

FIGHTING BACK:

**RECLAIMING REPRODUCTIVE
RIGHTS IN THE 113TH
CONGRESS AND BEYOND**

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CENTER
FOR
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RIGHTS

The Center's Mission and Vision

The Center for Reproductive Rights uses the law to advance reproductive freedom as a fundamental human right that all governments are legally obligated to protect, respect, and fulfill.

Reproductive freedom lies at the heart of the promise of human dignity, self-determination, and equality embodied in both the U.S. Constitution and the Universal Declaration of Human Rights. The Center works toward the time when that promise is enshrined in law in the United States and throughout the world. We envision a world where every woman is free to decide whether and when to have children; where every woman has access to the best reproductive healthcare available; where every woman can exercise her choices without coercion or discrimination. More simply put, we envision a world where every woman participates with full dignity as an equal member of society.

INTRODUCTION

As documented in *Under Attack: Reproductive Rights in the 112th Congress*,¹ reproductive rights were under sustained assault in the 112th Congress. Entering the 113th Congress, advocates and legislators had an opportunity to draw the line on regressive attacks and advance the cause of reproductive freedom at the federal level—and they took it. After years of primarily playing defense against radical proposals to deny women access to contraception, abortion, and other fundamental reproductive health services, the time was ripe to recapture the debate and focus with renewed energy on policies that promote equitable access to health care, support women and families, and prevent politicians and employers from interfering with personal decision-making. To be clear: opponents of reproductive freedom were as relentless as ever in their efforts to wage war against women’s reproductive rights. But this time they had to contend with bold new countermoves, from proactive and visionary legislative proposals to innovative new advocacy campaigns.

This report tells the story of the 113th Congress as it pertains to reproductive freedom. On the one hand, it chronicles the stale and seemingly never-ending efforts of extremist politicians to inscribe their personal ideologies into federal law and policy. On the other hand, and most importantly, it showcases the strides made by legislators and advocates who refuse to be bullied into accepting policies that leave women and families behind.

Section I of the report provides a narrative overview of the congressional session. Throughout, key pieces of legislation are designated in bold. These bills are profiled in detail in Section II, which is intended as a concise and handy guide to the proposals that shaped the reproductive rights story of the 113th Congress. Finally, in the Appendix, readers will find an extensive catalogue of legislation—both good and bad—introduced over the course of the 113th Congress and pertaining to reproductive rights, health, and justice.

DEFENDING THE CONSTITUTIONAL RIGHT TO ABORTION

Resuming the War on Women in the 113th Congress: Renewed Efforts to Pass an Unconstitutional Abortion Ban

If the 2012 elections should have taught members of Congress anything, it was that attacking women's health is not a winning strategy. And, for a time, it appeared that legislators in the House of Representatives took this lesson to heart; the beginning of the 113th Congress offered a contrast to the early days of the 112th in that restrictions on reproductive rights were not at the forefront of congressional debate.

It was only a matter of time, however, before ideologues in the House rallied yet again around efforts to impose draconian restrictions on the provision of abortion services. Seizing upon the trial of Kermit Gosnell, a criminal who practiced medicine far outside the law and was ultimately imprisoned for his nefarious actions, in April 2013 Representative Trent Franks (R-AZ) reintroduced legislation to ban abortion at 20 weeks of pregnancy in the District of Columbia (**HR1797, Pain Capable Unborn Child Protection Act**). Though House leadership used a procedural mechanism to prevent an identical bill from passing in the previous Congress, hoping to shield conservative members from playing into a "War on Women" frame, Rep. Franks not only revived the unconstitutional proposal but also amended it shortly thereafter to apply nationwide.

