

111TH CONGRESS
1ST SESSION

S. 21

To reduce unintended pregnancy, reduce abortions, and improve access to
women’s health care.

IN THE SENATE OF THE UNITED STATES

JANUARY 6, 2009

Mr. REID (for himself, Mrs. CLINTON, Mr. AKAKA, Mr. INOUE, Mr. WHITEHOUSE, Mr. LAUTENBERG, Mrs. MURRAY, Mr. MENENDEZ, Mr. LEVIN, Mr. BAUCUS, Mr. KERRY, Mrs. BOXER, Mr. CARPER, Mrs. FEINSTEIN, and Ms. STABENOW) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To reduce unintended pregnancy, reduce abortions, and
improve access to women’s health care.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Prevention First Act”.

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

Sec. 1. Short title; table of contents.
Sec. 2. Findings.

TITLE I—TITLE X OF PUBLIC HEALTH SERVICE ACT

- Sec. 101. Short title.
- Sec. 102. Authorization of appropriations.

TITLE II—EQUITY IN PRESCRIPTION INSURANCE AND
CONTRACEPTIVE COVERAGE

- Sec. 201. Short title.
- Sec. 202. Amendments to Employee Retirement Income Security Act of 1974.
- Sec. 203. Amendments to Public Health Service Act relating to the group market.
- Sec. 204. Amendment to Public Health Service Act relating to the individual market.

TITLE III—EMERGENCY CONTRACEPTION EDUCATION AND
INFORMATION

- Sec. 301. Short title.
- Sec. 302. Emergency contraception education and information programs.

TITLE IV—COMPASSIONATE ASSISTANCE FOR RAPE
EMERGENCIES

- Sec. 401. Short title.
- Sec. 402. Survivors of sexual assault; provision by hospitals of emergency contraceptives without charge.

TITLE V—AT-RISK COMMUNITIES TEEN PREGNANCY
PREVENTION ACT

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

TITLE VI—ACCURACY OF CONTRACEPTIVE INFORMATION

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

TITLE VII—UNINTENDED PREGNANCY REDUCTION ACT

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

TITLE VIII—RESPONSIBLE EDUCATION ABOUT LIFE ACT

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

TITLE IX—PREVENTION THROUGH AFFORDABLE ACCESS

Sec. 901. Short title.

Sec. 902. Restoring and protecting access to discount drug prices for university-based and safety-net clinics.

1 **SEC. 2. FINDINGS.**

2 The Congress finds as follows:

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

11 (2) Although the Centers for Disease Control
12 and Prevention (referred to in this section as the
13 “CDC”) included family planning in its published
14 list of the Ten Great Public Health Achievements in
15 the 20th Century, the United States still has one of
16 the highest rates of unintended pregnancies among
17 industrialized nations.

18 (3) Each year, nearly half of all pregnancies in
19 the United States are unintended, and nearly half of
20 unintended pregnancies end in abortion.

21 (4) In 2006, 36,200,000 women, more than
22 half of all women of reproductive age, were in need
23 of contraceptive services and supplies to help prevent

1 unintended pregnancy, and nearly half of those were
2 in need of public support for such care.

3 (5) The United States has some of the highest
4 rates of sexually transmitted infections (STIs)
5 among industrialized nations. In 2006, there were
6 approximately 19,000,000 new cases of STIs, almost
7 half of them occurring in young people ages 15 to
8 24. According to the Centers for Disease Control
9 and Prevention, in addition to the burden on public
10 health, STIs impose a tremendous economic burden
11 with direct medical costs as high as
12 \$14,700,000,000 each year in 2006 dollars.

13 (6) Contraceptive use can improve overall
14 health by enabling women to plan and space their
15 pregnancies and has contributed to dramatic de-
16 clines in maternal and infant mortality. Widespread
17 use of contraceptives has been the driving force in
18 reducing unintended pregnancies and sexually trans-
19 mitted infections (STIs), and reducing the need for
20 abortion in this Nation. Contraceptive use also saves
21 public health dollars. For every dollar spent to pro-
22 vide services in publicly funded family planning clin-
23 ics, \$4.02 in Medicaid expenses are saved because
24 unintended births are averted.

