

119TH CONGRESS
2D SESSION

H. R. 9842

To amend the Public Health Service Act to authorize grants to establish and maintain State offices of women’s health, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 22, 2026

Mr. CARTER of Louisiana introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to authorize grants to establish and maintain State offices of women’s health, 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 “State Offices of Wom-
5 en’s Health Support and Expansion Act”.

6 **SEC. 2. GRANT PROGRAM FOR ESTABLISHMENT AND MAIN-**
7 **TENANCE OF STATE OFFICES OF WOMEN’S**
8 **HEALTH.**

9 The Public Health Service Act is amended by insert-
10 ing after section 229 (42 U.S.C. 237a) the following:

1 **“SEC. 229A. GRANT PROGRAM FOR ESTABLISHMENT AND**
2 **MAINTENANCE OF STATE OFFICES OF WOM-**
3 **EN’S HEALTH.**

4 “(a) IN GENERAL.—The Secretary, acting through
5 the Deputy Assistant Secretary for Women’s Health, shall
6 award a grant to each eligible State for the establishment
7 and maintenance of a State office of women’s health.

8 “(b) ELIGIBILITY.—To be eligible to receive a grant
9 under this section, the State shall submit to the Secretary
10 an application in such form, in such manner, and con-
11 taining such information and assurances as the Secretary
12 considers appropriate.

13 “(c) ALLOWABLE USES OF FUNDS.—A State receiv-
14 ing a grant under this section shall use the grant to carry
15 out 1 or more of the following activities:

16 “(1) To establish a State office of women’s
17 heath under the department of health of such State,
18 or to maintain an existing State office of women’s
19 health.

20 “(2) To educate the public about women’s
21 health by taking the following actions:

22 “(A) Establishing appropriate forums, pro-
23 grams, or public education initiatives regarding
24 women’s health, with an emphasis on preventive
25 health, early detection, chronic disease manage-

1 ment, reproductive health, maternal health, and
2 health promotion across the lifespan.

3 “(B) Identifying, coordinating, and estab-
4 lishing priorities for programs, services, and re-
5 sources for women’s health issues and concerns
6 with an emphasis on preventive health, early de-
7 tection, chronic disease management, reproduc-
8 tive health, maternal health, and health pro-
9 motion across the lifespan.

10 “(C) Serving as a publicly accessible, cen-
11 tralized clearinghouse and a resource for wom-
12 en’s health data, evidence-based best practices,
13 available services, and strategies to address dis-
14 parities and address women’s health issues.

15 “(D) Collecting, analyzing, and dissemi-
16 nating relevant research and public health data
17 conducted or compiled by State health depart-
18 ments, public institutions of higher education,
19 federally qualified health centers, rural health
20 clinics, nonprofit health organizations, and
21 other public health entities, and providing such
22 information to policymakers, providers, commu-
23 nity-based organizations, and the public.

24 “(E) Developing and recommending fund-
25 ing and program activities to the head of the

1 department of health of the State to educate
2 the public on women’s health initiatives on top-
3 ics including—

4 “(i) health needs throughout a wom-
5 an’s life;

6 “(ii) chronic conditions that signifi-
7 cantly affect women, including heart dis-
8 ease, cancer, and osteoporosis;

9 “(iii) access to health care for women;

10 “(iv) poverty and women’s health;

11 “(v) the leading causes of morbidity
12 and mortality for women;

13 “(vi) health disparities of women;

14 “(vii) reproductive health; and

15 “(viii) maternal health, including ma-
16 ternal mortality and morbidity, the leading
17 causes of maternal mortality and severe
18 maternal morbidity in the State, such as
19 racial and ethnic disparities in maternal
20 health, and increasing awareness of evi-
21 dence-based interventions available to re-
22 duce maternal mortality and morbidity.

23 “(F) Preparing materials for publication
24 and dissemination to the public on women’s
25 health.

1 “(G) Conducting public educational forums
2 or education initiatives in the State to—

3 “(i) raise public awareness about
4 women’s health issues; and

5 “(ii) educate the public about wom-
6 en’s health programs, issues, and services.

7 “(H) Coordinating with other entities that
8 focus on women’s health or women’s issues on
9 the activities and programs of the office on
10 women’s health and prioritizing outreach and
11 coordination in rural and medically underserved
12 areas.

13 “(3) Addressing social determinants of health
14 by supporting initiatives that address housing insta-
15 bility, transportation barriers, food insecurity, work-
16 force participation, access to childcare, and other
17 non-clinical factors impacting health outcomes.

18 “(4) Establishing and convening, not less than
19 annually, a community stakeholder advisory panel
20 that will help in developing all strategic priorities,
21 funding recommendations, and public awareness ac-
22 tivities under this section. Stakeholders shall be
23 sought through a fair and statewide call that is
24 aligned with the goals and objectives of the State of-

1 fice of women’s health and reflective of residents of
2 the State. The panel shall consist of—

3 “(A) representatives from community-
4 based organizations that represent the most im-
5 pacted communities, including those serving
6 rural women, low-income women, and women of
7 color;

8 “(B) women’s health care providers, in-
9 cluding obstetricians and gynecologists;

10 “(C) representatives from federally quali-
11 fied health centers, health centers funded under
12 title X, and rural health facilities;

13 “(D) representatives from nonprofit orga-
14 nizations with expertise related to the health of
15 women;

16 “(E) individuals with expertise in public
17 health research and education;

18 “(F) representatives from patient and con-
19 sumer health advocacy organizations;

20 “(G) State Medicaid officials;

21 “(H) individuals from communities most
22 impacted by reproductive health disparities, as
23 determined appropriate by the State depart-
24 ment of health; and

1 “(I) representatives from relevant State-
2 based medical societies with expertise in the
3 health of women.

