

	S. 21/H.R. 819
Title	Prevention First Act of 2007
Author	S. 21 - Sen. Reid (D-NV), H.R. 819 – Rep. Louise Slaughter (D-CA)
Introduction	S.21:January 4, 2007, H.R. 819: February 5, 2007
Bill Summary	<p><i>Title I: Title X Family Planning Services Act of 2007</i> - Authorizes \$700 million in appropriations for Title X family planning services grants and contracts under the Public Health Service Act (PHSA).</p> <p><i>Title II: Equity in Prescription Insurance and Contraceptive Coverage Act of 2007</i> - Amends the Employee Retirement Income Security Act of 1974 (ERISA) and the Public Health Services Act to prohibit a group health plan, and a health insurance issuer providing group coverage, from excluding or restricting benefits in any way for prescription contraceptive drugs, devices, and outpatient services if the plan provides benefits for other outpatient prescription drugs, devices, or outpatient services. It also amends the Public Health Services Act to apply those prohibitions to coverage offered in the individual market.</p> <p><i>Title III: Emergency Contraception Education Act of 2007</i> – Directs the CDC to develop and disseminate to the public information on emergency contraception (its description and an explanation of the use, safety, efficacy, and availability) either directly or through arrangements with nonprofit organizations, consumer groups, institutions of higher education, Federal, State, or local agencies, clinics, and the media. Such sums as necessary are authorized to be appropriated through FY12.</p> <p><i>Title IV: Compassionate Assistance for Rape Emergencies Act of 2007</i> - Requires hospitals, as a condition of receiving federal funds, to offer and to provide, upon request, emergency contraception to victims of sexual assault.</p> <p><i>Title V: At-Risk Communities Teen Pregnancy Prevention Act of 2007</i> - Authorizes the Secretary to award grants for teenage pregnancy prevention programs. Requires the Secretary to award grants for teenage pregnancy prevention research. (more information included below)</p> <p><i>Title VI: Truth in Contraception Act of 2007</i> - Requires that any information concerning the use of a contraceptive provided through specified federally funded education programs are medically accurate and include health benefits and failure rates.</p> <p><i>Title VII: Unintended Pregnancy Reduction Act of 2007</i> - Amends title XIX (Medicaid) of the Social Security Act to restore law prior to the Deficit Reduction Act which required that Medicaid plans include coverage for certain family planning services and supplies; to expand coverage to include women who are not pregnant but who meet the same income eligibility standards in a mandatory categorically needy group as pregnant women for family planning services purposes; and to allow a state Medicaid plan to provide for making medical assistance available to such individuals during a presumptive eligibility period.</p> <p><i>Title VIII: Responsible Education About Life Act of 2007</i> - Requires the Secretary to make grants to states for family life education, including education on abstinence and contraception, to prevent teenage pregnancy and sexually transmitted diseases. (more information included below)</p>
Last Action	S.21: 1/4/07 – Referred to the Senate HELP Committee, H.R. 819: 2/5/07 Referred to Energy & Commerce Committee

