

111TH CONGRESS
1ST SESSION

S. 270

To provide for programs that reduce the need for abortion, help women bear healthy children, and support new parents.

IN THE SENATE OF THE UNITED STATES

JANUARY 15, 2009

Mr. CASEY (for himself and Mr. NELSON of Nebraska) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To provide for programs that reduce the need for abortion, help women bear healthy children, and support new parents.

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; TABLE OF CONTENTS.**

4 (a) **SHORT TITLE.**—This Act may be cited as the
5 “Pregnant Women Support Act”.

6 (b) **TABLE OF CONTENTS.**—The table of contents for
7 this Act is as follows:

Sec. 1. Short title; table of contents.
Sec. 2. Findings.
Sec. 3. Definitions.

TITLE I—PUBLIC AWARENESS AND ASSISTANCE FOR PREGNANT
WOMEN AND NEW PARENTS

Sec. 101. Grants for increasing public awareness of resources available to assist pregnant women in carrying their pregnancies to term and to assist new parents.

TITLE II—INCREASING WOMEN’S KNOWLEDGE ABOUT THEIR PREGNANCY

Sec. 201. Grants to health centers for purchase of ultrasound equipment.

TITLE III—PREGNANCY AS A PREEEXISTING CONDITION

Sec. 301. Individual health insurance coverage for pregnant women.

Sec. 302. Continuation of health insurance coverage for newborns.

TITLE IV—MEDICAID AND SCHIP COVERAGE OF PREGNANT WOMEN AND UNBORN CHILDREN

Sec. 401. Treatment of unborn children.

Sec. 402. Coordination with the maternal and child health program.

TITLE V—DISCLOSURE OF INFORMATION ON ABORTION SERVICES

Sec. 501. Disclosure of information on abortion services.

TITLE VI—SERVICES TO PATIENTS RECEIVING POSITIVE TEST DIAGNOSIS OF DOWN SYNDROME OR OTHER PRENATALLY DIAGNOSED CONDITIONS

Sec. 601. Services to patients receiving positive test diagnosis for Down syndrome or other prenatally diagnosed conditions.

TITLE VII—SUPPORT FOR PREGNANT AND PARENTING COLLEGE STUDENTS

Sec. 701. Sense of Congress.

Sec. 702. Definitions.

Sec. 703. Pregnant and parenting student services pilot program.

Sec. 704. Application; number of grants.

Sec. 705. Matching Requirement.

Sec. 706. Use of funds.

Sec. 707. Reporting.

Sec. 708. Authorization of appropriations.

TITLE VIII—SUPPORT FOR PREGNANT AND PARENTING TEENS

Sec. 801. Grants to States.

TITLE IX—IMPROVING SERVICES FOR PREGNANT WOMEN WHO ARE VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, AND STALKING

Sec. 901. Findings.

Sec. 902. Program to support pregnant women who are victims of domestic violence.

Sec. 903. Homicide death certificates of certain female victims.

TITLE X—LIFE SUPPORT CENTERS FOR PREGNANT WOMEN, MOTHERS, AND CHILDREN

Sec. 1001. Life support centers pilot program.

TITLE XI—PROVIDING SUPPORT TO NEW PARENTS

Sec. 1101. Increased support for WIC program.

Sec. 1102. Nutritional support for low-income parents.

Sec. 1103. Increased funding for the Child Care and Development Block Grant program.

Sec. 1104. Teenage or first-time mothers; free home visits by registered nurses for education on health needs of infants.

TITLE XII—COLLECTING AND REPORTING ABORTION DATA

Sec. 1201. Grants for collection and reporting of abortion data.

1 **SEC. 2. FINDINGS.**

2 The Congress finds as follows:

3 (1) In 2004, 839,226 abortions were reported
4 to the Centers for Disease Control and Prevention.

5 (2) 48 percent of all pregnancies in America are
6 unintended. Excluding miscarriages, 54 percent of
7 unintended pregnancies end in abortion.

8 (3) 57 percent of women who have abortions
9 have incomes below 200 percent of the poverty level.

10 (4) “Cannot afford a baby” is the second most
11 frequently cited reason women choose to have an
12 abortion; 73 percent of women having abortions
13 cited this reason as a contributing factor.

14 (5) This Act is an initiative to gather more
15 complete information about abortion, to reduce the
16 abortion rate by helping women carry their preg-
17 nancies to term and bear healthy children, and by
18 affirming the right of women to be fully informed

1 about their other options when they seek an abor-
2 tion.

3 (6) The initiative will work to support women
4 facing unplanned pregnancies, new parents and their
5 children by providing comprehensive measures for
6 health care needs, supportive services and helpful
7 prenatal information and postnatal services.

8 **SEC. 3. DEFINITIONS.**

9 For purposes of this Act:

10 (1) The term “Secretary” means the Secretary
11 of Health and Human Services.

12 (2) The term “State” includes the 50 States,
13 the District of Columbia, the Commonwealth of
14 Puerto Rico, the Commonwealth of the Northern
15 Mariana Islands, American Samoa, Guam, the Vir-
16 gin Islands, and any other territory or possession of
17 the United States.

1 **TITLE I—PUBLIC AWARENESS**
2 **AND ASSISTANCE FOR PREG-**
3 **NANT WOMEN AND NEW PAR-**
4 **ENTS**

5 **SEC. 101. GRANTS FOR INCREASING PUBLIC AWARENESS**
6 **OF RESOURCES AVAILABLE TO ASSIST PREG-**
7 **NANT WOMEN IN CARRYING THEIR PREG-**
8 **NANCIES TO TERM AND TO ASSIST NEW PAR-**
9 **ENTS.**

10 (a) GRANTS.—The Secretary may make grants to
11 States to increase public awareness of resources available
12 to pregnant women to carry their pregnancy to term and
13 to new parents.

14 (b) USE OF FUNDS.—The Secretary may make a
15 grant to a State under this section only if the State agrees
16 to use the grant for the following:

17 (1) Identification of resources available to assist
18 pregnant women to carry their pregnancy to term or
19 to assist new parents, or both.

20 (2) Conducting an advertising campaign to in-
21 crease public awareness of such resources.

22 (3) Establishing and maintaining a toll-free
23 telephone line to direct people to—

1 (A) organizations that provide support
2 services for pregnant women to carry their
3 pregnancy to term;

4 (B) adoption centers; and

5 (C) organizations that provide support
6 services to new parents.

