

110TH CONGRESS
1ST SESSION

S. 1075

To amend title XIX of the Social Security Act to expand access to contraceptive services for women and men under the Medicaid program, help low income women and couples prevent unintended pregnancies and reduce abortion, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MARCH 29, 2007

Mrs. CLINTON (for herself, Mr. REID, Mr. LAUTENBERG, Mr. CASEY, Mr. KERRY, and Mr. SCHUMER) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To amend title XIX of the Social Security Act to expand access to contraceptive services for women and men under the Medicaid program, help low income women and couples prevent unintended pregnancies and reduce abortion, 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 “Unintended Pregnancy
5 Reduction Act of 2007”.

6 SEC. 2. FINDINGS.

7 Congress makes the following findings:

7 (2) Abortion rates decreased among higher in-
8 come women but increased among low income
9 women between 1994 and 2002, and a low income
10 woman is more than 4 times as likely to have an
11 abortion as her higher income counterpart.

12 (3) Contraceptive use reduces a woman's prob-
13 ability of having an abortion by 85 percent.

(4) Levels of contraceptive use among low-income women at risk of unintended pregnancy declined significantly between 1994 and 2002, from 92 percent to 86 percent.

23 (6) By helping couples avoid unintended preg-
24 nancy, Medicaid-funded contraceptive services are
25 highly cost-effective, and every public dollar spent on

1 family planning saves \$3 in the cost of pregnancy-
2 related care alone.

3 (7) Federal law requires State Medicaid pro-
4 grams to cover pregnancy-related care for women
5 with incomes up to 133 percent of poverty, and 17
6 States have expanded this coverage to women with
7 incomes up to 200 percent of poverty.

8 (8) 17 States have expanded Medicaid coverage
9 for family planning services to at least the same
10 level at which they provide Medicaid funded preg-
11 nancy-related care.

12 (9) Equalizing the eligibility levels for family
13 planning and pregnancy-related care nationwide
14 would maximize the cost-savings to both the Federal
15 and State Governments.

16 (10) A woman should have equal access to con-
17 traceptive services to help prevent an unintended
18 pregnancy and to pregnancy-related care if she does
19 become pregnant.

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

21 (a) COVERAGE AS MANDATORY CATEGORICALLY
22 NEEDY GROUP.—

23 (1) IN GENERAL.—Section 1902(a)(10)(A)(i) of
24 the Social Security Act (42 U.S.C.
25 1396a(a)(10)(A)(i)) is amended—

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

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

5 (C) by adding at the end the following new
6 subclause:

16 “(A) meet at least the income eligibility stand-
17 ards established under the State plan as of January
18 1, 2007, for pregnant women or such higher income
19 eligibility standard for such women as the State may
20 establish; and

21 “(B) are not pregnant.

22 “(2) At the option of a State, individuals described
23 in this subsection may include individuals who are deter-
24 mined to meet the income eligibility standards referred to
25 in paragraph (1)(A) under the terms and conditions appli-

1 cable to making eligibility determinations for medical as-
2 sistance under this title under a waiver to provide the ben-
3 efits described in clause (XV) of the matter following sub-
4 paragraph (G) of section 1902(a)(10) granted to the State
5 under section 1115 as of January 1, 2007.”.

10 (A) by striking “and (XIV)” and inserting
11 “(XIV)”; and

12 (B) by inserting “, and (XV) the medical
13 assistance made available to an individual de-
14 scribed in subsection (dd) who is eligible for
15 medical assistance only because of subpara-
16 graph (A)(10)(i)(VIII) shall be limited to family
17 planning services and supplies described in
18 1905(a)(4)(C), including medical diagnosis or
19 treatment services that are provided pursuant
20 to a family planning service in a family plan-
21 ning setting provided during the period in
22 which such an individual is eligible;” after “cer-
23 vical cancer”.

24 (4) CONFORMING AMENDMENTS.—Section
25 1905(a) of the Social Security Act (42 U.S.C.

