

111TH CONGRESS  
1ST SESSION

# H. R. 3001

To address the health disparities experienced by lesbian, gay, bisexual, and transgender Americans, to eliminate the barriers they face in accessing quality health care, and to ensure that good health and well-being is accessible to all.

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## IN THE HOUSE OF REPRESENTATIVES

JUNE 23, 2009

Ms. BALDWIN (for herself, Mr. WAXMAN, Ms. LEE of California, Mr. HONDA, and Ms. VELÁZQUEZ) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Armed Services, the Judiciary, Ways and Means, Oversight and Government Reform, House Administration, Education and Labor, Veterans' Affairs, Transportation and Infrastructure, Select Intelligence (Permanent Select), and Foreign Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To address the health disparities experienced by lesbian, gay, bisexual, and transgender Americans, to eliminate the barriers they face in accessing quality health care, and to ensure that good health and well-being is accessible to all.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Ending LGBT Health  
3 Disparities Act”.

4 **SEC. 2. TABLE OF CONTENTS.**

5 The table of contents of this Act is as follows:

- Sec. 1. Short title.
- Sec. 2. Table of contents.
- Sec. 3. Definition.
- Sec. 4. Effective date.

TITLE I—HEALTH ACCESS AND PROMOTION

Subtitle A—Private Health Insurance

- Sec. 101. Tax Equity for Health Plan Beneficiaries Act.
- Sec. 102. Preexisting condition exclusion patient protection.
- Sec. 103. Domestic Partnership Benefits and Obligations Act.

Subtitle B—Public Health Insurance

- Sec. 111. Optional Medicaid coverage of low-income HIV-infected individuals.
- Sec. 112. Expanded definition of spouse for purposes of the Medicare program.
- Sec. 113. Ending the Medicare Disability Waiting Period Act.
- Sec. 114. Including costs incurred by AIDS drug assistance programs in providing prescription drugs toward the annual out-of-pocket threshold under Medicare part D.
- Sec. 115. Nondiscrimination based on gender identity or sexual orientation under the Medicaid, Medicare, and CHIP programs.

Subtitle C—Miscellaneous

- Sec. 121. Health Promotion Grants.
- Sec. 122. Mental Health Promotion Grants.
- Sec. 123. Health Insurance Coverage Grants.

TITLE II—CULTURAL COMPETENCY AND WORKFORCE

- Sec. 201. Amendment to the Public Health Service Act.
- Sec. 202. Definitions.
- Sec. 203. Federal reimbursement for culturally competent services under the Medicare, Medicaid, and Children’s Health Insurance Programs.
- Sec. 204. Report on Federal efforts to provide culturally competent health care services to sexual and gender minorities.

TITLE III—RESEARCH AND DATA COLLECTION

- Sec. 301. No compelled disclosure of data.
- Sec. 302. Federal collection of data on sexual and gender minorities.
- Sec. 303. Inclusion of sexual orientation and gender identity in federally funded health surveys.
- Sec. 304. Research on sexual and gender minority health.

## TITLE IV—INFRASTRUCTURE AND CAPACITY BUILDING

- Sec. 401. Office of LGBT Health.  
 Sec. 402. Community health centers.

## TITLE V—OLDER AMERICANS SUPPORT PROGRAM

- Sec. 501. Priority.

## TITLE VI—MISCELLANEOUS PROVISIONS

- Sec. 601. Nondiscrimination contingency for VAWA grant funds; Grant program for LGBT victims of violence.  
 Sec. 602. National Baseline Study on Domestic Violence and Sexual Assault in the LGBT Community.  
 Sec. 603. Assistance to reduce teen pregnancy, HIV/AIDS, and other sexually transmitted diseases and to support healthy adolescent development.  
 Sec. 604. Mother’s and father’s insurance benefits under Social Security for same-sex surviving parents.  
 Sec. 605. Prohibition against discrimination on the basis of sexual orientation or gender identity under the health benefits program for Federal employees.  
 Sec. 606. Prohibition against discrimination on the basis of sex, gender identity, or sexual orientation under certain laws providing health care and other benefits for members of the Armed Forces and Veterans.

1 **SEC. 3. DEFINITION.**

2 In this Act:

3 (1) Unless otherwise specified, the term “Secretary” means the Secretary of Health and Human  
 4 Services.  
 5

6 (2) The terms “sexual or gender minority” and  
 7 “sexual and gender minority” mean a lesbian, gay,  
 8 bisexual, or transgender individual.

9 **SEC. 4. EFFECTIVE DATE.**

10 Unless otherwise specified, this Act and the amend-  
 11 ments made this Act shall take effect on the date that  
 12 is 30 days after the date of the enactment of this Act.

1 **TITLE I—HEALTH ACCESS AND**  
2 **PROMOTION**  
3 **Subtitle A—Private Health**  
4 **Insurance**

5 **SEC. 101. TAX EQUITY FOR HEALTH PLAN BENEFICIARIES**

6 **ACT.**

7 (a) APPLICATION OF ACCIDENT AND HEALTH PLANS  
8 TO ELIGIBLE BENEFICIARIES.—

9 (1) EXCLUSION OF CONTRIBUTIONS.—Section  
10 106 of the Internal Revenue Code of 1986 (relating  
11 to contributions by employer to accident and health  
12 plans) is amended by adding at the end the following  
13 new subsection:

14 “(f) COVERAGE PROVIDED FOR ELIGIBLE BENE-  
15 FICIARIES OF EMPLOYEES.—

16 “(1) IN GENERAL.—Subsection (a) shall apply  
17 with respect to an eligible beneficiary and any quali-  
18 fying child who is a dependent of the eligible bene-  
19 ficiary.

20 “(2) QUALIFYING CHILD; DEPENDENT.—For  
21 purposes of this subsection—

22 “(A) QUALIFYING CHILD.—The term  
23 ‘qualifying child’ has the meaning given such  
24 term by section 152(e).

1           “(B) DEPENDENT.—The term ‘dependent’  
2           has the meaning given such term by section  
3           105(b).”.

4           (2) EXCLUSION OF AMOUNTS EXPENDED FOR  
5           MEDICAL CARE.—The first sentence of section  
6           105(b) of such Code (relating to amounts expended  
7           for medical care) is amended by inserting before the  
8           period the following: “and eligible beneficiary and  
9           the qualifying children of the eligible beneficiary  
10          (within the meaning of section 106(f)) with respect  
11          to the taxpayer”.

12          (3) PAYROLL TAXES.—

13                (A) Section 3121(a)(2) of such Code is  
14                amended—

15                   (i) by inserting “, or his eligible bene-  
16                   fiary or any qualifying children of the eli-  
17                   gible beneficiary,” after “his dependents”  
18                   both places it appears,

19                   (ii) by inserting “, and eligible bene-  
20                   ficiaries and qualifying children of eligible  
21                   beneficiaries (within the meaning of section  
22                   106(f)),” after “their dependents” the first  
23                   place it appears, and

24                   (iii) by inserting “, eligible bene-  
25                   ficiaries, and qualifying children of eligible

1 beneficiaries” after “their dependents” the  
2 second place it appears.

3 (B) Section 3231(e)(1) of such Code is  
4 amended—

5 (i) by inserting “, or his eligible bene-  
6 ficiary or any qualifying children of his eli-  
7 gible beneficiary,” after “his dependents”,

8 (ii) by inserting “, and eligible bene-  
9 ficiaries and qualifying children of eligible  
10 beneficiaries (within the meaning of section  
11 106(f)),” after “their dependents” the first  
12 place it appears, and

13 (iii) by inserting “, eligible bene-  
14 ficiaries, and qualifying children of eligible  
15 beneficiaries” after “their dependents” the  
16 second place it appears.

17 (C) Section 3306(b)(2) of such Code is  
18 amended—

19 (i) by inserting “, or his eligible bene-  
20 ficiary or any qualifying children of his eli-  
21 gible beneficiary,” after “his dependents”  
22 both places it appears,

23 (ii) by inserting “, and eligible bene-  
24 ficiaries and qualifying children of eligible  
25 beneficiaries (within the meaning of section

1           106(f)),” after “their dependents” the first  
2           place it appears, and

3                   (iii) by inserting “, eligible bene-  
4           ficiaries, and qualifying children of eligible  
5           beneficiaries” after “their dependents” the  
6           second place it appears.

7           (D) Section 3401(a) of such Code is  
8           amended by striking “or” at the end of para-  
9           graph (21), by striking the period at the end of  
10          paragraph (22) and inserting “; or”, and by in-  
11          serting after paragraph (22) the following new  
12          paragraph:

13                   “(23) for any payment made to or for the ben-  
14          efit of an employee or his eligible beneficiary or any  
15          qualifying children of his eligible beneficiary (within  
16          the meaning of section 106(f)) if at the time of such  
17          payment it is reasonable to believe that the employee  
18          will be able to exclude such payment from income  
19          under section 106(f) or under section 105 by ref-  
20          erence in section 105(b) to section 106(f);”.

21                   (4) EFFECTIVE DATE.—The amendments made  
22          by this section shall apply to taxable years beginning  
23          after December 31, 2009.

1 (b) EXPANSION OF DEPENDENCY FOR PURPOSES OF  
2 DEDUCTION FOR HEALTH INSURANCE COSTS OF SELF-  
3 EMPLOYED INDIVIDUALS.—

4 (1) IN GENERAL.—Subsection (l) of section 162  
5 of the Internal Revenue Code of 1986 (relating to  
6 special rules for health insurance costs of self-em-  
7 ployed individuals) is amended by adding at the end  
8 the following new paragraph:

9 “(6) DEPENDENTS.—For purposes of this sub-  
10 section, the term ‘dependents’ shall include the fol-  
11 lowing with respect to the taxpayer—

12 “(A) any individual who satisfies the re-  
13 quirements of sections 152(c)(3)(A) and  
14 152(d)(2)(H) (determined without regard to  
15 subsections (d)(1)(B) and (d)(1)(D) thereof),  
16 and

17 “(B) one individual who does not satisfy  
18 the requirements of section 152(c)(3)(A), but  
19 who satisfies the requirements of section  
20 152(d)(2)(H) (determined without regard to  
21 subsections (d)(1)(B) and (d)(1)(C) thereof).”.

22 (2) CONFORMING AMENDMENT.—Subparagraph  
23 (B) of section 162(l)(2) of such Code is amended by  
24 inserting “or dependent (as defined in paragraph  
25 (1))” after “spouse”.



1           (3) EFFECTIVE DATE.—The amendments made  
2           by this section shall apply to taxable years beginning  
3           after December 31, 2009.

4           (c) EXTENSION TO ELIGIBLE BENEFICIARIES OF  
5 SICK AND ACCIDENT BENEFITS PROVIDED TO MEMBERS  
6 OF A VOLUNTARY EMPLOYEES' BENEFICIARY ASSOCIA-  
7 TION AND THEIR DEPENDENTS.—

8           (1) IN GENERAL.—Section 501(c)(9) of the In-  
9           ternal Revenue Code of 1986 (relating to list of ex-  
10          empt organizations) is amended by adding at the  
11          end the following new sentence: “For purposes of  
12          providing for the payment of sick and accident bene-  
13          fits to members of such an association and their de-  
14          pendents, the term ‘dependents’ shall include any in-  
15          dividual who is an eligible beneficiary, or qualified  
16          child of an eligible beneficiary, as determined under  
17          the terms of a medical benefit, health insurance, or  
18          other program under which members and their de-  
19          pendents are entitled to sick and accident benefits.”.

20          (2) EFFECTIVE DATE.—The amendment made  
21          by this section shall apply to taxable years beginning  
22          after December 31, 2009.

23          (d) FLEXIBLE SPENDING ARRANGEMENTS AND  
24 HEALTH REIMBURSEMENT ARRANGEMENTS.—The Sec-  
25 retary of Treasury shall issue guidance of general applica-

1 bility providing that medical expenses that otherwise qual-  
2 ify—

3           (1) for reimbursement from a flexible spending  
4 arrangement under regulations in effect on the date  
5 of the enactment of this Act may be reimbursed  
6 from an employee’s flexible spending arrangement,  
7 notwithstanding the fact that such expenses are at-  
8 tributable to an individual who is the employee’s eli-  
9 gible beneficiary under any accident or health plan  
10 of the employer, and

11           (2) for reimbursement from a health reimburse-  
12 ment arrangement under regulations in effect on the  
13 date of the enactment of this Act may be reimbursed  
14 from an employee’s health reimbursement arrange-  
15 ment, notwithstanding the fact that such expenses  
16 are attributable to an individual who is not a spouse  
17 or dependent within the meaning of section 152 but  
18 who is designated by the employee as eligible to have  
19 his or her expenses reimbursed under the health re-  
20 imbursement arrangement.

21 **SEC. 102. PREEXISTING CONDITION EXCLUSION PATIENT**  
22 **PROTECTION.**

23           (a) AMENDMENTS RELATING TO PREEXISTING CON-  
24 DITION EXCLUSIONS UNDER GROUP HEALTH PLANS.—

1 (1) AMENDMENTS TO THE EMPLOYEE RETIRE-  
2 MENT INCOME SECURITY ACT OF 1974.—

3 (A) REDUCTION IN LOOK-BACK PERIOD.—

4 Section 701(a)(1) of the Employee Retirement  
5 Income Security Act of 1974 (29 U.S.C.  
6 1181(a)(1)) is amended by striking “6-month  
7 period” and inserting “30-day period”.

8 (B) REDUCTION IN PERMITTED PRE-  
9 EXISTING CONDITION LIMITATION PERIOD.—

10 Section 701(a)(2) of such Act (29 U.S.C.  
11 1181(a)(2)) is amended by striking “12  
12 months” and inserting “3 months”, and by  
13 striking “18 months” and inserting “9  
14 months”.

15 (2) AMENDMENTS TO THE PUBLIC HEALTH  
16 SERVICE ACT.—

17 (A) REDUCTION IN LOOK-BACK PERIOD.—

18 Section 2701(a)(1) of the Public Health Service  
19 Act (42 U.S.C. 300gg(a)(1)) is amended by  
20 striking “6-month period” and inserting “30-  
21 day period”.

22 (B) REDUCTION IN PERMITTED PRE-  
23 EXISTING CONDITION LIMITATION PERIOD.—

24 Section 2701(a)(2) of such Act (42 U.S.C.  
25 300gg(a)(2)) is amended by striking “12

1 months” and inserting “3 months”, and by  
2 striking “18 months” and inserting “9  
3 months”.

