II

110TH CONGRESS
1ST SESSION

S. 21

To expand access to preventive health care services that help reduce unintended pregnancy, reduce abortions, and improve access to women's health care.

IN THE SENATE OF THE UNITED STATES

JANUARY 4, 2007

Mr. REID (for himself, Mrs. CLINTON, Mrs. MURRAY, Mrs. BOXER, Mr. AKAKA, Mr. KERRY, Mr. LEAHY, Mr. OBAMA, Mr. SCHUMER, Mr. LAUTENBERG, Mr. KENNEDY, Mr. HARKIN, Mr. MENENDEZ, and Mr. INOUYE) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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A BILL

To expand access to preventive health care services that help 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.

★**(Star Print)**

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.

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, 3,000,000 pregnancies, nearly
19 half of all pregnancies, in the United States are un-
20 intended, and nearly half of unintended pregnancies
21 end in abortion.

22 (4) In 2004, 34,400,000 women, half of all
23 women of reproductive age, were in need of contra-
24 ceptive services and supplies to help prevent unin-

1 tended pregnancy, and nearly half of those were in
2 need of public support for such care.
3 (5) The United States has the highest rate of
4 infection with sexually transmitted diseases of any
5 industrialized country. In 2005, there were approxi-
6 mately 19,000,000 new cases of sexually transmitted
7 diseases, almost half of them occurring in young
8 people ages 15 to 24. According to the CDC, these
9 sexually transmitted diseases impose a tremendous
10 economic burden with direct medical costs as high as
11 $14,100,000,000 per year.
12 (6) Increasing access to family planning serv-
13 ices will improve women's health and reduce the
14 rates of unintended pregnancy, abortion, and infec-
15 tion with sexually transmitted diseases. Contracep-
16 tive use saves public health dollars. For every dollar
17 spent to increase funding for family planning pro-
18 grams under title X of the Public Health Service
19 Act, $3.80 is saved.
20 (7) Contraception is basic health care that im-
21 proves the health of women and children by enabling
22 women to plan and space births.
23 (8) Women experiencing unintended pregnancy
24 are at greater risk for physical abuse and women

1 having closely spaced births are at greater risk of
2 maternal death.
3 (9) A child born from an unintended pregnancy
4 is at greater risk than a child born from an intended
5 pregnancy of low birth weight, dying in the first
6 year of life, being abused, and not receiving suffi-
7 cient resources for healthy development.
8 (10) The ability to control fertility allows cou-
9 ples to achieve economic stability by facilitating
10 greater educational achievement and participation in
11 the workforce.
12 (11) Without contraception, a sexually active
13 woman has an 85 percent chance of becoming preg-
14 nant within a year.
15 (12) The percentage of sexually active women
16 ages 15 through 44 who were not using contracep-
17 tion increased from 5.4 percent to 7.4 percent in
18 2002, an increase of 37 percent, according to the
19 CDC. This represents an apparent increase of
20 1,430,000 women and could raise the rate of unin-
21 tended pregnancy.
22 (13) Many poor and low-income women cannot
23 afford to purchase contraceptive services and sup-
24 plies on their own. In 2003, 20.5 percent of all
25 women ages 15 through 44 were uninsured.

1 (14) Public health programs, such as the Med-
2 icaid program and family planning programs under
3 title X of the Public Health Service Act, provide
4 high-quality family planning services and other pre-
5 ventive health care to underinsured or uninsured in-
6 dividuals who may otherwise lack access to health
7 care.

8 (15) The Medicaid program is the single largest
9 source of public funding for family planning services
10 and HIV/AIDS care in the United States. Half of all
11 public dollars spent on contraceptive services and
12 supplies in the United States are provided through
13 the Medicaid program and more than 6,000,000 low-
14 income women of reproductive age rely on such pro-
15 gram for their basic health care needs.

16 (16) Each year, family planning services pro-
17 vided under title X of the Public Health Service Act
18 enable people in the United States to prevent ap-
19 proximately 1,000,000 unintended pregnancies, and
20 one in three women of reproductive age who obtains
21 testing or treatment for sexually transmitted dis-
22 eases does so at a clinic receiving funds under such
23 title. In 2005, such clinics provided 2.5 million Pap
24 smears, over 5.3 million sexually transmitted disease
25 tests, and over 6.2 million HIV tests.

1 (17) The combination of an increasing number
2 of uninsured individuals, stagnant funding for family
3 planning, health care inflation, new and expensive
4 contraceptive technologies, increasing costs of con-
5 traceptives, and improved but expensive screening
6 and treatment for cervical cancer and sexually trans-
7 mitted diseases, has diminished the ability of clinics
8 receiving funds under title X of the Public Health
9 Service Act to adequately serve all individuals in
10 need of services of such clinics. Taking inflation into
11 account, funding for the family planning programs
12 under such title declined by 59 percent between
13 1980 and 2005.
14 (18) While the Medicaid program remains the
15 largest source of subsidized family planning services,
16 States are facing significant budgetary pressures to
17 cut their Medicaid programs, putting many women
18 at risk of losing coverage for family planning serv-
19 ices.
20 (19) In addition, eligibility under the Medicaid
21 program in many States is severely restricted, which
22 leaves family planning services financially out of
23 reach for many poor women. Many States have dem-
24 onstrated tremendous success with Medicaid family
25 planning waivers that allow States to expand access

1 to Medicaid family planning services. However, the
2 administrative burden of applying for a waiver poses
3 a significant barrier to States that would like to ex-
4 pand their coverage of family planning programs
5 through Medicaid.

6 (20) As of December of 2006, 24 States offered
7 expanded family planning benefits as a result of
8 Medicaid family planning waivers. The cost-effective-
9 ness of these waivers was affirmed by a recent eval-
10 uation funded by the Centers for Medicare & Med-
11 icaid Services. This evaluation of six waivers found
12 that all family planning programs under such waiv-
13 ers resulted in significant savings to both the Fed-
14 eral and State governments. Moreover, the research-
15 ers found measurable reductions in unintended preg-
16 nancy.