7 (c) PROHIBITION.—The Secretary shall prohibit each
8 State receiving a grant under this section from using the
9 grant to direct people to an organization or adoption cen-
10 ter that is for-profit.

11 (d) IDENTIFICATION OF RESOURCES.—The Secretary
12 shall require each State receiving a grant under this sec-
13 tion to make publicly available by means of the Internet
14 (electronic and paper form) a list of the following:

15 (1) The resources identified pursuant to sub-
16 section (b)(1).

17 (2) The organizations and adoption centers to
18 which people are directed pursuant to an advertising
19 campaign or telephone line funded under this sec-
20 tion.

21 (e) AUTHORIZATION OF APPROPRIATIONS.—The Sec-
22 retary shall make such funds available as may be nec-
23 essary to carry out the activities of this section.

1 **TITLE II—INCREASING WOMEN’S**
2 **KNOWLEDGE ABOUT THEIR**
3 **PREGNANCY**

4 **SEC. 201. GRANTS TO HEALTH CENTERS FOR PURCHASE OF**
5 **ULTRASOUND EQUIPMENT.**

6 Part B of title III of the Public Health Service Act
7 (42 U.S.C. 243 et seq.) is amended by inserting after sec-
8 tion 317L the following:

9 **“SEC. 317L–1. GRANTS FOR THE PURCHASE OR UPGRADE**
10 **OF ULTRASOUND EQUIPMENT.**

11 “(a) IN GENERAL.—The Secretary may make grants
12 for the purchase of ultrasound equipment. Such
13 ultrasound equipment shall be used by the recipients of
14 such grants to provide, under the direction and super-
15 vision of a licensed medical physician, ultrasound examina-
16 tions to pregnant women consenting to such services.

17 “(b) ELIGIBILITY REQUIREMENTS.—An entity may
18 receive a grant under subsection (a) only if the entity
19 meets the following conditions:

20 “(1) The entity is a health center eligible to re-
21 ceive a grant under section 330 (relating to commu-
22 nity health centers, migrant health centers, homeless
23 health centers, and public-housing health centers).

24 “(2) The entity agrees to comply with the fol-
25 lowing medical procedures:

1 “(A) The entity will inform each pregnant
2 woman upon whom the ultrasound equipment is
3 used that she has the right to view the visual
4 image of the unborn child from the ultrasound
5 examination and that she has the right to hear
6 a general anatomical and physiological descrip-
7 tion of the characteristics of the unborn child.

8 “(B) The entity will inform each pregnant
9 woman that she has the right to learn, accord-
10 ing to the best medical judgment of the physi-
11 cian performing the ultrasound examination or
12 the physician’s agent performing such exam,
13 the approximate age of the embryo or unborn
14 child considering the number of weeks elapsed
15 from the probable time of the conception of the
16 embryo or unborn child, based upon the infor-
17 mation provided by the client as to the time of
18 her last menstrual period, her medical history,
19 a physical examination, or appropriate labora-
20 tory tests.

21 “(c) APPLICATION FOR GRANT.—A grant may be
22 made under subsection (a) only if an application for the
23 grant is submitted to the Secretary and the application
24 is in such form, is made in such manner, and contains

1 such agreements, assurances, and information as the Sec-
 2 retary determines to be necessary to carry out this section.

3 “(d) ANNUAL REPORT TO SECRETARY.—A grant
 4 may be made under subsection (a) only if the applicant
 5 for the grant agrees to report on an annual basis to the
 6 Secretary, in such form and manner as the Secretary may
 7 require, on the ongoing compliance of the applicant with
 8 the eligibility conditions established in subsection (b).

9 “(e) AUTHORIZATION OF APPROPRIATIONS.—For the
 10 purpose of carrying out this section, there are authorized
 11 to be appropriated \$3,000,000 for fiscal year 2010, and
 12 such sums as may be necessary for each of the fiscal years
 13 2011 through 2014.”.

14 **TITLE III—PREGNANCY AS A**
 15 **PREEXISTING CONDITION**

16 **SEC. 301. INDIVIDUAL HEALTH INSURANCE COVERAGE FOR**
 17 **PREGNANT WOMEN.**

18 (a) LIMITATION ON IMPOSITION OF PRE-EXISTING
 19 CONDITION EXCLUSIONS AND WAITING PERIODS FOR
 20 WOMEN WITH PRIOR COVERAGE.—Title XXVII of the
 21 Public Health Service Act (42 U.S.C. 300gg et seq.) is
 22 amended by inserting after section 2753 the following new
 23 section:

1 **“SEC. 2708. CONTINUATION OF COVERAGE FOR NEWBORNS.**

2 “(a) NOTIFICATION.—In the case of a pregnant
3 woman who is covered under a group health plan, or under
4 group health insurance coverage, for other than family
5 coverage, the plan or issuer of the insurance shall provide
6 notice to the woman during the 5th month of pregnancy,
7 during the 8th month of pregnancy, and within 2 weeks
8 after delivery, of the woman’s option to provide continuing
9 coverage of the newborn child under the group health plan
10 or health insurance coverage under subsection (b).

11 “(b) OPTION OF CONTINUED COVERAGE FOR
12 NEWBORNS.—In the case of a pregnant woman described
13 in subsection (a) who has a newborn child under a group
14 health plan or under group health insurance coverage, the
15 plan or issuer offering the coverage shall provide the
16 woman with the option of electing coverage of the newborn
17 child at least through the end of the 30-day period begin-
18 ning on the date of birth of the child and no waiting period
19 or preexisting condition exclusion shall apply with respect
20 to the coverage of such a newborn child under such plan
21 or coverage. Such continuation coverage shall remain in
22 effect, subject to payment of applicable premiums, for at
23 least such period as the Secretary specifies.”.

24 (b) INDIVIDUAL HEALTH INSURANCE COVERAGE.—
25 Such title is further amended by inserting after section
26 2754, as added by section 301, the following new section:

1 **“SEC. 2755. CONTINUATION OF COVERAGE FOR NEWBORNS.**

2 “The provisions of section 2708 shall apply with re-
3 spect to individual health insurance coverage and the
4 issuer of such coverage in the same manner as they apply
5 to group health insurance coverage and the issuer of such
6 coverage.”.

7 (c) EFFECTIVE DATE.—The amendments made by
8 this section shall take effect on January 1, 2010, and shall
9 apply to women who become pregnant on or after such
10 date and children who are born of such women.