4 (3) AMENDMENTS TO THE INTERNAL REVENUE  
5 CODE OF 1986.—

6 (A) REDUCTION IN LOOK-BACK PERIOD.—  
7 Paragraph (1) of section 9801(a) of the Inter-  
8 nal Revenue Code of 1986 (relating to limita-  
9 tion on preexisting condition exclusion period  
10 and crediting for periods of previous coverage)  
11 is amended by striking “6-month period” and  
12 inserting “30-day period”.

13 (B) REDUCTION IN PERMITTED PRE-  
14 EXISTING CONDITION LIMITATION PERIOD.—  
15 Paragraph (2) of section 9801(a) of such Code  
16 is amended by striking “12 months” and insert-  
17 ing “3 months”, and by striking “18 months”  
18 and inserting “9 months”.

19 (4) EFFECTIVE DATE.—

20 (A) IN GENERAL.—Except as provided in  
21 paragraph (2), the amendments made by this  
22 subsection shall apply with respect to group  
23 health plans for plan years beginning after the  
24 end of the 12th calendar month following the  
25 date of the enactment of this Act.

1 (B) SPECIAL RULE FOR COLLECTIVE BAR-  
2 GAINING AGREEMENTS.—In the case of a group  
3 health plan maintained pursuant to one or more  
4 collective bargaining agreements between em-  
5 ployee representatives and one or more employ-  
6 ers ratified before the date of the enactment of  
7 this Act, the amendments made by this sub-  
8 section shall not apply to plan years beginning  
9 before the earlier of—

10 (i) the date on which the last of the  
11 collective bargaining agreements relating to  
12 the plan terminates (determined without  
13 regard to any extension thereof agreed to  
14 after the date of the enactment of this  
15 Act), or

16 (ii) 3 years after the date of the en-  
17 actment of this Act.

18 For purposes of clause (i), any plan amendment  
19 made pursuant to a collective bargaining agree-  
20 ment relating to the plan which amends the  
21 plan solely to conform to any requirement  
22 added by the amendments made by this sub-  
23 section shall not be treated as a termination of  
24 such collective bargaining agreement.

1 (b) AMENDMENTS RELATING TO PREEXISTING CON-  
2 DITION EXCLUSIONS IN HEALTH INSURANCE COVERAGE  
3 IN THE INDIVIDUAL MARKET.—

4 (1) APPLICABILITY OF GROUP HEALTH INSUR-  
5 ANCE LIMITATIONS ON IMPOSITION OF PREEXISTING  
6 CONDITION EXCLUSIONS.—

7 (A) IN GENERAL.—Subpart 1 of part B of  
8 title XXVII of the Public Health Service Act  
9 (42 U.S.C. 300gg–41 et seq.) is amended by in-  
10 sserting after section 2741 the following:

11 **“SEC. 2741A. APPLICATION OF GROUP HEALTH INSURANCE**  
12 **LIMITATIONS ON IMPOSITION OF PRE-**  
13 **EXISTING CONDITION EXCLUSIONS.**

14 “(a) IN GENERAL.—Subject to subsection (b), a  
15 health insurance issuer that provides individual health in-  
16 surance coverage may not impose a preexisting condition  
17 exclusion (as defined in subsection (b)(1)(A) of section  
18 2701) with respect to such coverage except to the extent  
19 that such exclusion could be imposed consistent with such  
20 section if such coverage were group health insurance cov-  
21 erage.

22 “(b) LIMITATION.—In the case of an individual  
23 who—

24 “(1) is enrolled in individual health insurance  
25 coverage;

1           “(2) during the period of such enrollment has  
2           a condition for which no medical advice, diagnosis,  
3           care, or treatment had been recommended or re-  
4           ceived as of the enrollment date; and

5           “(3) seeks to enroll under other individual  
6           health insurance coverage which provides benefits  
7           different from those provided under the coverage re-  
8           ferred to in paragraph (1) with respect to such con-  
9           dition,

10          the issuer of the individual health insurance coverage de-  
11          scribed in paragraph (2) may impose a preexisting condi-  
12          tion exclusion with respect to such condition and any bene-  
13          fits in addition to those provided under the coverage re-  
14          ferred to in paragraph (1), but such exclusion may not  
15          extend for a period of more than 3 months.

16          **“SEC. 2741B. ELIGIBILITY TO ENROLL.**

17          “(a) IN GENERAL.—Subject to subsection (d), an in-  
18          dividual health plan, and a health insurance issuer offer-  
19          ing health insurance in the individual market, may not de-  
20          cline to offer coverage to, deny enrollment of, or establish  
21          rules for eligibility (including continued eligibility) to en-  
22          roll under the terms of the plan, an individual based on  
23          any of the following health status-related factors in rela-  
24          tion to the individual or a dependent of the individual:

25                 “(1) Health status.

1           “(2) Medical condition (including both physical  
2           and mental illnesses).

3           “(3) Claims experience.

4           “(4) Receipt of health care.

5           “(5) Medical history.

6           “(6) Genetic information.

7           “(7) Evidence of insurability (including condi-  
8           tions arising out of acts of domestic violence).

9           “(8) Disability.

10          “(b) NO APPLICATION TO BENEFITS OR EXCLU-  
11          SIONS.—To the extent consistent with section 2701, sub-  
12          section (a) shall not be construed—

13                 “(1) to require an individual health plan, or a  
14                 health insurance issuer offering health insurance on  
15                 the individual market, to provide particular benefits  
16                 other than those provided under the terms of such  
17                 plan or coverage; or

18                 “(2) to prevent such a plan or coverage from  
19                 establishing limitations or restrictions on the  
20                 amount, level, extent, or nature of the benefits or  
21                 coverage for similarly situated individuals enrolled in  
22                 the plan or coverage.

23          “(c) RULES FOR ELIGIBILITY.—In subsection (a),  
24          the term ‘rules for eligibility’, with respect to enrollment



1 under the terms of a plan, includes any rule defining any  
2 applicable waiting period for such enrollment.

3 “(d) IN PREMIUM CONTRIBUTIONS.—

4 “(1) IN GENERAL.—An individual health plan,  
5 and a health insurance issuer offering health insur-  
6 ance on the individual market, may not require any  
7 individual (as a condition of enrollment or continued  
8 enrollment under the plan) to pay a premium or  
9 contribution which is greater than such premium or  
10 contribution for a similarly situated individual en-  
11 rolled in the plan on the basis of any health status-  
12 related factor in relation to the individual or to an  
13 individual enrolled under the plan as a dependent of  
14 the individual.

15 “(2) CONSTRUCTION.—Nothing in subsection  
16 (a) shall be construed to prevent an individual  
17 health plan, and a health insurance issuer offering  
18 health insurance on the individual market from es-  
19 tablishing premium discounts or rebates or modi-  
20 fying otherwise applicable copayments or deductibles  
21 in return for adherence to programs of health pro-  
22 motion and disease prevention.”.

23 (B) ELIMINATION OF COBRA REQUIRE-  
24 MENT.—Subsection (b) of section 2741 of the

1           Public Health Service Act (42 U.S.C. 300gg–  
2           41) is amended—

3                   (i) by adding “and” at the end of  
4                   paragraph (2);

5                   (ii) by striking the semicolon at the  
6                   end of paragraph (3) and inserting a pe-  
7                   riod; and

8                   (iii) by striking paragraphs (4) and  
9                   (5).

10           (2) EFFECTIVE DATE.—The amendments made  
11           by this subsection shall apply with respect to health  
12           insurance coverage offered, sold, issued, renewed, in  
13           effect, or operated in the individual market after the  
14           end of the 12th calendar month following the date  
15           of the enactment of this Act.

16 **SEC. 103. DOMESTIC PARTNERSHIP BENEFITS AND OBLIGA-**  
17 **TIONS ACT.**

18           (a) BENEFITS TO DOMESTIC PARTNERS OF FED-  
19           ERAL EMPLOYEES.—

20                   (1) IN GENERAL.—An employee who has a do-  
21                   mestic partner and the domestic partner of the em-  
22                   ployee shall be entitled to benefits available to, and  
23                   shall be subject to obligations imposed upon, a mar-  
24                   ried employee and the spouse of the employee.

1           (2) CERTIFICATION OF ELIGIBILITY.—In order  
2 to obtain benefits and assume obligations under this  
3 section, an employee shall file an affidavit of eligi-  
4 bility for benefits and obligations with the Office of  
5 Personnel Management identifying the domestic  
6 partner of the employee and certifying that the em-  
7 ployee and the domestic partner of the employee—

8           (A) are each other’s sole domestic partner  
9 and intend to remain so indefinitely;

10           (B) have a common residence, and intend  
11 to continue the arrangement;

12           (C) are at least 18 years of age and men-  
13 tally competent to consent to contract;

14           (D) share responsibility for a significant  
15 measure of each other’s common welfare and fi-  
16 nancial obligations;

17           (E) are not married to or domestic part-  
18 ners with anyone else;

19           (F) are same sex domestic partners, and  
20 not related in a way that, if the 2 were of the  
21 opposite sex, would prohibit legal marriage in  
22 the State in which they reside; and

23           (G) understand that willful falsification of  
24 information within the affidavit may lead to dis-  
25 ciplinary action and the recovery of the cost of

1 benefits received related to such falsification  
2 and may constitute a criminal violation.

3 (3) DISSOLUTION OF PARTNERSHIP.—

4 (A) IN GENERAL.—An employee or domes-  
5 tic partner of an employee who obtains benefits  
6 under this section shall file a statement of dis-  
7 solution of the domestic partnership with the  
8 Office of Personnel Management not later than  
9 30 days after the death of the employee or the  
10 domestic partner or the date of dissolution of  
11 the domestic partnership.

12 (B) DEATH OF EMPLOYEE.—In a case in  
13 which an employee dies, the domestic partner of  
14 the employee at the time of death shall receive  
15 under this section such benefits as would be re-  
16 ceived by the widow or widower of an employee.

17 (C) OTHER DISSOLUTION OF PARTNER-  
18 SHIP.—

19 (i) IN GENERAL.—In a case in which  
20 a domestic partnership dissolves by a  
21 method other than death of the employee  
22 or domestic partner of the employee, any  
23 benefits received by the domestic partner  
24 as a result of this section shall terminate.

1           (ii) EXCEPTION.—In a case in which  
2           a domestic partnership dissolves by a  
3           method other than death of the employee  
4           or domestic partner of the employee, the  
5           former domestic partner of the employee  
6           shall be entitled to benefits available to,  
7           and shall be subject to obligations imposed  
8           upon, a former spouse.

9           (4) STEPCHILDREN.—For purposes of affording  
10          benefits under this section, any natural or adopted  
11          child of a domestic partner of an employee shall be  
12          deemed a stepchild of the employee.

13          (5) CONFIDENTIALITY.—Any information sub-  
14          mitted to the Office of Personnel Management under  
15          paragraph (2) shall be used solely for the purpose of  
16          certifying an individual's eligibility for benefits  
17          under paragraph (1).

18          (6) REGULATIONS AND ORDERS.—

19                (A) OFFICE OF PERSONNEL MANAGE-  
20                MENT.—Not later than 6 months after the date  
21                of enactment of this Act, the Office of Per-  
22                sonnel Management shall promulgate regula-  
23                tions to implement paragraphs (2) and (3).

24                (B) OTHER EXECUTIVE BRANCH REGULA-  
25                TIONS.—Not later than 6 months after the date

1 of enactment of this Act, the President or des-  
2 ignees of the President shall promulgate regula-  
3 tions to implement this section with respect to  
4 benefits and obligations administered by agen-  
5 cies or other entities of the executive branch.

6 (C) OTHER REGULATIONS AND ORDERS.—

7 Not later than 6 months after the date of en-  
8 actment of this Act, each agency or other entity  
9 or official not within the executive branch that  
10 administers a program providing benefits or im-  
11 posing obligations shall promulgate regulations  
12 or orders to implement this section with respect  
13 to the program.

14 (D) PROCEDURE.—Regulations and orders

15 required under this paragraph shall be promul-  
16 gated after notice to interested persons and an  
17 opportunity for comment.

18 (7) DEFINITIONS.—In this section:

19 (A) BENEFITS.—The term “benefits”  
20 means—

21 (i) health insurance and enhanced  
22 dental and vision benefits, as provided  
23 under chapters 89, 89A, and 89B of title  
24 5, United States Code;

1 (ii) retirement and disability benefits  
2 and plans, as provided under—

3 (I) chapters 83 and 84 of title 5,  
4 United States Code;

5 (II) chapter 8 of the Foreign  
6 Service Act of 1980 (22 U.S.C. 4041  
7 et seq.); and

8 (III) the Central Intelligence  
9 Agency Retirement Act of 1964 for  
10 Certain Employees (50 U.S.C. chapter  
11 38);

12 (iii) family, medical, and emergency  
13 leave, as provided under—

14 (I) subchapters III, IV, and V of  
15 chapter 63 of title 5, United States  
16 Code;

17 (II) the Family and Medical  
18 Leave Act of 1993 (29 U.S.C. 2601 et  
19 seq.), insofar as that Act applies to  
20 the Government Accountability Office  
21 and the Library of Congress;

22 (III) section 202 of the Congres-  
23 sional Accountability Act of 1995 (2  
24 U.S.C. 1312); and

1 (IV) section 412 of title 3,  
2 United States Code;

3 (iv) Federal group life insurance, as  
4 provided under chapter 87 of title 5,  
5 United States Code;

6 (v) long-term care insurance, as pro-  
7 vided under chapter 90 of title 5, United  
8 States Code;

9 (vi) compensation for work injuries, as  
10 provided under chapter 81 of title 5,  
11 United States Code;

12 (vii) benefits for disability, death, or  
13 captivity, as provided under—

14 (I) sections 5569 and 5570 of  
15 title 5, United States Code;

16 (II) section 413 of the Foreign  
17 Service Act of 1980 (22 U.S.C. 3973);

18 (III) part L of title I of the Om-  
19 nibus Crime Control and Safe Streets  
20 Act of 1968 (42 U.S.C. 3796 et seq.),  
21 insofar as that part applies to any  
22 employee; and

23 (viii) travel, transportation, and re-  
24 lated payments and benefits, as provided  
25 under—



1 (I) chapter 57 of title 5, United  
2 States Code;

3 (II) chapter 9 of the Foreign  
4 Service Act of 1980 (22 U.S.C. 4081  
5 et seq.); and

6 (III) section 1599b of title 10,  
7 United States Code; and

8 (ix) any other benefit similar to a ben-  
9 efit described under clauses (i) through  
10 (viii) provided by or on behalf of the  
11 United States to any employee.