17 (21) Although employer-sponsored health plans
18 have improved coverage of contraceptive services and
19 supplies, largely in response to State contraceptive
20 coverage laws, there is still significant room for im-
21 provement. The ongoing lack of coverage in health
22 insurance plans, particularly in self-insured and indi-
23 vidual plans, continues to place effective forms of
24 contraception beyond the financial reach of many
25 women.

1 (22) Including contraceptive coverage in private
2 health care plans saves employers money. Not cov-
3 ering contraceptives in employee health plans costs
4 employers 15 to 17 percent more than providing
5 such coverage.

6 (23) Approved for use by the Food and Drug
7 Administration, emergency contraception is a safe
8 and effective way to prevent unintended pregnancy
9 after unprotected sex. New research confirms that
10 easier access to emergency contraceptives does not
11 increase sexual risk-taking or sexually transmitted
12 diseases.

13 (24) The available evidence shows that many
14 women do not know about emergency contraception,
15 do not know where to get it, or are unable to access
16 it. Overcoming these obstacles could help ensure that
17 more women use emergency contraception consist-
18 ently and correctly.

19 (25) A November 2006 study of declining preg-
20 nancy rates among teens concluded that the reduc-
21 tion in teen pregnancy between 1995 and 2002 is
22 primarily the result of increased use of contracep-
23 tives. As such, it is critically important that teens
24 receive accurate, unbiased information about contra-
25 ception.

1 (26) The American Medical Association, the
2 American Nurses Association, the American Acad-
3 emy of Pediatrics, the American College of Obstetri-
4 cians and Gynecologists, the American Public Health
5 Association, and the Society for Adolescent Medi-
6 cine, support responsible sexuality education that in-
7 cludes information about both abstinence and con-
8 traception.
9 (27) Teens who receive comprehensive sexuality
10 education that includes discussion of contraception
11 as well as abstinence are more likely than those who
12 receive abstinence-only messages to delay sex, to
13 have fewer partners, and to use contraceptives when
14 they do become sexually active.
15 (28) Government-funded abstinence-only-until-
16 marriage programs are precluded from discussing
17 contraception except to talk about failure rates. An
18 October 2006 report by the Government Account-
19 ability Office found that the Department of Health
20 and Human Services does not review the materials
21 of recipients of grants administered by such depart-
22 ment for scientific accuracy and requires grantees to
23 review their own materials for scientific accuracy.
24 The GAO also reported on the Department's total
25 lack of appropriate and customary measurements to

1 determine if funded programs are effective. In addi-
2 tion, a separate letter from the Government Ac-
3 countability Office found that the Department of
4 Health and Human Services is in violation of Fed-
5 eral law by failing to enforce a requirement under
6 the Public Health Service Act that Federally-funded
7 grantees working to address the prevention of sexu-
8 ally transmitted diseases, including abstinence-only-
9 until-marriage programs, must provide medically ac-
10 curate information about the effectiveness of
11 condoms.

12 (29) Recent scientific reports by the Institute of
13 Medicine, the American Medical Association, and the
14 Office on National AIDS Policy stress the need for
15 sexuality education that includes messages about ab-
16 stinence and provides young people with information
17 about contraception for the prevention of teen preg-
18 nancy, HIV/AIDS, and other sexually transmitted
19 diseases.

20 (30) A 2006 statement from the American Pub-
21 lic Health Association (''APHA'') ''recognizes the
22 importance of abstinence education, but only as part
23 of a comprehensive sexuality education program . . .
24 APHA calls for repealing current federal funding for
25 abstinence-only programs and replacing it with fund-

1 ing for a new Federal program to promote com-
2 prehensive sexuality education, combining informa-
3 tion about abstinence with age-appropriate sexuality
4 education.''

5 (31) Comprehensive sexuality education pro-
6 grams respect the diversity of values and beliefs rep-
7 resented in the community and will complement and
8 augment the sexuality education children receive
9 from their families.

10 (32) Nearly half of the 40,000 annual new
11 cases of HIV infections in the United States occur
12 in youth ages 13 through 24. African American and
13 Latino youth have been disproportionately affected
14 by the HIV/AIDS epidemic. Although African Amer-
15 ican adolescents, ages 13 through 19, represent only
16 15 percent of the adolescent population in the
17 United States, they accounted for 73 percent of new
18 AIDS cases reported among adolescents in 2004.
19 Latino adolescents, ages age 13 through 19, ac-
20 counted for 14 percent of AIDS cases among adoles-
21 cents, compared to 16 percent of all adolescents in
22 the United States, in 2004. Teens in the United
23 States contract an estimated 9.1 million sexually
24 transmitted infections each year. By age 24, at least
25 one in four sexually active people between the ages

of 15 and 24 will have contracted a sexually transmitted disease.

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

TITLE I—TITLE X OF PUBLIC HEALTH SERVICE ACT

SEC. 101. SHORT TITLE.

This title may be cited as the ''Title X Family Planning Services Act of 2007''.

SEC. 102. AUTHORIZATION OF APPROPRIATIONS.

For the purpose of making grants and contracts under section 1001 of the Public Health Service Act, there are authorized to be appropriated $700,000,000 for fiscal year 2008 and such sums as may be necessary for each subsequent fiscal year.

TITLE II—EQUITY IN PRESCRIPTION INSURANCE AND CONTRACEPTIVE COVERAGE

SEC. 201. SHORT TITLE.

This title may be cited as the ''Equity in Prescription Insurance and Contraceptive Coverage Act of 2007''.