Prevention First Act of 2007 – Teen Pregnancy Provisions		
	Title V: At-Risk Communities Teenage Pregnancy Prevention	Title VIII: Responsible Education About Life
	A)Competitive grant program administered annually by DHHS B) Competitive Research Grant program	State formulary grant program administered annually by DHHS
◆ Intended Recipients	<p>A) Public and private entities- State, local and tribal agencies, schools, after-school programs, non-profit coalitions, & community and faith-based organizations</p> <p>B) Public and private entities</p>	States
◆ Priority	<p>A) First priority will be given to programs that benefit communities or populations with teen pregnancy or birth rates higher than the corresponding state average or teen pregnancy or birth rates that are increasing. Next priority will be given to programs that benefit underserved or at-risk populations such as young males or immigrant youth or programs coordinated with other youth-serving programs such as workforce development and after school programs.</p> <p>B) N/A</p>	N/A
◆ Eligible Uses of Funds	<p>A) Programs that replicate or substantially incorporate the elements of 1 or more teen pregnancy (TP) prevention program that has been proven (on the basis of rigorous scientific research) to delay sexual intercourse or sexual activity, increase condom or contraceptive use (without increasing sexual activity), or reduce TP; AND incorporate 1 or more of the following strategies for preventing TP: encouraging teenagers to delay sexual activity; sex and HIV education; interventions for sexually active teenagers; preventive health services; youth development programs; service learning programs; and outreach or media programs.</p> <p>B) Supports research that investigates and determines the incidence and prevalence of TP in “eligible communities”; examines the impact of TP on teen health and well-being in those communities and scholastic achievement; examines the variance in TP rates by location, population subgroup, and level acculturation; examines the importance of physical and social environment as a factor in placing communities at risk of increased TP rates; and examines the importance of aspirations as a factor affecting young women’s TP risk</p>	<p>Funds may be used for age-appropriate, medically accurate “Family Life Programs” that stress the value of abstinence while not ignoring those young people who have had or are having sexual intercourse; provide information about the health benefits and side effects of all contraceptives and barrier methods; encourage family communication about sexuality; teach young people skills to make responsible decisions about sexuality including how to avoid unwanted advances; and teach young people how alcohol and drug use can affect responsible decision making</p> <p>Additional eligible activities include helping young people with the following: gaining knowledge about physical, emotional, biological, and hormonal changes of adolescence; developing knowledge about involvement and responsibility of males in sexual decision making; developing healthy attitudes about adolescent development; developing and practice health life skills; promoting self-esteem and positive interpersonal skills; and preparing for the adult world by focusing on educational and career success</p>
◆ Special Conditions	<p>Applicable for A) only</p> <ul style="list-style-type: none"> ○ Programs with information on HIV/AIDS and contraception must be complete and medically-accurate ○ Abstinence-only education programs that receive Federal funds through the Maternal and Child Health Block Grant, the Administration for Children and Families, the Adolescent Family Life Program, and any other program 510 (b) `abstinence education' are <i>ineligible</i> 	<ul style="list-style-type: none"> ○ Programs cannot teach or promote religion ○ A condition for the receipt of such a grant is that the State involved must agree to cooperate with a national evaluation administered by DHHS on effectiveness. States must agree to evaluate the effectiveness of its family life programs with the evaluation conducted by an external, independent entity -- not more than 10% of grant funds may be used for such purposes
◆ Matching Requirement	<p>Applicable for A) only: At least a 25% non-federal match in cash or in kind</p>	States are not required to provide matching funds but are encouraged to

	H.R. 468/ S. 1790
Title	Communities of Color Teen Pregnancy Prevention Act of 2007
Author	H.R. 468 -- Rep. Hilda Solis (D-CA) S. 1790 -- Sen. Barack Obama (D-IL)
Introduction	H.R. 468: January 12, 2007 S.1790: July 16, 2007
Bill Summary	<p>The Communities of Color Teen Pregnancy Prevention Act of 2007 was introduced to address the disproportionately higher rate of unintended teen pregnancy among young women in communities of color. The legislation takes a three-part approach to address teen pregnancy in communities of color, utilizing community-based intervention programs, schools, and multimedia education campaigns to promote and strengthen communications regarding teen pregnancy. This bill also supports the establishment of a national clearinghouse to provide information and assistance to develop content and messages for teen pregnancy prevention targeting communities of color as well as funds to support research that examines the incidence and prevalence of teen pregnancy in such communities. (more information included below)</p>
Last Action	H.R. 468: 1/12/07 - Referred to the Energy and Commerce Committee S.1790: 7/16/07 – Referred to Senate HELP Committee

