Health Service Act is amended by adding
8 at the end the following:

1 **“TITLE XXXIV—AWARENESS FOR**
2 **EXPECTING MOTHERS**

3 **“SEC. 3401. WEBSITE AND PORTAL.**

4 “(a) WEBSITE.—Not later than 1 year after the date
5 of enactment of this section, the Secretary shall publish
6 a user-friendly public website, life.gov, to provide a com-
7 prehensive list of Federal, State, local governmental, and
8 private resources available to pregnant women including—

9 “(1) resources to mental health counseling,
10 pregnancy counseling, and other prepartum and
11 postpartum services;

12 “(2) comprehensive information on alternatives
13 to abortion;

14 “(3) information about abortion risks, including
15 complications and failures; and

16 “(4) links to information on child development
17 from moment of conception.

18 “(b) PORTAL.—Not later than 1 year after the date
19 of enactment of this section, the Secretary shall publish
20 a portal on the public website of the Department of Health
21 and Human Services that—

22 “(1) through a series of questions, will furnish
23 specific tailored information to the user on what
24 pregnancy-related information they are looking for,
25 such as—

1 “(A) Federal, State, local governmental,
2 and private resources that may be available to
3 the woman within her ZIP Code, including the
4 resources specified in subsection (c); and

5 “(B) risks related to abortion at all stages
6 of fetal gestation; and

7 “(2) provides for the submission of feedback on
8 how user-friendly and helpful the portal was in pro-
9 viding the tailored information the user was seeking.

10 “(c) RESOURCES.—The Federal, State, local govern-
11 mental, and private resources specified in this subsection
12 are the following:

13 “(1) Mentorship opportunities, including preg-
14 nancy help and case management resources.

15 “(2) Health and well-being services, including
16 women’s medical services such as obstetrical and
17 gynecological support services for women, abortion
18 pill reversal, breastfeeding, general health services,
19 primary care, and dental care.

20 “(3) Financial assistance, work opportunities,
21 nutrition assistance, childcare, and education oppor-
22 tunities.

23 “(4) Material or legal support, including trans-
24 portation, food, nutrition, clothing, household goods,
25 baby supplies, housing, shelters, maternity homes,

1 tax preparation, legal support for child support,
2 family leave, breastfeeding protections, and custody
3 issues.

4 “(5) Recovery and mental health services, in-
5 cluding services with respect to addiction or suicide
6 intervention, intimate partner violence, sexual as-
7 sult, rape, sex trafficking, and counseling for
8 women and families surrounding unexpected loss of
9 a child.

10 “(6) Prenatal diagnostic services, including dis-
11 ability support organizations, medical interventions
12 for a baby, perinatal hospice resources, pregnancy
13 and infant loss support, and literature on pregnancy
14 wellness.

15 “(7) Healing and support services for abortion
16 survivors and their families.

17 “(8) Services providing care for children, in-
18 cluding family planning education, adoption, foster
19 care, and short-term care resources.

20 “(d) ADMINISTRATION.—The Secretary may not del-
21 egate implementation or administration of the portal es-
22 tablished under subsection (b) below the level of the Office
23 of the Secretary.

24 “(e) FOLLOW-UP.—The Secretary shall develop a
25 plan under which—

1 “(1) the Secretary includes in the portal estab-
2 lished under subsection (b), a mechanism for users
3 of the portal to take an assessment through the por-
4 tal and provide consent to use the user’s contact in-
5 formation;

6 “(2) the Secretary conducts outreach via phone
7 or email to follow up with users of the portal estab-
8 lished under subsection (b) on additional resources
9 that would be helpful for the users to review; and

10 “(3) upon the request of a user of the portal for
11 specific information, after learning of the additional
12 resources through the portal, agents of the Depart-
13 ment of Health and Human Services make every ef-
14 fort to furnish specific information to such user in
15 coordination with Federal, State, local governmental,
16 and private health care providers and resources.

17 “(f) RESOURCE LIST AGGREGATION.—

18 “(1) IN GENERAL.—Pursuant to criteria devel-
19 oped in subsection (e)(2), each State shall provide
20 recommendations of State, local governmental, and
21 private resources under subsection (b)(1)(A) to in-
22 clude in the portal.