12 (B) DOMESTIC PARTNER.—The term “do-  
13 mestic partner” means an adult unmarried per-  
14 son living with another adult unmarried person  
15 of the same sex in a committed, intimate rela-  
16 tionship.

17 (C) EMPLOYEE.—The term “employee”—

18 (i) means an officer or employee of  
19 the United States or of any department,  
20 agency, or other entity of the United  
21 States, including the President, the Vice  
22 President, a Member of Congress, or a  
23 Federal judge; and

24 (ii) shall not include a member of the  
25 uniformed services.

1 (D) OBLIGATIONS.—The term “obliga-  
2 tions” means any duties or responsibilities with  
3 respect to Federal employment that would be  
4 incurred by a married employee or by the  
5 spouse of an employee.

6 (E) UNIFORMED SERVICES.—The term  
7 “uniformed services” has the meaning given  
8 under section 2101(3) of title 5, United States  
9 Code.

10 (b) EFFECTIVE DATE.—This section and the amend-  
11 ments made by this section shall—

12 (1) with respect to the provision of benefits and  
13 obligations, take effect 6 months after the date of  
14 enactment of this Act; and

15 (2) apply to any individual who is employed as  
16 an employee on or after the date of enactment of  
17 this Act.

## 18 **Subtitle B—Public Health**

### 19 **Insurance**

#### 20 **SEC. 111. OPTIONAL MEDICAID COVERAGE OF LOW-INCOME** 21 **HIV-INFECTED INDIVIDUALS.**

22 (a) IN GENERAL.—Section 1902 of the Social Secu-  
23 rity Act (42 U.S.C. 1396a), as amended by section  
24 5006(b)(1) of division B of Public Law 11–5, is amend-  
25 ed—

1 (1) in subsection (a)(10)(A)(ii)—

2 (A) by striking “or” at the end of sub-  
3 clause (XVIII);

4 (B) by adding “or” at the end of subclause  
5 (XIX); and

6 (C) by adding at the end the following:

7 “(XX) who are described in subsection (gg) (re-  
8 lating to HIV-infected individuals);” and

9 (2) by adding at the end the following:

10 “(gg) HIV-infected individuals described in this sub-  
11 section are individuals not described in subsection  
12 (a)(10)(A)(i)—

13 “(1) who are infected with HIV;

14 “(2) whose income (as determined under the  
15 State plan under this title with respect to disabled  
16 individuals) does not exceed the maximum amount  
17 of income a disabled individual described in sub-  
18 section (a)(10)(A)(i) may have to obtain medical as-  
19 sistance under the plan; and

20 “(3) whose resources (as determined under the  
21 State plan under this title with respect to disabled  
22 individuals) do not exceed the maximum amount of  
23 resources a disabled individual described in sub-  
24 section (a)(10)(A)(i) may have to obtain medical as-  
25 sistance under the plan.”.

1 (b) ENHANCED MATCH.—The first sentence of sec-  
2 tion 1905(b) of such Act (42 U.S.C. 1396d(b)) is amended  
3 by striking “section 1902(a)(10)(A)(ii)(XVIII)” and in-  
4 serting “subclause (XVIII) or (XX) of section  
5 1902(a)(10)(A)(ii)”.

6 (c) CONFORMING AMENDMENTS.—Section 1905(a) of  
7 such Act (42 U.S.C. 1396d(a)) is amended, in the matter  
8 preceding paragraph (1)—

9 (1) by striking “or” at the end of clause (xii);

10 (2) by adding “or” at the end of clause (xiii);

11 and

12 (3) by inserting after clause (xiii) the following:

13 “(xiv) individuals described in section  
14 1902(gg);”.

15 (d) EXEMPTION FROM FUNDING LIMITATION FOR  
16 TERRITORIES.—Section 1108(g) of the Social Security  
17 Act (42 U.S.C. 1308(g)) is amended by adding at the end  
18 the following:

19 “(5) DISREGARDING MEDICAL ASSISTANCE FOR  
20 OPTIONAL LOW-INCOME HIV-INFECTED INDIVID-  
21 UALS.—The limitations under subsection (f) and this  
22 subsection shall not apply to amounts expended for  
23 medical assistance for individuals described in sec-  
24 tion 1902(gg) who are only eligible for such assist-



1 **SEC. 113. ENDING THE MEDICARE DISABILITY WAITING PE-**  
2 **RIOD ACT.**

3 (a) PHASE-OUT OF WAITING PERIOD FOR MEDICARE  
4 DISABILITY BENEFITS.—

5 (1) IN GENERAL.—Section 226(b) of the Social  
6 Security Act (42 U.S.C. 426(b)) is amended—

7 (A) in paragraph (2)(A), by striking “, and  
8 has for 24 calendar months been entitled to,”  
9 and inserting “, and for the waiting period (as  
10 defined in subsection (k)) has been entitled  
11 to,”;

12 (B) in paragraph (2)(B), by striking “,  
13 and has been for not less than 24 months,” and  
14 inserting “, and has been for not less than the  
15 waiting period,”;

16 (C) in paragraph (2)(C)(ii), by striking “,  
17 including the requirement that he has been en-  
18 titled to the specified benefits for 24 months,”  
19 and inserting “, including the requirement that  
20 the individual has been entitled to the specified  
21 benefits for the waiting period,”; and

22 (D) in the flush matter following para-  
23 graph (2)(C)(ii)(II)—

24 (i) in the first sentence, by striking  
25 “for each month beginning with the later  
26 of (I) July 1973 or (II) the twenty-fifth

1 month of his entitlement or status as a  
2 qualified railroad retirement beneficiary  
3 described in paragraph (2), and” and in-  
4 serting “for each month beginning after  
5 the waiting period for which the individual  
6 satisfies paragraph (2) and”;

7 (ii) in the second sentence, by striking  
8 “the ‘twenty-fifth month of his entitlement’  
9 refers to the first month after the twenty-  
10 fourth month of entitlement to specified  
11 benefits referred to in paragraph (2)(C)  
12 and”; and

13 (iii) in the third sentence, by striking  
14 “, but not in excess of 78 such months”.

15 (2) SCHEDULE FOR PHASE-OUT OF WAITING  
16 PERIOD.—Section 226 of the such Act (42 U.S.C.  
17 426) is amended by adding at the end the following  
18 new subsection:

19 “(k) For purposes of subsection (b) (and for purposes  
20 of section 1837(g)(1) of this Act and section 7(d)(2)(ii)  
21 of the Railroad Retirement Act of 1974), the term ‘waiting  
22 period’ means—

23 “(1) for 2010, 18 months;

24 “(2) for 2011, 16 months;

25 “(3) for 2012, 14 months;

1 “(4) for 2013, 12 months;  
2 “(5) for 2014, 10 months;  
3 “(6) for 2015, 8 months;  
4 “(7) for 2016, 6 months;  
5 “(8) for 2017, 4 months;  
6 “(9) for 2018, 2 months; and  
7 “(10) for 2019 and each subsequent year, 0  
8 months.”.

9 (3) CONFORMING AMENDMENTS.—

10 (A) SUNSET.—Effective January 1, 2019,  
11 subsection (f) of section 226 of the Social Secu-  
12 rity Act (42 U.S.C. 426) is repealed.

13 (B) MEDICARE DESCRIPTION.—Section  
14 1811(2) of such Act (42 U.S.C. 1395c(2)) is  
15 amended by striking “entitled for not less than  
16 24 months” and inserting “entitled for the  
17 waiting period (as defined in section 226(k))”.

18 (C) MEDICARE PART B COVERAGE.—Sec-  
19 tion 1837(g)(1) of such Act (42 U.S.C.  
20 1395p(g)(1)) is amended by striking “of the  
21 later of (A) April 1973 or (B) the third month  
22 before the 25th month of such entitlement” and  
23 inserting “of the third month before the first  
24 month following the waiting period (as defined



1 in section 226(k)) applicable under section  
2 226(b)”.

3 (D) RAILROAD RETIREMENT SYSTEM.—  
4 Section 7(d)(2)(ii) of the Railroad Retirement  
5 Act of 1974 (45 U.S.C. 231f(d)(2)(ii)) is  
6 amended—

7 (i) by striking “, for not less than 24  
8 months” and inserting “, for the waiting  
9 period (as defined in section 226(k) of the  
10 Social Security Act)”;

11 (ii) by striking “could have been enti-  
12 tled for 24 calendar months, and” and in-  
13 serting “could have been entitled for the  
14 waiting period (as defined in section  
15 226(k) of the Social Security Act), and”.

16 (4) EFFECTIVE DATE.—Except as provided in  
17 paragraph (3)(A), the amendments made by this  
18 subsection shall apply with respect to items and  
19 services furnished under title XVIII of the Social Se-  
20 curity Act on or after the first day of first month  
21 beginning more than 90 days after the date of the  
22 enactment of this Act.

23 (b) INSTITUTE OF MEDICINE STUDY AND REPORT  
24 ON DELAY AND PREVENTION OF DISABILITY CONDI-  
25 TIONS.—

1           (1) STUDY.—The Secretary shall request that  
2           the Institute of Medicine of the National Academy  
3           of Sciences conduct a study on the range of dis-  
4           ability conditions that can be delayed or prevented  
5           if individuals receive access to health care services  
6           and coverage before the condition reaches a level  
7           that results in a disability.

8           (2) REPORT.—Not later than the date that is  
9           2 years after the date of enactment of this Act, the  
10          Secretary shall submit to the Congress a report con-  
11          taining the results of the Institute of Medicine study  
12          authorized under this subsection.

13          (3) AUTHORIZATION OF APPROPRIATIONS.—  
14          There is authorized to be appropriated to carry out  
15          this subsection \$750,000 for the period of fiscal  
16          years 2010 and 2011.

17 **SEC. 114. INCLUDING COSTS INCURRED BY AIDS DRUG AS-**  
18 **SISTANCE PROGRAMS IN PROVIDING PRE-**  
19 **SCRIPTION DRUGS TOWARD THE ANNUAL**  
20 **OUT-OF-POCKET THRESHOLD UNDER MEDI-**  
21 **CARE PART D.**

22          (a) IN GENERAL.—Section 1860D–2(b)(4)(C) of the  
23 Social Security Act (42 U.S.C. 1395w–102(b)(4)(C)) is  
24 amended—

25           (1) in clause (i), by striking “and” at the end;

1 (2) in clause (ii)—

2 (A) by inserting “subject to clause (iii),”  
3 after “(ii)”;

4 (B) by striking “, under section 1860D–  
5 14, or under a State Pharmaceutical Assistance  
6 Program”; and

7 (C) by striking the period at the end and  
8 inserting “; and”; and

9 (3) by inserting after clause (ii) the following  
10 new clause:

11 “(iii) such costs shall be treated as in-  
12 curred and shall not be considered to be  
13 reimbursed under clause (ii) if such costs  
14 are borne or paid—

15 “(I) under section 1860D–14;

16 “(II) under a State Pharma-  
17 ceutical Assistance Program; or

18 “(III) under an AIDS Drug As-  
19 sistance Program under part B of  
20 title XXVI of the Public Health Serv-  
21 ice Act.”.

22 (b) EFFECTIVE DATE.—The amendments made by  
23 subsection (a) shall apply to costs incurred on or after  
24 January 1, 2010.

1 **SEC. 115. NONDISCRIMINATION BASED ON GENDER IDEN-**  
2 **TITY OR SEXUAL ORIENTATION UNDER THE**  
3 **MEDICAID, MEDICARE, AND CHIP PROGRAMS.**

4 (a) MEDICAID.—

5 (1) Section 1902(a) of the Social Security Act  
6 is amended by—

7 (A) striking the “and” at the end of para-  
8 graph (72);

9 (B) striking the period at the end of para-  
10 graph (73)(B) and inserting “; and”;

11 (C) inserting after paragraph (73) the fol-  
12 lowing new paragraph:

13 “(74) provide that the State shall not discrimi-  
14 nate against any person on the basis of sexual ori-  
15 entation or gender identity.”; and

16 (D) adding at the end the following undes-  
17 ignated paragraph:

18 “For the purposes of paragraph (74) ‘sexual  
19 orientation’ shall mean homosexuality, hetero-  
20 sexuality, or bisexuality. ‘Gender identity’ shall mean  
21 the gender-related identity, appearance, or manner-  
22 isms, or other gender-related characteristics of an  
23 individual, with or without regard to the individual’s  
24 designated sex at birth.”.

1           (2) Section 1916 of the Social Security Act is  
2           amended by adding at the end the following new  
3           subsection:

4           “(k) NO DISCRIMINATION ON PREMIUMS OR COST  
5 SHARING.—The State shall provide that in the case of all  
6 individuals described in section 1902(a) who are eligible  
7 under the plan—

8           “(1) there may be imposed no enrollment fee,  
9           premium, similar charge on the basis of sexual ori-  
10          entation or gender identity as defined in such sec-  
11          tion; and

12          “(2) there may be imposed no deduction, cost  
13          sharing, or similar charge on the basis of sexual ori-  
14          entation or gender identity as defined in such sec-  
15          tion.”.

16          (b) STATE CHILDREN’S HEALTH INSURANCE PRO-  
17 GRAM.—Section 2102 of the Social Security Act is amend-  
18 ed by adding at the end the following subsection: “(d).”

19          “(d) NO DISCRIMINATION IN STATE CHILD HEALTH  
20 PLANS.—A State child health plan may not discriminate  
21 on the basis sexual orientation or gender identity as de-  
22 fined in section 1902.”.

23          (c) MEDICARE.—Title XVIII of the Social Security  
24 Act is amended by—

25                 (1) adding at the end the following:

1 **“SEC. 1899. NONDISCRIMINATION BASED ON GENDER IDEN-**  
2 **TITY OR SEXUAL ORIENTATION.**

3 “(a) **CONDITION OF PARTICIPATION.**—As a condition  
4 of participation as a provider of services or supplier under  
5 section 1866(a)(1) or 1842(h), respectively, the provider  
6 or supplier may not discriminate on the basis of sex, gen-  
7 der identity, or sexual orientation of a beneficiary in the  
8 provision of items or services for which payment may be  
9 made under this title.

10 “(b) **COVERAGE DETERMINATIONS.**—The Secretary  
11 may not discriminate on the basis of the sex, gender iden-  
12 tity, or sexual orientation in fulfillment of his duties under  
13 this Act.

