

114TH CONGRESS
2D SESSION

S. 3360

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.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 20, 2016

Ms. HIRONO (for herself, Mr. BLUMENTHAL, Mr. BROWN, Mrs. GILLIBRAND, Mr. MARKEY, Mr. FRANKEN, Ms. WARREN, and Mr. BOOKER) introduced the following bill; which was read twice and referred to the Committee on Finance

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 2016”.

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 may award grants on
5 a competitive basis to eligible entities to support the access
6 of marginalized youth to sexual health services.

7 (b) USE OF FUNDS.—An eligible entity that is award-
8 ed a grant under subsection (a) may use the funds to—

9 (1) provide medically accurate and age appro-
10 priate sexual health information to marginalized
11 youth, including information on how to access sexual
12 health services;

13 (2) promote effective communication regarding
14 sexual health among marginalized youth;

15 (3) promote and support better health, edu-
16 cation, and economic opportunities for school-age
17 parents; and

18 (4) train individuals who work with
19 marginalized youth to promote—

20 (A) the prevention of unintended preg-
21 nancy;

22 (B) the prevention of sexually transmitted
23 infections;

24 (C) healthy relationships; and

25 (D) the development of safe and supportive
26 environments.

1 (c) APPLICATION.—To be awarded a grant under
2 subsection (a), an eligible entity shall submit an applica-
3 tion to the Secretary at such time, in such manner, and
4 containing such information as the Secretary may require.

5 (d) PRIORITY.—In awarding grants under subsection
6 (a), the Secretary shall give priority to eligible entities—

7 (1) with a history of supporting the access of
8 marginalized youth to sexuality education or sexual
9 health services; and

10 (2) that plan to serve marginalized youth that
11 are not served by Federal teen pregnancy prevention
12 programs.

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

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

17 (2) such eligible entity agrees—

18 (A) to employ a scientifically effective
19 strategy;

20 (B) that all information provided to
21 marginalized youth will be—

22 (i) age-appropriate;

23 (ii) medically accurate;

24 (iii) scientifically based; and

1 (iv) provided in the language and cul-
2 tural context that is most appropriate for
3 the individuals served by the eligible entity;
4 and

5 (C) that for each year the eligible entity
6 receives grant funds under subsection (a), the
7 eligible entity shall submit to the Secretary an
8 annual report that includes—

9 (i) the use of grant funds by the eligi-
10 ble entity;

11 (ii) how the use of grant funds has in-
12 creased the access of marginalized youth to
13 sexual health services; and

14 (iii) such other information as the
15 Secretary may require.

16 (f) PUBLICATION AND EVALUATIONS.—

17 (1) EVALUATIONS.—Not less than once every 2
18 years after the date of the enactment of this Act, the
19 Secretary shall evaluate the effectiveness of which-
20 ever of the following is greater:

21 (A) Eight grants awarded under subsection
22 (a).

23 (B) Ten percent of the grants awarded
24 under subsection (a).

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

3 (A) the evaluations required under para-
4 graph (1); and

5 (B) the reports required under subsection
6 (e)(2)(C).

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

10 (1) withhold sexual health-promoting or life-sav-
11 ing information;

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

14 (3) promote gender stereotypes;

15 (4) are insensitive or unresponsive to the needs
16 of lesbian, gay, bisexual, transgender, queer or ques-
17 tioning youth, sexually active youth, or school-age
18 parents;

19 (5) are insensitive or unresponsive to the needs
20 of survivors of sexual abuse or assault; or

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

23 (h) DEFINITIONS.—In this section:

24 (1) COMMUNITY ORGANIZATION.—The term
25 “community organization” includes a State or local

1 health or education agency, public school, youth-fo-
2 cused organization that is faith-based and commu-
3 nity-based, juvenile justice entity, or other organiza-
4 tion that provides confidential and appropriate sexu-
5 ality education or sexual health services to
6 marginalized youth.

7 (2) ELIGIBLE ENTITY.—The term “eligible enti-
8 ty” includes a State or local health or education
9 agency, public school, nonprofit organization, hos-
10 pital, or an Indian tribe or tribal organization (as
11 such terms are defined in section 4 of the Indian
12 Self-Determination and Education Assistance Act
13 (25 U.S.C. 450b)).

14 (3) MARGINALIZED YOUTH.—The term
15 “marginalized youth” means a person under the age
16 of 26 that is disadvantaged by underlying structural
17 barriers and social inequity.

18 (4) MEDICALLY ACCURATE.—The term “medi-
19 cally accurate”, with respect to information, means
20 information that is supported by research and recog-
21 nized as accurate and objective by leading medical,
22 psychological, psychiatric, or public health organiza-
23 tions and agencies.

1 (5) SCIENTIFICALLY EFFECTIVE STRATEGY.—

2 The term “scientifically effective strategy” means a
3 strategy that—

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

8 (B) either—

9 (i) has been demonstrated to be effec-
10 tive on the basis of rigorous scientific re-
11 search; or

12 (ii) incorporates characteristics of ef-
13 fective programs.

14 (6) SECRETARY.—The term “Secretary” means
15 the Secretary of Health and Human Services.

16 (7) SEXUAL HEALTH SERVICES.—The term
17 “sexual health services” includes—

18 (A) sexual health education;

19 (B) contraception;

20 (C) emergency contraception;

21 (D) condoms and other barrier methods to
22 prevent pregnancy or sexually transmitted in-
23 fections;

24 (E) routine gynecological care, including
25 HPV vaccines and cancer 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 preventative treatment or care.

6 (i) APPROPRIATION.—

7 (1) GRANTS.—Of the amounts appropriated for
8 fiscal year 2017 under section 510(d) of the Social
9 Security Act (42 U.S.C. 710(d)), the unobligated
10 balance of such amounts shall be made available to
11 carry out this section for such fiscal year. For pur-
12 poses of the previous sentence, the unobligated bal-
13 ance of such amounts shall be determined by the Di-
14 rector of the Office of Management and Budget, in
15 consultation with the Secretary.

16 (2) LIMITATION.—Of the amount made avail-
17 able under paragraph (1) for fiscal year 2017, the
18 Secretary may reserve not more than 10 percent to
19 conduct evaluations under subsection (f) for such
20 year.

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