Harkening back to similar political missteps that worried House leadership in 2012, Rep. Franks made his contempt for women's health clear during a subcommittee hearing. Opposing an amendment to make exceptions for pregnancies resulting from rape or incest, Rep. Franks asserted that the "incidence of rape resulting in pregnancy are [sic] very low."² In the days that followed, his colleagues attempted to distance themselves from the Congressman and his tone-deaf comments, and House leadership removed the bill from his stewardship before allowing it to move to the floor. A last-minute amendment also added a very narrow exception for victims of rape or incest—but only for victims who are minors and have reported the crime.

Meanwhile, despite Gosnell's status as a criminal outlier, anti-choice politicians and activists nonetheless sought to leverage his trial and sentencing to advance their ideological agenda, justifying the 20-week ban bill as a benevolent effort to save women from "the Gosnells of the world" and launching a congressional inquiry into the regulation of abortion clinics. Though the results of this fishing expedition ultimately backfired when the data confirmed that abortion is one of the safest and most highly regulated medical procedures in the country,³ this time around House leadership felt confident enough in their political gamesmanship to allow a regular vote on Rep. Franks' bill, which passed on June 18, 2013.

HR1797 was the first major piece of anti-choice legislation pushed through by the House in the 113th Congress. Senator Lindsay Graham (R-SC) introduced a companion bill later in the year that was dead on arrival in the Democrat-controlled Senate. Nevertheless,

that did not stop the senator and his anti-choice colleagues from exploiting the case of Kermit Gosnell for political theater. Timed to coincide with the one-year anniversary of Gosnell's conviction—and with Sen. Graham's June 10th primary election—Sen. Graham bypassed the regular committee process and took to the Senate floor on May 13, 2014, in an unsuccessful effort to secure a vote on his bill. Meanwhile, proponents of the bill in the House and Senate reaffirmed their commitment to undermining the rights of women nationwide by sending a pair of letters similarly calling for a Senate vote on the bill.⁴

Going on Offense with the Women's Health Protection Act

Despite the fact that public polling continues to show that a strong majority of Americans favor the protections of *Roe v. Wade*,⁵ state legislatures passed over 200 abortion restrictions between 2011 to 2013—more than in the entire previous decade. These laws are designed to make it harder or impossible for women to access abortion services in their communities.⁶ Unable to reverse *Roe* in the courts, anti-choice politicians are instead eroding the constitutional guarantee recognized in that landmark court decision legislatively. Where not blocked by court orders, they are shutting down clinics, closing off essential services, and harming women.

Since *Roe*, access to safe and legal abortion care has been hindered in myriad ways, from clinic blockades and violence, to restrictions on public and private insurance coverage, to access barriers targeting younger women, to disingenuous “health and safety” regulations. Measures in this last category include laws that single out reproductive health care providers for medically unnecessary requirements, target abortion facilities with excessively burdensome and unwarranted regulations designed to regulate them out of practice, or limit women's access to the best, evidence-based care available—all under the pretext of health and safety.⁷ This is in addition to measures that blatantly defy the U.S. Constitution and decades of settled law by banning abortion before viability.⁸

In the face of this onslaught, members of Congress decided in 2013 that enough was enough. On November 13, Senator Richard Blumenthal (D-CT) and Representative Judy Chu (D-CA) introduced the **Women's Health Protection Act (S1696/HR3471)** with 30 original cosponsors in the Senate and 59 in the House, numbers that continued to rise over the following year. This historic legislation is designed to counter the wave of politically motivated restrictions on abortion masquerading as health and safety measures, as well as the extreme outright bans. If enacted, it would mean that women from Mississippi to North Dakota to Alaska could better access safe, legal, abortion care without undue political interference—regardless of their zip code. Just as the physical attacks on clinics reached a crisis point in the early 1990s that led to passage of the federal Freedom of Access to Clinic Entrances (FACE) Act in 1994, the recent spike in abortion restrictions proliferating under the false promise of improving health



**WOMEN'S HEALTH
PROTECTION ACT
ADVOCACY DAY**

June 25-26, 2014

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Sen. Richard Blumenthal (D-CT) welcomes advocates who travelled from across the country to promote the Women's Health Protection Act.

and safety is creating a similar access crisis, one that must be met with a proactive federal response.