1 (7) Reducing unintended pregnancy improves
2 maternal health and is an important strategy in ef-
3 forts to reduce maternal mortality. Women experi-
4 encing unintended pregnancy are at greater risk for
5 physical abuse.

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

11 (9) The ability to control fertility allows couples
12 to achieve economic stability by facilitating greater
13 educational achievement and participation in the
14 workforce.

15 (10) Contraceptives are effective in preventing
16 unintended pregnancy when used consistently and
17 correctly. Without contraception, a sexually active
18 woman has an 85 percent chance of becoming preg-
19 nant within a year.

20 (11) Approximately 50 percent of unintended
21 pregnancies occur among women who do not use
22 contraception.

23 (12) Many poor and low-income women cannot
24 afford to purchase contraceptive services and sup-
25 plies on their own. The number of women needing

1 subsidized services has increased by more than
2 1,000,000 (7 percent) since 2000. A poor woman in
3 the United States is now nearly 4 times as likely as
4 a more affluent woman to have an unplanned preg-
5 nancy. Between 1994 and 2001, unintended preg-
6 nancy among low-income women increased by 29
7 percent, while unintended pregnancy decreased by
8 20 percent among women with higher incomes.

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

16 (14) Medicaid has become an essential source of
17 support for the provision of subsidized family plan-
18 ning services and supplies. It is the single largest
19 source of public funds supporting these services. In
20 2001, the program provided 6 in 10 of all public dol-
21 lars spent on family planning services. In 2006, 12
22 percent of women of reproductive age (7,300,000
23 women ages 15 to 44) looked to Medicaid for their
24 care and 37 percent of poor women of reproductive
25 age rely upon Medicaid.

1 (15) Approximately 1,400,000 unintended preg-
2 nancies and 600,000 abortions are averted each year
3 because of services provided in publicly funded clin-
4 ics. In 2006, Title X (of the Public Health Service
5 Act) service providers performed more than
6 2,400,000 Pap tests, 2,400,000 breast exams, and
7 5,800,000 tests for sexually transmitted diseases, in-
8 cluding 652,426 HIV tests and 2,300,000
9 Chlamydia tests. One in 4 women who obtain repro-
10 ductive health services from a medical provider do so
11 at a publicly funded clinic.

12 (16) The stagnant funding for public family
13 planning programs in combination with the increas-
14 ing demand for subsidized services, the rising costs
15 of contraceptive services and supplies, and the high
16 cost of improved screening and treatment for cer-
17 vical cancer and sexually transmitted infections has
18 diminished the ability of clinics receiving funds
19 under title X of the Public Health Services Act to
20 adequately serve all those in need. At present, clinics
21 are able to reach just 41 percent of the women need-
22 ing subsidized services. Had Title X funding kept up
23 with inflation since fiscal year 1980, it would now be
24 funded at \$759,000,000, instead of its fiscal year
25 2007 funding level of \$283,000,000. Taking infla-

1 tion into account, funding for Title X in constant
2 dollars is 63 percent lower today than it was in fis-
3 cal year 1980.

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

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

21 (19) As of December of 2008, 27 States offered
22 expanded family planning benefits as a result of
23 Medicaid family planning waivers. The cost-effective-
24 ness of these waivers was affirmed by a recent eval-
25 uation funded by the Centers for Medicare & Med-

1 icaid Services. This evaluation of six waivers found
2 that all family planning programs under such waiv-
3 ers resulted in significant savings to both the Fed-
4 eral and State governments. Moreover, the research-
5 ers found measurable reductions in unintended preg-
6 nancy.

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

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

21 (22) Approved for use by the Food and Drug
22 Administration, emergency contraception is a safe
23 and effective way to prevent unintended pregnancy
24 after unprotected sex. Research confirms that easier

1 access to emergency contraceptives does not increase
2 sexual risk-taking or sexually transmitted diseases.

