

116TH CONGRESS  
1ST SESSION

# S. 1530

To authorize the Secretary of Health and Human Services to award grants to support the access of marginalized youth to sexual health services, and for other purposes.

---

IN THE SENATE OF THE UNITED STATES

MAY 16, 2019

Ms. HIRONO (for herself, Mr. BOOKER, Mr. BLUMENTHAL, Mr. MARKEY, Mr. BROWN, Ms. WARREN, Mrs. GILLIBRAND, and Mr. MURPHY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

---

## A BILL

To authorize the Secretary of Health and Human Services to award grants to support the access of marginalized youth to sexual health services, 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 “Youth Access to Sexual  
5 Health Services Act of 2019”.

1 **SEC. 2. AUTHORIZATION OF GRANTS TO SUPPORT THE AC-**2 **CESS OF MARGINALIZED YOUTH TO SEXUAL**  
3 **HEALTH SERVICES.**4 (a) **GRANTS.**—The Secretary of Health and Human  
5 Services may award grants on a competitive basis to eligi-  
6 ble entities to support the access of marginalized youth  
7 to sexual health services.8 (b) **USE OF FUNDS.**—An eligible entity that is award-  
9 ed a grant under subsection (a) may use the funds to—10 (1) provide medically accurate and complete  
11 age, developmentally, and culturally appropriate sex-  
12 ual health information to marginalized youth, includ-  
13 ing information on how to access sexual health serv-  
14 ices;15 (2) promote effective communication regarding  
16 sexual health among marginalized youth;17 (3) promote and support better health, edu-  
18 cation, and economic opportunities for school-age  
19 parents; and20 (4) train individuals who work with  
21 marginalized youth to promote—22 (A) the prevention of unintended preg-  
23 nancy;24 (B) the prevention of sexually transmitted  
25 infections, including the human immuno-  
26 deficiency virus (HIV);

4 (c) APPLICATION.—To be awarded a grant under  
5 subsection (a), an eligible entity shall submit an applica-  
6 tion to the Secretary at such time, in such manner, and  
7 containing such information as the Secretary may require.

8 (d) PRIORITY.—In awarding grants under subsection  
9 (a), the Secretary shall give priority to eligible entities—

10 (1) with a history of supporting the access of  
11 marginalized youth to sexuality education or sexual  
12 health services; and

18 (e) REQUIREMENTS.—The Secretary may not award  
19 a grant under subsection (a) to an eligible entity unless

22 (2) such eligible entity agrees—

23 (A) to employ a scientifically effective  
24 strategy;

1 (B) that all information provided to  
2 marginalized youth will be—

3 (i) age and developmentally appro-  
4 priate;

5 (ii) medically accurate and complete;

6 (iii) scientifically based; and

10 and

11 (C) that for each year the eligible entity  
12 receives grant funds under subsection (a), the  
13 eligible entity will submit to the Secretary an  
14 annual report that includes—

15 (i) the use of grant funds by the eligible entity;  
16

17 (ii) how the use of grant funds has in-  
18 creased the access of marginalized youth to  
19 sexual health services; and

20 (iii) such other information as the  
21 Secretary may require.

22 (f) PUBLICATION AND EVALUATIONS.—

23 (1) EVALUATIONS.—Not less than once every 2  
24 years after the date of the enactment of this Act, the

1       Secretary shall evaluate the effectiveness of which-  
2       ever of the following is greater:

3                   (A) Eight grants awarded under subsection  
4                   (a).

5                   (B) Ten percent of the grants awarded  
6       under subsection (a).

7                   (2) PUBLICATION.—The Secretary shall make  
8       available to the public—

9                   (A) the evaluations required under para-  
10       graph (1); and

11                   (B) the reports required under subsection  
12       (e)(2)(C).

13                   (g) LIMITATIONS.—No funds made available to an el-  
14       igible entity under this section may be used by such entity  
15       to provide access to sexual health services that—

16                   (1) withhold sexual health-promoting or life-sav-  
17       ing information;

18                   (2) are medically inaccurate or have been sci-  
19       entifically shown to be ineffective;

20                   (3) promote gender stereotypes;

21                   (4) are insensitive or unresponsive to the needs  
22       of young people, including—

23                   (A) youth with varying gender identities,  
24       gender expressions, and sexual orientations;

25                   (B) sexually active youth;

8 (h) TRANSFER OF FUNDS.—Any unobligated balance  
9 of funds made available under section 510(d) of the Social  
10 Security Act (42 U.S.C. 710(d)) (as in effect on the day  
11 before the date of the enactment of this Act) are hereby  
12 transferred and made available to the Secretary to carry  
13 out this Act. The amounts transferred and made available  
14 to carry out this Act shall remain available until expended.

15 (j) DEFINITIONS.—In this section:

1 agency, public school, nonprofit organization, hospital, or an Indian tribe or tribal organization (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304)).

6 (3) MARGINALIZED YOUTH.—The term  
7 “marginalized youth” means a person under the age  
8 of 26 that is disadvantaged by underlying structural  
9 barriers and social inequity.

10 (4) MEDICALLY ACCURATE AND COMPLETE.—  
11 The term “medically accurate and complete”, when  
12 used with respect to information, means information  
13 that—

14 (A) is supported by research and recognized as accurate, objective, and complete by leading medical, psychological, psychiatric, or public health organizations and agencies; and

18 (B) does not withhold any information relating to the effectiveness and benefits of correct and consistent use of condoms or other contraceptives and pregnancy prevention methods.

23 (5) SCIENTIFICALLY EFFECTIVE STRATEGY.—  
24 The term “scientifically effective strategy” means a strategy that—

5 (B) either—

6 (i) has been demonstrated to be effec-  
7 tive on the basis of rigorous scientific re-  
8 search; or

9 (ii) incorporates characteristics of ef-  
10 fective programs.

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

13 (7) SEXUAL HEALTH SERVICES.—The term  
14 “sexual health services” includes—

15 (A) sexual health information, education,  
16 and counseling;

17 (B) contraception;

18 (C) emergency contraception;

19 (D) condoms and other barrier methods to  
20 prevent pregnancy or sexually transmitted in-  
21 fections;

(E) routine gynecological care, including human papillomavirus (HPV) vaccines and cancer screenings;

1 (F) pre-exposure prophylaxis or post-expo-  
2 sure prophylaxis;

3 (G) mental health services;

4 (H) sexual assault survivor services; and

5 (I) other prevention, care, or treatment  
6 services.