The Women's Health Protection Act is widely supported by lawmakers, advocates, and constituents united in their belief that politicians' efforts to erode reproductive rights must be stopped. On June 27, 2014, over 100 health care providers, advocates, community leaders and others from across the country traversed Capitol Hill, urging members of Congress to support and advance the bill. Subsequently, a July 15 Senate Judiciary Committee hearing drew an in-person audience of over 150 people, many of whom were accommodated in an overflow room after the committee room reached capacity. Witnesses in opposition to the bill recycled tired and unsubstantiated claims that abortion is bad for women and the bill would lead to more Kermit Gosnells. Those in favor reaffirmed the constitutional right of women to access abortion and demonstrated the falsity of claims that restrictions prohibited by the bill would benefit women's health or safety.⁹

By the time the 113th Congress came to a close, over 140 national, state, and local organizations—including health, reproductive justice, legal, and faith-based groups—endorsed the Women's Health Protection Act; local lawmakers from Austin, Houston, San Francisco, and Dane County, Wisconsin, sent letters or passed resolutions in support of the legislation; more than 40 state legislators from North Dakota, Texas, Oregon, and Maryland endorsed the Act; and concerned constituents around the country sent nearly 45,000 messages to their members of Congress and state and local representatives in support of the bill.

The last time Congress passed proactive legislation to protect abortion rights was in 1994. Today, the crisis in the states and the groundswell of support for the Women's Health Protection Act makes clear: the time has come to do it again.

FIGHTING TO PROTECT AND RESTORE INSURANCE COVERAGE FOR ABORTION

Withholding Abortion Coverage from Women and Families Enrolled in Public Programs

Women and families who are enrolled in Medicaid and other federal programs, including federal employees, military service members, Native American women, and women with disabilities, are currently denied insurance coverage for abortion in all but the most extreme cases. These discriminatory policies are not statutory; instead, they are regularly renewed with little public attention through the annual appropriations bills funding those programs.

President Obama recommended modest but nonetheless critical changes to these policies in his proposed budgets for fiscal years 2014 and 2015 which, if adopted by Congress, would have improved access to abortion for Peace Corps Volunteers and low-income residents of the District of Columbia (DC). Under the law in effect at the time the President submitted his budget, DC was prohibited from using its *own money* to provide Medicaid coverage of abortion except in the extreme cases of rape, incest, or a life-endangering pregnancy,¹⁰ and Peace Corps Volunteers were denied abortion coverage in *all* cases. The president's proposals would have granted Peace Corps Volunteers the same limited coverage in cases of life endangerment, rape, or incest that other federal workers (including Peace Corps *employees*) receive and permitted DC to use its own money to provide comprehensive abortion coverage.

Though ongoing efforts by members such as Representatives Mike Quigley (D-IL), Barbara Lee (D-CA), and Nita Lowey (D-NY) to follow the president's recommendation and remove the DC Medicaid Abortion Ban during appropriations negotiations continued to be blocked by anti-choice legislators, the decades-old no-exceptions abortion ban for Peace Corps Volunteers was finally lifted in the omnibus spending bill passed in December 2014 (the Senate and House versions of the State and Foreign Operations appropriations bills also lifted the restriction) Unfortunately, the bans restricting abortion coverage low-income residents of DC and others who rely on the federal government for access to health care persist in the December 2014 omnibus spending bill, which maintains associated policy riders.¹¹

Ongoing Efforts to Abolish Abortion Coverage in the Private Market

Shortly after returning to Washington in 2014, Rep. Franks decided to use his position as the chair of a congressional subcommittee to advance another extreme anti-choice bill: Representative Chris Smith's (R-NJ) so-called **No Taxpayer Funding for Abortion Act (HR7)**. Largely similar in substance to its predecessor in the 112th Congress (HR3), HR7 was indistinguishable in intent: to interfere with a woman's personal decision-making by placing affordable abortion care out of reach for as many people as possible, with the impact falling most squarely on low-income women and women of color.