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

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

16 (25) The American Medical Association, the
17 American Nurses Association, the American Acad-
18 emy of Pediatrics, the American College of Obstetri-
19 cians and Gynecologists, the American Public Health
20 Association, and the Society for Adolescent Medi-
21 cine, support responsible sex education that includes
22 information about both abstinence and contracep-
23 tion.

24 (26) Teens who receive comprehensive sex edu-
25 cation that includes discussion of contraception as

1 well as abstinence are more likely than those who re-
2 ceive abstinence-only messages to delay sex, to have
3 fewer partners, and to use contraceptives when they
4 do become sexually active.

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

1 curate information about the effectiveness of
2 condoms.

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

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

21 (30) Comprehensive sex education programs re-
22 spect the diversity of values and beliefs represented
23 in the community and will complement and augment
24 the sex education children receive from their fami-
25 lies.

1 (31) Over 60 percent of the 56,300 annual new
2 cases of HIV infections in the United States occur
3 in youth ages 13 through 24. African-American and
4 Latino youth have been disproportionately affected
5 by the HIV/AIDS epidemic. In 2005, Blacks and
6 Latinos accounted for 84 percent of all new HIV in-
7 fections among 13 to 19 year olds and 76 percent
8 of HIV infections among 20 to 24 year olds in the
9 United States even though, together, they represent
10 only about 32 percent of people in these ages. Teens
11 in the United States contract an estimated
12 9,000,000 sexually transmitted infections each year.
13 By age 24, at least 1 in 4 sexually active people be-
14 tween the ages of 15 and 24 will have contracted a
15 sexually transmitted infection.

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

19 (33) In 1990, Congress passed the Medicaid
20 Anti-Discriminatory Drug Price and Patient Benefit
21 Restoration Act to ensure that Medicaid receives the
22 lowest drug prices in the marketplace. Congress in-
23 tentiously protected the practice of pharmaceutical
24 companies offering charitable organizations and clin-
25 ics nominally priced drugs. As an unintended con-

1 sequence of the Deficit Reduction Act of 2005, birth
 2 control prices have skyrocketed for millions of
 3 women who depend on safety net providers for their
 4 birth control. Birth control that previously cost only
 5 \$5 to \$10 per month is now prohibitively expensive,
 6 running as much as \$40 or \$50 a month. Many fam-
 7 ily planning health centers have absorbed much of
 8 this price increase, further straining already limited
 9 resources. As the economic crisis worsens, women
 10 and their families are increasingly turning to health
 11 care safety net providers, such as family planning
 12 health centers, for a reliable source of care.

13 **TITLE I—TITLE X OF PUBLIC** 14 **HEALTH SERVICE ACT**

15 **SEC. 101. SHORT TITLE.**

16 This title may be cited as the “Title X Family Plan-
 17 ning Services Act of 2009”.

18 **SEC. 102. AUTHORIZATION OF APPROPRIATIONS.**

19 For the purpose of making grants and contracts
 20 under section 1001 of the Public Health Service Act, there
 21 are authorized to be appropriated \$700,000,000 for fiscal
 22 year 2010 and such sums as may be necessary for each
 23 subsequent fiscal year.

1 **TITLE II—EQUITY IN PRESCRIP-**
 2 **TION INSURANCE AND CON-**
 3 **TRACEPTIVE COVERAGE**

4 **SEC. 201. SHORT TITLE.**

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

7 **SEC. 202. AMENDMENTS TO EMPLOYEE RETIREMENT IN-**
 8 **COME SECURITY ACT OF 1974.**

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

13 **“SEC. 715. STANDARDS RELATING TO BENEFITS FOR CON-**
 14 **TRACEPTIVES.**

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

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

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

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

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

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

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

24 “(4) provide incentives (monetary or otherwise)
 25 to a health care professional to induce such profes-

sional to withhold from a covered individual contraceptive drugs or devices, or contraceptive services, described in subsection (a).