14 “(c) **REGULATIONS.**—The Secretary shall promulgate  
15 regulations to implement this section.”.

16 **Subtitle C—Miscellaneous**

17 **SEC. 121. HEALTH PROMOTION GRANTS.**

18 (a) **DEMONSTRATION PROJECTS.**—The Secretary, in  
19 collaboration with the Deputy Assistant Secretary for  
20 LGBT Health, shall award multiyear contracts or com-  
21 petitive grants to eligible entities to support demonstration  
22 projects designed to improve the health and health care  
23 of sexual or gender minorities through improved access to  
24 health care, patient navigators, primary prevention activi-  
25 ties, health promotion and disease prevention activities,  
26 and health literacy education and services.

1 (b) ELIGIBILITY.—In this section:

2 (1) ELIGIBLE ENTITY.—The term “eligible enti-  
3 ty” means a qualified organization or a community-  
4 based consortium.

5 (2) QUALIFIED ORGANIZATION.—The term  
6 “qualified organization” means—

7 (A) a hospital, health plan, or clinic;

8 (B) an academic institution;

9 (C) a State health agency;

10 (D) an Indian Health Service hospital or  
11 clinic, Indian tribal health facility, or urban In-  
12 dian facility;

13 (E) a nonprofit organization, including a  
14 faith-based organization or consortium, to the  
15 extent that a contract or grant awarded to such  
16 an entity is consistent with the requirements of  
17 section 1955 of the Public Health Service Act  
18 (42 U.S.C. 300x-65);

19 (F) a primary care practice-based research  
20 network;

21 (G) long-term care facilities, including  
22 nursing homes and assisted living facilities; or

23 (H) any other similar entity determined to  
24 be appropriate by the Secretary.

1           (3) COMMUNITY-BASED CONSORTIUM.—The  
2 term “community-based consortium” means a part-  
3 nership that—

4           (A) includes—

5           (i) individuals who are representatives  
6 of organizations of sexual and gender mi-  
7 norities;

8           (ii) community leaders and leaders of  
9 community-based organizations;

10           (iii) health care providers, including  
11 providers who treat sexual and gender mi-  
12 norities; and

13           (iv) experts in the area of social and  
14 behavioral science, who have knowledge,  
15 training, or practical experience in health  
16 policy, advocacy, cultural competency, or  
17 other relevant areas as determined by the  
18 Secretary; and

19           (B) is located within an area with a signifi-  
20 cant population of sexual and gender minorities.

21       (c) USE OF FUNDS.—An eligible entity shall use  
22 amounts received under this section for demonstration  
23 projects to—

24           (1) address health disparities affecting sexual  
25 and gender minorities in the areas of—



1 (A) primary care and preventive health, in-  
2 cluding health education and promotion;

3 (B) behavioral and mental health and sub-  
4 stance abuse;

5 (C) health services research;

6 (D) demographics and data collection; and

7 (E) other areas determined appropriate by  
8 the Secretary;

9 (2) identify, educate, and enroll into clinical  
10 trials and comparative effectiveness research eligible  
11 patients from sexual or gender minority groups;

12 (3) educate, guide, and provide outreach in a  
13 community setting regarding health problems preva-  
14 lent among sexual or gender minority populations,  
15 including—

16 (A) HIV in high-risk subpopulations, in-  
17 cluding—

18 (i) transgender populations;

19 (ii) sex workers; and

20 (iii) people of color;

21 (B) cancers;

22 (C) school violence;

23 (D) emerging drugs; and

24 (E) suicide prevention;

1           (4) educate, guide, and provide experiential  
2 learning opportunities to sexual and gender minori-  
3 ties targeting behavioral risk factors including—

4                   (A) poor nutrition;

5                   (B) physical inactivity;

6                   (C) being overweight or obese;

7                   (D) tobacco use;

8                   (E) alcohol and substance use;

9                   (F) injury and violence;

10                  (G) high-risk sexual behavior; and

11                  (H) mental health problems;

12           (5) educate and provide guidance to sexual and  
13 gender minorities regarding effective strategies to  
14 promote positive health behaviors within the commu-  
15 nity; or

16           (6) educate and refer sexual and gender minori-  
17 ties to appropriate health care agencies and commu-  
18 nity-based programs and organizations in order to  
19 increase access to high-quality health care services,  
20 including preventive health services.

21           (d) REPORT TO CONGRESS.—

22                   (1) IN GENERAL.—Not later than 4 years after  
23 the date on which the Secretary first awards grants  
24 under subsection (a), the Secretary shall submit to  
25 the Congress a report regarding such grants.

1           (2) CONTENTS.—The report required under  
2 paragraph (1) shall include the following:

3           (A) A description of the programs for  
4 which grant funds were used.

5           (B) The number of individuals served  
6 under such programs.

7           (C) An evaluation of—

8               (i) the effectiveness of such programs;

9               (ii) the cost of such programs; and

10              (iii) the impact of such programs on  
11 the health outcomes of the community resi-  
12 dents.

13           (D) Recommendations for improving the  
14 health and health care of sexual and gender mi-  
15 norities.

16           (E) A description of how the Secretary will  
17 continue to work to improve the use of grant  
18 funds under this section.

19 **SEC. 122. MENTAL HEALTH PROMOTION GRANTS.**

20           (a) DEMONSTRATION PROJECTS.—The Secretary, in  
21 collaboration with the Deputy Assistant Secretary for  
22 LGBT Health and the Administrator of the Substance  
23 Abuse and Mental Health Services Administration, shall  
24 award multiyear contracts or competitive grants to eligible  
25 entities to support demonstration projects designed to im-

1 prove the mental health of sexual and gender minorities  
2 through improved access to health care, primary preven-  
3 tion activities, health promotion and prevention activities,  
4 and education and services.

5 (b) ELIGIBILITY.—In this section:

6 (1) ELIGIBLE ENTITY.—The term “eligible enti-  
7 ty” means a qualified organization or a community-  
8 based consortium.

9 (2) QUALIFIED ORGANIZATION.—The term  
10 “qualified organization” means—

11 (A) a hospital, health plan, or clinic;

12 (B) an academic institution;

13 (C) a State health agency;

14 (D) an Indian Health Service hospital or  
15 clinic, Indian tribal health facility, or urban In-  
16 dian facility;

17 (E) a nonprofit organization, including a  
18 faith-based organization or consortium, to the  
19 extent that a contract or grant awarded to such  
20 an entity is consistent with the requirements of  
21 section 1955 of the Public Health Service Act  
22 (42 U.S.C. 300x–65);

23 (F) a certified mental health treatment  
24 center;

1 (G) a long-term care facility, including a  
2 nursing home or assisted living facility; and

3 (H) any other similar entity determined to  
4 be appropriate by the Secretary.

5 (3) COMMUNITY-BASED CONSORTIUM.—The  
6 term “community-based consortium” means a part-  
7 nership that—

8 (A) includes—

9 (i) individuals who are representatives  
10 of organizations of sexual or gender mi-  
11 norities;

12 (ii) community leaders and leaders of  
13 community-based organizations;

14 (iii) mental health care providers, in-  
15 cluding providers who treat sexual or gen-  
16 der minorities; and

17 (iv) experts in the area of social and  
18 behavioral science, who have knowledge,  
19 training, or practical experience in health  
20 policy, advocacy, cultural competency, or  
21 other relevant areas as determined by the  
22 Secretary; and

23 (B) is located within an area with a signifi-  
24 cant population of sexual or gender minorities.

1 (c) USE OF FUNDS.—An eligible entity shall use  
2 amounts received under this section for demonstration  
3 projects to—

4 (1) address health disparities in the areas of be-  
5 havioral and mental health and substance abuse;

6 (2) educate, guide, and provide outreach in a  
7 community setting regarding mental health problems  
8 prevalent among sexual or gender minority popu-  
9 lations;

10 (3) educate, guide, and provide experiential  
11 learning opportunities that target behavioral risk  
12 factors including—

13 (A) alcohol and substance use;

14 (B) high-risk sexual behavior; and

15 (C) mental health problems;

16 (4) develop or adapt curricula and interventions  
17 to address major mental health issues in the sexual  
18 and gender minority community, including—

19 (A) school violence;

20 (B) emerging drugs;

21 (C) suicide; and

22 (D) family acceptance of lesbian, gay, bi-  
23 sexual, and transgender youth;

24 (5) educate and provide guidance regarding ef-  
25 fective strategies to promote positive health behav-

1 iors within the community, including the promotion  
2 of resiliency and wellness strategies;

3 (6) educate and refer sexual and gender minori-  
4 ties to appropriate agencies and community-based  
5 programs and organizations in order to increase ac-  
6 cess to high-quality mental health services, including  
7 preventive mental health services; or

8 (7) provide mental health counseling and edu-  
9 cation for families to promote acceptance of lesbian,  
10 gay, bisexual, and transgender youth, which may in-  
11 clude the creation and distribution of support-fo-  
12 cused resource guides.

13 (d) REPORT TO CONGRESS.—

14 (1) IN GENERAL.—Not later than 4 years after  
15 the date on which the Secretary first awards grants  
16 under subsection (a), the Secretary shall submit to  
17 the Congress a report regarding such grants.

18 (2) CONTENTS.—The report required under  
19 paragraph (1) shall include the following:

20 (A) A description of the programs for  
21 which grant funds were used.

22 (B) The number of individuals served  
23 under such programs.

24 (C) An evaluation of—

25 (i) the effectiveness of such programs;

1 (ii) the cost of such programs; and  
2 (iii) the impact of the programs on  
3 the health outcomes of the community resi-  
4 dents.

5 (D) Recommendations for improving the  
6 mental health and mental health care of sexual  
7 and gender minorities.

8 **SEC. 123. HEALTH INSURANCE COVERAGE GRANTS.**

9 (a) IN GENERAL.—The Secretary, in collaboration  
10 with the Deputy Assistant Secretary for LGBT Health,  
11 the Director of the Centers for Disease Control and Pre-  
12 vention and other Federal officials determined appropriate  
13 by the Secretary, may award grants to State or local gov-  
14 ernments, Indian tribes (including Alaska Native villages),  
15 tribal organizations, and urban Indian organizations to  
16 support projects designed to improve the health and health  
17 care of sexual and gender minorities through improved ac-  
18 cess to health care through expanded health insurance.

19 (b) APPLICATION.—An eligible entity seeking a grant  
20 under this section shall submit an application to the Sec-  
21 retary at such time, in such manner, and containing such  
22 information as the Secretary may require, including assur-  
23 ances that the eligible entity will—

24 (1) target individuals who are members of sex-  
25 ual or gender minority groups that experience health



1 disparities through specific outreach activities fund-  
2 ed through the grant;

3 (2) collaborate with appropriate community or-  
4 ganizations and include meaningful community par-  
5 ticipation in planning, implementation, and evalua-  
6 tion of activities;

7 (3) demonstrate capacity to enroll individuals  
8 currently without health coverage into public or pri-  
9 vate health insurance plans that meet their treat-  
10 ment and care needs;

11 (4) set appropriate and measurable goals for  
12 health insurance enrollment of sexual and gender  
13 minorities;

14 (5) provide ongoing outreach and education to  
15 the populations targeted under paragraph (1);

16 (6) demonstrate coordination between public  
17 and private entities for purposes of assisting public  
18 entities in leveraging private funds to improve the  
19 health and health care of sexual and gender minori-  
20 ties;

21 (7) assist individuals and groups in accessing  
22 public and private programs that will help eliminate  
23 disparities in health and health care for sexual and  
24 gender minorities;

1           (8) develop a plan for long-term sustainability  
2 for the activities funded through the grant; and

3           (9) evaluate the effectiveness of activities under  
4 this section, within an appropriate time frame, which  
5 shall include a focus on quality and outcomes per-  
6 formance measures to ensure that the activities are  
7 meeting the intended goals, and that the entity is  
8 able to disseminate findings from such evaluations.

9       (c) PRIORITIES.—

10           (1) IN GENERAL.—In awarding contracts and  
11 grants under this section, the Secretary shall give  
12 priority to applicants that meet the criteria under  
13 paragraph (2) and are—

14           (A) safety net hospitals, defined as hos-  
15 pitals with a low-income utilization rate greater  
16 than 25 percent (as defined in section  
17 1923(b)(3) of the Social Security Act (42  
18 U.S.C. 1396r-4(b)(3)));

19           (B) a federally qualified health center as  
20 defined in section 1905(l)(2)(B) of the Social  
21 Security Act with the ability to establish and  
22 lead a collaborative partnership;

23           (C) a community-based consortium;

24           (D) safety net health plans that work in  
25 coordination with local health centers;

1 (E) an Indian tribe, tribal organization, or  
2 urban Indian organization; or

3 (F) other health systems.

4 (2) ADDITIONAL CRITERIA.—For purposes of  
5 paragraph (1), the criteria under this paragraph is  
6 that the applicant—

7 (A) by legal mandate or explicitly adopted  
8 mission, provide patients with access to services  
9 regardless of their ability to pay;

10 (B) provide care or treatment for a sub-  
11 stantial number of patients who are uninsured,  
12 are receiving assistance under a State program  
13 under title XIX of the Social Security Act, or  
14 are members of vulnerable populations, as de-  
15 termined by the Secretary;

16 (C) serve a disproportionate percentage of  
17 patients who are sexual or gender minorities;  
18 and

19 (D) provide an assurance that amounts re-  
20 ceived under the grant or contract will be used  
21 to support quality improvement activities for  
22 patients from sexual and gender minority  
23 groups.

1 (d) USE OF FUNDS.—An eligible entity shall use such  
2 amounts received under this section for demonstration  
3 projects to—

4 (1) address health disparities in the areas of  
5 health insurance coverage; and

6 (2) evaluate methods for strengthening the  
7 health coverage and continuity of coverage of sexual  
8 and gender minority populations, including—

9 (A) targeting enrollment of uninsured sex-  
10 ual and gender minority populations into title  
11 XIX of the Social Security Act; and

12 (B) assessing eligibility for domestic part-  
13 ner benefits.

14 (e) EVALUATION AND REPORT BY GRANTEE.—

15 (1) EVALUATION.—Any entity that receives a  
16 grant under this section shall conduct an evaluation  
17 of the activities conducted under such grant and the  
18 impact of such activities on decreasing health dis-  
19 parities for sexual and gender minorities.

20 (2) REPORT.—Not later than 3 years after the  
21 date an entity receives a contract or grant under  
22 this section and annually thereafter, the entity shall  
23 provide to the Secretary a report containing the re-  
24 sults of the evaluation conducted under paragraph  
25 (1).

