The EQUIP Act
(Enhancing Questions to Understand Intentions for Pregnancy)
Introduced by Congresswoman Suzanne Bonamici
Endorsed by: Power to Decide, March of Dimes,
and The Oregon Foundation for Reproductive Health

Empower women to make informed care decisions that improve health outcomes.

Women in the United States still experience disturbing levels of poor birth outcomes including low child birth weight, infant and maternal mortality, and other health disparities.\(^1\) Despite recent progress, nearly half of pregnancies in the United States each year are reported as unintended by women themselves, one of the highest rates in the world among developed countries.\(^2\) Unintended pregnancies often result in adverse maternal and child health outcomes, including delayed pre-pregnancy care, premature births, and low birth weights. Improving outcomes and reducing the rate of unintended pregnancy are significant national public health issues.

The Centers for Disease Control and Prevention and other medical experts call for counseling women on both their contraceptive and pre-pregnancy health needs.\(^3\) However, women are commonly not receiving the most appropriate form of reproductive health care at any given time, whether that be to improve pre-pregnancy health if intending to become pregnant or using the most suitable form of birth control if seeking to prevent pregnancy.\(^4\) Pregnancy intention screening initiatives ensure that women are having an important, patient-centered conversation with their health providers about their own goals regarding pregnancy and receiving the most appropriate care—whether pre-pregnancy, contraceptive, or other follow-up care.

The EQUIP Act would establish a pregnancy intention screening demonstration grant program at the Centers for Disease Control and Prevention. This would allow CDC to facilitate the clinical adoption of evidence-based pregnancy intention screening initiatives that allow health care providers to routinely screen women with respect to their pregnancy intentions to either prevent unintended pregnancies or improve the likelihood of healthy pregnancies, and better provide health care that supports women in achieving their contraceptive or pre-pregnancy needs. The legislation also includes an evaluation component to assess the implementation of pregnancy intention screening protocols among a diverse group of patients and providers.

One such initiative called One Key Question™ was developed by the Oregon Foundation for Reproductive Health to make sure that women of reproductive age are asked “Would you like to become pregnant in the next year?” during each health care visit. The answer leads to provider-patient discussions that keep women healthier, help eliminate health disparities, and save taxpayer dollars.\(^5\) To support growing national interest, Power to Decide, the campaign to prevent unplanned pregnancy, is now partnering with OFRH to provide training and technical assistance for One Key Question beyond Oregon\(^6\) and this promising model is now being implemented at sites in at least 30 states.

The EQUIP Act will support and improve these pregnancy intention screening initiatives that help providers have these important reproductive health conversations with their patients.

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4. Ibid.
6. https://thenationalcampaign.org/select360
EQUIP Act (H.R. 4418) section-by-section summary:

Section 1 – Title: The Enhancing Questions to Understand Intentions for Pregnancy Act

Section 2 – Pregnancy Intention Screening initiative demonstration grant program

(a) Program Establishment – establishes a CDC demonstration program to facilitate the clinical adoption of pregnancy intention screening initiatives.

(b) Grants – eligible entities may receive grants to implement pregnancy intention screening initiatives, collect data, and conduct evaluation.

(c) Eligible entities – specifies a broad range of providers eligible to receive grants, given they provide non-directive, comprehensive, medically accurate information.

(d) Definition of “pregnancy intention screening initiative”

(e) Evaluation of demonstration grant program
   (1) CDC shall evaluate demonstration, including the following considerations:
      (A) Protocol implementation
      (B) Outcome measures
      (C) Population health disparities
      (D) Minority and medically underserved communities
      (E) Training, capacity, and technical assistance needs of providers
      (F) Referral systems and follow-up care
   (2) CDC will consult with a wide range of experts and providers when carrying out the evaluation
   (3) CDC must report findings to Congress and the public

(f) Funding
   (1) Authorizes $5 million per year, over three years
   (2) Limits amount spent on evaluation; up to $1.25 million per year