1 1396d(a)) is amended in the matter preceding para-
2 graph (1)—

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

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

7 (C) by inserting after clause (xiii) the fol-
8 lowing:

11 (b) PRESUMPTIVE ELIGIBILITY.—

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

17 "SEC. 1920C. (a) STATE OPTION.—A State plan ap-
18 proved under section 1902 may provide for making med-
19 ical assistance available to an individual described in sec-
20 tion 1902(dd) (relating to individuals who meet the in-
21 come eligibility standard for pregnant women in the State)
22 during a presumptive eligibility period. In the case of an
23 individual described in section 1902(dd) who is eligible for
24 medical assistance only because of subparagraph
25 (A)(10)(i)(VIII), such medical assistance may be limited
26 to family planning services and supplies described in

1 1905(a)(4)(C) and, at the State's option, medical diag-
2 nosis or treatment services that are provided in conjunc-
3 tion with a family planning service in a family planning
4 setting provided during the period in which such an indi-
5 vidual is eligible.

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

7 “(1) PRESUMPTIVE ELIGIBILITY PERIOD.—The
8 term ‘presumptive eligibility period’ means, with re-
9 spect to an individual described in subsection (a),
10 the period that—

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

15 “(B) ends with (and includes) the earlier
16 of—

17 “(i) the day on which a determination
18 is made with respect to the eligibility of
19 such individual for services under the State
20 plan; or

21 “(ii) in the case of such an individual
22 who does not file an application by the last
23 day of the month following the month dur-
24 ing which the entity makes the determina-

3 “(2) QUALIFIED ENTITY.—

4 “(A) IN GENERAL.—Subject to subparagraph
5 graph (B), the term ‘qualified entity’ means
6 any entity that—

12 “(B) REGULATIONS.—The Secretary may
13 issue regulations further limiting those entities
14 that may become qualified entities in order to
15 prevent fraud and abuse and for other reasons.

16 “(C) RULE OF CONSTRUCTION.—Nothing
17 in this paragraph shall be construed as pre-
18 venting a State from limiting the classes of en-
19 tities that may become qualified entities, con-
20 sistent with any limitations imposed under sub-
21 paragraph (B).

22 "(c) ADMINISTRATION.—

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

1 “(A) such forms as are necessary for an
2 application to be made by an individual de-
3 scribed in subsection (a) for medical assistance
4 under the State plan; and

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

7 “(2) NOTIFICATION REQUIREMENTS.—A qualifi-
8 fied entity that determines under subsection
9 (b)(1)(A) that an individual described in subsection
10 (a) is presumptively eligible for medical assistance
11 under a State plan shall—

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

15 “(B) inform such individual at the time
16 the determination is made that an application
17 for medical assistance is required to be made by
18 not later than the last day of the month fol-
19 lowing the month during which the determina-
20 tion is made.

21 “(3) APPLICATION FOR MEDICAL ASSIST-
22 ANCE.—In the case of an individual described in
23 subsection (a) who is determined by a qualified enti-
24 ty to be presumptively eligible for medical assistance
25 under a State plan, the individual shall apply for

1 medical assistance by not later than the last day of
2 the month following the month during which the de-
3 termination is made.

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

6 “(1) is furnished to an individual described in
7 subsection (a)—

8 “(A) during a presumptive eligibility pe-
9 riod;

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

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

16 (2) CONFORMING AMENDMENTS.—

17 (A) Section 1902(a)(47) of the Social Se-
18 curity Act (42 U.S.C. 1396a(a)(47)) is amend-
19 ed by inserting before the semicolon at the end
20 the following: “and provide for making medical
21 assistance available to individuals described in
22 subsection (a) of section 1920C during a pre-
23 sumptive eligibility period in accordance with
24 such section.”.

11 SEC. 4. CLARIFICATION OF COVERAGE OF FAMILY PLAN-
12 NING SERVICES AND SUPPLIES.

13 Section 1937(b) of the Social Security Act (42 U.S.C.
14 1396u-7(b)) is amended by adding at the end the fol-
15 lowing:

16 “(5) COVERAGE OF FAMILY PLANNING SERV-
17 ICES AND SUPPLIES.—Notwithstanding the previous
18 provisions of this section, a State may not provide
19 for medical assistance through enrollment of an indi-
20 vidual with benchmark coverage or benchmark-equiv-
21 alent coverage under this section unless such cov-
22 erage includes for any individual described in section
23 1905(a)(4)(C), medical assistance for family plan-
24 ning services and supplies in accordance with such
25 section.”.

1 **SEC. 5. EFFECTIVE DATE.**

2 (a) IN GENERAL.—Except as provided in paragraph
3 (2), the amendments made by this Act take effect on Octo-
4 ber 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 Act, 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 enactment of this Act. For purposes of the pre-
18 vious sentence, in the case of a State that has a 2-year
19 legislative session, each year of the session is considered
20 to be a separate regular session of the State legislature.

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