11 **TITLE IV—MEDICAID AND SCHIP**
12 **COVERAGE OF PREGNANT**
13 **WOMEN AND UNBORN CHIL-**
14 **DREN**

15 **SEC. 401. TREATMENT OF UNBORN CHILDREN.**

16 (a) CODIFICATION OF CURRENT REGULATIONS.—
17 Section 2110(c)(1) (42 U.S.C. 1397(c)(1)) is amended by
18 striking the period at the end and inserting the following:
19 “, and includes, at the option of a State, an unborn
20 child.”.

21 (b) CLARIFICATIONS REGARDING COVERAGE OF
22 MOTHERS.—Section 2103 (42 U.S.C. 1397cc) is amended
23 by adding at the end the following new subsection:

24 “(g) CLARIFICATIONS REGARDING AUTHORITY TO
25 PROVIDE POSTPARTUM SERVICES AND MATERNAL
26 HEALTH CARE.—Any State that provides child health as-

1 sistance to an unborn child under the option described in
 2 section 2110(c)(1) may—

3 “(1) continue to provide such assistance to the
 4 mother, as well as postpartum services, through the
 5 end of the month in which the 60-day period (begin-
 6 ning on the last day of pregnancy) ends; and

7 “(2) in the interest of the child to be born, have
 8 flexibility in defining and providing services to ben-
 9 efit either the mother or unborn child consistent
 10 with the health of both.”.

11 **SEC. 402. COORDINATION WITH THE MATERNAL AND CHILD**
 12 **HEALTH PROGRAM.**

13 (a) IN GENERAL.—Section 2102(b)(3) of the Social
 14 Security Act (42 U.S.C. 1397bb(b)(3)) is amended—

15 (1) in subparagraph (D), by striking “and” at
 16 the end;

17 (2) in subparagraph (E), by striking the period
 18 and inserting “; and”; and

19 (3) by adding at the end the following new sub-
 20 paragraph:

21 “(F) that operations and activities under
 22 this title are developed and implemented in con-
 23 sultation and coordination with the program op-
 24 erated by the State under title V in areas in-
 25 cluding outreach and enrollment, benefits and

1 services, service delivery standards, public
 2 health and social service agency relationships,
 3 and quality assurance and data reporting.”.

4 (b) CONFORMING MEDICAID AMENDMENT.—Section
 5 1902(a)(11) of such Act (42 U.S.C. 1396a(a)(11)) is
 6 amended—

7 (1) by striking “and” before “(C)”; and

8 (2) by inserting before the semicolon at the end
 9 the following: “, and (D) provide that operations and
 10 activities under this title are developed and imple-
 11 mented in consultation and coordination with the
 12 program operated by the State under title V in areas
 13 including outreach and enrollment, benefits and
 14 services, service delivery standards, public health
 15 and social service agency relationships, and quality
 16 assurance and data reporting”.

17 (c) EFFECTIVE DATE.—The amendments made by
 18 this section take effect on October 1, 2009.

19 **TITLE V—DISCLOSURE OF IN-**
 20 **FORMATION ON ABORTION**
 21 **SERVICES**

22 **SEC. 501. DISCLOSURE OF INFORMATION ON ABORTION**
 23 **SERVICES.**

24 (a) IN GENERAL.—Health facilities that perform
 25 abortions in or affecting interstate commerce shall obtain

1 informed consent from the pregnant woman seeking to
2 have the abortion. Informed consent shall exist only after
3 a woman has voluntarily completed or opted not to com-
4 plete pre-abortion counseling sessions.

5 (b) ACCURATE INFORMATION.—Counseling sessions
6 under subsection (a) shall include the following informa-
7 tion:

8 (1) The probable gestational age and character-
9 istics of the unborn child at the time the abortion
10 will be performed.

11 (2) How the abortion procedure is performed.

12 (3) Possible short-term and long-term risks and
13 complications of the procedure to be performed.

14 (4) Options or alternatives to abortion, includ-
15 ing, but not limited to, adoption, and the resources
16 available in the community to assist women choosing
17 these options.

18 (5) The availability of post-procedure medical
19 services to address the risks and complications of
20 the procedure.

21 (c) EXCEPTION.—This section shall not apply when
22 the pregnant woman is herself incapable, under State law,
23 of making medical decisions. This section does not affect
24 or modify any requirement under State law for making
25 medical decisions for such patients.

1 (d) CIVIL REMEDIES.—

2 (1) CIVIL ACTION.—Any female upon whom an
3 abortion has been performed or attempted without
4 complying with the informed consent requirements
5 may bring a civil action in an appropriate district
6 court of the United States against the person who
7 performed the abortion in knowing or reckless viola-
8 tion of this section for actual and punitive damages.

9 (2) CERTAIN AUTHORITIES AND REQUIRE-
10 MENTS.—With respect to an action under paragraph
11 (1):

12 (A) The court may award attorney’s fees
13 to the plaintiff if judgment is rendered in favor
14 of the plaintiff, and may award attorney’s fees
15 to the defendant if judgment is rendered in
16 favor of the defendant and the court finds that
17 the plaintiff’s case was frivolous and brought in
18 bad faith.

19 (B) The court shall determine whether the
20 anonymity of the female involved will be pre-
21 served from public disclosure if the female has
22 not consented to her identity being disclosed. If
23 the female’s identity is to be shielded, the court
24 shall issue an order sealing the record and ex-

1 including individuals from the courtroom to pre-
2 serve her identity.

3 (C) In the absence of the female's written
4 consent, anyone other than a public official who
5 brings the action shall do so under a pseu-
6 donym.

7 (3) RULE OF CONSTRUCTION.—Nothing in this
8 subsection may be construed to conceal the identity
9 of the plaintiff or of the witnesses from the defend-
10 ant.

11 (e) SEVERABILITY.—If any provision of this section
12 requiring informed consent for abortions is found uncon-
13 stitutional, the unconstitutional provision is severable and
14 the other provisions of this section remain in effect.

15 (f) PREEMPTION.—Nothing in this section shall pre-
16 vent a State from enacting and enforcing additional re-
17 quirements with respect to informed consent.