Communities of Color Teen Pregnancy Prevention Act – Teen Pregnancy Provisions	
Title V: At-Risk Communities Teenage Pregnancy Prevention	
	<p>Competitive grants administered annually by HHS (FY08-FY12) A) \$40 million - community-based intervention B) \$10 million – school-based projects C) \$6 million – multimedia campaigns D) \$ 1.5 million – National TPP Clearinghouse E) \$ 7.5 million - research</p>
◆ Intended Recipients	Public and nonprofit entities for Grants A, B, C, & E; Nonprofit private entity for D
◆ Priority	Projects under Grants A, B, C, & E carried out in racial or ethnic minority or immigrant communities with a substantial incidence or prevalence of cases of TP as compared to the average number of cases in the State involved termed “eligible communities”; additional priority for Grant E for research that incorporates interdisciplinary approaches or a strong emphasis on community-based participatory research.
◆ Eligible Uses of Funds	<p>A) promote effective communication among families about TTP, particularly among parents/guardians and children; educate community members about consequences of TP; encourage young people to postpone sexual activity and prepare for a healthy, successful adulthood; provide education information including: medically accurate contraceptive information, responsibilities and consequences of being a parent, and how early pregnancy and parenthood can interfere with educational and other goals.</p> <p>B) in association with public secondary schools, carry out activities including counseling to prevent TP; provide necessary social and cultural support services regarding TP; provide health and educational services related to TPP; promote better health and educational outcomes among pregnant teens; provide training for individuals who plan to work in school-based support programs in eligible communities</p> <p>C) multimedia campaigns must provide TPP information; coincide with efforts of the National Clearinghouse for TPP; and provide information that identifies organizations and communities involved that provide health and educational TPP services or organizations that provide social and cultural support services</p> <p>D) the Clearinghouse must provide information and technical assistance to States, Indian tribes, local communities, and other public or private entities to develop content and messages for teens and adults that address and seek to reduce the TP rate; support parents in TPP by equipping them with information and resources to promote and strengthen communication with their children about sex, values, and positive relationships, including healthy relationships</p> <p>E) supports research that investigates and determines the incidence and prevalence of TP in “eligible communities”; examines the relationship between TP and teen health and well-being in those communities, scholastic achievement, family structure and communication, and other factors contributing to disproportionate rates of TP in such communities; examines the variance in TP rates by location, population subgroup, level of acculturation, and socioeconomic status; examines the importance of physical and social environment as a factor in placing communities at risk of increased TP rates; and examines the importance of aspirations as a factor affecting young women’s TP risk</p>
◆ Special Conditions	<p>Applicable to Grants A, B, C, D, & E</p> <ul style="list-style-type: none"> ○ All information provided must be age-appropriate, factually and medically accurate and complete, and scientifically based. ○ The applicant involved must agree that information, activities, and services under the grant that are directed toward a particular population group will be provided in the language and cultural context that is most appropriate for individuals in such group. <p>Grant-Specific Conditions</p> <p>A) the applicant must agree to, when possible, use strategies that have been demonstrated to be effective or incorporate characteristics of effective programs</p> <p>B) the applicant must have formed a coalition including one or more public secondary schools for eligible communities and entities to provide services</p> <p>D) the organization must be nationally recognized and nonpartisan with at least 10 years of experience of exclusive focus on TPP that has worked with diverse groups to reduce TP rates; must have demonstrated ability to work with and provide assistance to a broad range of individuals and entities including: teens; parents; state, tribal, and local organizations; networks of TPP practitioners; businesses; faith and community leaders; and researchers; must have experience in the use of culturally competent and linguistically appropriate methods to address TP in eligible communities; must conduct or support research and has experience with scientific analyses and evaluations; must have experience carrying out functions similar to the described eligible use of funds</p>
◆ Evaluation	Applicable to Grants A&B: Not later than 12 months after enactment, the Secretary shall provide for evaluations of at least 10% or not less than 6 projects to determine the extent to which activities were effective in changing attitudes and behavior to achieve the project strategies. Of the total amount appropriated, the Secretary shall retain 10% for these evaluations.

	H.R. 1074
Title	Reducing the Need for Abortion and Supporting Parents Act
Author	Rep. Tim Ryan (D-OH)
Introduction	February 15, 2007
Bill Summary	<p>The Reducing the Need for Abortion and Supporting Parents Act amends Medicaid to expand family planning services; establishes requirements for primary care clinics that receive federal financial assistance and provide abortion services; expands state options to provide health care coverage to low-income pregnant women; reauthorizes the Title X family planning program; prohibits individual health coverage from excluding pregnancy as a preexisting condition; increases the tax credit for adoption expenses; requires that federally funded group homes for pregnant and parenting women provide, upon request, adoption counseling and counseling on parenting skills; provides for education of teen and first-time mothers through home visits by registered nurses; and the collection and reporting of abortion surveillance data.</p> <p>Additionally, the bill authorizes the Secretary of Health and Human Services to make grants to provide education on preventing teen pregnancies as well as a national center for parents of adolescents to support parents in preventing teen pregnancy (see more information below). It also provides grants for ultrasound equipment and prenatal testing for pregnant women; programs to better identify and treat pregnant women and mothers who are victims of domestic violence, dating violence, sexual assault, or stalking; grants for public institutions of higher education to assist students who have decided to carry their pregnancies to term and parenting students in continuing their studies and graduating.</p> <p>Finally, the bill establishes a national goal of reducing teen pregnancy by at least one-third over the subsequent 10 years with an annual progress report to Congress demonstrating both State-level and overall national progress in reducing TP rates.</p>
Last Action	2/15/07 - Referred to the Energy and Commerce Committee

