

116TH CONGRESS
2D SESSION

H. R. 6178

To amend the Public Health Service Act to provide for a demonstration program to facilitate the clinical adoption of pregnancy intention screening initiatives by health care and social service providers.

IN THE HOUSE OF REPRESENTATIVES

MARCH 10, 2020

Ms. BONAMICI (for herself, Mr. NADLER, Mr. GRIJALVA, Mr. BLUMENAUER, and Mr. SABLAN) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to provide for a demonstration program to facilitate the clinical adoption of pregnancy intention screening initiatives by health care and social service providers.

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 “Enhancing Questions
5 to Understand Intentions for Pregnancy Act of 2020” or
6 the “EQUIP Act of 2020”.

1 **SEC. 2. PREGNANCY INTENTION SCREENING INITIATIVE**
2 **DEMONSTRATION PROGRAM.**

3 Part P of title III of the Public Health Service Act
4 (42 U.S.C. 280g et seq.) is amended by adding at the end
5 the following new section:

6 **“SEC. 399V-7. PREGNANCY INTENTION SCREENING INITIA-**
7 **TIVE DEMONSTRATION PROGRAM.**

8 “(a) PROGRAM ESTABLISHMENT.—The Secretary,
9 through the Director of the Centers for Disease Control
10 and Prevention, shall establish a demonstration program
11 to facilitate the clinical adoption of pregnancy intention
12 screening initiatives by health care and social service pro-
13 viders.

14 “(b) GRANTS.—The Secretary may carry out the
15 demonstration program through awarding grants to eligi-
16 ble entities to implement pregnancy intention screening
17 initiatives, collect data, and evaluate such initiatives.

18 “(c) ELIGIBLE ENTITIES.—

19 “(1) IN GENERAL.—An eligible entity under
20 this section is an entity described in paragraph (2)
21 that provides non-directive, comprehensive, medically
22 accurate information.

23 “(2) ENTITIES DESCRIBED.—For purposes of
24 paragraph (1), an entity described in this paragraph
25 is a community-based organization, voluntary health
26 organization, public health department, community

1 health center, or other interested public or private
2 primary, behavioral, or other health care or social
3 service provider or organization.

4 “(d) PREGNANCY INTENTION SCREENING INITIA-
5 TIVE.—For purposes of this section, the term ‘pregnancy
6 intention screening initiative’ means any initiative by an
7 eligible entity to routinely screen women with respect to
8 their pregnancy desires and goals to either prevent unin-
9 tended pregnancies or improve the likelihood of healthy
10 pregnancies, in order to better provide health care that
11 meets the contraceptive or pre-pregnancy needs and goals
12 of such women.

13 “(e) EVALUATION.—

14 “(1) IN GENERAL.—The Secretary, acting
15 through the Director of the Centers for Disease
16 Control and Prevention, shall, by grant or contract,
17 and after consultation as described in paragraph (2),
18 conduct an evaluation of the demonstration pro-
19 gram, with respect to pregnancy intention screening
20 initiatives, conducted under this section. Such an
21 evaluation shall include:

22 “(A) Assessment of the implementation of
23 pregnancy intention screening protocols among
24 a diverse group of patients and providers, in-
25 cluding collecting data on the experiences and

1 outcomes for diverse patient populations in a
2 variety of clinical settings.

3 “(B) Analysis of outcome measures that
4 will facilitate effective and widespread adoption
5 of such protocols by health care providers for
6 inquiring about and responding to pregnancy
7 goals of women with both contraceptive and
8 pre-pregnancy care.

9 “(C) Consideration of health disparities
10 among the population served.

11 “(D) Assessment of the equitable and vol-
12 untary application of such initiatives to minor-
13 ity and medically underserved communities.

14 “(E) Assessment of the training, capacity,
15 and ongoing technical assistance needed for
16 providers to effectively implement such preg-
17 nancy intention screening protocols.

18 “(F) Assessment of whether referral sys-
19 tems for selected protocols follow evidence-based
20 standards that ensure access to comprehensive
21 health services and appropriate follow-up care.

22 “(G) Measuring through rigorous methods
23 the effect of such initiatives on key health out-
24 comes.

1 “(2) CONSULTATION WITH INDEPENDENT EX-
2 PERTS.—In conducting any evaluation under para-
3 graph (1), the Director of the Centers for Disease
4 Control and Prevention shall consult with physi-
5 cians, physician assistants, advanced practice reg-
6 istered nurses, registered nurses, nurse midwives,
7 and other health care providers who specialize in
8 women’s health, and other experts in public health,
9 clinical practice, program evaluation, and research.

10 “(3) REPORT.—Not later than one year after
11 the last day of the demonstration program under
12 this section, the Director of the Centers for Disease
13 Control and Prevention shall submit to Congress a
14 report on the results of the evaluation conducted
15 under paragraph (1) and shall make the report pub-
16 licly available.

17 “(f) FUNDING.—

18 “(1) AUTHORIZATION OF APPROPRIATIONS.—
19 To carry out this section, there is authorized to be
20 appropriated \$10,000,000 for each of fiscal years
21 2021 through 2023.

22 “(2) LIMITATION.—Not more than 20 percent
23 of funds appropriated to carry out this section pur-
24 suant to paragraph (1) for a fiscal year may be used

1 for purposes of the evaluation under subsection
2 (e).”.

○