1 **TITLE VI—SERVICES TO PA-**
2 **TIENTS RECEIVING POSITIVE**
3 **TEST DIAGNOSIS OF DOWN**
4 **SYNDROME OR OTHER PRE-**
5 **NATALLY DIAGNOSED CONDI-**
6 **TIONS**

7 **SEC. 601. SERVICES TO PATIENTS RECEIVING POSITIVE**
8 **TEST DIAGNOSIS FOR DOWN SYNDROME OR**
9 **OTHER PRENATALLY DIAGNOSED CONDI-**
10 **TIONS.**

11 (a) FINDINGS AND PURPOSES.—

12 (1) FINDINGS.—The Congress finds as follows:

13 (A) Pregnant women who choose to under-
14 go prenatal genetic testing should have access
15 to timely, scientific, and nondirective counseling
16 about the conditions being tested for and the
17 accuracy of such tests, from health care profes-
18 sionals qualified to provide and interpret these
19 tests. Informed consent is a critical component
20 of all genetic testing.

21 (B) A recent, peer-reviewed study and two
22 reports from the Centers for Disease Control
23 and Prevention on prenatal testing found a de-
24 ficiency in the data needed to understand the
25 epidemiology of prenatally diagnosed conditions,

1 to monitor trends accurately, and to increase
2 the effectiveness of health intervention.

3 (2) PURPOSES.—It is the purpose of this sec-
4 tion, after the diagnosis of an unborn child with
5 Down syndrome or other prenatally diagnosed condi-
6 tions, to—

7 (A) increase patient referrals to providers
8 of key support services to assist parents in the
9 care, or placement for adoption, of a child with
10 Down syndrome, or other prenatally diagnosed
11 conditions, as well as to provide up-to-date,
12 science-based information about life-expectancy
13 and development potential for a child born with
14 Down syndrome or other prenatally diagnosed
15 condition;

16 (B) provide networks of support services
17 described in subparagraph (A) through a Cen-
18 ters for Disease Control and Prevention patient
19 and provider outreach program;

20 (C) improve available data by incor-
21 porating information directly revealed by pre-
22 natal testing into existing State-based surveil-
23 lance programs for birth defects and prenatally
24 diagnosed conditions; and

1 (D) ensure that patients receive up-to-date,
 2 scientific information about the accuracy of the
 3 test.

4 (b) AMENDMENT TO THE PUBLIC HEALTH SERVICE
 5 ACT.—Part P of title III of the Public Health Service Act
 6 (42 U.S.C. 280g et seq.) is amended by adding at the end
 7 the following:

8 **“SEC. 399U. SUPPORT FOR PATIENTS RECEIVING A POSI-**
 9 **TIVE TEST DIAGNOSIS OF DOWN SYNDROME**
 10 **OR OTHER PRENATALLY DIAGNOSED CONDI-**
 11 **TIONS.**

12 “(a) DEFINITIONS.—In this section:

13 “(1) DOWN SYNDROME.—The term ‘Down syn-
 14 drome’ refers to a chromosomal disorder caused by
 15 an error in cell division that results in the presence
 16 of an extra whole or partial copy of chromosome 21.

17 “(2) HEALTH CARE PROVIDER.—The term
 18 ‘health care provider’ means any person or entity re-
 19 quired by State or Federal law or regulation to be
 20 licensed, registered, or certified to provide health
 21 care services, and who is so licensed, registered, or
 22 certified.

23 “(3) PRENATALLY DIAGNOSED CONDITION.—
 24 The term ‘prenatally diagnosed condition’ means any

1 fetal health condition identified by prenatal genetic
2 testing or prenatal screening procedures.

3 “(4) PRENATAL TEST.—The term ‘prenatal
4 test’ means diagnostic or screening tests offered to
5 pregnant women seeking routine prenatal care that
6 are administered by a health care provider based on
7 medical history, family background, ethnic back-
8 ground, previous test results, or other risk factors.

9 “(5) SUPPORT.—The terms ‘support’ and ‘sup-
10 portive services’ mean services to assist parents to
11 care for, and prepare to care for, a child with Down
12 Syndrome or another prenatally diagnosed condition,
13 and to facilitate the adoption of such children as ap-
14 propriate.

15 “(b) INFORMATION AND SUPPORT SERVICES.—The
16 Secretary, acting through the Director of the National In-
17 stitutes of Health, the Director of the Centers for Disease
18 Control and Prevention, or the Administrator of the
19 Health Resources and Services Administration, may au-
20 thorize and oversee certain activities, including the award-
21 ing of grants, contracts, or cooperative agreements, to—

22 “(1) collect, synthesize, and disseminate current
23 scientific information relating to Down syndrome or
24 other prenatally diagnosed conditions;

1 “(2) coordinate the provision of, and access to,
2 new or existing supportive services for patients re-
3 ceiving a positive test diagnosis for Down syndrome
4 or other prenatally diagnosed conditions, including—

5 “(A) the establishment of a resource tele-
6 phone hotline and Internet Website accessible
7 to patients receiving a positive test result;

8 “(B) the establishment of national and
9 local peer-support programs; and

10 “(C) the establishment of a national reg-
11 istry, or network of local registries, of families
12 willing to adopt newborns with Down syndrome
13 or other prenatally diagnosed conditions, and
14 links to adoption agencies willing to place ba-
15 bies with Down syndrome or other prenatally
16 diagnosed conditions, with families willing to
17 adopt;

18 “(3) establish a clearinghouse of information
19 regarding the scientific facts, clinical course, life ex-
20 pectancy, and development potential relating to
21 Down syndrome or other prenatally diagnosed condi-
22 tions; and

23 “(4) establish awareness and education pro-
24 grams for health care providers who provide the re-
25 sults of prenatal tests for Down syndrome or other

1 prenatally diagnosed conditions, to patients, con-
2 sistent with the purpose described in section
3 601(a)(2)(A) of the Pregnant Women Support Act.

4 “(c) DATA COLLECTION.—

5 “(1) PROVISION OF ASSISTANCE.—The Sec-
6 retary, acting through the Director of the Centers
7 for Disease Control and Prevention, shall provide as-
8 sistance to State and local health departments to in-
9 tegrate the results of prenatal testing into State-
10 based vital statistics and birth defects surveillance
11 programs.

12 “(2) ACTIVITIES.—The Secretary shall ensure
13 that activities carried out under paragraph (1) are
14 sufficient to extract population-level data relating to
15 national rates and results of prenatal testing.

16 “(d) PROVISION OF INFORMATION BY PROVIDERS.—
17 Upon receipt of a positive test result from a prenatal test
18 for Down syndrome or other prenatally diagnosed condi-
19 tions performed on a patient, the health care provider in-
20 volved (or his or her designee) shall provide the patient
21 with the following:

22 “(1) Up-to-date, scientific, written information
23 concerning the life expectancy, clinical course, and
24 intellectual and functional development and treat-
25 ment options for an unborn child diagnosed with or

1 child born with Down syndrome or other prenatally
2 diagnosed conditions.