Reducing the Need for Abortion and Supporting Parents Act- Teen Pregnancy Provisions	
Title III: Teen Pregnancy Prevention Incentive Grants	
	<p>Competitive grants administered by DHHS (FY08-FY12) for Grants A, C, D; competitive grant administered by the Center for Grant D₁ ;and a formula grant for eligible States for Grant B</p> <p>A) \$20 million (annually)– TPP education</p> <p>B) \$ 2 million – incentive grants</p> <p>C) \$10 million (annually) – demonstration</p> <p>D) \$ 15 million (annually) – National Campaign to Enlist Parents in Preventing Teen Pregnancy including:</p> <ul style="list-style-type: none"> o D₁ - \$5 million (annually) – challenge grants
◆ Intended Recipients	<p>A) local agencies, State and local public health agencies, and nonprofit private entities</p> <p>B) Eligible States who can then subcontract to state or local TPP coalitions or organizations; State, local, or tribal agencies; schools; entities that provide after-school programs; nonprofit community or faith-based organizations; or other organizations designated by the State</p> <p>C) public or nonprofit private entities</p> <p>D) nationally recognized nonpartisan, nonprofit organization</p> <p>D₁) States and Indian tribes</p>
◆ Priority	<p>A) projects in communities for which the rate of teen pregnancy is significantly above the average rate of such pregnancies</p>
◆ Eligible Uses of Funds	<p>A) encourage teens to delay sexual activity and provide educational services and interventions, including information about contraception for sexually active teens or teens at risk of becoming sexually active; educate both young men and women about the responsibilities and pressures that come with parenting; help parents communicate with teens about sexuality; or teach young people responsible decision making</p> <p>B) Funds can be used by States and Indian tribes to implement TPP strategies that replicate or substantially incorporate the elements of one of more TPP program that has been proven effective on the basis of rigorous scientific research to delay or decrease sexual intercourse/activity; increase contraceptive use among sexually active teens; reduce TP; encourage teens to delay sexual activity; provide sex and HIV education; provide preventative health services, youth development programs, service learning programs, outreach or media program; help parents communicate with teens</p> <p>C) Programs must demonstrate approaches encouraging teen-driven approaches to prevent; exposing teens to realistic simulations of the physical, emotion, and financial toll of pregnancy and parenting; or facilitating communication between children and parents with evaluated and effective programs</p> <p>D) the Center must support parents in their essential role in TPP by equipping them with information and resources to promote and strengthen communication with their children about sex, values, and healthy relationship including: online access to current research, user-friendly guides for parents, practical tips and advice from experts, alerts about new trends among teens, suggestions for how to use entertainment media as a discussion starter, and information about the rapidly-changing media-environment of teens; develop and implement media campaigns to promote positive information and messages for parents about how they can help address TP; provide challenge grants to States to promote parent education and involvement.</p> <p>D₁) Funds to States should be used for activities that would involve parents and other caregivers in helping reduce TP including: workshops and town hall meetings; providing information through employers, civic associations, community and faith-based organizations, parent-teacher organizations, and other organizations that reach large numbers of parents; and innovative ways to provide education and support for parents through online communities and neighborhood-based activities</p>
◆ Special Conditions	<p>A) Information provided must be age-appropriate, factually and medically accurate and complete, and scientifically-based</p> <p>B) Eligible States in FY07 will have a “compliant plan” that describes the State’s numerical goal for reducing TP and birth rates; strategies to be used to achieve such goals; efforts the State will make to involve young men and women in delaying pregnancy and parenting; efforts to involve parents and other caretakers; and efforts to reach communities or populations experiencing TP rates above the State average</p> <ul style="list-style-type: none"> o 1.5% of annually appropriated funds will be set aside specifically for Indian tribes o F&08-FY11, Eligible States will be “high achieving” with compliant plans – i.e. a State must have achieved an annual decline in TP rate as compared to the preceding year or the most recent year for which data is available which exceeds the national average rate of decline <p>D) the organization must be nationally recognized and nonpartisan with an exclusive focus on TPP with at least 10 years of experience working with diverse groups to reduce TP rates;</p> <ul style="list-style-type: none"> o The org. must have demonstrated ability to work with and provide assistance to a broad range of individuals and entities including: teens; parents; state, tribal, and local organizations; networks of TPP practitioners; businesses; faith and community leaders; and researchers o The org. is research-based and has capabilities in scientific analysis and evaluation and has a comprehensive knowledge and data about TPP strategies