HR7 would have made permanent the denials of abortion coverage discussed above, withholding coverage from women and families enrolled in Medicaid and other federal programs, and eliminating legislators' ability to lift these harmful restrictions during appropriations negotiations. In addition, the bill provided for burdensome new tax penalties designed to make coverage of abortion unavailable through private health insurance—proposals that, if enacted, would strip away coverage that millions of women currently have.

Though the Pro-Choice Caucus rallied in opposition to HR7, the bill advanced swiftly through the committee process and to the House floor. Writing to express their frustration, Representatives Rosa DeLauro (D-CT), Louise Slaughter (D-NY), Nita Lowey (D-NY), Jan Schakowsky (D-IL), Donna Edwards (D-MD), Carolyn Maloney (D-NY) and Maxine Waters (D-CA) admonished their anti-choice colleagues in a scathing memo:

The time has come to stop wasting taxpayers' time and dollars waging attacks on women's constitutionally protected right to make informed health care decisions about their own bodies with their own doctors and work on an 'actual legislative agenda for women's actual needs.'¹²

Nonetheless, the House not only passed HR7 by the end of January, it first amended the legislation to include the provisions of another bill championed by Rep. Smith and designed to prevent women from receiving abortion coverage through private plans **(HR3279, Abortion Insurance Full Disclosure Act)**.

Women deserve complete and accurate information about their health care coverage. However, the “disclosure” requirements rolled into HR7 were designed to achieve exactly the opposite outcome. First, they would require insurance companies that provide abortion coverage to incorrectly notify consumers that they must pay an “abortion surcharge.” This is an intentional misrepresentation of existing law. Under the Affordable Care Act (ACA), there is no “extra charge” for abortion coverage; instead, the law requires insurers to adopt accounting practices that attribute at least one dollar of an enrollee's premium to abortion coverage (even if the actual amount is less) and to hold that amount in a separate account.

Second, the provisions added to HR7 would require insurers to comply with redundant disclosure and stigmatizing “prominent display” requirements dictating where and how they inform consumers that abortion is included in a plan. In reality, the ACA already requires insurers to disclose if a plan includes coverage for abortion—unlike any other health care service. The true intent behind these misleading, unnecessary, and stigmatizing requirements was clear: to discourage consumers from selecting insurance plans that include abortion coverage.

Though the House-approved legislation was certain to stall in the Senate, the vote clearly signaled that such policies will remain a priority for conservative leadership in the 114th session.

Pursuing Equity: New Measures to Restore Abortion Coverage for All Women and Families

Despite the energy anti-choice politicians and their supporters continued to sink into maintaining and trying to extend discriminatory policies that prevent women and families from receiving insurance coverage for abortion care, pro-choice members and advocates nonetheless took bold new steps to promote more equitable policies during the 113th Congress.

The Peace Corps Equity Act

Peace Corps Volunteers commit two years of their lives to helping expand education, combat hunger, build infrastructure, and, in general, improve the lives of people in developing areas of the world. But as noted above, female Peace Corps Volunteers were, until December 2014, denied insurance coverage for abortion in all cases. Introduced by the late Senator Frank Lautenberg (D-NJ) and subsequently reintroduced by Senator Jeanne Shaheen (D-NH) and Representative Nita Lowey (D-NY), the **Peace Corps Equity Act (S2291/HR4578)** sought to rectify this unjust policy and extend abortion coverage to those volunteers and trainees who survive rape or incest or whose life would be endangered by continuing a pregnancy, granting them the same (very limited) abortion coverage that other federal workers (including Peace Corps *employees*) have. The goals of the Peace Corps Equity Act were achieved in December 2014 with the passage of an omnibus spending bill that finally listed this unfair abortion-coverage restriction.

