

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; and

20 (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);

1 (C) healthy relationships; and

2 (D) the development of safe and supportive
3 environments.

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

13 (2) that plan to serve marginalized youth that
14 are not served by other programs in existence on the
15 day before the date of enactment of this Act, for
16 adolescents regarding HIV, other sexually trans-
17 mitted infections, or pregnancy prevention.

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

20 (1) such eligible entity has formed a partner-
21 ship with a community organization; and

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

7 (iv) provided in the language and cul-
8 tural context that is most appropriate for
9 the individuals served by the eligible entity;
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 eligi-
16 ble entity;

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;

1 (C) pregnant or parenting youth;

2 (D) survivors of sexual abuse or assault;

3 and

4 (E) youth of all physical, developmental,
5 and mental abilities; or

6 (5) are inconsistent with the ethical imperatives
7 of medicine and public health.

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 (i) DEFINITIONS.—In this section:

16 (1) COMMUNITY ORGANIZATION.—The term
17 “community organization” includes a State or local
18 health or education agency, public school, youth-fo-
19 cused organization that is faith-based and commu-
20 nity-based, juvenile justice entity, or other organiza-
21 tion that provides confidential and appropriate sexu-
22 ality education or sexual health services to
23 marginalized youth.

24 (2) ELIGIBLE ENTITY.—The term “eligible enti-
25 ty” includes a State or local health or education

1 agency, public school, nonprofit organization, hos-
 2 pital, or an Indian tribe or tribal organization (as
 3 such terms are defined in section 4 of the Indian
 4 Self-Determination and Education Assistance Act
 5 (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 recog-
 15 nized as accurate, objective, and complete by
 16 leading medical, psychological, psychiatric, or
 17 public health organizations and agencies; and

18 (B) does not withhold any information re-
 19 lating to the effectiveness and benefits of cor-
 20 rect and consistent use of condoms or other
 21 contraceptives and pregnancy prevention meth-
 22 ods.

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

(A) is widely recognized by leading medical and public health agencies as effective in promoting sexual health awareness and healthy behavior; and

(B) either—

(i) has been demonstrated to be effective on the basis of rigorous scientific research; or

(ii) incorporates characteristics of effective programs.

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

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

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

(B) contraception;

(C) emergency contraception;

(D) condoms and other barrier methods to prevent pregnancy or sexually transmitted infections;

(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.

