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118TH CONGRESS
2D SESSION

H. R. 9807

To amend the Public Health Service Act to authorize a grant program to provide surge capacity for providers faced with increased unmet need for contraceptive care.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 25, 2024

Ms. CARAVEO (for herself, Ms. LOIS FRANKEL of Florida, Ms. WILLIAMS of Georgia, Ms. MANNING, Mrs. PELTOLA, Ms. BROWNLEY, Ms. NORTON, Ms. BUSH, Mr. GRIJALVA, Mr. GOTTHEIMER, Mr. ALLRED, Ms. PETTERSEN, and Ms. TITUS) introduced the following bill; which was referred to the Committee on Energy and Commerce

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A BILL

To amend the Public Health Service Act to authorize a grant program to provide surge capacity for providers faced with increased unmet need for contraceptive care.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Strengthening Access to Contraceptive Care Act''.

SEC. 2. FINDINGS.

Congress finds the following:

(1) Nearly 9 in 10 women of reproductive age have used contraception, and nearly 9 in 10 adults agree that everyone deserves access to the full range of birth control methods, no matter who they are, where they live, or their economic status.

(2) More than 19,000,000 women, plus more transgender and nonbinary individuals, of reproductive age in the United States live in contraceptive deserts, meaning they lack reasonable access in their county to a health center offering the full range of contraceptive methods.

(3) Additionally, 1,200,000 of such women live in a county without a single health center offering the full range of contraceptive methods.

(4) Research shows that Black women are more likely to live in a contraceptive desert, and face barriers accessing pharmacies.

(5) Systemic racism, discrimination, and lack of access to comprehensive sex education exacerbates severe health inequities and creates additional barriers to accessing contraception.

(6) Due to high uninsured rates and barriers, Hispanic women with low incomes experience a significantly higher rate of unintended pregnancy, of 58

percent, compared to their White counterparts, with a rate of 33 percent.

(7) A 2023 study found that among people who identified as Asian American, Native Hawaiian, or Pacific Islander, Black or African American, Indigenous, Latina, or Latinx, 45 percent of respondents reported experiencing at least one challenge accessing contraception in the past year.

(8) To address the challenges in accessing contraceptive care, proper investments need to be made to improve availability to such care nationwide, with a particular focus in the counties where health centers currently do not offer the full range of methods.

(9) The family planning safety net has been chronically underfunded and is in dire need of significant additional investment. The family planning program under title X of the Public Health Service Act (42 U.S.C. 300 et seq.) has been funded at the same level for a decade, and needs more than 3 times the current funding level to meet the demonstrated need. However, even if such program were fully funded, there would still be factors that strain provider capacity and limit the ability to meet the needs of contraception patients.

SEC. 3. GRANTS TO INCREASE ACCESS TO CONTRACEPTIVE CARE.

Subpart V of part D of title III of the Public Health Service Act (42 U.S.C. 256 et seq.) is amended by adding at the end the following:

"SEC. 340A–1. GRANTS TO INCREASE ACCESS TO CONTRACEPTIVE CARE.

''(a) IN GENERAL.—The Secretary shall carry out a grant program consisting of awarding grants to eligible entities to increase their capacity to provide contraceptive care to individuals seeking to access contraceptive care within or outside of their States of residence.

''(b) ELIGIBLE ENTITIES.—To be eligible to receive a grant under this section, an entity shall—

''(1) be a hospital, clinic, or other health care facility, university, nonprofit organization, community-based organization, State or local governmental entity, or Tribal government that, through programs, services, or activities that are unbiased and medically and factually accurate—

''(A) provides or refers for abortion services; or

''(B) provides unbiased information and counseling about abortion; and

''(2) be in a State, the District of Columbia, or a commonwealth, territory, or possession of the United States.

''(c) PRIORITY.—In awarding grants under this section, the Secretary shall give priority to eligible entities—

''(1) in States that, as determined by the Secretary, can demonstrate an increased unmet need for contraceptive services; and

''(2) which, as of the date of the enactment of this Act, have received a grant under title X of the Public Health Service Act (42 U.S.C. 300 et seq.).

''(d) AUTHORIZED ACTIVITIES.—A grant under this section may be used for any of the following supplies, equipment, or services related to providing contraceptive care:

''(1) Providing patient education on all methods of contraception approved, granted marketing authorization, or cleared under the Federal Food Drug, and Cosmetic Act, or licensed under section 351 of this Act.

''(2) Purchasing of contraceptive supplies, including emergency contraception.

''(3) Providing person-centered contraceptive counseling.

''(4) Based on the outcome of counseling under paragraph (3), as the patient is interested, provide contraception free from coercion, including hormonal contraception medication and devices, barrier contraception, and emergency contraception.

''(5) Administering telehealth services, which may include audio, video, and text messaging services.

''(6) Contracting or hiring clinical and nonclinical support staff, and other relevant health care personnel.

''(7) Creating and disseminating medically-accurate, culturally- and linguistically-appropriate, accessible educational materials and resources on contraception and contraceptive care for patients.

''(8) Interpretation and translation services.

''(9) Contraception referrals and counseling.

''(10) Follow-up contraceptive care, including the management, evaluation, and changes, including the removal, continuation, and discontinuation, of contraception.

''(e) APPLICATION.—To seek a grant under this section, an eligible entity shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require, including

a plan for increasing capacity as described in subsection (a).

''(f) PROHIBITION AGAINST EXCLUSION OF QUALIFIED ELIGIBLE ENTITIES.—No Federal agency, grantee, subrecipient, or other entity shall, in the course of administering or carrying out any program or activity under this section, act in a manner which has the effect of excluding, limiting, or restricting the participation of any entity that would otherwise be eligible to apply for funds, on the basis of any factor unrelated to the entity's qualifications to effectively carry out the program or activity.

''(g) DEFINITIONS.—In this section:

''(1) CONTRACEPTIVE CARE.—The term 'contraceptive care' means education, person-centered counseling, and provision of any method of contraception approved, granted marketing authorization, or cleared under the Federal Food Drug, and Cosmetic Act, or licensed under section 351 of this Act, including emergency contraception.

''(2) CONTRACEPTION.—The term 'contraception' means a device, medication, procedure, or behavior that is intended to prevent pregnancy. Such term includes any device, medication, procedure, or behavior listed in the most recently published Birth

Control Guide published by the Food and Drug Administration, including—

"(A) sterilization surgery for women;

"(B) implantable rods;

"(C) copper intrauterine devices;

"(D) intrauterine devices with progestin;

"(E) injectable contraceptives;

"(F) oral contraceptives (combined pill);

"(G) oral contraceptives (progestin only);

"(H) oral contraceptives (extended or continuous use);

"(I) contraceptive patch;

"(J) vaginal contraceptive rings;

"(K) diaphragms;

"(L) contraceptive sponges;

"(M) cervical caps;

"(N) condoms;

"(O) spermicides;

"(P) emergency contraception (levonorgestrel);

"(Q) emergency contraception (ulipristal acetate); and

"(R) any additional contraceptives approved, granted marketing authorization, or cleared under the Federal Food, Drug, and

Cosmetic Act or licensed under section 351 of this Act.

''(h) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated $100,000,000 for each of fiscal years 2025 through 2029.''.

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