

118TH CONGRESS  
1ST SESSION

# H. R. 3659

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.

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## IN THE HOUSE OF REPRESENTATIVES

MAY 25, 2023

Ms. BONAMICI (for herself, Ms. CHU, Ms. DEGETTE, Ms. LEE of California, Ms. LOIS FRANKEL of Florida, Ms. NORTON, Mr. KHANNA, Mr. GRIJALVA, Mr. GARCÍA of Illinois, Ms. VELÁZQUEZ, and Ms. SALINAS) 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 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 2023” or  
6 the “EQUIP Act of 2023”.

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-8. 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 shall 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 para-  
25 graph—

1           “(A) is a community-based organization,  
2           voluntary health organization, public health de-  
3           partment, community health center, or other in-  
4           terested public or private primary, behavioral,  
5           or other health care or social service provider or  
6           organization; and

7           “(B) does not include any crisis pregnancy  
8           center or other anti-abortion organization that  
9           presents itself as a comprehensive reproductive  
10          health care provider but has the intent of dis-  
11          couraging pregnant people from accessing abor-  
12          tion care.

13          “(d) PREGNANCY INTENTION SCREENING INITIA-  
14          TIVE.—For purposes of this section, the term ‘pregnancy  
15          intention screening initiative’ means any initiative by an  
16          eligible entity to routinely screen people with respect to  
17          their pregnancy and reproductive health desires and goals  
18          to either prevent unintended pregnancies or improve the  
19          likelihood of healthy pregnancies, in order to better pro-  
20          vide health care that meets the contraceptive or pre-preg-  
21          nancy needs and goals of such people.

22          “(e) EVALUATION.—

23                 “(1) IN GENERAL.—The Secretary, acting  
24                 through the Director of the Centers for Disease  
25                 Control and Prevention, shall, by grant or contract,

1 and after consultation as described in paragraph (2),  
2 conduct an evaluation of the demonstration pro-  
3 gram, with respect to pregnancy intention screening  
4 initiatives, conducted under this section. Such an  
5 evaluation shall include:

6 “(A) Assessment of the implementation of  
7 pregnancy intention screening protocols among  
8 a diverse group of patients and providers, in-  
9 cluding collecting data on the experiences and  
10 outcomes for diverse patient populations in a  
11 variety of clinical and social service settings.

12 “(B) Analysis of outcome measures that  
13 will facilitate effective and widespread adoption  
14 of such protocols by health care providers for  
15 inquiring about and responding to pregnancy  
16 and reproductive health goals of people with  
17 both contraceptive and pre-pregnancy care.

18 “(C) Consideration of health disparities  
19 among the populations served.

20 “(D) Assessment of the equitable and vol-  
21 untary implementation of such initiatives to  
22 Black, Indigenous, and people of color, and  
23 other medically underserved communities.

24 “(E) Assessment of the training, capacity,  
25 and ongoing technical assistance needed for

1 providers to effectively implement such preg-  
2 nancy intention screening protocols.

3 “(F) Assessment of whether referral sys-  
4 tems for selected protocols follow evidence-based  
5 standards that ensure access to comprehensive  
6 culturally competent and gender affirming  
7 health services and appropriate follow-up care.

8 “(G) Measuring through rigorous methods  
9 the effect of such initiatives on key health out-  
10 comes.

11 “(2) COST STUDY.—The Secretary, acting  
12 through the Director of the Centers for Disease  
13 Control and Prevention, shall, by grant or contract,  
14 conduct a study assessing the time and cost for pro-  
15 viders to administer pregnancy intention screening  
16 tools and provide related counseling in a diverse  
17 array of settings.

18 “(3) CONSULTATION WITH INDEPENDENT EX-  
19 PERTS.—In conducting any evaluation under para-  
20 graphs (1) and (2), the Director of the Centers for  
21 Disease Control and Prevention shall consult with  
22 physicians, physician assistants, advanced practice  
23 registered nurses, registered nurses, nurse midwives,  
24 behavioral health providers, other health care pro-  
25 viders who specialize in reproductive and sexual

1 health, human services providers, and other experts  
2 in public health, clinical practice, program evalua-  
3 tion, and research.

4 “(4) 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 and study  
9 conducted under paragraphs (1) and (2) and shall  
10 make the report publicly available.

11 “(f) FUNDING.—

12 “(1) AUTHORIZATION OF APPROPRIATIONS.—  
13 To carry out this section, there is authorized to be  
14 appropriated \$10,000,000 for each of fiscal years  
15 2024 through 2026.

16 “(2) LIMITATION.—Not more than 20 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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