1 (f) REPORT AND PUBLIC ACCESS TO INFORMATION  
2 BY SECRETARY.—

3 (1) REPORT TO CONGRESS.—Beginning on or  
4 before the 60th day following the date that the first  
5 report is submitted under subsection (e), the Sec-  
6 retary shall submit a report to the Congress com-  
7 plying the results of evaluations under such sub-  
8 section and describing the overall impact of the  
9 grant program under this section.

10 (2) PUBLIC ACCESS.—The Secretary shall, as  
11 appropriate, provide the public with access to the re-  
12 port under paragraph (1) and the information con-  
13 tained in the reports under subsection (e)(2).

14 **TITLE II—CULTURAL**  
15 **COMPETENCY AND WORKFORCE**

16 **SEC. 201. AMENDMENT TO THE PUBLIC HEALTH SERVICE**  
17 **ACT.**

18 The Public Health Service Act (42 U.S.C. 201 et  
19 seq.) is amended by adding at the end the following:

20 **“TITLE XXXI—CULTURALLY**  
21 **COMPETENT HEALTH CARE**

22 **“SEC. 3100. DEFINITIONS.**

23 “In this title:

24 “(1) CULTURALLY COMPETENT.—The term  
25 ‘culturally competent care’, with respect to health

1 care or services for sexual and gender minorities,  
2 means health care or services that, at a minimum,  
3 do not include nonclinical or medically unsound  
4 judgments based on sex, sexual orientation, or gen-  
5 der identity and expression that affect the amount  
6 and kind of treatment received or that act as a bar-  
7 rier to an individual receiving timely and high-qual-  
8 ity care.

9 “(2) **SEXUAL OR GENDER MINORITY.**—The  
10 terms ‘sexual or gender minority’ and ‘sexual and  
11 gender minority’ mean a lesbian, gay, bisexual, or  
12 transgender individual.

13 “(3) **STATE.**—The term ‘State’ means each of  
14 the several states, the District of Columbia, the  
15 Commonwealth of Puerto Rico, the Indian tribes,  
16 the Virgin Islands, Guam, American Samoa, and the  
17 Commonwealth of the Northern Mariana Islands.

18 **“SEC. 3101. NATIONAL STANDARDS FOR CULTURALLY COM-**  
19 **PETENT SERVICES IN HEALTH CARE.**

20 “Recipients of Federal financial assistance from the  
21 Secretary shall, to the extent reasonable and practicable—

22 “(1) implement strategies to recruit, retain, and  
23 promote individuals at all levels of the organization  
24 to maintain a diverse staff and leadership that can

1 provide culturally competent health care to sexual or  
2 gender minority patients;

3 “(2) ensure that staff at all levels and across all  
4 disciplines of the organization receive ongoing edu-  
5 cation and training in culturally competent service  
6 delivery for sexual or gender minority patients;

7 “(3) develop and implement clear goals, poli-  
8 cies, operational plans, and management account-  
9 ability and oversight mechanisms to provide cul-  
10 turally competent services for sexual and gender mi-  
11 nority patients;

12 “(4) conduct initial and ongoing organizational  
13 assessments of culturally competent services-related  
14 activities for sexual and gender minority patients  
15 and integrate valid competence-related measures into  
16 the internal audits, performance improvement pro-  
17 grams, patient satisfaction assessments, and out-  
18 comes-based evaluations of the organization;

19 “(5) ensure that, consistent with the privacy  
20 protections provided for under the regulations pro-  
21 mulgated under section 264(c) of the Health Insur-  
22 ance Portability and Accountability Act of 1996,  
23 data on the individual patient’s sexual orientation  
24 and gender identity are collected in health records,

1 integrated into the organization’s management infor-  
2 mation systems, and periodically updated;

3 “(6) maintain a current demographic, cultural,  
4 and epidemiological profile of the community as well  
5 as a needs assessment to accurately plan for and im-  
6 plement services that respond to the cultural charac-  
7 teristics of the service area of the organization;

8 “(7) develop participatory, collaborative part-  
9 nerships with communities and utilize a variety of  
10 formal and informal mechanisms to facilitate com-  
11 munity and patient involvement in designing and im-  
12 plementing culturally competent services-related ac-  
13 tivities for sexual and gender minority patients;

14 “(8) ensure that conflict and grievance resolu-  
15 tion processes are culturally sensitive and capable of  
16 identifying, preventing, and resolving cross-cultural  
17 conflicts or complaints by sexual and gender minor-  
18 ity patients;

19 “(9) regularly make available to the public in-  
20 formation about their progress and successful inno-  
21 vations in implementing the standards under this  
22 section and provide public notice in their commu-  
23 nities about the availability of this information; and

24 “(10) if requested, regularly make available to  
25 the head of each Federal entity from which Federal



1 funds are received, information about their progress  
2 and successful innovations in implementing the  
3 standards under this section as required by the head  
4 of such entity.

5 **“SEC. 3102. CENTER FOR CULTURAL COMPETENCE IN**  
6 **HEALTH CARE.**

7 “(a) ESTABLISHMENT.—The Secretary, acting  
8 through the Deputy Assistant Secretary for LGBT  
9 Health, shall establish and support a center to be known  
10 as the ‘Center for Cultural Competence in Health Care’  
11 (referred to in this section as the ‘Center’).

12 “(b) PROVISION OF INFORMATION.—The Center  
13 shall provide information relating to culturally competent  
14 health care for sexual and gender minority populations re-  
15 siding in the United States to all health care providers  
16 and health care organizations at no cost. Such information  
17 shall include—

18 “(1) tenets of culturally competent care;

19 “(2) cultural competence self-assessment tools;

20 “(3) cultural competence training tools;

21 “(4) strategic plans to increase cultural com-  
22 petence in different types of health care organiza-  
23 tions, including regional collaborations among health  
24 care organizations; and

1           “(5) resources for cultural competence informa-  
2           tion for educators, practitioners, and researchers.

3           “(c) DIRECTOR.—The Center shall be headed by a  
4 Director who shall be appointed by, and who shall report  
5 to, the Deputy Assistant Secretary for LGBT Health.

6           “(d) AUTHORIZATION OF APPROPRIATIONS.—There  
7 are authorized to be appropriated to carry out this section  
8 such sums as may be necessary for each of fiscal years  
9 2010 through 2014.

10 **“SEC. 3103. INNOVATIONS IN CULTURAL COMPETENCE**  
11 **GRANTS.**

12           “(a) IN GENERAL.—The Secretary, acting through  
13 the Administrator of the Centers for Medicare & Medicaid  
14 Services, the Administrator of the Health Resources and  
15 Services Administration, the Secretary of Education, and  
16 the Deputy Assistant Secretary for LGBT Health, shall  
17 award grants to eligible entities to enable such entities to  
18 design, implement, and evaluate innovative, cost-effective  
19 programs to improve cultural competence in health.

20           “(b) ELIGIBILITY.—To be eligible to receive a grant  
21 under subsection (a), an entity shall—

22           “(1) be a city, county, Indian tribe, State, terri-  
23 tory, community-based or other nonprofit organiza-  
24 tion, health center or community clinic, hospital,

1 university, college, or other entity designated by the  
2 Secretary; and

3 “(2) prepare and submit to the Secretary an  
4 application, at such time, in such manner, and ac-  
5 companied by such additional information as the  
6 Secretary may require.

7 “(c) USE OF FUNDS.—An entity shall use funds re-  
8 ceived under a grant under this section to—

9 “(1) develop formal training programs for indi-  
10 viduals interested in becoming dedicated culturally  
11 competent health care providers for sexual and gen-  
12 der minorities;

13 “(2) develop formal training programs for indi-  
14 viduals interested in becoming dedicated culturally  
15 competent health care providers for sexual and gen-  
16 der minority youth and their families;

17 “(3) develop training programs for individuals  
18 interested in becoming dedicated culturally com-  
19 petent health care providers for aging sexual and  
20 gender minorities; and

21 “(4) develop other culturally competent services  
22 as determined appropriate by the Secretary.

23 “(d) PRIORITY.—In awarding grants under this sec-  
24 tion, the Secretary shall give priority to entities that have

1 developed partnerships with organizations or agencies with  
2 experience in culturally competent services.

3 “(e) EVALUATION.—An entity that receives a grant  
4 under this section shall submit to the Secretary an evalua-  
5 tion that describes the activities carried out with funds  
6 received under the grant, and how such activities improved  
7 access to health care services and the quality of health  
8 care for individuals. Such evaluation shall be collected and  
9 disseminated through the Center for Cultural Competence  
10 in Health Care established under section 3102.

11 “(f) AUTHORIZATION OF APPROPRIATIONS.—There  
12 is authorized to be appropriated to carry out this section  
13 \$5,000,000 for each of fiscal years 2010 through 2014.

14 **“SEC. 3104. RESEARCH ON CULTURAL COMPETENCE.**

15 “(a) IN GENERAL.—The Director of the Agency for  
16 Healthcare Research and Quality, in collaboration with  
17 the Deputy Assistant Secretary for LGBT Health, shall  
18 expand research concerning—

19 “(1) the barriers to health care services, includ-  
20 ing mental and behavioral services and services at  
21 skilled nursing facilities, that are faced by sexual  
22 and gender minority individuals;

23 “(2) the impact of cultural barriers on the qual-  
24 ity of health care and the health status of sexual  
25 and gender minority individuals and populations;

1           “(3) health care providers’ and health adminis-  
2           trators’ attitudes, knowledge, and awareness of the  
3           barriers described in paragraphs (1) and (2);

4           “(4) the means by which competency access  
5           services are provided to sexual and gender minority  
6           individuals and how such services are effective in im-  
7           proving the quality of care;

8           “(5) the cost-effectiveness of providing com-  
9           petency access services; and

10          “(6) optimal approaches for delivering com-  
11          petency access services.

12          “(b) AUTHORIZATION OF APPROPRIATIONS.—There  
13          are authorized to be appropriated to carry out this section  
14          such sums as may be necessary for each of fiscal years  
15          2010 through 2014.”.

16          **SEC. 202. DEFINITIONS.**

17          In this title:

18                 (1) INCORPORATED DEFINITIONS.—The defini-  
19                 tions contained in section 3100 of the Public Health  
20                 Service Act, as added by section 201, shall apply.

21                 (2) SECRETARY.—The term “Secretary” means  
22                 the Secretary of Health and Human Services.

1 **SEC. 203. FEDERAL REIMBURSEMENT FOR CULTURALLY**  
2 **COMPETENT SERVICES UNDER THE MEDI-**  
3 **CARE, MEDICAID, AND CHILDREN'S HEALTH**  
4 **INSURANCE PROGRAMS.**

5 (a) DEMONSTRATION PROJECT PROMOTING ACCESS  
6 FOR MEDICARE BENEFICIARIES IN SEXUAL AND GENDER  
7 MINORITY POPULATIONS.—

8 (1) IN GENERAL.—The Secretary shall conduct  
9 a demonstration project (in this subsection referred  
10 to as the “project”) to provide reimbursement for  
11 access services to certain Medicare beneficiaries in  
12 sexual and gender minority groups in urban and  
13 rural areas and document the impact of such reim-  
14 bursement on Medicare program costs and health  
15 outcomes.

16 (2) SCOPE.—The Secretary shall carry out the  
17 project in not less than 30 States or territories  
18 through contracts with—

19 (A) MA plans (under part C of title XVIII  
20 of the Social Security Act);

21 (B) community-based nonprofit organiza-  
22 tions;

23 (C) hospitals; and

24 (D) community-based clinics.

25 (3) DURATION.—The demonstration shall be  
26 conducted for a period not longer than 2 years.

1           (4) REPORT.—Upon completion of the project,  
2           the Secretary shall submit a report to the Congress  
3           on the project which shall include recommendations  
4           regarding—

5                   (A) the extension of such project for addi-  
6                   tional time periods; and

7                   (B) the expansion of such project to the  
8                   entire Medicare program.

9           (5) EVALUATION.—The Director of the Agency  
10           for Healthcare Research and Quality, in consultation  
11           with the Office of Minority Health and the National  
12           Center on Minority Health and Health Disparities,  
13           shall award grants to public and private nonprofit  
14           entities that demonstrate experience and capability  
15           with respect to cultural competence, including enti-  
16           ties directed by and serving representatives of sexual  
17           and gender minority groups, to conduct evaluations  
18           of the project under paragraph (1). Such evaluations  
19           shall focus on the impact of the project on access to  
20           services, utilization rates, efficiency in the provision  
21           of services, cost-effectiveness, patient satisfaction,  
22           and select health outcomes.

23           (b) MEDICAID AND CHIP.—Section 1903(a)(3) of  
24           the Social Security Act (42 U.S.C. 1396b(a)(3)), as  
25           amended by section 4201(a) of division B of the American

1 Recovery and Reinvestment Act of 2009 (Public Law 111–  
2 5), is amended—

3 (1) in subparagraph (E), by striking “and” at  
4 the end;

5 (2) in subparagraph (F), by striking “plus” at  
6 the end and inserting “and”; and

7 (3) by adding at the end the following:

8 “(G) 100 percent of so much of the sums  
9 expended with respect to costs incurred during  
10 such quarter as are attributable to the provision  
11 of access services (as defined in section 203(d)  
12 of the Ending LGBT Health Disparities Act) to  
13 sexual and gender minorities (as defined in sec-  
14 tion 3 of the Ending LGBT Health Disparities  
15 Act) who apply for or receive medical assistance  
16 under the State plan under this title (including  
17 any provisions of the plan implemented pursu-  
18 ant to any waiver authority of the Secretary) or  
19 child health assistance under a State child  
20 health plan under title XXI; plus”.

21 (c) SCHIP.—Section 2105(c)(2)(A) of the Social Se-  
22 curity Act (42 U.S.C. 1397ee(c)(2)(A)) is amended by in-  
23 serting before the period at the end the following: “except  
24 that expenditures described in, and reimbursable under,  
25 section 1903(a)(3)(G) shall not count towards this total”.



1 (d) DEFINITION OF ACCESS SERVICES.—For pur-  
2 poses of this section, the term “access services” means—

3 (1) outreach (including care coordination, nurs-  
4 ing outreach, and reminder phone calls) designed  
5 to—

6 (A) inform individuals of the benefits to  
7 which they are entitled; and

8 (B) encourage individuals to use such ben-  
9 efits; and

10 (2) services (including transportation) that as-  
11 sist the individual in accessing such benefits.