1 **SEC. 202. AMENDMENTS TO EMPLOYEE RETIREMENT IN-**
2 **COME SECURITY ACT OF 1974.**

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

7 **"SEC. 714. 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 a covered individual contra-
22 ceptive drugs or devices, or contraceptive services,
23 described 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,

1 except that such a deductible, coinsurance,
2 or other cost-sharing or limitation for any
3 such service shall be consistent with those
4 imposed for other outpatient health care
5 services otherwise covered under the plan
6 or coverage;
7 ‘‘(B) as requiring a group health plan and
8 a health insurance issuer providing health in-
9 surance coverage in connection with a group
10 health plan to cover experimental or investiga-
11 tional contraceptive drugs or devices, or experi-
12 mental or investigational contraceptive services,
13 described in subsection (a), except to the extent
14 that the plan or issuer provides coverage for
15 other experimental or investigational outpatient
16 prescription drugs or devices, or experimental
17 or investigational outpatient health care serv-
18 ices; or
19 ‘‘(C) as modifying, diminishing, or limiting
20 the rights or protections of an individual under
21 any other Federal law.
22 ‘‘(2) LIMITATIONS.—As used in paragraph (1),
23 the term ‘limitation’ includes—
24 ‘‘(A) in the case of a contraceptive drug or
25 device, restricting the type of health care pro-

1 fessionals 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 UNDER GROUP HEALTH PLAN.—The
15 imposition of the requirements of this section shall be
16 treated as a material modification in the terms of the plan
17 described in section 102(a)(1), for purposes of assuring
18 notice of such requirements under the plan, except that
19 the summary description required to be provided under the
20 last sentence of section 104(b)(1) with respect to such
21 modification shall be provided by not later than 60 days
22 after the first day of the first plan year in which such
23 requirements apply.
24 ''(e) PREEMPTION.—Nothing in this section shall be
25 construed to preempt any provision of State law to the

1 extent that such State law establishes, implements, or con-
2 tinues in effect any standard or requirement that provides
3 coverage or protections for participants or beneficiaries
4 that are greater than the coverage or protections provided
5 under this section.

6 ''(f) DEFINITION.—In this section, the term 'out-
7 patient contraceptive services' means consultations, exami-
8 nations, procedures, and medical services, provided on an
9 outpatient basis and related to the use of contraceptive
10 methods (including natural family planning) to prevent an
11 unintended pregnancy.''.

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

''Sec. 714. Standards relating to benefits for contraceptives.''.

16 (c) EFFECTIVE DATE.—The amendments made by
17 this section shall apply with respect to plan years begin-
18 ning on or after January 1, 2008.

19 **SEC. 203. AMENDMENTS TO PUBLIC HEALTH SERVICE ACT**
20 **RELATING TO THE GROUP MARKET.**

21 (a) IN GENERAL.—Subpart 2 of part A of title
22 XXVII of the Public Health Service Act (42 U.S.C.
23 300gg–4 et seq.) is amended by adding at the end the
24 following:

1 **“SEC. 2707. STANDARDS RELATING TO BENEFITS FOR CON-**
2 **TRACEPTIVES.**

3 ‘‘(a) REQUIREMENTS FOR COVERAGE.—A group
4 health plan, and a health insurance issuer providing health
5 insurance coverage in connection with a group health plan,
6 may not—

7 ‘‘(1) exclude or restrict benefits for prescription
8 contraceptive drugs or devices approved by the Food
9 and Drug Administration, or generic equivalents ap-
10 proved as substitutable by the Food and Drug Ad-
11 ministration, if such plan or coverage provides bene-
12 fits for other outpatient prescription drugs or de-
13 vices; or

14 ‘‘(2) exclude or restrict benefits for outpatient
15 contraceptive services if such plan or coverage pro-
16 vides benefits for other outpatient services provided
17 by a health care professional (referred to in this sec-
18 tion as ‘outpatient health care services’).

19 ‘‘(b) PROHIBITIONS.—A group health plan, and a
20 health insurance issuer providing health insurance cov-
21 erage in connection with a group health plan, may not—

22 ‘‘(1) deny to an individual eligibility, or contin-
23 ued eligibility, to enroll or to renew coverage under
24 the terms of the plan because of the individual’s or
25 enrollee’s use or potential use of items or services

1 that are covered in accordance with the requirements
2 of this section;
3 “(2) provide monetary payments or rebates to
4 a covered individual to encourage such individual to
5 accept less than the minimum protections available
6 under this section;
7 “(3) penalize or otherwise reduce or limit the
8 reimbursement of a health care professional because
9 such professional prescribed contraceptive drugs or
10 devices, or provided contraceptive services, described
11 in subsection (a), in accordance with this section; or
12 “(4) provide incentives (monetary or otherwise)
13 to a health care professional to induce such profes-
14 sional to withhold from covered individual contracep-
15 tive drugs or devices, or contraceptive services, de-
16 scribed in subsection (a).
17 “(c) RULES OF CONSTRUCTION.—
18 “(1) IN GENERAL.—Nothing in this section
19 shall be construed—
20 “(A) as preventing a group health plan
21 and a health insurance issuer providing health
22 insurance coverage in connection with a group
23 health plan from imposing deductibles, coinsur-
24 ance, or other cost-sharing or limitations in re-
25 lation to—

1 "(i) benefits for contraceptive drugs
2 under the plan or coverage, except that
3 such a deductible, coinsurance, or other
4 cost-sharing or limitation for any such
5 drug shall be consistent with those imposed
6 for other outpatient prescription drugs oth-
7 erwise covered under the plan or coverage;
8 "(ii) benefits for contraceptive devices
9 under the plan or coverage, except that
10 such a deductible, coinsurance, or other
11 cost-sharing or limitation for any such de-
12 vice shall be consistent with those imposed
13 for other outpatient prescription devices
14 otherwise covered under the plan or cov-
15 erage; and
16 "(iii) benefits for outpatient contra-
17 ceptive services under the plan or coverage,
18 except that such a deductible, coinsurance,
19 or other cost-sharing or limitation for any
20 such service shall be consistent with those
21 imposed for other outpatient health care
22 services otherwise covered under the plan
23 or coverage;
24 "(B) as requiring a group health plan and
25 a health insurance issuer providing health in-

1 surance coverage in connection with a group
2 health plan to cover experimental or investiga-
3 tional contraceptive drugs or devices, or experi-
4 mental or investigational contraceptive services,
5 described in subsection (a), except to the extent
6 that the plan or issuer provides coverage for
7 other experimental or investigational outpatient
8 prescription drugs or devices, or experimental
9 or investigational outpatient health care serv-
10 ices; or

11 ''(C) as modifying, diminishing, or limiting
12 the rights or protections of an individual under
13 any other Federal law.