4 “(d) PROHIBITED USES OF FUNDS.—A grant under
5 this section may not be used, directly or indirectly (includ-
6 ing through a subgrant), to—

7 “(1) intentionally discourage or dissuade indi-
8 viduals from seeking or obtaining reproductive
9 health services, including—

10 “(A) abortion, including medication abor-
11 tion;

12 “(B) contraceptive care;

13 “(C) assisted reproductive care;

14 “(D) hormone therapy;

15 “(E) sex education; and

16 “(F) testing for sexually transmitted infec-
17 tions;

18 “(2) withhold or misrepresent scientifically and
19 medically accurate, evidence-based information re-
20 garding contraceptive methods, including over-the-
21 counter contraceptives and prescription contracep-
22 tives (such as intrauterine devices and emergency
23 contraception);

24 “(3) withhold, suppress, or misrepresent evi-
25 dence-based clinical information regarding medica-

1 tion abortion, including the use of mifepristone and
2 misoprostol;

3 “(4) withhold, suppress, or misrepresent medi-
4 cally accurate, evidence-based sex education informa-
5 tion;

6 “(5) withhold, suppress, or misrepresent medi-
7 cally accurate, evidence-based public health informa-
8 tion or information on women’s health across the
9 lifespan, including information on vaccines; or

10 “(6) restrict the ability of any person to seek or
11 access any lawful health service.

12 “(e) ALLOCATION OF FUNDING.—Each fiscal year,
13 the Secretary shall allocate funding under this section by
14 distributing—

15 “(1) 50 percent of such funding equally among
16 all eligible States; and

17 “(2) 50 percent of such funding based on a for-
18 mula accounting for female population, maternal
19 mortality rates, poverty rates among women, and
20 rural population proportion in each eligible State.

21 “(f) PRIVACY PROTECTION.—Data collected by a
22 State office of women’s health established pursuant to this
23 section may not—

24 “(1) be used by, or in collaboration with, any
25 digital website, application, or other platform that

1 stores or processes personal data and information on
2 servers external to those owned or controlled by the
3 individuals serviced;

4 “(2) be used for any civil action, criminal pros-
5 ecution, investigation, or other proceeding; or

6 “(3) be disclosed, sold, or shared with any dig-
7 ital website, application, or other platform in any
8 way that identifies an individual or their health care
9 provider.

10 “(g) MEDICAID DATA SHARING.—

11 “(1) IN GENERAL.—A State department of
12 health may, in coordination with the State Medicaid
13 agency, establish a data sharing agreement to facili-
14 tate the exchange of high-level, aggregate, de-identi-
15 fied data for the purpose of—

16 “(A) identifying gaps in women’s health
17 services covered under the State Medicaid pro-
18 gram; and

19 “(B) developing evidence-based proposals
20 for Medicaid section 1115 demonstration waiv-
21 ers or State plan amendments that would im-
22 prove women’s health outcomes across the spec-
23 trum of care and throughout the lifespan.

24 “(2) PRIVACY PROTECTIONS.—Any data shared
25 under this subsection shall be—

1 “(A) de-identified in accordance with the
2 standards described in section 164.514 of title
3 45, Code of Federal Regulations;

4 “(B) aggregated at a level that prevents
5 the identification of any individual; and

6 “(C) used solely for the public health pur-
7 poses described in this subsection.

8 “(h) REPORTING.—A State receiving a grant under
9 this section shall require the head of each State office of
10 women’s health being funded through the grant to annu-
11 ally submit to the Secretary a report—

12 “(1) describing the priorities and services need-
13 ed for women’s health in the State;

14 “(2) identifying areas in need of improvement
15 in women’s health in the State;

16 “(3) summarizing the public education activi-
17 ties, community forums, and outreach efforts con-
18 ducted during the preceding fiscal year;

19 “(4) describing the activities and findings of the
20 community stakeholder advisory panel established
21 under subsection (c)(4), if applicable;

22 “(5) that includes aggregate, anonymized data
23 sufficient to support evidence-based policymaking
24 and agency regulatory actions, but does not include
25 any personally identifiable information, protected

1 health information, or data that can be used to iden-
2 tify individual patients or providers or to subject in-
3 dividuals to criminal liability; and

4 “(6) identifying measurable improvements
5 achieved and remaining gaps in access and out-
6 comes, including disaggregated data by race, eth-
7 nicity, income level, and geography.

8 “(i) AUTHORIZATION OF APPROPRIATIONS.—To
9 carry out this section, there are authorized to be appro-
10 priated \$55,000,000 for each of fiscal years 2027 through
11 2031.”.

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