

115TH CONGRESS  
1ST SESSION

# H. R. 3559

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.

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## IN THE HOUSE OF REPRESENTATIVES

JULY 28, 2017

Ms. ADAMS (for herself, Mr. SMITH of Washington, Ms. BARRAGÁN, Mrs. NAPOLITANO, Mr. CONYERS, Mr. AGUILAR, Ms. KELLY of Illinois, Ms. JUDY CHU of California, Ms. WILSON of Florida, Mr. DAVID SCOTT of Georgia, and Mr. PAYNE) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## 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 2017”.

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 and age-, developmentally, and culturally appro-  
12 priate sexual health information to marginalized  
13 youth, including information on how to access sexual  
14 health services;

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 Federal adolescent programs for  
15 the prevention of pregnancy, HIV, and other sexu-  
16 ally transmitted infections.

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

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

21 (2) such eligible entity agrees—

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

24 (B) that all information provided to  
25 marginalized youth will be—

1 (i) age- and developmentally appro-  
2 priate;

3 (ii) medically accurate and complete;

4 (iii) scientifically based; and

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

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

13 (i) the use of grant funds by the eligi-  
14 ble entity;

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

18 (iii) such other information as the  
19 Secretary may require.

20 (f) PUBLICATION AND EVALUATIONS.—

21 (1) EVALUATIONS.—Not less than once every  
22 two years after the date of the enactment of this  
23 Act, the Secretary shall evaluate the effectiveness of  
24 whichever of the following is greater:

1 (A) Eight grants awarded under subsection  
2 (a).

3 (B) Ten percent of the grants awarded  
4 under subsection (a).

5 (2) PUBLICATION.—The Secretary shall make  
6 available to the public—

7 (A) the evaluations required under para-  
8 graph (1); and

9 (B) the reports required under subsection  
10 (e)(2)(C).

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

14 (1) withhold sexual health-promoting or life-sav-  
15 ing information;

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

18 (3) promote gender stereotypes;

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

21 (A) youth with varying gender identities,  
22 gender expressions, and sexual orientations;

23 (B) sexually active youth;

24 (C) pregnant or parenting youth;

1 (D) survivors of sexual abuse or assault;  
2 and

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

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

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

14 (i) DEFINITIONS.—In this section:

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

23 (2) ELIGIBLE ENTITY.—The term “eligible enti-  
24 ty” includes a State or local health or education  
25 agency, public school, nonprofit organization, hos-

1       pital, or an Indian Tribe or Tribal organization (as  
2       such terms are defined in section 4 of the Indian  
3       Self-Determination and Education Assistance Act  
4       (25 U.S.C. 5304)).

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

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

13           (A) is supported by research and recog-  
14       nized as accurate, objective, and complete by  
15       leading medical, psychological, psychiatric, or  
16       public health organizations and agencies; and

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

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

1 (A) is widely recognized by leading medical  
2 and public health agencies as effective in pro-  
3 moting sexual health awareness and healthy be-  
4 havior; and

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;

22 (E) routine gynecological care, including  
23 human papillomavirus (HPV) vaccines and can-  
24 cer 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.

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