14 ''(2) LIMITATIONS.—As used in paragraph (1),
15 the term 'limitation' includes—

16 ''(A) in the case of a contraceptive drug or
17 device, restricting the type of health care pro-
18 fessionals that may prescribe such drugs or de-
19 vices, utilization review provisions, and limits on
20 the volume of prescription drugs or devices that
21 may be obtained on the basis of a single con-
22 sultation with a professional; or

23 ''(B) in the case of an outpatient contra-
24 ceptive service, restricting the type of health
25 care professionals that may provide such serv-

1 ices, utilization review provisions, requirements
2 relating to second opinions prior to the coverage
3 of such services, and requirements relating to
4 preauthorizations prior to the coverage of such
5 services.

6 "(d) NOTICE.—A group health plan under this part
7 shall comply with the notice requirement under section
8 714(d) of the Employee Retirement Income Security Act
9 of 1974 with respect to the requirements of this section
10 as if such section applied to such plan.

11 "(e) PREEMPTION.—Nothing in this section shall be
12 construed to preempt any provision of State law to the
13 extent that such State law establishes, implements, or con-
14 tinues in effect any standard or requirement that provides
15 coverage or protections for enrollees that are greater than
16 the coverage or protections provided under this section.

17 "(f) DEFINITION.—In this section, the term 'out-
18 patient contraceptive services' means consultations, exami-
19 nations, procedures, and medical services, provided on an
20 outpatient basis and related to the use of contraceptive
21 methods (including natural family planning) to prevent an
22 unintended pregnancy.".

23 (b) EFFECTIVE DATE.—The amendments made by
24 this section shall apply with respect to group health plans
25 for plan years beginning on or after January 1, 2008.

1 **SEC. 204. AMENDMENT TO PUBLIC HEALTH SERVICE ACT**
2 **RELATING TO THE INDIVIDUAL MARKET.**

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

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

8 (2) by adding at the end of subpart 2 the fol-
9 lowing:

10 **"SEC. 2753. STANDARDS RELATING TO BENEFITS FOR CON-**
11 **TRACEPTIVES.**

12 "The provisions of section 2707 shall apply to health
13 insurance coverage offered by a health insurance issuer
14 in the individual market in the same manner as they apply
15 to health insurance coverage offered by a health insurance
16 issuer in connection with a group health plan in the small
17 or large group market.".

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

TITLE III—EMERGENCY CONTRACEPTION EDUCATION AND INFORMATION

SEC. 301. SHORT TITLE.

This title may be cited as the ''Emergency Contraception Education Act of 2007''.

SEC. 302. EMERGENCY CONTRACEPTION EDUCATION AND INFORMATION PROGRAMS.

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

(1) EMERGENCY CONTRACEPTION.—The term ''emergency contraception'' means a drug or device (as the terms are defined in section 201 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321)) or a drug regimen that is—

(A) used after sexual relations;

(B) prevents pregnancy, by preventing ovulation, fertilization of an egg, or implantation of an egg in a uterus; and

(C) approved by the Food and Drug Administration.

(2) HEALTH CARE PROVIDER.—The term ''health care provider'' means an individual who is licensed or certified under State law to provide health care services and who is operating within the scope of such license.

1 (3) INSTITUTION OF HIGHER EDUCATION.—The
2 term "institution of higher education" has the same
3 meaning given such term in section 1201(a) of the
4 Higher Education Act of 1965 (20 U.S.C. 1141(a)).
5 (4) SECRETARY.—The term "Secretary" means
6 the Secretary of Health and Human Services.
7 (b) EMERGENCY CONTRACEPTION PUBLIC EDU-
8 CATION PROGRAM.—
9 (1) IN GENERAL.—The Secretary, acting
10 through the Director of the Centers for Disease
11 Control and Prevention, shall develop and dissemi-
12 nate to the public information on emergency contra-
13 ception.
14 (2) DISSEMINATION.—The Secretary may dis-
15 seminate information under paragraph (1) directly
16 or through arrangements with nonprofit organiza-
17 tions, consumer groups, institutions of higher edu-
18 cation, Federal, State, or local agencies, clinics, and
19 the media.
20 (3) INFORMATION.—The information dissemi-
21 nated under paragraph (1) shall include, at a min-
22 imum, a description of emergency contraception and
23 an explanation of the use, safety, efficacy, and avail-
24 ability of such contraception.

1 (c) EMERGENCY CONTRACEPTION INFORMATION
2 PROGRAM FOR HEALTH CARE PROVIDERS.—
3 (1) IN GENERAL.—The Secretary, acting
4 through the Administrator of the Health Resources
5 and Services Administration and in consultation
6 with major medical and public health organizations,
7 shall develop and disseminate to health care pro-
8 viders information on emergency contraception.
9 (2) INFORMATION.—The information dissemi-
10 nated under paragraph (1) shall include, at a min-
11 imum—
12 (A) information describing the use, safety,
13 efficacy, and availability of emergency contra-
14 ception;
15 (B) a recommendation regarding the use of
16 such contraception in appropriate cases; and
17 (C) information explaining how to obtain
18 copies of the information developed under sub-
19 section (b) for distribution to the patients of
20 the providers.
21 (d) AUTHORIZATION OF APPROPRIATIONS.—There
22 are authorized to be appropriated to carry out this section
23 such sums as may be necessary for each of the fiscal years
24 2008 through 2012.

