

115TH CONGRESS
1ST SESSION

H. R. 4418

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 providers.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 16, 2017

Ms. BONAMICI 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 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 2017” or
6 the “EQUIP Act of 2017”.

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 sections:

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 providers.

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

17 “(c) ELIGIBLE ENTITIES.—

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

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

1 health center, or other interested public or private
2 health care provider or organization.

3 “(d) PREGNANCY INTENTION SCREENING INITIA-
4 TIVE.—For purposes of this section, the term ‘pregnancy
5 intention screening initiative’ means any initiative by a
6 health care provider to routinely screen women with re-
7 spect to their pregnancy intentions and goals to either pre-
8 vent unintended pregnancies or improve the likelihood of
9 healthy pregnancies, in order to better provide health care
10 that meets the contraceptive or pre-pregnancy needs of
11 such women.

12 “(e) EVALUATION.—

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

21 “(A) Assessment of the implementation of
22 pregnancy intention screening protocols among
23 a diverse group of patients and providers, in-
24 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 intentions of women with both contraceptive
8 and 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 “(2) INDEPENDENT, EXPERT ADVISORY
23 PANEL.—In conducting the evaluation under para-
24 graph (1), the Director of the Centers for Disease
25 Control and Prevention shall consult with physi-

1 cians, physician assistants, and nurses who spe-
2 cialize in women’s health, and other experts in clin-
3 ical practice, program evaluation, and research.

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

11 “(f) FUNDING.—

12 “(1) AUTHORIZATION OF APPROPRIATIONS.—
13 To carry out this section, there is authorized to be
14 appropriated \$5,000,000 for each of fiscal years
15 2018 through 2020.

16 “(2) LIMITATION.—Not more than 25 percent
17 of funds appropriated to carry out this section pur-
18 suant to paragraph (1) for a fiscal year may be used
19 for purposes of the evaluation under subsection
20 (e).”.

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