3 “(2) Referral to supportive services providers,
4 including information hotlines specific to Down syn-
5 drome or other prenatally diagnosed conditions, re-
6 source centers or clearinghouses, and other edu-
7 cation and support programs described in subsection
8 (b).

9 “(e) PRIVACY.—

10 “(1) IN GENERAL.—Notwithstanding sub-
11 sections (c) and (d), nothing in this section shall be
12 construed to permit or require the collection, mainte-
13 nance, or transmission, without the health care pro-
14 vider obtaining the prior, written consent of the pa-
15 tient, of—

16 “(A) health information or data that iden-
17 tify a patient, or with respect to which there is
18 a reasonable basis to believe the information
19 could be used to identify the patient (including
20 a patient’s name, address, healthcare provider,
21 or hospital); and

22 “(B) data that are not related to the epi-
23 demiology of the condition being tested for.

24 “(2) GUIDANCE.—Not later than 180 days
25 after the date of enactment of this section, the Sec-

1 retary shall establish guidelines concerning the im-
2 plementation of paragraph (1) and subsection (d).

3 “(f) REPORTS.—

4 “(1) IMPLEMENTATION REPORT.—Not later
5 than 2 years after the date of enactment of this sec-
6 tion, and every 2 years thereafter, the Secretary
7 shall submit a report to Congress concerning the im-
8 plementation of the guidelines described in sub-
9 section (e)(2).

10 “(2) GAO REPORT.—Not later than 1 year
11 after the date of enactment of this section, the Gov-
12 ernment Accountability Office shall submit a report
13 to Congress concerning the effectiveness of current
14 healthcare and family support programs serving as
15 resources for the families of children with disabili-
16 ties.

17 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
18 is authorized to be appropriated to carry out this section
19 \$5,000,000 for each of the fiscal years 2010 through
20 2014.”.

21 **TITLE VII—SUPPORT FOR PREG-**
22 **NANT AND PARENTING COL-**
23 **LEGE STUDENTS**

24 **SEC. 701. SENSE OF CONGRESS.**

25 It is the sense of Congress that—

1 (1) pregnant college students should not have
2 to make a choice between keeping their baby and
3 staying in school;

4 (2) the pilot program under this title will help
5 interested, eligible institutions of higher education
6 establish pregnancy and parenting student services
7 offices that will operate independent of Federal
8 funding no later than 5 years after the date of the
9 enactment of this title; and

10 (3) amounts appropriated to carry out other
11 Federal programs should be reduced to offset the
12 costs of this title.

13 **SEC. 702. DEFINITIONS.**

14 In this title:

15 (1) **ELIGIBLE INSTITUTION OF HIGHER EDU-**
16 **CATION.**—The term “eligible institution of higher
17 education” means an institution of higher education
18 (as such term is defined in section 101 of the High-
19 er Education Act of 1965 (20 U.S.C. 1001)) that
20 has established and operates, or agrees to establish
21 and operate upon the receipt of a grant under this
22 title, a pregnant and parenting student services of-
23 fice described in section 706.

1 (2) PARENT; PARENTING.—The terms “parent”
2 and “parenting” refer to a parent or legal guardian
3 of a minor.

4 (3) SECRETARY.—The term “Secretary” means
5 the Secretary of Education.

6 **SEC. 703. PREGNANT AND PARENTING STUDENT SERVICES**
7 **PILOT PROGRAM.**

8 From amounts appropriated under section 708 for a
9 fiscal year, the Secretary shall establish a pilot program
10 to award grants to eligible institutions of higher education
11 to enable the eligible institutions to establish (or maintain)
12 and operate pregnant and parenting student services of-
13 fices in accordance with section 706.

14 **SEC. 704. APPLICATION; NUMBER OF GRANTS.**

15 (a) APPLICATION.—An eligible institution of higher
16 education that desires to receive a grant under this title
17 shall submit an application to the Secretary at such time,
18 in such manner, and containing such information as the
19 Secretary may require.

20 (b) REQUESTS FOR ADDITIONAL INFORMATION.—
21 The Secretary may require an eligible institution submit-
22 ting an application under subsection (a) to provide addi-
23 tional information if the Secretary determines such infor-
24 mation is necessary to process the application.

1 (c) NUMBER OF GRANTS.—Subject to the availability
2 of appropriations under section 708, the Secretary shall
3 award grants under this title to no more than 200 eligible
4 institutions.

5 **SEC. 705. MATCHING REQUIREMENT.**

6 An eligible institution of higher education that re-
7 ceives a grant under this title shall contribute to the con-
8 duct of the pregnant and parenting student services office
9 supported by the grant an amount from non-Federal funds
10 equal to the amount of the grant. The non-Federal share
11 may be in cash or in kind, fairly evaluated, including serv-
12 ices, facilities, supplies, or equipment.

13 **SEC. 706. USE OF FUNDS.**

14 (a) IN GENERAL.—An eligible institution of higher
15 education that receives a grant under this title shall use
16 grant funds to establish (or maintain) and operate a preg-
17 nant and parenting student services office, located on the
18 campus of the eligible institution, that carries out the fol-
19 lowing programs and activities:

20 (1) Hosts an initial pregnancy and parenting
21 resource forum—

22 (A) to assess pregnancy and parenting re-
23 sources, located on the campus or within the
24 local community, that are available to meet the
25 needs described in paragraph (2); and

1 (B) to set goals for—

2 (i) improving such resources for preg-
3 nant, parenting, and prospective parenting
4 students; and

5 (ii) improving access to such re-
6 sources.

7 (2) Annually assesses the performance of the el-
8 igible institution and the office in meeting the fol-
9 lowing needs of students enrolled in the eligible in-
10 stitution who are pregnant or are parents:

11 (A) The inclusion of maternity coverage
12 and the availability of riders for additional fam-
13 ily members in student health care.

14 (B) Family housing.

15 (C) Child care.

16 (D) Flexible or alternative academic sched-
17 uling, such as telecommuting programs.

18 (E) Education to improve parenting skills
19 for mothers and fathers and to strengthen mar-
20 riages.

21 (F) Maternity and baby clothing, baby
22 food (including formula), baby furniture, and
23 similar items to assist parents and prospective
24 parents in meeting the material needs of their
25 children.

1 (G) Post-partum counseling and support
2 groups.