12 (e) EFFECTIVE DATE.—The amendments made by  
13 this section is effective for payment for items and services  
14 furnished on or after October 1, 2010.

15 **SEC. 204. REPORT ON FEDERAL EFFORTS TO PROVIDE CUL-**  
16 **TURALLY COMPETENT HEALTH CARE SERV-**  
17 **ICES TO SEXUAL AND GENDER MINORITIES.**

18 Not later than 1 year after the date of enactment  
19 of this Act and annually thereafter, the Secretary shall  
20 enter into a contract with the Institute of Medicine for  
21 the preparation and publication of a report that describes  
22 Federal efforts to ensure that all individuals have mean-  
23 ingful access to culturally competent health care services.  
24 Such report shall include—

1 (1) a description and evaluation of the activities  
2 carried out under this Act;

3 (2) a description of best practices, model pro-  
4 grams, guidelines, and other effective strategies for  
5 providing access to culturally competent health care  
6 services for sexual and gender minority populations;  
7 and

8 (3) an assessment of the implementation of the  
9 Department of Health and Human Services National  
10 Standards on Culturally Appropriate Services  
11 (CLAS) in Health Care, in particular the implemen-  
12 tation of CLAS mandates by recipients of Federal  
13 funds.

## 14 **TITLE III—RESEARCH AND DATA** 15 **COLLECTION**

### 16 **SEC. 301. NO COMPELLED DISCLOSURE OF DATA.**

17 This title does not authorize any Federal official or  
18 other entity to compel the disclosure of sexual or gender  
19 minority data. The disclosure of any such data pursuant  
20 to this title shall be strictly voluntary.

### 21 **SEC. 302. FEDERAL COLLECTION OF DATA ON SEXUAL AND** 22 **GENDER MINORITIES.**

23 (a) REQUIREMENTS.—

24 (1) IN GENERAL.—Each health-related program  
25 operated by or that receives funding or reimburse-

1       ment, in whole or in part, either directly or indi-  
2       rectly from the Department of Health and Human  
3       Services shall—

4               (A) require the collection, by the agency or  
5       program involved, of sexual and gender minor-  
6       ity data for each applicant for and recipient of  
7       health-related assistance under such program;

8               (B) systematically analyze such data using  
9       the smallest appropriate units of analysis fea-  
10      sible to detect sexual and gender minority dis-  
11      parities in health and health care and when ap-  
12      propriate, analyze such data for each identified  
13      sexual identity separately, and report the re-  
14      sults of such analysis to the Secretary, the Di-  
15      rector of the Office for Civil Rights, the Com-  
16      mittee on Health, Education, Labor, and Pen-  
17      sions and the Committee on Finance of the  
18      Senate, and the Committee on Energy and  
19      Commerce and the Committee on Ways and  
20      Means of the House of Representatives;

21              (C) provide such data to the Secretary on  
22      at least an annual basis; and

23              (D) ensure that the provision of assistance  
24      to an applicant or recipient of assistance is not  
25      denied or otherwise adversely affected because

1 of the failure of the applicant or recipient to  
2 provide sexual and gender minority data.

3 (2) BUREAU OF PRISONS.—The Attorney Gen-  
4 eral of the United States, acting through the Direc-  
5 tor of the Bureau of Prisons, shall collect and share  
6 with the Secretary sexual and minority data for each  
7 individual who is incarcerated and receives health  
8 assistance in an institution under the jurisdiction of  
9 the Bureau of Prisons.

10 (3) RULES OF CONSTRUCTION.—Nothing in  
11 this subsection shall be construed to—

12 (A) permit the use of information collected  
13 under this subsection in a manner that would  
14 adversely affect any individual providing any  
15 such information; and

16 (B) require health care providers to collect  
17 data.

18 (b) PROTECTION OF DATA.—Through the promulga-  
19 tion of regulations or otherwise, the Secretary shall ensure  
20 that all data collected pursuant to subsection (a)(1) or re-  
21 ceived pursuant to subsection (a)(2), and the Attorney  
22 General of the United States shall ensure that all data  
23 collected pursuant to subsection (a)(2), is protected—

24 (1) under the same privacy protections as the  
25 Secretary applies to other health data under the reg-

1       ulations promulgated under section 264(c) of the  
2       Health Insurance Portability and Accountability Act  
3       of 1996 (Public Law 104–191; 110 Stat. 2033) re-  
4       lating to the privacy of individually identifiable  
5       health information and other protections; and

6               (2) from all inappropriate internal use by any  
7       entity that collects, stores, or receives the data, in-  
8       cluding use of such data in determinations of eligi-  
9       bility (or continued eligibility) in health plans, and  
10      from other inappropriate uses, as defined by the  
11      Secretary.

12      (c) NATIONAL PLAN OF THE DATA COUNCIL.—The  
13      Secretary shall develop and implement a national plan to  
14      ensure the collection of data in a culturally appropriate  
15      and competent manner, and to improve the collection,  
16      analysis, and reporting of sexual and gender minority data  
17      at the Federal, State, territorial, tribal, and local levels,  
18      including data to be collected under subsection (a). The  
19      Data Council of the Department of Health and Human  
20      Services, in consultation with the National Committee on  
21      Vital Health Statistics, the National Center for Health  
22      Statistics, the Office of Minority Health, and other appro-  
23      priate public and private entities, shall make recommenda-  
24      tions to the Secretary concerning the development, imple-

1 mentation, and revision of the national plan. Such plan  
2 shall include recommendations on how to—

3 (1) implement subsection (a) while minimizing  
4 the cost and administrative burdens of data collec-  
5 tion and reporting;

6 (2) expand awareness among Federal agencies,  
7 States, territories, Indian tribes, health providers,  
8 health plans, health insurance issuers, and the gen-  
9 eral public that data collection, analysis, and report-  
10 ing of sexual and gender minority data is necessary  
11 to assure equity and nondiscrimination in the quality  
12 of health care services;

13 (3) ensure that future patient record systems  
14 have data code sets for sexual and gender minority  
15 identifiers and that such identifiers can be retrieved  
16 from clinical records, including records transmitted  
17 electronically;

18 (4) provide researchers with greater access to  
19 sexual and gender minority data, subject to privacy  
20 and confidentiality regulations; and

21 (5) safeguard and prevent the misuse of data  
22 collected under subsection (a).

23 (d) COMPLIANCE WITH STANDARDS.—Data collected  
24 under subsection (a) shall be obtained, maintained, and  
25 presented (including for reporting purposes) in accordance

1 with the 1997 Office of Management and Budget Stand-  
2 ards for Maintaining, Collecting, and Presenting Federal  
3 Data on Race and Ethnicity (at a minimum).

4 (e) SEXUAL AND GENDER MINORITY DATA COLLEC-  
5 TION STANDARDS.—Not later than 1 year after the date  
6 of enactment of this Act, the Deputy Assistant Secretary  
7 for LGBT Health, in consultation with the Office for Civil  
8 Rights of the Department of Health and Human Services  
9 and relevant data collection agencies, shall develop and  
10 disseminate Standards for the Classification of Federal  
11 Data on Sexual and Gender Minorities.

12 (f) TECHNICAL ASSISTANCE FOR THE COLLECTION  
13 AND REPORTING OF DATA.—

14 (1) IN GENERAL.—The Secretary may, either  
15 directly or through grant or contract, provide tech-  
16 nical assistance to enable a health care program or  
17 an entity operating under such program to comply  
18 with the requirements of this section.

19 (2) TYPES OF ASSISTANCE.—Assistance pro-  
20 vided under this subsection may include assistance  
21 to—

22 (A) enhance or upgrade computer tech-  
23 nology that will facilitate sexual and gender mi-  
24 nority data collection and analysis;

1           (B) develop mechanisms for submitting  
2           collected data subject to existing privacy and  
3           confidentiality regulations; and

4           (C) develop educational programs to in-  
5           form health insurance issuers, health plans,  
6           health providers, health-related agencies, and  
7           the general public that data collection and re-  
8           porting by sexual and gender minority are legal  
9           and essential for eliminating health and health  
10          care disparities.

11          (g) ANALYSIS OF SEXUAL AND GENDER MINORITY  
12          HEALTH DATA.—The Secretary, acting through the Di-  
13          rector of the Agency for Healthcare Research and Quality  
14          and in coordination with the Administrator of the Centers  
15          for Medicare & Medicaid Services, shall provide technical  
16          assistance to agencies of the Department of Health and  
17          Human Services in meeting Federal standards for sexual  
18          and gender minority data collection and analysis of sexual  
19          and gender minority disparities in health and health care  
20          in public programs by—

21               (1) identifying appropriate quality assurance  
22               mechanisms to monitor for health disparities;

23               (2) specifying the clinical, diagnostic, or thera-  
24               peutic measures which should be monitored;



1           (3) developing new quality measures relating to  
2           sexual and gender minority disparities in health and  
3           health care;

4           (4) identifying the level at which data analysis  
5           should be conducted; and

6           (5) sharing data with external organizations for  
7           research and quality improvement purposes.

8           (h) REPORT.—Not later than 2 years after the date  
9           of enactment of this Act, and biennially thereafter, the  
10          Secretary shall submit to the appropriate committees of  
11          Congress a report on the effectiveness of data collection,  
12          analysis, and reporting on sexual and minorities under the  
13          programs and activities of the Department of Health and  
14          Human Services and under other Federal data collection  
15          systems with which the Department interacts to collect  
16          relevant data on sexual and gender minorities. The report  
17          shall evaluate the progress made in the Department with  
18          respect to the national plan under subsection (c) or subse-  
19          quent revisions thereto.

20          (i) DEFINITION.—In this section, the term “health-  
21          related program” means a program—

22               (1) under the Social Security Act (42 U.S.C.  
23               301 et seq.) that pays for health care and services;  
24               and

1           (2) under this Act that provides Federal finan-  
2           cial assistance for health care, biomedical research,  
3           health services research, or programs designed to  
4           improve the public's health.

5           (j) AUTHORIZATION OF APPROPRIATIONS.—There  
6           are authorized to be appropriated to carry out this section  
7           such sums as may be necessary for each of fiscal years  
8           2010 through 2015.

9           **SEC. 303. INCLUSION OF SEXUAL ORIENTATION AND GEN-**  
10                           **DER IDENTITY IN FEDERALLY FUNDED**  
11                           **HEALTH SURVEYS.**

12           The Secretary shall ensure that, not later than 3  
13           years after the date of enactment of this Act, any ongoing  
14           or new federally conducted or supported health programs  
15           (including surveys) achieve the—

16                   (1) collection and reporting of data by sexual  
17                   and gender identity, using tested methods for doing  
18                   this with the greatest possible accuracy; and

19                   (2) development of a standard question to be  
20                   included on such surveys which includes information  
21                   as to the individual's sexual orientation and gender  
22                   identity.

1 **SEC. 304. RESEARCH ON SEXUAL AND GENDER MINORITY**  
2 **HEALTH.**

3 (a) IN GENERAL.—The Secretary, acting through the  
4 Deputy Assistant Secretary for LGBT Health, the Direc-  
5 tor of the Agency for Health Quality and Research, and  
6 the Director of the National Institutes of Health, shall de-  
7 velop plans to expand existing research into health dispari-  
8 ties to include those experienced by sexual and gender mi-  
9 nority populations. In developing such plans, the Secretary  
10 shall—

11 (1) determine which areas of research focus  
12 would have the greatest impact on health care im-  
13 provement and elimination of disparities, taking into  
14 consideration the overall health status of various  
15 populations, disproportionate burden of diseases or  
16 health conditions, and types of interventions for  
17 which data on effectiveness is limited;

18 (2) establish measurable goals and objectives  
19 which will allow assessment of progress; and

20 (3) solicit public review and comment from ex-  
21 perts in health disparities experienced by sexual and  
22 gender minorities.

23 (b) ESTABLISHMENT OF GRANTS.—The Secretary,  
24 acting through the directors of the Agency for Healthcare  
25 Research and Quality and the National Institutes of  
26 Health, and in collaboration with the Deputy Assistant

1 Secretary for LGBT Health, may award grants or con-  
2 tracts to eligible entities to execute research plans to as-  
3 sess the health of sexual and gender minorities.

4 (c) APPLICATION; ELIGIBLE ENTITIES.—

5 (1) APPLICATION.—To receive a grant or con-  
6 tract under this section, an eligible entity shall sub-  
7 mit to the Secretary an application at such time, in  
8 such manner, and containing such information as  
9 the Secretary may require.

10 (2) ELIGIBLE ENTITIES.—To be eligible to re-  
11 ceive a grant or contract under this section, an enti-  
12 ty shall be a health center, hospital, health system,  
13 community clinic, university, community-based orga-  
14 nization, or other health entity determined appro-  
15 priate by the Secretary, that—

16 (A) serves a disproportionate percentage of  
17 patients from sexual or gender minority groups;  
18 and

19 (B) include a focus on community-based  
20 participation in research and demonstrations,  
21 as well as research analysis, interpretation, so-  
22 lutions and partnerships for patients from sex-  
23 ual or gender minority groups.

24 (3) PREFERENCE.—Consortia of 3 or more eli-  
25 gible entities, particularly those entities that partner

1 with health plans, shall be given a preference for  
2 grant or contract funding under this section.

3 (d) RESEARCH.—The research funded under this sec-  
4 tion, with respect to sexual and gender minority groups,  
5 shall—

6 (1) prioritize the translation of existing re-  
7 search into practical interventions for improving  
8 health and health care and reducing disparities; and

9 (2) include a focus on community-based  
10 participatory research solutions and partnerships as  
11 appropriate.

12 (e) DISSEMINATION OF RESEARCH FINDINGS.—To  
13 ensure that findings from the research funded under this  
14 section are disseminated and applied promptly, the Direc-  
15 tor shall—

16 (1) develop outreach and training programs for  
17 health care providers with respect to the practical  
18 and effective interventions that result from research  
19 programs carried out with grants or contracts  
20 awarded under this section; and

21 (2) provide technical assistance for the imple-  
22 mentation of evidence-based practices that will im-  
23 prove health and health care and reduce disparities.

24 (f) REPORT.—

1           (1) IN GENERAL.—Not later than September  
2           30, 2010, the Deputy Assistant Secretary for LGBT  
3           Health shall submit to the Secretary and the rel-  
4           evant committees of Congress a report that describes  
5           the extent to which the activities and research fund-  
6           ed under this section have been successful in reduc-  
7           ing and eliminating disparities in health and health  
8           care in targeted populations.