“(c) RULES OF CONSTRUCTION.—

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

“(A) as preventing a group health plan and a health insurance issuer providing health insurance coverage in connection with a group health plan from imposing deductibles, coinsurance, or other cost-sharing or limitations in relation to—

“(i) benefits for contraceptive drugs under the plan or coverage, except that such a deductible, coinsurance, or other cost-sharing or limitation for any such drug shall be consistent with those imposed for other outpatient prescription drugs otherwise covered under the plan or coverage;

“(ii) benefits for contraceptive devices under the plan or coverage, except that such a deductible, coinsurance, or other cost-sharing or limitation for any such device shall be consistent with those imposed for other outpatient prescription devices

1 otherwise covered under the plan or cov-
2 erage; and

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

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

23 “(C) as modifying, diminishing, or limiting
24 the rights or protections of an individual under
25 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, restricting the type of health care pro-
5 fessionals that may prescribe such drugs or de-
6 vices, utilization review provisions, and limits on
7 the volume of prescription drugs or devices that
8 may be obtained on the basis of a single con-
9 sultation with a professional; or

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

18 “(d) NOTICE UNDER GROUP HEALTH PLAN.—The
19 imposition of the requirements of this section shall be
20 treated as a material modification in the terms of the plan
21 described in section 102(a)(1), for purposes of assuring
22 notice of such requirements under the plan, except that
23 the summary description required to be provided under the
24 last sentence of section 104(b)(1) with respect to such
25 modification shall be provided by not later than 60 days

1 after the first day of the first plan year in which such
 2 requirements apply.

3 “(e) PREEMPTION.—Nothing in this section shall be
 4 construed to preempt any provision of State law to the
 5 extent that such State law establishes, implements, or con-
 6 tinues in effect any standard or requirement that provides
 7 coverage or protections for participants or beneficiaries
 8 that are greater than the coverage or protections provided
 9 under this section.

10 “(f) DEFINITION.—In this section, the term ‘out-
 11 patient contraceptive services’ means consultations, exami-
 12 nations, procedures, and medical services, provided on an
 13 outpatient basis and related to the use of contraceptive
 14 methods (including natural family planning) to prevent an
 15 unintended pregnancy.”.

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

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

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

1 **SEC. 203. AMENDMENTS TO PUBLIC HEALTH SERVICE ACT**
 2 **RELATING TO THE GROUP MARKET.**

3 (a) IN GENERAL.—Subpart 2 of part A of title
 4 XXVII of the Public Health Service Act (42 U.S.C.
 5 300gg–4 et seq.) is amended by adding at the end the
 6 following:

7 **“SEC. 2708. STANDARDS RELATING TO BENEFITS FOR CON-**
 8 **TRACEPTIVES.**

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

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

20 “(2) exclude or restrict benefits for outpatient
 21 contraceptive services if such plan or coverage pro-
 22 vides benefits for other outpatient services provided
 23 by a health care professional (referred to in this sec-
 24 tion as ‘outpatient health care services’).

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

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

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

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

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

24 “(c) RULES OF CONSTRUCTION.—

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

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

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

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

24 “(iii) benefits for outpatient contra-
25 ceptive 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.

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

“(A) in the case of a contraceptive drug or device, restricting the type of health care pro-

1 professionals that may prescribe such drugs or de-
2 vices, utilization review provisions, and limits on
3 the volume of prescription drugs or devices that
4 may be obtained on the basis of a single con-
5 sultation with a professional; or

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

14 “(d) NOTICE.—A group health plan under this part
15 shall comply with the notice requirement under section
16 715(d) of the Employee Retirement Income Security Act
17 of 1974 with respect to the requirements of this section
18 as if such section applied to such plan.

19 “(e) PREEMPTION.—Nothing in this section shall be
20 construed to preempt any provision of State law to the
21 extent that such State law establishes, implements, or con-
22 tinues in effect any standard or requirement that provides
23 coverage or protections for enrollees that are greater than
24 the coverage or protections provided under this section.