3 (3) Identifies public and private service pro-
4 viders, located on the campus of the eligible institu-
5 tion or within the local community, that are quali-
6 fied to meet the needs described in paragraph (2),
7 and establishes programs with qualified providers to
8 meet such needs.

9 (4) Assists pregnant and parenting students
10 and their spouses in locating and obtaining services
11 that meet the needs described in paragraph (2).

12 (5) If appropriate, provides referrals for pre-
13 natal care and delivery, infant or foster care, or
14 adoption, to a student who requests such informa-
15 tion. An office shall make such referrals only to
16 service providers that primarily serve the following
17 types of individuals:

18 (A) Parents.

19 (B) Prospective parents awaiting adoption.

20 (C) Women who are pregnant and plan on
21 parenting or placing the child for adoption.

22 (D) Parenting or prospective parenting
23 couples who are married or who plan on
24 marrying in order to provide a supportive envi-
25 ronment for each other and their child.

1 (b) EXPANDED SERVICES.—In carrying out the pro-
2 grams and activities described in subsection (a), an eligible
3 institution of higher education receiving a grant under this
4 title may choose to provide access to such programs and
5 activities to a pregnant or parenting employee of the eligi-
6 ble institution, and the employee’s spouse.

7 **SEC. 707. REPORTING.**

8 (a) ANNUAL REPORT BY INSTITUTIONS.—

9 (1) IN GENERAL.—For each fiscal year that an
10 eligible institution of higher education receives a
11 grant under this title, the eligible institution shall
12 prepare and submit to the Secretary, by the date de-
13 termined by the Secretary, a report that—

14 (A) itemizes the pregnant and parenting
15 student services office’s expenditures for the fis-
16 cal year;

17 (B) contains a review and evaluation of the
18 performance of the office in fulfilling the re-
19 quirements of this title, using the specific per-
20 formance criteria or standards established
21 under paragraph (2)(A); and

22 (C) describes the achievement of the office
23 in meeting the needs listed in section 706(a)(2)
24 of the students served by the eligible institution,

1 and the frequency of use of the office by such
2 students.

3 (2) PERFORMANCE CRITERIA.—Not later than
4 180 days before the date the annual report described
5 in paragraph (1) is submitted, the Secretary—

6 (A) shall identify the specific performance
7 criteria or standards that shall be used to pre-
8 pare the report; and

9 (B) may establish the form or format of
10 the report.

11 (3) ADDITIONAL INFORMATION.—After review-
12 ing an annual report of an eligible institution of
13 higher education, the Secretary may require that the
14 eligible institution provide additional information if
15 the Secretary determines that such additional infor-
16 mation is necessary to evaluate the pilot program.

17 (b) REPORT BY SECRETARY.—The Secretary shall
18 annually prepare and submit a report on the findings of
19 the pilot program under this title, including the number
20 of eligible institutions of higher education that were
21 awarded grants and the number of students served by
22 each pregnant and parenting student services office receiv-
23 ing funds under this title, to the appropriate committees
24 of the Senate and the House of Representatives.

1 **SEC. 708. AUTHORIZATION OF APPROPRIATIONS.**

2 There is authorized to be appropriated to carry out
3 this title not more than \$10,000,000 for each of the fiscal
4 years 2010 through 2014.

5 **TITLE VIII—SUPPORT FOR**
6 **PREGNANT AND PARENTING**
7 **TEENS**

8 **SEC. 801. GRANTS TO STATES.**

9 The Secretary shall make grants to States to allow
10 early childhood education programs, including Head Start,
11 to work with pregnant or parenting teens to complete high
12 school and prepare for college or for vocational education.

13 **TITLE IX—IMPROVING SERVICES**
14 **FOR PREGNANT WOMEN WHO**
15 **ARE VICTIMS OF DOMESTIC**
16 **VIOLENCE, DATING VIO-**
17 **LENCE, AND STALKING**

18 **SEC. 901. FINDINGS.**

19 The Congress finds as follows:

20 (1) Pregnant and recently pregnant women are
21 more likely to be victims of homicide than to die of
22 any other causes, and evidence exists that a signifi-
23 cant proportion of all female homicide victims are
24 killed by their intimate partners.

25 (2) A 2001 study published by the Journal of
26 the American Medical Association found that mur-

1 der is the number one cause of death among preg-
2 nant women.

3 (3) Research suggests that injury-related
4 deaths, including homicide and suicide, account for
5 approximately one-third of all maternal mortality
6 cases, while medical reasons make up the rest.
7 Homicide is the leading cause of death overall for
8 pregnant women, followed by cancer, acute and
9 chronic respiratory conditions, motor vehicle colli-
10 sions and drug overdose, peripartum and
11 postpartum cardiomyopathy, and suicide.

12 **SEC. 902. PROGRAM TO SUPPORT PREGNANT WOMEN WHO**
13 **ARE VICTIMS OF DOMESTIC VIOLENCE.**

14 (a) IN GENERAL.—For fiscal year 2010 and each
15 subsequent fiscal year, the Attorney General, through the
16 Director of the Office on Violence Against Women, may
17 award grants to States, to be used for any of the following
18 purposes:

19 (1) To assist States in providing intervention
20 services, accompaniment, and supportive social serv-
21 ices for eligible pregnant women who are victims of
22 domestic violence, dating violence, or stalking.

23 (2) To provide for technical assistance and
24 training (as described in subsection (c)) relating to

1 violence against eligible pregnant women to be made
2 available to the following:

3 (A) Federal, State, tribal, territorial, and
4 local governments, law enforcement agencies,
5 and courts.

6 (B) Professionals working in legal, social
7 service, and health care settings.

8 (C) Nonprofit organizations.

9 (D) Faith-based organizations.

10 (b) STATE ELIGIBILITY.—To be eligible for a grant
11 under subsection (a), a State shall—

12 (1) submit to the Attorney General an applica-
13 tion in such time and manner, and containing such
14 information, as specified by the Attorney General;
15 and

16 (2) for a grant made for a fiscal year beginning
17 on or after the date that is one year after the date
18 of the enactment of this title, satisfy the require-
19 ment under section 903, relating to female homicide
20 victim determinations and death certificates.