The All Above All Campaign*

Fed up with the ongoing harms wrought by the Hyde Amendment (which restricts federal Medicaid coverage of abortion) and its associated riders, reproductive rights, health, and justice organizations as well as individual supporters from around the country united behind a bold new campaign called *All* Above All*, with the express purpose of building support for lifting the bans that deny abortion coverage. In addition to various public education and movement-building efforts initiated at the state and local level, an innovative road trip took the *All* Above All* campaign across the country in August and September 2014. Stopping in 12 cities and traveling more than 10,000 miles, the road trip raised awareness about abortion coverage restrictions and galvanized supporters before culminating in Washington, DC, with an advocacy day in mid-September. The second annual advocacy day brought nearly 200 constituents from across the United States to Capitol Hill to demonstrate their support for restoring abortion coverage for *all* women. More information is available at www.allaboveall.org.

PROMOTING THE HEALTH OF IMMIGRANT WOMEN AND FAMILIES

Failing Women and Families by Leaving Health Care Out of Immigration Reform Efforts

There are over 6.5 million noncitizen immigrant women of reproductive age in the United States.¹³ Like all women this age, they need access to the full range of reproductive health services in order to stay healthy and to be able to plan their families. Unfortunately, immigrant women are more likely to be low-income and to face barriers to affordable health insurance, which increases their risk of negative sexual, reproductive, and maternal health outcomes. This can lead to lasting health and economic consequences for women, their families, and their communities.

Nearly half of noncitizen, immigrant women of reproductive age (45%) lack health insurance compared to 18% of U.S.-born women.¹⁴ This is largely because immigrant women are less likely than those who are native-born to have employer-sponsored health insurance. At the same time, low-income immigrants have lower than average rates of coverage from public insurance programs due largely to discriminatory eligibility restrictions.¹⁵ For example, most lawfully present immigrants who otherwise meet the income eligibility requirements are barred from receiving insurance through Medicaid or the Children's Health Insurance Program (CHIP) until five years *after* establishing lawful status. These disparities in insurance coverage often exist alongside other barriers—such as fewer available services due to funding cuts in state family planning programs, disparities in transportation access, high cost of services, and immigration status—that make it more difficult for immigrant women, particularly those who are low-income or who live in underserved areas, to access needed reproductive and sexual health services.¹⁶

In theory, comprehensive immigration reform—initially a major legislative priority for the 113th Congress—held the promise of improving immigrants' access to health care and other fundamental rights. But even if partisanship in Washington had not managed to doom reform efforts, the policies that gained traction early in the session were striking in their disregard for the health of immigrant women and families. Despite efforts by Senators Mazie Hirono (D-HI) and Barbara Boxer (D-CA) to ensure that reform legislation would improve access to health care, the Senate ultimately passed a bipartisan bill in June 2013 (S744) that would have denied aspiring citizens access to programs like Medicaid and CHIP for at least ten years *prior* to the start of the existing five-year bar. At the same time, it would have prevented them from accessing options to facilitate purchase of private plans under the ACA. These discriminatory policies are out of step with the views of most Americans, clear majorities of whom support access to Medicaid and ACA affordability options for aspiring citizens.¹⁷ Nonetheless, the same restrictions were subsequently reflected in a new immigration bill introduced in the House, and the Obama Administration's executive actions in November granting over 4 million immigrants temporary relief from deportation failed to provide those immigrants any access to health care or coverage.

Creating a Path Forward: the HEAL Immigrant Women and Families Act

Facing undeniable disparities in access to health care and the reality that these injustices would not be addressed through immigration reform, Rep. Michelle Lujan Grisham (D-NM) introduced the **Health Equity and Access under the Law (HEAL) for Immigrant Women and Families Act (HR4240)** in March 2014. Among other things, the bill would repeal the five-year ban that prevents lawfully present individuals from accessing coverage through Medicaid and CHIP and ensure that immigrants who are authorized to live and work in the United States are treated fairly by the health care systems to which they contribute. Within two months of introduction, over 200 organizations, including 111 national organizations, had formally endorsed the bill.