TITLE IV—COMPASSIONATE ASSISTANCE FOR RAPE EMERGENCIES

SEC. 401. SHORT TITLE.

This title may be cited as the ''Compassionate Assistance for Rape Emergencies Act of 2007''.

SEC. 402. SURVIVORS OF SEXUAL ASSAULT; PROVISION BY HOSPITALS OF EMERGENCY CONTRACEPTIVES WITHOUT CHARGE.

(a) IN GENERAL.—Federal funds may not be provided to a hospital under any health-related program, unless the hospital meets the conditions specified in subsection (b) in the case of—

(1) any woman who presents at the hospital and states that she is a victim of sexual assault, or is accompanied by someone who states she is a victim of sexual assault; and

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

(b) ASSISTANCE FOR VICTIMS.—The conditions specified in this subsection regarding a hospital and a woman described in subsection (a) are as follows:

(1) The hospital promptly provides the woman with medically and factually accurate and unbiased

1 written and oral information about emergency con-
2 traception, including information explaining that—
3 (A) emergency contraception does not
4 cause an abortion; and
5 (B) emergency contraception is effective in
6 most cases in preventing pregnancy after un-
7 protected sex.
8 (2) The hospital promptly offers emergency
9 contraception to the woman, and promptly provides
10 such contraception to her on her request.
11 (3) The information provided pursuant to para-
12 graph (1) is in clear and concise language, is readily
13 comprehensible, and meets such conditions regarding
14 the provision of the information in languages other
15 than English as the Secretary may establish.
16 (4) The services described in paragraphs (1)
17 through (3) are not denied because of the inability
18 of the woman or her family to pay for the services.
19 (c) DEFINITIONS.—For purposes of this section:
20 (1) The term ''emergency contraception'' means
21 a drug, drug regimen, or device that—
22 (A) is used postcoitally;
23 (B) prevents pregnancy by delaying ovula-
24 tion, preventing fertilization of an egg, or pre-
25 venting implantation of an egg in a uterus; and

1 (C) is approved by the Food and Drug Ad-
2 ministration.
3 (2) The term ''hospital'' has the meanings given
4 such term in title XVIII of the Social Security Act,
5 including the meaning applicable in such title for
6 purposes of making payments for emergency services
7 to hospitals that do not have agreements in effect
8 under such title.
9 (3) The term ''Secretary'' means the Secretary
10 of Health and Human Services.
11 (4) The term ''sexual assault'' means coitus in
12 which the woman involved does not consent or lacks
13 the legal capacity to consent.
14 (d) EFFECTIVE DATE; AGENCY CRITERIA.—This sec-
15 tion takes effect upon the expiration of the 180-day period
16 beginning on the date of the enactment of this Act. Not
17 later than 30 days prior to the expiration of such period,
18 the Secretary shall publish in the Federal Register criteria
19 for carrying out this section.

20 TITLE V—AT-RISK COMMUNITIES 21 TEEN PREGNANCY PREVEN- 22 TION ACT

23 **SEC. 501. SHORT TITLE.**

24 This title may be cited as the ''At-Risk Communities
25 Teen Pregnancy Prevention Act of 2007''.

1 **SEC. 502. TEENAGE PREGNANCY PREVENTION.**

2 Part P of title III of the Public Health Service Act
3 (42 U.S.C. 280g et seq.) is amended by inserting after
4 section 399N the following section:

5 **"SEC. 399N–1. TEENAGE PREGNANCY PREVENTION GRANTS.**

6 "(a) AUTHORITY.—The Secretary may award on a
7 competitive basis grants to public and private entities to
8 establish or expand teenage pregnancy prevention pro-
9 grams.

10 "(b) GRANT RECIPIENTS.—Grant recipients under
11 this section may include State and local not-for-profit coa-
12 litions working to prevent teenage pregnancy, State, local,
13 and tribal agencies, schools, entities that provide after-
14 school programs, and community and faith-based groups.

15 "(c) PRIORITY.—In selecting grant recipients under
16 this section, the Secretary shall give—

17 "(1) highest priority to applicants seeking as-
18 sistance for programs targeting communities or pop-
19 ulations in which—

20 "(A) teenage pregnancy or birth rates are
21 higher than the corresponding State average; or

22 "(B) teenage pregnancy or birth rates are
23 increasing; and

24 "(2) priority to applicants seeking assistance
25 for programs that—

1 "(A) will benefit underserved or at-risk
2 populations such as young males or immigrant
3 youths; or
4 "(B) will take advantage of other available
5 resources and be coordinated with other pro-
6 grams that serve youth, such as workforce de-
7 velopment and after school programs.
8 "(d) USE OF FUNDS.—Funds received by an entity
9 as a grant under this section shall be used for programs
10 that—
11 "(1) replicate or substantially incorporate the
12 elements of one or more teenage pregnancy preven-
13 tion programs that have been proven (on the basis
14 of rigorous scientific research) to delay sexual inter-
15 course or sexual activity, increase condom or contra-
16 ceptive use (without increasing sexual activity), or
17 reduce teenage pregnancy; and
18 "(2) incorporate one or more of the following
19 strategies for preventing teenage pregnancy: encour-
20 aging teenagers to delay sexual activity; sex and
21 HIV education; interventions for sexually active
22 teenagers; preventive health services; youth develop-
23 ment programs; service learning programs; and out-
24 reach or media programs.