9           (2) AVAILABILITY.—The Secretary shall ensure  
10          that the report under paragraph (1) is made avail-  
11          able on the Internet websites of the Office of Minor-  
12          ity Health, the Agency for Healthcare Research and  
13          Quality, and other agencies as appropriate.

14           **TITLE IV—INFRASTRUCTURE**  
15           **AND CAPACITY BUILDING**

16           **SEC. 401. OFFICE OF LGBT HEALTH.**

17          Title XVII of the Public Health Service Act (42  
18          U.S.C. 300u et seq.) is amended by inserting after section  
19          1707 the following:

20           **“SEC. 1707A. OFFICE OF LGBT HEALTH.**

21           “(a) ESTABLISHMENT.—There is established within  
22          the Office of Minority Health an Office of Lesbian, Gay,  
23          Bisexual, and Transgender Health (in this section referred  
24          to as the ‘Office’), which Office shall be headed by a Dep-

1   uty Assistant Secretary for LGBT Health, appointed by  
2   the Secretary.

3       “(b) DUTIES.—The Deputy Assistant Secretary for  
4   LGBT Health shall—

5           “(1) establish, implement, monitor, and evalu-  
6       ate short-range and long-range goals and objectives  
7       for all activities within the Public Health Service  
8       that relate to disease prevention, health promotion,  
9       service delivery, and research concerning sexual and  
10      gender minorities;

11          “(2) coordinate with the efforts of the offices  
12      and agencies of the Department of Health and  
13      Human Services to address health disparities experi-  
14      enced by sexual and gender minorities; and

15          “(3) coordinate with existing Federal research  
16      initiatives, including comparative effectiveness re-  
17      search, to establish guidelines for the physical and  
18      mental health care of sexual and gender minorities.

19      “(c) DEFINITION.—In this section, the term ‘sexual  
20   and gender minorities’ means lesbian, gay, bisexual, and  
21   transgender individuals.”.

22   **SEC. 402. COMMUNITY HEALTH CENTERS.**

23      Section 330 of the Public Health Services Act (42  
24   U.S.C. 254b) is amended—

1           (1) in subsection (a)(2), by striking “or (i)”  
2           and inserting “(i), or (r)”;

3           (2) in the matter following clause (iii) in sub-  
4           section (k)(3)(H), by striking “or (p)” and inserting  
5           “(p), or (r)”;

6           (3) by redesignating subsection (r) as sub-  
7           section (s); and

8           (4) by inserting after subsection (q) the fol-  
9           lowing:

10          “(r) LESBIAN, GAY, BISEXUAL, AND TRANSGENDER  
11          POPULATION.—

12                 “(1) IN GENERAL.—The Secretary may award  
13                 grants for the planning and delivery of services, in-  
14                 cluding innovative programs that provide outreach  
15                 and comprehensive, culturally competent primary  
16                 health services, to a medically underserved popu-  
17                 lation comprised of lesbian, gay, bisexual, and  
18                 transgender individuals of all ages.

19                 “(2) ELIGIBILITY.—In order to be eligible for  
20                 the grant under paragraph (1), an applicant shall  
21                 demonstrate to the Secretary that the applicant—

22                         “(A) provides comprehensive, high-quality  
23                         care for the lesbian, gay, bisexual, and  
24                         transgender population;



1           “(B) has specialized knowledge of the  
2           unique needs of this population; and

3           “(C) has culturally competent staff.”.

4           **TITLE V—OLDER AMERICANS**  
5           **SUPPORT PROGRAM**

6           **SEC. 501. PRIORITY.**

7           Section 373(c)(2) of the Older Americans Act of  
8           1965 (42 U.S.C. 3030s–1(e)(2)) is amended—

9           (1) in subparagraph (A) by striking “and” at  
10          the end,

11          (2) in subparagraph (B) by striking the period  
12          at the end and inserting “; and”, and

13          (3) by adding at the end the following:

14                 “(C) individuals providing care to minority  
15                 individuals, including sexual and gender minori-  
16                 ties.”.

17           **TITLE VI—MISCELLANEOUS**  
18           **PROVISIONS**

19           **SEC. 601. NONDISCRIMINATION CONTINGENCY FOR VAWA**  
20                         **GRANT FUNDS; GRANT PROGRAM FOR LGBT**  
21                         **VICTIMS OF VIOLENCE.**

22           (a) NONDISCRIMINATION CONTINGENCY FOR VAWA  
23           GRANT FUNDS.—Section 40002(b) of the Violence  
24           Against Women Act of 1994 (42 U.S.C. 13925(b)) is

1 amended by adding at the end the following new para-  
2 graph:

3           “(12) NONDISCRIMINATION CONTINGENCY.—An  
4           entity shall not be eligible to receive any Federal  
5           funds, including through a grant or contract, under  
6           this title unless the entity provides assurances to the  
7           satisfaction of the Attorney General through an ap-  
8           plication or agreement for such funds, or both, that  
9           the entity does not discriminate on the basis of sex-  
10          ual orientation or gender identity.”.

11          (b) GRANT PROGRAM FOR LGBT VICTIMS OF VIO-  
12          LENCE.—

13               (1) GRANTS AUTHORIZED.—The Attorney Gen-  
14               eral may award grants to eligible entities described  
15               in paragraph (4)—

16                       (A) to provide services for LGBT victims  
17                       of violence, as defined in paragraph (3);

18                       (B) to provide training, consultation, and  
19                       information on domestic violence, dating vio-  
20                       lence, stalking, and sexual assault against indi-  
21                       viduals who are lesbian, gay, bisexual, or  
22                       transgender, and to enhance direct services to  
23                       such individuals;

24                       (C) for training programs to assist law en-  
25                       forcement officers, prosecutors, governmental

1 agencies, victim assistants, and relevant officers  
2 of Federal, State, tribal, territorial, and local  
3 courts in recognizing, addressing, investigating,  
4 and prosecuting instances of adult or minor do-  
5 mestic violence, dating violence, sexual assault,  
6 stalking, elder abuse, and violence against les-  
7 bian, gay, bisexual, and transgender individuals;  
8 and

9 (D) for multidisciplinary collaborative com-  
10 munity responses to such victims.

11 (2) USE OF FUNDS.—Grants awarded under  
12 this subsection may be used—

13 (A) to implement or expand programs or  
14 services to respond to the needs of LGBT vic-  
15 tims of violence;

16 (B) to provide personnel, training, tech-  
17 nical assistance, advocacy, intervention, risk re-  
18 duction, and prevention of domestic violence,  
19 dating violence, stalking, and sexual assault  
20 against lesbian, gay, bisexual, and transgender  
21 individuals;

22 (C) to conduct outreach activities to ensure  
23 that LGBT victims of violence receive appro-  
24 priate assistance;

1 (D) to conduct cross-training for victim  
2 service organizations, governmental agencies,  
3 and nonprofit, nongovernmental organizations  
4 serving individuals with disabilities; about risk  
5 reduction, intervention, prevention, and the na-  
6 ture and dynamic of domestic violence, dating  
7 violence, stalking, and sexual assault for les-  
8 bian, gay, bisexual, and transgender individuals;

9 (E) to provide technical assistance to assist  
10 with modifications to existing policies, protocols,  
11 and procedures to ensure equal access to the  
12 services, programs, and activities of victim serv-  
13 ice organizations for LGBT victims of violence;

14 (F) to provide advocacy and intervention  
15 services for LGBT victims of violence; and

16 (G) to develop model programs providing  
17 advocacy and intervention services within orga-  
18 nizations serving LGBT victims of violence.

19 (3) LGBT VICTIMS OF VIOLENCE DEFINED.—

20 For purposes of this subsection, the term “LGBT  
21 victim of violence” means a lesbian, gay, bisexual, or  
22 transgender individual who is a victim of domestic  
23 violence, dating violence, sexual assault, other crimi-  
24 nal assault, stalking, bias-motivated crime, or elder  
25 abuse.

1 (4) ELIGIBLE ENTITIES.—

2 (A) IN GENERAL.—An entity shall be eligi-  
3 ble to receive a grant under this subsection if  
4 the entity is—

5 (i) a State;

6 (ii) a unit of local government;

7 (iii) a nonprofit, nongovernmental or-  
8 ganization such as a victim services organi-  
9 zation, an organization serving individuals  
10 with disabilities or a community-based or-  
11 ganization; or

12 (iv) a religious organization.

13 (B) NONDISCRIMINATION.—An entity shall  
14 not be eligible to receive a grant under this sub-  
15 section unless the entity provides assurances to  
16 the satisfaction of the Attorney General  
17 through an application under paragraph (4) or  
18 agreement for such grant, or both, that the en-  
19 tity does not discriminate on the basis of sexual  
20 orientation or gender identity.

21 (5) APPLICATION.—To be eligible for a grant  
22 under this subsection an entity shall submit to the  
23 Attorney General an application at such time, in  
24 such manner, and containing such information as  
25 the Attorney General may require.

1           (6) REPORTING.—Not later than 1 year after  
2           the last day of the first fiscal year commencing on  
3           or after the date of the enactment of this Act, and  
4           not later than 180 days after the last day of each  
5           fiscal year thereafter, the Attorney General shall  
6           submit to Congress a report evaluating the effective-  
7           ness of programs administered and operated through  
8           grants awarded under this subsection.

9           (7) AUTHORIZATION OF APPROPRIATIONS.—  
10          There are authorized to be appropriated \$5,000,000  
11          for each of the fiscal years 2010 through 2014 to  
12          carry out this subsection.

13 **SEC. 602. NATIONAL BASELINE STUDY ON DOMESTIC VIO-**  
14                   **LENCE AND SEXUAL ASSAULT IN THE LGBT**  
15                   **COMMUNITY.**

16          (a) STUDY.—The Attorney General of the United  
17          States, in consultation with the Deputy Assistant Sec-  
18          retary for LGBT Health, shall provide for a national base-  
19          line study to examine the scope of the problem of domestic  
20          violence and sexual assaults against lesbian, gay, bisexual,  
21          and transgender victims and the effectiveness of institu-  
22          tional and legal policies in addressing such crimes and pro-  
23          tecting such victims.

24          (b) REPORT.—Not less than 1 year after the date of  
25          the enactment of this Act, the Attorney General shall pre-

1 pare and transmit to the Committees on the Judiciary of  
2 the Senate and the House of Representatives a report  
3 based on the study required by subsection (a) including  
4 an analysis of—

5           (1) the number of reported allegations and esti-  
6 mated number of unreported allegations of domestic  
7 violence and sexual assault involving sexual and gen-  
8 der minorities, and to whom the allegations are re-  
9 ported (including sexual assault victim service enti-  
10 ties, and local criminal authorities);

11           (2) Federal and State laws or regulations per-  
12 taining specifically to sexual assaults involving sex-  
13 ual and gender minorities; and

14           (3) any recommendations the Attorney General  
15 may have for reforms to address domestic violence  
16 and sexual assaults involving sexual and gender mi-  
17 norities and protect victims more effectively, and any  
18 other matters that the Attorney General deems rel-  
19 evant to the subject of the study and report required  
20 by this section.

21           (c) AUTHORIZATION OF APPROPRIATIONS.—There is  
22 authorized to be appropriated to carry out this section  
23 \$500,000 for fiscal year 2010.

1 **SEC. 603. ASSISTANCE TO REDUCE TEEN PREGNANCY, HIV/  
2 AIDS, AND OTHER SEXUALLY TRANSMITTED  
3 DISEASES AND TO SUPPORT HEALTHY ADO-  
4 LESCENT DEVELOPMENT.**

5 (a) IN GENERAL.—The Secretary may award a grant  
6 to each eligible State to conduct programs of sex education  
7 described in subsection (b), including education on both  
8 abstinence and contraception for the prevention of teenage  
9 pregnancy and sexually transmitted diseases, including  
10 HIV/AIDS.

11 (b) REQUIREMENTS FOR SEX EDUCATION PRO-  
12 GRAMS.—A program of sex education described in this  
13 subsection is a program that—

14 (1) is age appropriate and medically accurate;

15 (2) stresses the value of abstinence while not ig-  
16 noring those young people who have been or are sex-  
17 ually active;

18 (3) provides information about the health bene-  
19 fits and side effects of contraceptive and barrier  
20 methods used—

21 (A) as a means to prevent pregnancy; and

22 (B) to reduce the risk of contracting sexu-  
23 ally transmitted disease, including HIV/AIDS;

24 (4) encourages family communication between  
25 parent and child about sexuality;



1           (5) cultivates a respectful dialogue about sexu-  
2           ality, including sexual orientation and gender iden-  
3           tity, and embraces the principles of nondiscrimina-  
4           tion based on sexual orientation and gender identity;

5           (6) counters the perpetuation of narrow gender  
6           roles, including the sexualization of female children,  
7           adolescents, and adults;

8           (7) teaches young people the skills to make re-  
9           sponsible decisions about sexuality, including how to  
10          avoid unwanted verbal, physical, and sexual ad-  
11          vances and how to avoid making verbal, physical,  
12          and sexual advances that are not wanted by the  
13          other party;

14          (8) develops healthy relationships, including the  
15          prevention of dating and sexual violence;

16          (9) teaches young people how alcohol and drug  
17          use can affect responsible decisionmaking; and

18          (10) does not teach or promote religion.

19          (c) *ADDITIONAL ACTIVITIES.*—In carrying out a pro-  
20          gram of sex education, a State may expend grant funds  
21          awarded under subsection (a) to carry out educational and  
22          motivational activities that help young people—

23                (1) gain knowledge about the physical, emo-  
24                tional, biological, and hormonal changes of adoles-  
25                cence and subsequent stages of human maturation;

1           (2) develop the knowledge and skills necessary  
2           to ensure and protect their sexual and reproductive  
3           health from unintended pregnancy and sexually  
4           transmitted disease, including HIV/AIDS, through-  
5           out their lifespan;

6           (3) gain knowledge about the specific involve-  
7           ment and responsibility of each individual in sexual  
8           decisionmaking;

9           (4) develop healthy attitudes and values about  
10          adolescent growth and development, body image,  
11          gender roles, racial and ethnic diversity, sexual ori-  
12          entation and gender identity, and other subjects;

13          (5) develop and practice healthy life skills in-  
14          cluding goal-setting, decisionmaking, negotiation,  
15          communication, and stress management; and

16          (6) promote self-esteem and positive inter-  
17          personal skills focusing on relationship dynamics, in-  
18          cluding friendships, dating, romantic involvement,  
19          marriage, and family interactions.