DEFENDING ACCESS TO INSURANCE COVERAGE FOR CONTRACEPTION

New Heights of Extreme: Shutting Down the Federal Government over Contraceptive Coverage

Some of the most damaging “War on Women” moments for extremist politicians during the previous Congress resulted from their obsessive efforts to normalize the idea that employers should be able to selectively deny health care coverage to their employees based on their own personal beliefs. Thus it was surprising on the one hand and not at all surprising on the other when, in 2013, House leadership succumbed to pressure from Tea Party conservatives and threatened not once but twice to shut down the federal government over access to health care coverage and, specifically, contraceptive coverage. Most striking, of course, is the fact that they ultimately *did* shut down the government. By inserting demands intended to score political points, they willfully squandered their final chance to pass legislation that would keep the government open past the September 30 fiscal year deadline.

Having already staked their cooperation on a demand that implementation of the remaining parts of the ACA be delayed for a year, and knowing that these maneuvers would effectively kill any chance of averting a government shutdown, the House added another stipulation in the waning hours before the deadline: legislative language that would allow employers and insurers to refuse to comply with the ACA preventive services and contraceptive coverage rules for one year. As a result, the federal government shut down on October 1, 2013, for the first time since 1995. Lasting 17 days, the shutdown only ended when House leadership capitulated and urged members to vote for a short-term compromise that funded the government through January 15 without any ACA-related riders.

Nonetheless, it was only a matter of time before a conservative majority on the Supreme Court dealt a blow to the contraceptive coverage benefit in *Burwell v. Hobby Lobby*, allowing certain for-profit employers to assert their personal religious beliefs as justification for denying birth control coverage to their employees.¹⁸

Keeping Personal Health Care Decisions Where They Belong: the Protect Women’s Health from Corporate Interference Act

For members forced constantly to defend the contraceptive coverage benefit from attack, the Supreme Court’s June 30th ruling was the last straw. On July 9, Senator Patty Murray (D-WA) and Representative Louise Slaughter (D-NY) introduced the **Protect Women’s Health from Corporate Interference Act (S2578/HR5051)**. Known more commonly as the “Not My Boss’s Business Act,” it would prevent employers from denying their employees full coverage of contraceptives and other essential health care based solely on the employer’s personal religious beliefs. Though the House majority used a procedural maneuver to block consideration of the bill on July 15, the following day an effort to move to a vote on the bill in the Senate garnered bipartisan support. Ultimately, however, the

Senate effort fell just short of the 60 votes needed to close debate and move to a vote on the bill. Nevertheless, along with the Women's Health Protection Act, the bill remained a rallying point for legislators and the women's health community as the 113th Congress came to an end.

Promoting Equitable Coverage: the Access to Contraception for Women Servicemembers and Dependents Act

Women, nearly all of reproductive age, represent 16% of all active duty and reserve members of the military. However, the military's health program (TRICARE) does not cover some common forms of birth control, such as the vaginal ring and Depo-Provera, and non-active duty military and dependents must pay a copay to purchase birth control, unlike their civilian counterparts, who have access to no-copay contraception under the Affordable Care Act. In order to ensure comprehensive contraceptive coverage for *all* women who serve and all female TRICARE dependents, Senator Jeanne Shaheen (D-NH) and Representative Jackie Speier (D-CA) introduced the **Access to Contraception for Women Servicemembers and Dependents Act (S2867/HR5524)** on July 30, 2014. The bill would bring TRICARE in line with the contraceptive coverage benefit under the ACA, granting the nearly five million women eligible for TRICARE access to all FDA-approved contraception without a copay—the same birth control coverage civilian federal employees receive. In addition, the legislation would ensure that women who depend on TRICARE receive comprehensive family-planning counseling and would improve access to emergency contraception for servicewomen who have been sexually assaulted.