1 "(e) COMPLETE INFORMATION.—Programs receiving
2 funds under this section that choose to provide informa-
3 tion on HIV/AIDS or contraception or both must provide
4 information that is complete and medically accurate.
5 "(f) RELATION TO ABSTINENCE-ONLY PROGRAMS.—
6 Funds under this section are not intended for use by absti-
7 nence-only education programs. Abstinence-only education
8 programs that receive Federal funds through the Maternal
9 and Child Health Block Grant, the Administration for
10 Children and Families, the Adolescent Family Life Pro-
11 gram, and any other program that uses the definition of
12 'abstinence education' found in section 510(b) of the So-
13 cial Security Act are ineligible for funding.
14 "(g) APPLICATIONS.—Each entity seeking a grant
15 under this section shall submit an application to the Sec-
16 retary at such time and in such manner as the Secretary
17 may require.
18 "(h) MATCHING FUNDS.—
19 "(1) IN GENERAL.—The Secretary may not
20 award a grant to an applicant for a program under
21 this section unless the applicant demonstrates that
22 it will pay, from funds derived from non-Federal
23 sources, at least 25 percent of the cost of the pro-
24 gram.

1 "(2) APPLICANT'S SHARE.—The applicant's
2 share of the cost of a program shall be provided in
3 cash or in kind.
4 "(i) SUPPLEMENTATION OF FUNDS.—An entity that
5 receives funds as a grant under this section shall use the
6 funds to supplement and not supplant funds that would
7 otherwise be available to the entity for teenage pregnancy
8 prevention.
9 "(j) EVALUATIONS.—
10 "(1) IN GENERAL.—The Secretary shall—
11 "(A) conduct or provide for a rigorous
12 evaluation of 10 percent of programs for which
13 a grant is awarded under this section;
14 "(B) collect basic data on each program
15 for which a grant is awarded under this section;
16 and
17 "(C) upon completion of the evaluations
18 referred to in subparagraph (A), submit to the
19 Congress a report that includes a detailed state-
20 ment on the effectiveness of grants under this
21 section.
22 "(2) COOPERATION BY GRANTEES.—Each grant
23 recipient under this section shall provide such infor-
24 mation and cooperation as may be required for an
25 evaluation under paragraph (1).

1 "(k) DEFINITION.—For purposes of this section, the
2 term 'rigorous scientific research' means based on a pro-
3 gram evaluation that:

4 "(1) Measured impact on sexual or contracep-
5 tive behavior, pregnancy or childbearing.

6 "(2) Employed an experimental or quasi-experi-
7 mental design with well-constructed and appropriate
8 comparison groups.

9 "(3) Had a sample size large enough (at least
10 100 in the combined treatment and control group)
11 and a follow-up interval long enough (at least six
12 months) to draw valid conclusions about impact.

13 "(l) AUTHORIZATION OF APPROPRIATIONS.—There
14 are authorized to be appropriated to carry out this section
15 such sums as may be necessary for fiscal year 2007 and
16 each subsequent fiscal year.".

17 **SEC. 503. RESEARCH.**

18 (a) IN GENERAL.—The Secretary of Health and
19 Human Services, acting through the Director of the Cen-
20 ters for Disease Control and Prevention, shall make grants
21 to public or nonprofit private entities to conduct, support,
22 and coordinate research on the prevention of teen preg-
23 nancy in eligible communities, including research on the
24 factors contributing to the disproportionate rates of teen
25 pregnancy in such communities.

1 (b) RESEARCH.—In carrying out subsection (a), the
2 Secretary of Health and Human Services shall support re-
3 search that—
4 (1) investigates and determines the incidence
5 and prevalence of teen pregnancy in communities de-
6 scribed in such subsection;
7 (2) examines—
8 (A) the extent of the impact of teen preg-
9 nancy on—
10 (i) the health and well-being of teen-
11 agers in the communities; and
12 (ii) the scholastic achievement of such
13 teenagers;
14 (B) the variance in the rates of teen preg-
15 nancy by—
16 (i) location (such as inner cities, inner
17 suburbs, and outer suburbs);
18 (ii) population subgroup (such as His-
19 panic, Asian-Pacific Islander, African-
20 American, Native American); and
21 (iii) level of acculturation;
22 (C) the importance of the physical and so-
23 cial environment as a factor in placing commu-
24 nities at risk of increased rates of teen preg-
25 nancy; and

1 (D) the importance of aspirations as a factor affecting young women's risk of teen pregnancy; and

4 (3) is used to develop—

5 (A) measures to address race, ethnicity, socioeconomic status, environment, and educational attainment and the relationship to the incidence and prevalence of teen pregnancy; and

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

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

14 (1) interdisciplinary approaches; or

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

17 (d) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated such sums as may be necessary for each of the fiscal years 2008 through 2012.

21 **SEC. 504. GENERAL REQUIREMENTS.**

22 (a) MEDICALLY ACCURATE INFORMATION.—A grant may be made under this title only if the applicant involved agrees that all information provided pursuant to the grant

1 will be age-appropriate, factually and medically accurate
2 and complete, and scientifically based.
3 (b) CULTURAL CONTEXT OF SERVICES.—A grant
4 may be made under this title only if the applicant involved
5 agrees that information, activities, and services under the
6 grant that are directed toward a particular population
7 group will be provided in the language and cultural context
8 that is most appropriate for individuals in such group.
9 (c) APPLICATION FOR GRANT.—A grant may be
10 made under this title only if an application for the grant
11 is submitted to the Secretary of Health and Human Serv-
12 ices and the application is in such form, is made in such
13 manner, and contains such agreements, assurances, and
14 information as the Secretary of Health and Human Serv-
15 ices determines to be necessary to carry out the program
16 involved.

17 TITLE VI—ACCURACY OF 18 CONTRACEPTIVE INFORMATION

19 **SEC. 601. SHORT TITLE.**

20 This title may be cited as the ''Truth in Contracep-
21 tion Act of 2007''.

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

23 Notwithstanding any other provision of law, any in-
24 formation concerning the use of a contraceptive provided
25 through any federally funded sex education, family life

1 education, abstinence education, comprehensive health
2 education, or character education program shall be medi-
3 cally accurate and shall include health benefits and failure
4 rates relating to the use of such contraceptive.