20          (d) MATCHING FUNDS.—The Secretary may not  
21          make payments to a State under this section in an amount  
22          exceeding Federal medical assistance percentage for such  
23          State (as such term is defined in section 1905(b) of the  
24          Social Security Act (42 U.S.C. 1396d(b))) of the costs of  
25          the programs conducted by the State under this section.

1 (e) EVALUATION OF PROGRAMS.—

2 (1) IN GENERAL.—For the purpose of evalu-  
3 ating the effectiveness of programs of sex education  
4 carried out with a grant under this section, evalua-  
5 tions shall be carried out in accordance with para-  
6 graphs (2) and (3).

7 (2) NATIONAL EVALUATION.—

8 (A) METHOD.—The Secretary shall pro-  
9 vide for a national evaluation of a representa-  
10 tive sample of programs of sex education car-  
11 ried out with grants under this section to deter-  
12 mine—

13 (i) the effectiveness of such programs  
14 in helping to delay the initiation of sexual  
15 intercourse and other high-risk behaviors;

16 (ii) the effectiveness of such programs  
17 in preventing adolescent pregnancy;

18 (iii) the effectiveness of such pro-  
19 grams in preventing sexually transmitted  
20 disease, including HIV/AIDS;

21 (iv) the effectiveness of such programs  
22 in increasing contraceptive knowledge and  
23 contraceptive behaviors when sexual inter-  
24 course occurs; and

1 (v) a list of best practices based upon  
2 essential programmatic components of  
3 evaluated programs that have led to suc-  
4 cess described in clauses (i) through (iv).

5 (B) GRANT CONDITION.—A condition for  
6 the receipt of a grant to a State under this sec-  
7 tion is that the State cooperate with the evalua-  
8 tion under subparagraph (A).

9 (C) REPORT.—The Secretary shall submit  
10 to the Congress—

11 (i) not later than the end of each fis-  
12 cal year during the 5-year period beginning  
13 with fiscal year 2010, an interim report on  
14 the national evaluation under subpara-  
15 graph (A); and

16 (ii) not later than March 31, 2015, a  
17 final report providing the results of such  
18 national evaluation.

19 (3) INDIVIDUAL STATE EVALUATIONS.—A con-  
20 dition for the receipt of a grant under this section  
21 is that the State evaluate of the programs of sex  
22 education funded through such grant in accordance  
23 with the following requirements:

24 (A) The evaluation will be conducted by an  
25 external, independent entity.

1 (B) The purposes of the evaluation will be  
2 the determination of—

3 (i) the effectiveness of such programs  
4 in helping to delay the initiation of sexual  
5 intercourse and other high-risk behaviors;

6 (ii) the effectiveness of such programs  
7 in preventing adolescent pregnancy;

8 (iii) the effectiveness of such pro-  
9 grams in preventing sexually transmitted  
10 disease, including HIV/AIDS; and

11 (iv) the effectiveness of such programs  
12 in increasing contraceptive and barrier  
13 method knowledge and contraceptive be-  
14 haviors when sexual intercourse occurs.

15 (f) LIMITATIONS ON USE OF FUNDS.—

16 (1) LIMITATIONS ON SECRETARY.—Of the  
17 amounts appropriated for a fiscal year for purposes  
18 of this section, the Secretary may not use more  
19 than—

20 (A) 7 percent of such amounts for admin-  
21 istrative expenses related to carrying out this  
22 section for that fiscal year; and

23 (B) 10 percent of such amounts for the  
24 national evaluation under subsection (e)(2).

1           (2) LIMITATIONS TO STATES.—Of amounts pro-  
2           vided to an eligible State under this subsection, the  
3           State may not use more than 10 percent of the  
4           grant to conduct any evaluation under subsection  
5           (e)(3).

6           (g) NONDISCRIMINATION REQUIRED.—Programs  
7           funded under this section shall not discriminate on the  
8           basis of sex, race, ethnicity, national origin, disability, reli-  
9           gion, sexual orientation, or gender identity. Nothing in  
10          this section shall be construed to invalidate or limit rights,  
11          remedies, procedures, or legal standards available to vic-  
12          tims of discrimination under any other Federal law or any  
13          law of a State or a political subdivision of a State, includ-  
14          ing title VI of the Civil Rights Act of 1964 (42 U.S.C.  
15          2000d et seq.), title IX of the Education Amendments of  
16          1972 (20 U.S.C. 1681 et seq.), section 504 of the Reha-  
17          bilitation Act of 1973 (29 U.S.C. 794), and the Americans  
18          with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.).

19          (h) DEFINITIONS.—For purposes of this section:

20                 (1) The term “age appropriate” means, with re-  
21                 spect to topics, messages, and teaching methods,  
22                 those suitable to particular ages or age groups of  
23                 children, adolescents, and adults, based on devel-  
24                 oping cognitive, emotional, and behavioral capacity  
25                 typical for the age or age group.

1           (2) The term “eligible State” means a State  
2 that submits to the Secretary an application for a  
3 grant under this section that is in such form, is  
4 made in such manner, and contains such agree-  
5 ments, assurances, and information as the Secretary  
6 determines to be necessary to carry out this section.

7           (3) The term “HIV/AIDS” means the human  
8 immunodeficiency virus, and includes acquired im-  
9 mune deficiency syndrome.

10          (4) The term “medically accurate”, with respect  
11 to information, means information that is supported  
12 by research, recognized as accurate and objective by  
13 leading medical, psychological, psychiatric, and pub-  
14 lic health organizations and agencies, and, published  
15 in journals that are peer reviewed.

16          (5) The term “State” means the 50 States, the  
17 District of Columbia, the Commonwealth of Puerto  
18 Rico, the Commonwealth of the Northern Mariana  
19 Islands, American Samoa, Guam, the Virgin Islands,  
20 and any other territory or possession of the United  
21 States.

22          (i) AUTHORIZATION OF APPROPRIATIONS.—For the  
23 purpose of carrying out this section, there is authorized  
24 to be appropriated \$50,000,000 for each of the fiscal years  
25 2010 through 2014.

1 **SEC. 604. MOTHER'S AND FATHER'S INSURANCE BENEFITS**  
2 **UNDER SOCIAL SECURITY FOR SAME-SEX**  
3 **SURVIVING PARENTS.**

4 (a) IN GENERAL.—Section 202(g)(1) of the Social  
5 Security Act (42 U.S.C. 402(g)(1)) is amended—

6 (1) by striking “and every surviving divorced  
7 parent (as defined in section 216(d))” and inserting  
8 “, every surviving divorced parent (as defined in sec-  
9 tion 216(d)), and every surviving same-sex parent  
10 (as defined in section 216(m))”; and

11 (2) in the matter before subparagraph (A), by  
12 striking “or surviving divorced parent” and inserting  
13 “, surviving divorced parent, or surviving same-sex  
14 parent”.

15 (b) CONFORMING AMENDMENTS.—

16 (1) Section 202(g)(1) of such Act is amended—

17 (A) in subparagraph (F), by inserting “or  
18 surviving same-sex parent” after “surviving di-  
19 vorced parent”; and

20 (B) in the matter following subparagraph  
21 (F)—

22 (i) by striking “or surviving divorced  
23 parent” and inserting “, such surviving di-  
24 vorced parent, or such surviving same-sex  
25 parent”;



1 (ii) by inserting “or a surviving same-  
2 sex parent” after “in the case of a sur-  
3 viving divorced parent”; and

4 (iii) by inserting “or such surviving  
5 same-sex parent” after “adopted child of  
6 such surviving divorced parent”.

7 (2) Section 202(g)(3) of such Act is amended  
8 by striking “or surviving divorced parent” each place  
9 it appears and inserting “, surviving divorced par-  
10 ent, or surviving same-sex parent”.

11 (c) SURVIVING SAME-SEX PARENT.—Section 216 of  
12 the Social Security Act (42 U.S.C. 416) is amended by  
13 adding at the end the following new subsection:

14 “Surviving Same-sex Parent

15 “(m)(1) The term ‘surviving same-sex parent’ means,  
16 with respect to a deceased individual, an individual who  
17 is of the same sex as such deceased individual but only  
18 if—

19 “(A) he or she is the mother or father of the  
20 individual’s child;

21 “(B) such individual legally adopted the de-  
22 ceased individual’s son or daughter before such son  
23 or daughter attained the age of 18;

1           “(C) the deceased individual legally adopted the  
2           son or daughter of such individual before such son  
3           or daughter attained the age of 18; or

4           “(D) such individual and the deceased indi-  
5           vidual both legally adopted a child under the age of  
6           18.

7           “(2) Determinations under this subsection and sec-  
8           tion 202(g) shall be made without regard to section 7 of  
9           title 1, United States Code.”.

10          (d) SPECIAL MARRIAGE RULE FOR SURVIVING SAME-  
11          SEX PARENTS.—Section 202(g) of the Social Security Act  
12          (42 U.S.C. 402(g)) is amended by adding at the end the  
13          following new paragraph:

14          “(4) For purposes of this subsection, a surviving  
15          same-sex parent shall be considered to be married if such  
16          parent enters into a marriage or similar union under the  
17          laws of a State providing for such marriage or similar  
18          union.”.

19          (e) EFFECTIVE DATE.—The amendments made by  
20          this section shall apply with respect to benefits for months  
21          beginning one month after the date of the enactment of  
22          this Act, based on applications filed on or after such date.

1 **SEC. 605. PROHIBITION AGAINST DISCRIMINATION ON THE**  
2 **BASIS OF SEXUAL ORIENTATION OR GENDER**  
3 **IDENTITY UNDER THE HEALTH BENEFITS**  
4 **PROGRAM FOR FEDERAL EMPLOYEES.**

5 (a) IN GENERAL.—Section 8902(f) of title 5, United  
6 States Code, is amended by inserting “sexual orientation,  
7 gender identity,” after “sex,”.

8 (b) REGULATIONS.—Section 8913 of such title is  
9 amended—

10 (1) by redesignating subsection (d) as sub-  
11 section (e); and

12 (2) by inserting after subsection (c) the fol-  
13 lowing:

14 “(d) The regulations of the Office shall ensure that  
15 qualified carriers do not discriminate on the basis of sex,  
16 sexual orientation, gender identity, or any other basis  
17 which is prohibited by law.”.

18 **SEC. 606. PROHIBITION AGAINST DISCRIMINATION ON THE**  
19 **BASIS OF SEX, GENDER IDENTITY, OR SEXUAL**  
20 **ORIENTATION UNDER CERTAIN LAWS PRO-**  
21 **VIDING HEALTH CARE AND OTHER BENEFITS**  
22 **FOR MEMBERS OF THE ARMED FORCES AND**  
23 **VETERANS.**

24 (a) PROHIBITION AGAINST DISCRIMINATION IN AD-  
25 MINISTRATION OF MEDICAL AND DENTAL CARE FOR CER-  
26 TAIN MEMBERS OF THE ARMED FORCES.—

1           (1) IN GENERAL.—Chapter 55 of title 10,  
2           United States Code, is amended by inserting after  
3           section 1074l the following new section:

4   **“§ 1074m. Prohibition against discrimination on the**  
5           **basis of sex, gender identity, or sexual**  
6           **orientation**

7           “(a) IN GENERAL.—The Secretary of Defense may  
8           not discriminate against a former member of the uni-  
9           formed services entitled to medical care under section  
10          1074 or 1074a of this title on the basis of sex, gender  
11          identity, or sexual orientation.

12          “(b) REGULATIONS.—The Secretary of Defense, in  
13          consultation with the other administering Secretaries,  
14          shall prescribe regulations to carry out this section.”.

15          (2) CLERICAL AMENDMENT.—The table of sec-  
16          tions at the beginning of such chapter is amended  
17          by inserting after the item relating to section 1074l  
18          the following new item:

          “1074m. Prohibition against discrimination on the basis of sex, gender identity,  
          or sexual orientation.”.

19          (b) PROHIBITION AGAINST DISCRIMINATION IN PER-  
20          SONAL SERVICE CONTRACTS RELATED TO MEDICAL CARE  
21          FOR MEMBERS OF THE ARMED FORCES.—Paragraph (1)  
22          of section 1091(c) of title 10, United States Code, is  
23          amended—

24               (1) in subparagraph (A), by striking “and”;

1           (2) in subparagraph (B), by striking the period  
2           at the end and inserting “; and”; and

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

5           “(C) that an individual who enters into a per-  
6           sonal services contract under subsection (a) shall not  
7           discriminate on the basis of sex, gender identity, or  
8           sexual orientation.”.

9           (c) PROHIBITION AGAINST DISCRIMINATION IN AD-  
10          MINISTRATION OF VETERANS’ BENEFITS.—

11           (1) IN GENERAL.—Subchapter II of chapter 5  
12          of title 38, United States Code, is amended by add-  
13          ing at the end the following new section:

14          “**§ 533. Prohibition against discrimination on the**  
15                           **basis of sex, gender identity, or sexual**  
16                           **orientation**

17          “In carrying out this title, the Secretary of Veterans  
18          Affairs may not discriminate on the basis of sex, gender  
19          identity, or sexual orientation and shall ensure that no  
20          person is discriminated against on such basis in connec-  
21          tion with the administration of this title or the payment  
22          of any benefit or claim or provision of any service under  
23          this title.”.

24           (2) CLERICAL AMENDMENT.—The table of sec-  
25          tions at the beginning of such chapter is amended

1 by inserting after the item relating to section 532  
2 the following new item:

“533. Prohibition against discrimination on the basis of sex, gender identity, or sexual orientation.”.

3 (d) PROHIBITION AGAINST DISCRIMINATION IN PAY-  
4 MENT OF VETERANS’ BENEFITS.—

5 (1) IN GENERAL.—Chapter 53 of title 38,  
6 United States Code, is amended by adding at the  
7 end the following new section:

8 **“§ 5320. Prohibition against discrimination on the**  
9 **basis of sex, gender, identity, or sexual**  
10 **orientation in the provision and adminis-**  
11 **tration of benefits**

12 “The Secretary of Veterans Affairs shall ensure that  
13 no person is discriminated against on the basis of sex, gen-  
14 der identity, or sexual orientation in the entitlement to,  
15 administration of, or payment of benefits under this  
16 title.”.

17 (2) CLERICAL AMENDMENT.—The table of sec-  
18 tions at the beginning of such chapter is amended  
19 by inserting after the item relating to section 5319  
20 the following new item:

“5320. Prohibition against discrimination on the basis of sex, gender, identity,  
or sexual orientation in the provision and administration of  
benefits.”.

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