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

7 (b) EFFECTIVE DATE.—The amendments made by
 8 this section shall apply with respect to group health plans
 9 for plan years beginning on or after January 1, 2010.

10 **SEC. 204. AMENDMENT TO PUBLIC HEALTH SERVICE ACT**
 11 **RELATING TO THE INDIVIDUAL MARKET.**

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

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

17 (2) by adding at the end of subpart 2 the fol-
 18 lowing:

19 **“SEC. 2754. STANDARDS RELATING TO BENEFITS FOR CON-**
 20 **TRACEPTIVES.**

21 “The provisions of section 2708 shall apply to health
 22 insurance coverage offered by a health insurance issuer
 23 in the individual market in the same manner as they apply
 24 to health insurance coverage offered by a health insurance

1 issuer in connection with a group health plan in the small
2 or large group market.”.

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

7 **TITLE III—EMERGENCY CONTRACEPTION EDUCATION**
8 **AND INFORMATION**
9

10 **SEC. 301. SHORT TITLE.**

11 This title may be cited as the “Emergency Contracep-
12 tion Education Act of 2009”.

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

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

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

21 (A) used after sexual relations;

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

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

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

8 (3) INSTITUTION OF HIGHER EDUCATION.—The
9 term “institution of higher education” has the same
10 meaning given such term in section 101(a) of the
11 Higher Education Act of 1965 (20 U.S.C. 1001(a)).

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

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

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

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

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

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

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

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

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

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

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

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

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

3 (d) AUTHORIZATION OF APPROPRIATIONS.—There
4 are authorized to be appropriated to carry out this section
5 such sums as may be necessary for each of the fiscal years
6 2010 through 2014.

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

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

11 This title may be cited as the “Compassionate Assist-
12 ance for Rape Emergencies Act of 2009”.

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

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

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

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

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

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

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

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

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

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

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

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

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

7 (A) is used postcoitally;

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

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

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

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

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

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

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

5 **TITLE V—AT-RISK COMMUNITIES**
 6 **TEEN PREGNANCY PREVEN-**
 7 **TION ACT**

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

9 This title may be cited as the “At-Risk Communities
 10 Teen Pregnancy Prevention Act of 2009”.

11 **SEC. 502. TEENAGE PREGNANCY PREVENTION.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3 “(h) MATCHING FUNDS.—

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

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

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

18 “(j) EVALUATIONS.—

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

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

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

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

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

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

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

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

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

22 “(l) AUTHORIZATION OF APPROPRIATIONS.—There
 23 are authorized to be appropriated to carry out this section
 24 such sums as may be necessary for fiscal year 2010 and
 25 each subsequent fiscal year.”.

1 **SEC. 503. RESEARCH.**

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

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

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

16 (2) examines—

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

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

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

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

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

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

4 (iii) level of acculturation;

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

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

12 (3) is used to develop—

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

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

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

22 (1) interdisciplinary approaches; or

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

1 (d) AUTHORIZATION OF APPROPRIATIONS.—For the
2 purpose of carrying out this section, there is authorized
3 to be appropriated such sums as may be necessary for
4 each of the fiscal years 2010 through 2014.

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

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

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

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

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

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

4 This title may be cited as the “Truth in Contracep-
 5 tion Act of 2009”.

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

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

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

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

17 This title may be cited as the “Unintended Preg-
 18 nancy Reduction Act of 2009”.

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

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

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

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

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

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

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

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

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

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

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

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

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

6 “(A) meet at least the income eligibility stand-
 7 ards established under the State plan as of January
 8 1, 2009, for pregnant women or such higher income
 9 eligibility standard for such women as the State may
 10 establish; and

11 “(B) are not pregnant.

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

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

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

3 (B) by inserting “, and (XV) the medical
 4 assistance made available to an individual de-
 5 scribed in subsection (dd) shall be limited to
 6 family planning services and supplies described
 7 in 1905(a)(4)(C) including medical diagnosis
 8 and treatment services that are provided pursu-
 9 ant to a family planning service in a family
 10 planning setting;” after “cervical cancer”.