5 TITLE VII—UNINTENDED 6 PREGNANCY REDUCTION ACT

7 **SEC. 701. SHORT TITLE.**

8 This title may be cited as the ''Unintended Preg-
9 nancy Reduction Act of 2007''.

10 **SEC. 702. MEDICAID; CLARIFICATION OF COVERAGE OF**
11 **FAMILY PLANNING SERVICES AND SUPPLIES.**

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

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

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

2 (a) COVERAGE AS MANDATORY CATEGORICALLY
3 NEEDY GROUP.—

4 (1) IN GENERAL.—Section 1902(a)(10)(A)(i) of
5 the Social Security Act (42 U.S.C.
6 1396a(a)(10)(A)(i)) is amended—

7 (A) in subclause (VI), by striking ‘‘or’’ at
8 the end;

9 (B) in subclause (VII), by adding ‘‘or’’ at
10 the end; and

11 (C) by adding at the end the following new
12 subclause:

13 ‘‘(VIII) who are described in sub-
14 section (dd) (relating to individuals
15 who meet the income standards for
16 pregnant women);’’.

17 (2) GROUP DESCRIBED.—Section 1902 of the
18 Social Security Act (42 U.S.C. 1396a) is amended
19 by adding at the end the following new subsection:
20 ‘‘(dd)(1) Individuals described in this subsection are
21 individuals who—

22 ‘‘(A) meet at least the income eligibility stand-
23 ards established under the State plan as of January
24 1, 2007, for pregnant women or such higher income
25 eligibility standard for such women as the State may
26 establish; and

1 "(B) are not pregnant.
2 "(2) At the option of a State, individuals described
3 in this subsection may include individuals who are deter-
4 mined to meet the income eligibility standards referred to
5 in paragraph (1)(A) under the terms and conditions appli-
6 cable to making eligibility determinations for medical as-
7 sistance under this title under a waiver to provide the ben-
8 efits described in clause (XV) of the matter following sub-
9 paragraph (G) of section 1902(a)(10) granted to the State
10 under section 1115 as of January 1, 2007.".
11 (3) LIMITATION ON BENEFITS.—Section
12 1902(a)(10) of the Social Security Act (42 U.S.C.
13 1396a(a)(10)) is amended in the matter following
14 subparagraph (G)—
15 (A) by striking "and (XIV)" and inserting
16 "(XIV)"; and
17 (B) by inserting ", and (XV) the medical
18 assistance made available to an individual de-
19 scribed in subsection (dd) who is eligible for
20 medical assistance only because of subpara-
21 graph (A)(10)(i)(VIII) shall be limited to family
22 planning services and supplies described in
23 1905(a)(4)(C) and, at the State's option, med-
24 ical diagnosis or treatment services that are
25 provided in conjunction with a family planning

1 service in a family planning setting provided
2 during the period in which such an individual is
3 eligible;'' after ''cervical cancer''.
4 (4) CONFORMING AMENDMENTS.—Section
5 1905(a) of the Social Security Act (42 U.S.C.
6 1396d(a)) is amended in the matter preceding para-
7 graph (1)—
8 (A) in clause (xii), by striking ''or'' at the
9 end;
10 (B) in clause (xii), by adding ''or'' at the
11 end; and
12 (C) by inserting after clause (xiii) the fol-
13 lowing:
14 ''(xiv) individuals described in section
15 1902(dd),''.
16 (b) PRESUMPTIVE ELIGIBILITY.—
17 (1) IN GENERAL.—Title XIX of the Social Se-
18 curity Act (42 U.S.C. 1396 et seq.) is amended by
19 inserting after section 1920B the following:
20 ''PRESUMPTIVE ELIGIBILITY FOR FAMILY PLANNING
21 SERVICES
22 ''SEC. 1920C. (a) STATE OPTION.—A State plan ap-
23 proved under section 1902 may provide for making med-
24 ical assistance available to an individual described in sec-
25 tion 1902(dd) (relating to individuals who meet the in-
26 come eligibility standard for pregnant women in the State)

1 during a presumptive eligibility period. In the case of an
2 individual described in section 1902(dd) who is eligible for
3 medical assistance only because of subparagraph
4 (A)(10)(i)(VIII), such medical assistance may be limited
5 to family planning services and supplies described in
6 1905(a)(4)(C) and, at the State's option, medical diag-
7 nosis or treatment services that are provided in conjunc-
8 tion with a family planning service in a family planning
9 setting provided during the period in which such an indi-
10 vidual is eligible.

11 "(b) DEFINITIONS.—For purposes of this section:

12 "(1) PRESUMPTIVE ELIGIBILITY PERIOD.—The
13 term 'presumptive eligibility period' means, with re-
14 spect to an individual described in subsection (a),
15 the period that—

16 "(A) begins with the date on which a
17 qualified entity determines, on the basis of pre-
18 liminary information, that the individual is de-
19 scribed in section 1902(dd); and

20 "(B) ends with (and includes) the earlier
21 of—

22 "(i) the day on which a determination
23 is made with respect to the eligibility of
24 such individual for services under the State
25 plan; or

1 "(ii) in the case of such an individual
2 who does not file an application by the last
3 day of the month following the month dur-
4 ing which the entity makes the determina-
5 tion referred to in subparagraph (A), such
6 last day.
7 "(2) QUALIFIED ENTITY.—
8 "(A) IN GENERAL.—Subject to subpara-
9 graph (B), the term 'qualified entity' means
10 any entity that—
11 "(i) is eligible for payments under a
12 State plan approved under this title; and
13 "(ii) is determined by the State agen-
14 cy to be capable of making determinations
15 of the type described in paragraph (1)(A).
16 "(B) REGULATIONS.—The Secretary may
17 issue regulations further limiting those entities
18 that may become qualified entities in order to
19 prevent fraud and abuse and for other reasons.
20 "(C) RULE OF CONSTRUCTION.—Nothing
21 in this paragraph shall be construed as pre-
22 venting a State from limiting the classes of en-
23 tities that may become qualified entities, con-
24 sistent with any limitations imposed under sub-
25 paragraph (B).

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, 2007.