21 (c) TECHNICAL ASSISTANCE AND TRAINING DE-
22 SCRIBED.—For purposes of subsection (a)(2), technical
23 assistance and training is—

1 (1) the identification of eligible pregnant women
2 experiencing domestic violence, dating violence, or
3 stalking;

4 (2) the assessment of the immediate and short-
5 term safety of such a pregnant woman, the evalua-
6 tion of the impact of the violence or stalking on the
7 pregnant woman’s health, and the assistance of the
8 pregnant woman in developing a plan aimed at pre-
9 venting further domestic violence, dating violence, or
10 stalking, as appropriate;

11 (3) the maintenance of complete medical or fo-
12 rensic records that include the documentation of any
13 examination, treatment given, and referrals made,
14 recording the location and nature of the pregnant
15 woman’s injuries, and the establishment of mecha-
16 nisms to ensure the privacy and confidentiality of
17 those medical records; and

18 (4) the identification and referral of the preg-
19 nant woman to appropriate public and private non-
20 profit entities that provide intervention services, ac-
21 companiment, and supportive social services.

22 (d) DEFINITIONS.—For purposes of this title:

23 (1) ACCOMPANIMENT.—The term “accompani-
24 ment” means assisting, representing, and accom-
25 panying a woman in seeking judicial relief for child

1 support, child custody, restraining orders, and res-
2 titution for harm to persons and property, and in fil-
3 ing criminal charges, and may include the payment
4 of court costs and reasonable attorney and witness
5 fees associated therewith.

6 (2) ELIGIBLE PREGNANT WOMAN.—The term
7 “eligible pregnant woman” means any woman who is
8 pregnant on the date on which such woman becomes
9 a victim of domestic violence, dating violence, or
10 stalking or who was pregnant during the one-year
11 period before such date.

12 (3) INTERVENTION SERVICES.—The term
13 “intervention services” means, with respect to do-
14 mestic violence, dating violence, or stalking, 24-hour
15 telephone hotline services for police protection and
16 referral to shelters.

17 (4) STATE.—The term “State” includes the
18 District of Columbia, any commonwealth, possession,
19 or other territory of the United States, and any In-
20 dian tribe or reservation.

21 (5) SUPPORTIVE SOCIAL SERVICES.—The term
22 “supportive social services” means transitional and
23 permanent housing, vocational counseling, and indi-
24 vidual and group counseling aimed at preventing do-
25 mestic violence, dating violence, or stalking.

1 one year before such date of her death and end-
2 ing on the date that was 43 days before such
3 date of her death.

4 (D) The victim was not pregnant during
5 the one-year period before the date of her
6 death.

7 (E) It could not be determined whether or
8 not the victim had been pregnant during the
9 one-year period before the date of her death.

10 (2) The determination made under paragraph
11 (1) shall be included in the death certificate of the
12 victim.

13 **TITLE X—LIFE SUPPORT CEN-**
14 **TERS FOR PREGNANT**
15 **WOMEN, MOTHERS, AND**
16 **CHILDREN**

17 **SEC. 1001. LIFE SUPPORT CENTERS PILOT PROGRAM.**

18 (a) IN GENERAL.—The Secretary shall establish a
19 pilot program to fund comprehensive and supportive serv-
20 ices for pregnant women, mothers, and children. Such
21 services may include—

22 (1) child care for infants and toddlers to allow
23 mothers to find jobs and finish their education;

24 (2) relocation assistance to establish good and
25 stable homes;

1 (3) educational support, such as preparation for
2 pregnant and parenting mothers for the recognized
3 equivalent of a secondary school diploma;

4 (4) counseling, including adoption counseling;

5 (5) parenting classes;

6 (6) business skills training;

7 (7) emergency aid in times of crisis;

8 (8) nutrition education and food assistance; and

9 (9) outreach to seniors, many of whom volun-
10 teer to help with the children or who receive advice
11 on helping raise their own grandchildren.

12 (b) AUTHORIZATION OF APPROPRIATIONS.—There is
13 authorized to be appropriated to carry out this section no
14 more than \$10,000,000 for each of the fiscal years 2010
15 through 2014.

16 **TITLE XI—PROVIDING SUPPORT** 17 **TO NEW PARENTS**

18 **SEC. 1101. INCREASED SUPPORT FOR WIC PROGRAM.**

19 (a) FINDINGS.—Congress finds the following:

20 (1) The special supplemental nutrition program
21 for women, infants, and children (WIC) authorized
22 in section 17 of the Child Nutrition Act of 1966 (42
23 U.S.C. 1786) served approximately 8,100,000
24 women, infants, and children per month in fiscal
25 year 2006.

1 (2) Half of all infants in the United States and
2 1 in 4 young children under age 5 get crucial health
3 and nutrition benefits from the WIC Program.

4 (3) It is estimated that every dollar spent on
5 WIC results in between \$1.92 and \$4.21 in Medicaid
6 savings for newborns and their mothers.

7 (4) The WIC program has been proven to in-
8 crease the number of women receiving prenatal care,
9 reduce the incidence of low birth weight and fetal
10 mortality, reduce anemia, and enhance the nutri-
11 tional quality of the diet of mothers and children.

12 (5) The WIC program's essential, effective nu-
13 trition services include nutrition assessment, coun-
14 seling and education, obesity prevention,
15 breastfeeding support and promotion, prenatal and
16 pediatric health care referrals and follow-up, spousal
17 and child abuse referral, drug and alcohol abuse re-
18 ferral, immunization screening, assessment and re-
19 ferral, and a host of other services for mothers and
20 children.

21 (b) AUTHORIZATION OF APPROPRIATIONS.—For the
22 purpose of carrying out the special supplemental nutrition
23 program for women, infants, and children (WIC) author-
24 ized in section 17 of the Child Nutrition Act of 1966 (42
25 U.S.C. 1786), there is authorized to be appropriated such

1 sums as may be necessary for each of fiscal years 2010
2 through 2014, of which—

3 (1) there is authorized to be appropriated
4 \$15,000,000 for fiscal year 2010, and such sums as
5 may be necessary for each of fiscal years 2011
6 through 2014, for breast-feeding peer counselors;
7 and

8 (2) there is authorized to be appropriated
9 \$14,000,000 for fiscal year 2010, and such sums as
10 may be necessary for each of fiscal years 2011
11 through 2014, for infrastructure needs.

12 **SEC. 1102. NUTRITIONAL SUPPORT FOR LOW-INCOME PAR-**
13 **ENTS.**

14 Section 5(c)(2) of the Food and Nutrition Act of
15 2008 (7 U.S.C. 2014(c)(2)) is amended by striking “30
16 per centum” and inserting “85 percent”.