	H.R. 1653/ S. 972
Title	Responsible Education About Life Act
Author	H.R. 1653: Rep. Barbara Lee (D-CA) S. 972 Sen. Frank Lautenberg (D-NJ)
Introduction	March 22, 2007
Bill Summary	<p>This legislation requires the Secretary of Health and Human Services to make grants to States for family life education, including education on abstinence and contraception, to prevent teenage pregnancy and sexually transmitted diseases. It expresses the sense of Congress that States are encouraged but not required to provide matching funds.</p> <p>It also requires the Secretary to provide for a national evaluation of a representative sample of such programs for effectiveness in changing adolescent sexual behavior, including delaying sexual and high-risk activity, preventing pregnancy and disease (including HIV/AIDS), and increasing contraceptive knowledge. States receiving such grants to provide for an individual evaluation of the State's program by an external, independent entity.</p>
Last Action	3/22/07 - Referred to the Energy and Commerce Committee

Responsible Education About Life Act- Teen Pregnancy Provisions

Formula State grant program administered by DHHS each year FY08- FY12 (such sums as necessary)

◆ Intended Recipients

States

◆ Priority

N/A – non-competitive grant

◆ Eligible Uses of Funds

Funds may be used for “Family Life Programs” that stress the value of abstinence while not ignoring those young people who have had or are having sexual intercourse; provide information about the health benefits and side effects of all contraceptives and barrier methods; encourage family communication about sexuality; and teach young people how alcohol and drug use can affect responsible decision making

◆ Special Conditions

- Programs must be age-appropriate and medically
- Programs must teach that abstinence is the only sure way to avoid pregnancy or sexually transmitted diseases
- Programs may not teach or promote religion

	S. 1137/ H.R. 2097
Title	Teen Pregnancy Prevention, Responsibility, and Opportunity Act of 2007
Author	S. 1137 - Sen. Bob Menendez (D-NJ) H.R. 2097 - Rep. Steve Rothman (D-NJ)
Introduction	S.1137: April 17, 2007 H.R. 2097: May 1, 2007
Bill Summary	<p>This legislation authorizes the Secretary of Health and Human Services to make grants to local educational agencies, state and local public health agencies, and nonprofit private entities for projects to provide education on preventing teen pregnancies. Priority is given to communities with significantly above averages rates of teen pregnancy. The legislation also authorizes the Secretary to make matching grants to public or nonprofit private entities for innovative teen pregnancy prevention demonstration projects.</p> <p>The bill also amends the Elementary and Secondary Education Act of 1965 to increase authorized appropriations for community learning centers and authorizes appropriations for physical education programs.</p> <p>Lastly, the bill amends the Higher Education Act of 1965 to reauthorize appropriations for TRIO and GEARUP programs.</p>
Last Action	S. 1137: 4/17/07 – Referred to the Senate HELP Committee, HR 2097: 5/1/07- Referred to the Energy & Commerce Committee

Teen Pregnancy Prevention, Responsibility, and Opportunity Act- Teen Pregnancy Provisions

Competitive grants administered annually by DHHS (FY08-FY12)

A) \$20 million - prevention

B) \$5 million - demonstration

◆ Intended Recipients

A) Local educational agencies, State and local public health agencies, and nonprofit private entities
B) public or nonprofit private entities

◆ Priority

Preference shall be given to applicants that will carry out the projects in communities for which the rate of teen pregnancy is significantly above the average rate of such pregnancies

◆ Eligible Uses of Funds

A) Programs will: encourage teens to delay sexual activity; provide educational services and interventions for sexually active teens or teens at risk of becoming sexually active; educate both young men and women about the responsibilities and pressures that come along with parenting; help parents communicate with teens about sexuality; or teach young people responsible decision making.

B) Programs must demonstrate approaches encouraging teen-driven approaches to prevent; exposing teens to realistic simulations of the physical, emotion, and financial toll of pregnancy and parenting; or facilitating communication between children and parents with evaluated and effective programs

◆ Special Conditions

A) Programs must be age-appropriate, factually and medically accurate and complete, and scientifically based

Note: “factually and medically accurate and complete” means verified or supported by the weight of research conducted in compliance with accepted scientific methods and either published in peer-reviewed journals or comprising information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete.