11 (4) CONFORMING AMENDMENTS.—Section
 12 1905(a) of the Social Security Act (42 U.S.C.
 13 1396d(a)) is amended in the matter preceding para-
 14 graph (1)—

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

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

19 (C) by inserting after clause (xiii) the fol-
 20 lowing:

21 “(xiv) individuals described in section
 22 1902(dd),”.

23 (b) PRESUMPTIVE ELIGIBILITY.—

6 “SEC. 1920C. (a) STATE OPTION.—A State plan ap-
7 proved under section 1902 may provide for making med-
8 ical assistance available to an individual described in sec-
9 tion 1902(dd) (relating to individuals who meet certain in-
10 come eligibility standards) during a presumptive eligibility
11 period. In the case of an individual described in section
12 1902(dd), such medical assistance shall be limited to fam-
13 ily planning services and supplies described in
14 1905(a)(4)(C) including medical diagnosis and treatment
15 services that are provided pursuant to a family planning
16 service in a family planning setting.

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

•S 21 IS

1 “(B) ends with (and includes) the earlier
2 of—

3 “(i) the day on which a determination
4 is made with respect to the eligibility of
5 such individual for services under the State
6 plan; or

7 “(ii) in the case of such an individual
8 who does not file an application by the last
9 day of the month following the month dur-
10 ing which the entity makes the determina-
11 tion referred to in subparagraph (A), such
12 last day.

13 “(2) QUALIFIED ENTITY.—

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

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

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

22 “(B) RULE OF CONSTRUCTION.—Nothing
23 in this paragraph shall be construed as pre-
24 venting a State from limiting the classes of en-
25 tities that may become qualified entities.

1 “(c) ADMINISTRATION.—

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

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

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

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

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

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

24 “(3) APPLICATION FOR MEDICAL ASSIST-
25 ANCE.—In the case of an individual described in

1 subsection (a) who is determined by a qualified enti-
 2 ty to be presumptively eligible for medical assistance
 3 under a State plan, the individual shall apply for
 4 medical assistance by not later than the last day of
 5 the month following the month during which the de-
 6 termination is made.

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

9 “(1) is furnished to an individual described in
 10 subsection (a)—

11 “(A) during a presumptive eligibility pe-
 12 riod;

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

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

19 (2) CONFORMING AMENDMENTS.—

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

1 sumptive eligibility period in accordance with
2 such section.”.

3 (B) Section 1903(u)(1)(D)(v) of such Act
4 (42 U.S.C. 1396b(u)(1)(D)(v)) is amended—

5 (i) by striking “or for” and inserting
6 “, for”; and

7 (ii) by inserting before the period the
8 following: “, or for medical assistance pro-
9 vided to an individual described in sub-
10 section (a) of section 1920C during a pre-
11 sumptive eligibility period under such sec-
12 tion”.

13 **SEC. 704. EFFECTIVE DATE.**

14 (a) IN GENERAL.—Except as provided in paragraph
15 (2), the amendments made by this title take effect on Oc-
16 tober 1, 2009.

17 (b) EXTENSION OF EFFECTIVE DATE FOR STATE
18 LAW AMENDMENT.—In the case of a State plan under
19 title XIX of the Social Security Act (42 U.S.C. 1396 et
20 seq.) which the Secretary of Health and Human Services
21 determines requires State legislation in order for the plan
22 to meet the additional requirements imposed by the
23 amendments made by this title, the State plan shall not
24 be regarded as failing to comply with the requirements of
25 such title solely on the basis of its failure to meet these

1 additional requirements before the first day of the first
 2 calendar quarter beginning after the close of the first reg-
 3 ular session of the State legislature that begins after the
 4 date of the enactment of this Act. For purposes of the
 5 previous sentence, in the case of a State that has a 2-
 6 year legislative session, each year of the session is consid-
 7 ered to be a separate regular session of the State legisla-
 8 ture.