17 **SEC. 1103. INCREASED FUNDING FOR THE CHILD CARE AND**
18 **DEVELOPMENT BLOCK GRANT PROGRAM.**

19 (a) **AUTHORIZATION OF APPROPRIATIONS.**—Section
20 658B of the Child Care and Development Block Grant Act
21 of 1990 (42 U.S.C. 9858) is amended to read as follows:

22 **“SEC. 658B. AUTHORIZATION OF APPROPRIATIONS.**

23 “There are authorized to be appropriated to carry out
24 this subchapter \$2,350,000,000 for fiscal year 2010 and

1 such sums as may be necessary for fiscal years 2011
2 through 2014.”.

3 (b) CONFORMING AMENDMENT.—Section
4 658E(c)(3)(D) of the Child Care and Development Block
5 Grant Act of 1990 (42 U.S.C. 9858c(c)(3)(D)) is amended
6 by striking “1997 through 2002” and inserting “2010
7 through 2014”.

8 **SEC. 1104. TEENAGE OR FIRST-TIME MOTHERS; FREE HOME**
9 **VISITS BY REGISTERED NURSES FOR EDU-**
10 **CATION ON HEALTH NEEDS OF INFANTS.**

11 (a) IN GENERAL.—The Secretary may make grants
12 to local health departments to provide to eligible mothers,
13 without charge, education on the health needs of their in-
14 fants through visits to their homes by registered nurses.

15 (b) ELIGIBLE MOTHER.—

16 (1) IN GENERAL.—For purposes of subsection

17 (a), a woman is an eligible mother if, subject to
18 paragraph (2), the woman—

19 (A) is the mother of an infant who is not
20 more than 24 months of age; and

21 (B)(i) the woman was under the age of 20
22 at the time of birth; or

23 (ii) the infant referred to in subparagraph
24 (A) is the first child of the woman.

1 (2) ADDITIONAL REQUIREMENTS FOR CERTAIN
2 MOTHERS.—In the case of a woman described in
3 paragraph (1)(B)(ii) who is 20 years of age or older,
4 the woman is an eligible mother for purposes of sub-
5 section (a) only if the woman meets such standards
6 in addition to the applicable standards under para-
7 graph (1) as the local health department involved
8 determines to be appropriate.

9 (c) CERTAIN REQUIREMENTS.—A grant may be
10 made under subsection (a) only if the applicant involved
11 agrees as follows:

12 (1) The program carried out under such sub-
13 section by the applicant will be designed to instill in
14 eligible mothers confidence in their abilities to pro-
15 vide for the health needs of their newborns, includ-
16 ing through—

17 (A) providing information on child develop-
18 ment; and

19 (B) soliciting questions from the mothers.

20 (2) The registered nurses who make home visits
21 under subsection (a) will, as needed, provide refer-
22 rals for health and social services to serve the needs
23 of the newborns.

1 (3) The period during which the visits will be
2 available to an eligible mother will not be fewer than
3 six months.

4 (d) AUTHORIZED SERVICES.—

5 (1) REQUIREMENTS.—A grant may be made
6 under subsection (a) only if the applicant involved
7 agrees that the following services will be provided by
8 registered nurses in home visits under subsection
9 (a):

10 (A) Information on child health and devel-
11 opment, including suggestions for child-develop-
12 mental activities that are enjoyable for parents
13 and children.

14 (B) Advice on parenting, including infor-
15 mation on how to develop a strong parent-child
16 relationship.

17 (C) Information on resources about par-
18 enting, including identifying books and videos
19 that are available at local libraries.

20 (D) Information on upcoming parenting
21 workshops in the local region.

22 (E) Information on programs that facili-
23 tate parent-to-parent support services.

24 (F) In the case of an eligible mother who
25 is a student, information on resources that may

1 assist the mother in completing the educational
2 courses involved.

3 (2) **ADDITIONAL SERVICES.**—A grant under
4 subsection (a) may be expended to provide services
5 during home visits under such subsection in addition
6 to the services specified in paragraph (1).

7 (e) **AUTHORIZATION OF APPROPRIATIONS.**—For the
8 purpose of carrying out this section, there are authorized
9 to be appropriated \$3,000,000 for fiscal year 2010, and
10 such sums as may be necessary for each of fiscal years
11 2011 through 2014.

12 **TITLE XII—COLLECTING AND**
13 **REPORTING ABORTION DATA**

14 **SEC. 1201. GRANTS FOR COLLECTION AND REPORTING OF**
15 **ABORTION DATA.**

16 (a) **GRANTS.**—The Secretary, acting through the Di-
17 rector of the Centers for Disease Control and Prevention,
18 may make grants to States for collecting and reporting
19 abortion surveillance data.

20 (b) **REPORTING REQUIREMENT.**—

21 (1) **IN GENERAL.**—The Secretary may make a
22 grant to a State under this section only if the State
23 agrees to submit a report in each of fiscal years
24 2011 and 2013 on the State’s abortion surveillance
25 data.

1 (2) CONTENTS.—Each report submitted by a
2 State under this subsection shall, with respect to the
3 preceding 2 fiscal years, include—

4 (A) the number and characteristics of
5 women obtaining abortions in the State; and

6 (B) the characteristics of these abortions,
7 including the approximate gestational age of the
8 unborn child, the abortion method, and any
9 known physical or psychological complications.

10 (3) PERSONAL INFORMATION.—A report sub-
11 mitted by a State under this subsection shall not
12 contain the name of any woman obtaining or seeking
13 to obtain an abortion, any common identifier (such
14 as a social security number), or any other identifier
15 (including statistical information) that would make
16 it possible to identify in any manner or under any
17 circumstances an individual who has obtained or
18 seeks to obtain an abortion.

19 (c) CONFIDENTIALITY.—The Secretary shall main-
20 tain the confidentiality of any individually identifiable in-
21 formation reported to the Secretary under this section.

22 (d) REPORT TO CONGRESS.—

23 (1) IN GENERAL.—Not later than the end of
24 fiscal year 2013, the Secretary shall submit a report

1 to the Congress on the abortion surveillance data re-
2 ported to the Secretary under this section.

3 (2) PERSONAL INFORMATION.—A report sub-
4 mitted by the Secretary to the Congress under this
5 subsection shall not contain any name or other iden-
6 tifier described in subsection (b)(3).

7 (e) AUTHORIZATION OF APPROPRIATIONS.—To carry
8 out this section, there are authorized to be appropriated
9 such sums as may be necessary for each of fiscal years
10 2010 through 2014.

○