For Grants A & B:

- At least a 25% non-federal match in cash or in-kind
- The applicant must agree to conduct evaluations of the project in accordance with DHHS established criteria and submit an evaluation plan during the application process A report describing the extent to which projects have been successful in reducing teen pregnancy rates shall be submitted to Congress no later than October 1, 2011

	S.1626/ H.R. 3395
Title	Responsible Fatherhood and Healthy Families Act of 2007
Author	S. 1626 – Sen. Evan Bayh (D-IN) w/ Sen. Barack Obama (D-IL) H.R. 3395 – Rep. Danny K. Davis (D-IL)
Introduction	S. 1626: June 14, 2007 H.R. 3395: August 3, 2007
Bill Summary	<p>This legislation amends Temporary Assistance for Needy Families with respect to: (1) funding for responsible fatherhood programs; (2) requirements to ensure procedures to address domestic violence; (3) activities promoting responsible fatherhood; (4) grants to healthy family partnerships for domestic violence prevention, for services for families and individuals affected by domestic violence, and for developing and implementing best practices; and (5) elimination of separate TANF work participation rate for two-parent families.</p> <p>Specifically in terms of teen pregnancy prevention, the bill expands permissible activities of responsible fatherhood programs to include activities to promote and sustain healthy relationships as well as marriage and <i>to include helping participants to work with their own children to break the cycle of early parenthood.</i></p> <p>The bill also directs the Secretary of Health and Human Services to award grants to states for three employment demonstration projects, including: (1) a court- or state child support agency-supervised program for non-custodial parents so they can pay child support obligations; (2) a transitional jobs program combining temporary subsidized employment with skill development activities; and (3) public-private career pathways partnerships.</p> <p>The bill amends the Food Stamp Act of 1977 with respect to: (1) deductions from family income for child support received in order to qualify for food stamps; (2) verification of child support payments; and (3) inclusion of economic opportunities programs in qualifying work programs.</p> <p>Finally the legislation amends the Internal Revenue Code to: (1) modify the earned income tax credit; (2) provide an additional tax credit for certain workers required to make child support payments; (3) revise the formula to increase the earned income tax credit for joint returns; (4) revise tax treatment of inverted entities, especially expatriated entities; (5) treat controlled foreign corporations established in tax havens as domestic corporations for tax purposes; and (6) prescribe the taxation of income of controlled foreign corporations attributable to imported property.</p>
Last Action	S. 1626: 6/14/07 – Referred to the Senate Finance Committee H.R.:3395 : 8/3/07 – Referred to the House Energy and Commerce Committee

	H.R. 4054/S. 2347
Title	Prevention Through Affordable Access Act
Author	H.R. 4054 – Rep. Joseph Crowley (D-NY) w/ Rep. Tim Ryan (D-OH) and Rep. Nita Lowey (D-NY) S. 2347 – Sen. Barack Obama (D-IL) w/ Sen. Claire McCaskill (D-MO)
Introduction	H.R. 4054: November 1, 2007 S. 2347: November 13, 2007
Bill Summary	This bill restores the provision that allowed university-based health centers and other safety-net providers to purchase contraceptives and other outpatient drugs from pharmaceutical companies at reduced (or nominal) prices through the 340B Drug Pricing Program before the passage of the Deficit Reduction Act of 2005.
Last Action	H.R. 4054: 11/1/2007 – Referred to the House Committee on Energy and Commerce S. 2347: 11/13/2007 – Referred to the Senate Finance Committee

	Conference Report H. Rept. 110-424
Title	FY 2008 Labor, HHS and Education Appropriations Bill – “Reducing the Need for Abortions” Language
Author	
Introduction	
Bill Summary	<p>For the first time, several women’s and reproductive health programs and services within the Labor-HHS bill have been framed as a “Reducing the Need for Abortions” Initiative. The inclusion of this language signifies a serious commitment to preventing unintended pregnancy, encouraging women to carry their pregnancies to term, and to providing support for new parents who have economic difficulties.</p> <p>The conference report includes a nearly \$615 million increase in funding for programs such as Healthy Start, Family Planning (Title X), Abstinence Education, Child Care, and the Community Services Block Grant. Also included in this initiative are a young parents training program in the Department of Labor, first time motherhood grants under HRSA, and a teen pregnancy prevention demonstration within the CDC.</p> <p>The framework is actually in the Statement on the Conference Committee Report Section rather than in the HHS component of the appropriations.</p>
Last Action	<p>11/12/2007: Vetoed by the President.</p> <p>11/16/07: Failed veto override attempt in House</p>