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

additional requirements before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of the enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of the session is considered to be a separate regular session of the State legislature.

TITLE VIII—RESPONSIBLE EDUCATION ABOUT LIFE ACT

SEC. 801. SHORT TITLE.

This title may be cited as the ''Responsible Education About Life Act of 2007''.

SEC. 802. ASSISTANCE TO REDUCE TEEN PREGNANCY, HIV/AIDS, AND OTHER SEXUALLY TRANSMITTED DISEASES AND TO SUPPORT HEALTHY ADOLESCENT DEVELOPMENT.

(a) IN GENERAL.—Each eligible State shall be entitled to receive from the Secretary of Health and Human Services, for each of the fiscal years 2008 through 2012, a grant to conduct programs of family life education, including education on both abstinence and contraception for the prevention of teenage pregnancy and sexually 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;
14 (6) provides information about the health bene-
15 fits and side effects of all contraceptives and barrier
16 methods as a means to reduce the risk of con-
17 tracting sexually transmitted diseases, including
18 HIV/AIDS;
19 (7) encourages family communication between
20 parent and child about sexuality;
21 (8) teaches young people the skills to make re-
22 sponsible decisions about sexuality, including how to
23 avoid unwanted verbal, physical, and sexual ad-
24 vances and how not to make unwanted verbal, phys-
25 ical, and sexual advances; and

1 (9) teaches young people how alcohol and drug
2 use can effect responsible decision making.
3 (c) ADDITIONAL ACTIVITIES.—In carrying out a pro-
4 gram of family life education, a State may expend a grant
5 under subsection (a) to carry out educational and motiva-
6 tional activities that help young people—
7 (1) gain knowledge about the physical, emo-
8 tional, biological, and hormonal changes of adoles-
9 cence and subsequent stages of human maturation;
10 (2) develop the knowledge and skills necessary
11 to ensure and protect their sexual and reproductive
12 health from unintended pregnancy and sexually
13 transmitted disease, including HIV/AIDS through-
14 out their lifespan;
15 (3) gain knowledge about the specific involve-
16 ment and responsibility of males in sexual decision
17 making;
18 (4) develop healthy attitudes and values about
19 adolescent growth and development, body image, ra-
20 cial and ethnic diversity, and other related subjects;
21 (5) develop and practice healthy life skills, in-
22 cluding goal-setting, decision making, negotiation,
23 communication, and stress management;
24 (6) promote self-esteem and positive inter-
25 personal skills focusing on relationship dynamics, in-

1 cluding friendships, dating, romantic involvement,
2 marriage and family interactions; and
3 (7) prepare for the adult world by focusing on
4 educational and career success, including developing
5 skills for employment preparation, job seeking, inde-
6 pendent living, financial self-sufficiency, and work-
7 place productivity.

8 **SEC. 803. SENSE OF CONGRESS.**

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

13 **SEC. 804. EVALUATION OF PROGRAMS.**

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

19 (b) NATIONAL EVALUATION.—

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

1 cooperate with the evaluation. The purposes of the
2 national evaluation shall be the determination of—
3 (A) the effectiveness of such programs in
4 helping to delay the initiation of sexual inter-
5 course and other high-risk behaviors;
6 (B) the effectiveness of such programs in
7 preventing adolescent pregnancy;
8 (C) the effectiveness of such programs in
9 preventing sexually transmitted disease, includ-
10 ing HIV/AIDS;
11 (D) the effectiveness of such programs in
12 increasing contraceptive knowledge and contra-
13 ceptive behaviors when sexual intercourse oc-
14 curs; and
15 (E) a list of best practices based upon es-
16 sential programmatic components of evaluated
17 programs that have led to success in subpara-
18 graphs (A) through (D).
19 (2) REPORT.—A report providing the results of
20 the national evaluation under paragraph (1) shall be
21 submitted to Congress not later than March 31,
22 2011, with an interim report provided on an annual
23 basis at the end of each fiscal year.
24 (c) INDIVIDUAL STATE EVALUATIONS.—

1 (1) IN GENERAL.—A condition for the receipt
2 of a grant under section 802 is that the State in-
3 volved agree to provide for the evaluation of the pro-
4 grams of family education carried out with the grant
5 in accordance with the following:
6 (A) The evaluation will be conducted by an
7 external, independent entity.
8 (B) The purposes of the evaluation will be
9 the determination of—
10 (i) the effectiveness of such programs
11 in helping to delay the initiation of sexual
12 intercourse and other high-risk behaviors;
13 (ii) the effectiveness of such programs
14 in preventing adolescent pregnancy;
15 (iii) the effectiveness of such pro-
16 grams in preventing sexually transmitted
17 disease, including HIV/AIDS; and
18 (iv) the effectiveness of such programs
19 in increasing contraceptive knowledge and
20 contraceptive behaviors when sexual inter-
21 course occurs.
22 (2) USE OF GRANT.—A condition for the re-
23 ceipt of a grant under section 802 is that the State
24 involved agree that not more than 10 percent of the

1 grant will be expended for the evaluation under
2 paragraph (1).

3 **SEC. 805. DEFINITIONS.**

4 For purposes of this title:

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

11 (2) The term ''HIV/AIDS'' means the human
12 immunodeficiency virus, and includes acquired im-
13 mune deficiency syndrome.

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

20 (4) The term ''Secretary'' means the Secretary
21 of Health and Human Services.

22 **SEC. 806. APPROPRIATIONS.**

23 (a) IN GENERAL.—For the purpose of carrying out
24 this title, there are authorized to be appropriated such

1 sums as may be necessary for each of the fiscal years 2008
2 through 2012.
3 (b) ALLOCATIONS.—Of the amounts appropriated
4 under subsection (a) for a fiscal year—
5 (1) not more than 7 percent may be used for
6 the administrative expenses of the Secretary in car-
7 rying out this title for that fiscal year; and
8 (2) not more than 10 percent may be used for
9 the national evaluation under section 804(b).

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