9 **TITLE VIII—RESPONSIBLE** 10 **EDUCATION ABOUT LIFE ACT**

11 **SEC. 801. SHORT TITLE.**

12 This title may be cited as the “Responsible Education
 13 About Life Act of 2009”.

14 **SEC. 802. ASSISTANCE TO REDUCE TEEN PREGNANCY, HIV/** 15 **AIDS, AND OTHER SEXUALLY TRANSMITTED** 16 **DISEASES AND TO SUPPORT HEALTHY ADO-** 17 **LESCENT DEVELOPMENT.**

18 (a) IN GENERAL.—Each eligible State shall be eligi-
 19 ble to receive from the Secretary of Health and Human
 20 Services, for each of the fiscal years 2010 through 2014,
 21 a grant to conduct programs of family life education, in-
 22 cluding education on both abstinence and contraception
 23 for the prevention of teenage pregnancy and sexually
 24 transmitted diseases, including HIV/AIDS.

1 (b) REQUIREMENTS FOR FAMILY LIFE PROGRAMS.—

2 For purposes of this title, a program of family life edu-
 3 cation is a program that—

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

5 (2) does not teach or promote religion;

6 (3) teaches that abstinence is the only sure way
 7 to avoid pregnancy or sexually transmitted diseases;

8 (4) stresses the value of abstinence while not ig-
 9 noring those young people who have had or are hav-
 10 ing sexual intercourse;

11 (5) provides information about the health bene-
 12 fits and side effects of all contraceptives and barrier
 13 methods as a means to prevent pregnancy and re-
 14 duce the risk of contracting sexually transmitted dis-
 15 eases, including HIV/AIDS;

16 (6) encourages family communication between
 17 parent and child about sexuality;

18 (7) teaches young people the skills to make re-
 19 sponsible decisions about sexuality, including how to
 20 avoid unwanted verbal, physical, and sexual ad-
 21 vances; and

22 (8) teaches young people how alcohol and drug
 23 use can effect responsible decision making.

24 (c) ADDITIONAL ACTIVITIES.—In carrying out a pro-
 25 gram of family life education, a State may expend a grant

1 under subsection (a) to carry out educational and motiva-
2 tional activities that help young people—

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

6 (2) develop the knowledge and skills necessary
7 to ensure and protect their sexual and reproductive
8 health from unintended pregnancy and sexually
9 transmitted disease, including HIV/AIDS through-
10 out their lifespan;

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

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

17 (5) develop and practice healthy life skills, in-
18 cluding goal-setting, decisionmaking, negotiation,
19 communication, and stress management;

20 (6) develop healthy relationships, including the
21 prevention of dating and relationship violence;

22 (7) promote self-esteem and positive inter-
23 personal skills focusing on relationship dynamics, in-
24 cluding friendships, dating, romantic involvement,
25 marriage and family interactions; and

1 (8) prepare for the adult world by focusing on
 2 educational and career success, including developing
 3 skills for employment preparation, job seeking, inde-
 4 pendent living, financial self-sufficiency, and work-
 5 place productivity.

6 **SEC. 803. SENSE OF CONGRESS.**

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

11 **SEC. 804. EVALUATION OF PROGRAMS.**

12 (a) IN GENERAL.—For the purpose of evaluating the
 13 effectiveness of programs of family life education carried
 14 out with a grant under section 802, evaluations of such
 15 program shall be carried out in accordance with sub-
 16 sections (b) and (c).