23 “(2) CRITERIA FOR MAKING RECOMMENDA-
24 TIONS.—The Secretary shall develop criteria to pro-
25 vide to the States to determine whether resources

1 recommended as described in paragraph (1) for in-
2 clusion in the portal can appear in the portal. Such
3 criteria shall include the requirement that the re-
4 source provider is not a prohibited entity and the re-
5 quirement that the resource provider has been en-
6 gaged in providing services for a minimum of 3 con-
7 secutive years.

8 “(3) GRANT PROGRAM.—

9 “(A) IN GENERAL.—The Secretary may
10 provide grants to States to establish or support
11 a system that aggregates the resources de-
12 scribed in subsection (b)(1)(A), in accordance
13 with the criteria developed under paragraph
14 (2), and that may be coordinated, to the extent
15 determined appropriate by the State, by a
16 statewide, regionally based, or community-based
17 public entity or private nonprofit.

18 “(B) APPLICATIONS.—To be eligible to re-
19 ceive a grant under subparagraph (A), a State
20 shall submit an application to the Secretary at
21 such time, in such manner, and containing such
22 information as the Secretary may require, in-
23 cluding a plan for outreach and awareness ac-
24 tivities, and a list of service providers that

1 would be included in the State system sup-
2 ported by the grant.

3 “(g) MATERNAL MENTAL HEALTH HOTLINE.—The
4 Secretary shall ensure that the Maternal Mental Health
5 Hotline of the Health Resources and Services Administra-
6 tion—

7 “(1) disseminates information regarding, and
8 linkages to, the life.gov website and portal described
9 in subsections (a) and (b);

10 “(2) has the capacity to help families in every
11 State and community in the Nation; and

12 “(3) includes live chat features, 24 hours a day,
13 to connect individuals to the information the portal
14 hosts.

15 “(h) PROHIBITION REGARDING CERTAIN ENTI-
16 TIES.—The resources listed on the life.gov website, and
17 made available through the portal and hotline established
18 under this section may not include any resource offered
19 by a prohibited entity.

20 “(i) SERVICES IN DIFFERENT LANGUAGES.—The
21 life.gov website and hotline shall ensure the widest possible
22 access to services for families who speak languages other
23 than English.

24 “(j) REPORTING REQUIREMENTS.—

1 “(1) IN GENERAL.—Not later than 180 days
2 after date on which the life.gov website and portal
3 are established under subsection (a), the Secretary
4 shall submit to Congress a report on—

5 “(A) the traffic of the website and the
6 interactive portal;

7 “(B) user feedback on the accessibility and
8 helpfulness of the website and interactive portal
9 in tailoring to the user’s needs;

10 “(C) insights on gaps in Federal, State,
11 local governmental, and private programming
12 with respect to services for pregnant and
13 postpartum women; and

14 “(D) suggestions on how to improve user
15 experience and accessibility based on user feed-
16 back and missing resources that would be help-
17 ful to include in future updates.

18 “(2) CONFIDENTIALITY.—The report under
19 paragraph (1) shall not include any personal identi-
20 fying information regarding individuals who have
21 used the website or portal.

22 “(k) DEFINITIONS.—In this section:

23 “(1) ABORTION.—The term ‘abortion’ means
24 the use or prescription of any instrument, medicine,
25 drug, or other substance or device to intentionally—

1 “(A) kill the unborn child of a woman
2 known to be pregnant; or

3 “(B) prematurely terminate the pregnancy
4 of a woman known to be pregnant, with an in-
5 tention other than to—

6 “(i) increase the probability of a live
7 birth or of preserving the life or health of
8 the child after live birth; or

9 “(ii) remove a dead unborn child.

10 “(2) BORN ALIVE.—The term ‘born alive’ has
11 the meaning given such term in section 8(b) of title
12 1, United States Code.

13 “(3) PROHIBITED ENTITY.—The term ‘prohib-
14 ited entity’ means an entity, including its affiliates,
15 subsidiaries, successors, and clinics that performs,
16 induces, refers for, or counsels in favor of abortions,
17 or provides financial support to any other organiza-
18 tion that conducts such activities.

19 “(4) UNBORN CHILD.—The term ‘unborn child’
20 means an individual organism of the species homo
21 sapiens, beginning at fertilization, until the point of
22 being born alive.”.

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