17 (b) NATIONAL EVALUATION.—

18 (1) IN GENERAL.—The Secretary shall provide
 19 for a national evaluation of a representative sample
 20 of programs of family life education carried out with
 21 grants under section 802. A condition for the receipt
 22 of such a grant is that the State involved agree to
 23 cooperate with the evaluation. The purposes of the
 24 national evaluation shall be the determination of—

1 (A) the effectiveness of such programs in
 2 helping to delay the initiation of sexual inter-
 3 course and other high-risk behaviors;

4 (B) the effectiveness of such programs in
 5 preventing adolescent pregnancy;

6 (C) the effectiveness of such programs in
 7 preventing sexually transmitted disease, includ-
 8 ing HIV/AIDS;

9 (D) the effectiveness of such programs in
 10 increasing contraceptive knowledge and contra-
 11 ceptive behaviors when sexual intercourse oc-
 12 curs; and

13 (E) a list of best practices based upon es-
 14 sential programmatic components of evaluated
 15 programs that have led to success in subpara-
 16 graphs (A) through (D).

17 (2) REPORT.—A final report providing the re-
 18 sults of the national evaluation under paragraph (1)
 19 shall be submitted to Congress not later than March
 20 31, 2015, with an interim report provided on an an-
 21 nual basis at the end of each fiscal year under sec-
 22 tion 802(a).

23 (c) INDIVIDUAL STATE EVALUATIONS.—

24 (1) IN GENERAL.—A condition for the receipt
 25 of a grant under section 802 is that the State in-

1 volved agree to provide for the evaluation of the pro-
2 grams of family education carried out with the grant
3 in accordance with the following:

4 (A) The evaluation will be conducted by an
5 external, independent entity.

6 (B) The purposes of the evaluation will be
7 the determination of—

8 (i) the effectiveness of such programs
9 in helping to delay the initiation of sexual
10 intercourse and other high-risk behaviors;

11 (ii) the effectiveness of such programs
12 in preventing adolescent pregnancy;

13 (iii) the effectiveness of such pro-
14 grams in preventing sexually transmitted
15 disease, including HIV/AIDS; and

16 (iv) the effectiveness of such programs
17 in increasing contraceptive knowledge and
18 contraceptive behaviors when sexual inter-
19 course occurs.

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

1 **SEC. 805. DEFINITIONS.**

2 For purposes of this title:

3 (1) The term “eligible State” means a State
 4 that submits to the Secretary an application for a
 5 grant under section 802 that is in such form, is
 6 made in such manner, and contains such agree-
 7 ments, assurances, and information as the Secretary
 8 determines to be necessary to carry out this title.

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

12 (3) The term “medically accurate”, with respect
 13 to information, means information that is supported
 14 by research, recognized as accurate and objective by
 15 leading medical, psychological, psychiatric, and pub-
 16 lic health organizations and agencies, and where rel-
 17 evant, published in peer review journals.

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

20 **SEC. 806. APPROPRIATIONS.**

21 (a) IN GENERAL.—For the purpose of carrying out
 22 this title, there are authorized to be appropriated such
 23 sums as may be necessary for each of the fiscal years 2010
 24 through 2014.

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

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

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

6 **TITLE IX—PREVENTION** 7 **THROUGH AFFORDABLE ACCESS**

8 **SEC. 901. SHORT TITLE.**

9 This title may be cited as the “Prevention Through
 10 Affordable Access Act”.

11 **SEC. 902. RESTORING AND PROTECTING ACCESS TO DIS-** 12 **COUNT DRUG PRICES FOR UNIVERSITY-** 13 **BASED AND SAFETY-NET CLINICS.**

14 (a) RESTORING NOMINAL PRICING.—Section
 15 1927(c)(1)(D)(i) of the Social Security Act (42 U.S.C.
 16 1396r–8(c)(1)(D)(i)) is amended—

17 (1) by redesignating subclause (IV) as sub-
 18 clause (VI); and

19 (2) by inserting after subclause (III) the fol-
 20 lowing new subclauses:

21 “(IV) An entity that is operated
 22 by a health center of an institution of
 23 higher education, the primary purpose
 24 of which is to provide health services
 25 to students of that institution.

1 “(V) An entity that is a public or
2 private nonprofit entity that provides
3 a service or services described under
4 section 1001(a) of the Public Health
5 Service Act.”.

6 (b) EFFECTIVE DATE.—The amendments made by
7 this section shall be effective as of the date of the enact-
8 ment of this Act.

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