LOOKING AHEAD TO THE 114TH CONGRESS

Over the course of the 113th Congress, extremist politicians managed to partially shed the “War on Women” frame that haunted them during the 2012 elections. In particular, as the 2014 midterm election approached, opponents of reproductive freedom facing tight races applied the lessons learned in 2012 and modified their public messages to appear more mainstream in their positions on abortion and contraception.¹⁹ Yet the legislative agenda incumbents in Congress pursued from 2013 to 2014 was no less extreme or ideological than that of the 112th. The policies they championed, which we can expect them to prioritize again in the 114th Congress, remain striking in their disregard for the reproductive health and well-being of women and families, and for the disproportionate impact they will have on low-income populations and women of color and their families:

- An **unconstitutional nationwide 20-week abortion ban** would profoundly interfere with the provider-patient relationship, ignore women’s highly individual medical needs and circumstances, and return women who need an abortion after 20 weeks to the dark days before *Roe v. Wade*. The Susan B. Anthony list identifies this issue as its top legislative priority and incoming Senate Majority Leader Mitch McConnell (R-KY) has indicated he will bring Sen. Graham’s 20-week abortion ban bill to a vote in the Senate.²⁰
- Efforts to codify current **restrictions on abortion coverage** for individuals enrolled in public programs like Medicaid and Medicare and create new restrictions on private insurance coverage of abortion are transparent efforts to bypass the constitutional protections of *Roe v. Wade* by making abortion unaffordable for as many women as possible. Those who already face significant barriers to high-quality care, such as low-income women, immigrant women, and women of color, will be disproportionately impacted by coverage restrictions. The Susan B. Anthony list also lists these efforts among its top legislative priorities.
- Based on their behavior during the past four years, extremist politicians are likely to continue their efforts to **gut the ACA contraceptive coverage benefit** and to **create ever-more expansive rights of refusal** whereby employers can dictate the health care their employees receive—or, more accurately, cannot receive.
- On the global front, emboldened anti-choice legislators will likely seek to legislatively reinstate the **Global Gag Rule**, a policy imposed by prior anti-choice administrations that prohibits overseas organizations from providing or discussing most abortions—even using their own segregated funds—as a condition of federal funding.

Fortunately, however, the proponents of these policies in Congress are now accountable to the 2014 electorate, which soundly rejected extreme anti-abortion, anti-contraception

“personhood” measures in Colorado and North Dakota and required extremist candidates to moderate their platforms on issues of reproductive freedom in order to win their votes.

As we look ahead to the 114th Congress, our message to lawmakers is firm: the days of regressive, anti-woman, anti-health care policies are numbered. The American people support access to a full range of affordable contraceptive options and to safe, legal, high-quality abortion services. What’s more, their patience for antics that hold our political system hostage to the ideological pursuits of a radical minority is wearing thin. With the Women’s Health Protection Act, the Protect Women’s Health from Corporate Interference Act (“Not My Boss’s Business Act”), and the many other proactive policies highlighted throughout this report, members of Congress can turn the tide in the ongoing war over reproductive rights and affirm that personal health care and family decisions should remain with women and their families—not politicians or bosses.



KEY BILLS FROM THE 113TH CONGRESS PERTAINING TO REPRODUCTIVE RIGHTS

In the pages that follow, key bills highlighted in Section I of this report are profiled in more detail. Intended as a handy guide to the proposals that shaped the reproductive rights story of the 113th Congress, this section includes additional information about the goals and legislative history of key bills, as well as the primary messages used to support or oppose each bill. A more extensive catalog of legislation pertaining to reproductive rights introduced during the 113th Congress may be found in the Appendix. Cosponsor counts are current as of December 12, 2014.

Featured bills appear in the order in which they were presented in Section I:

BILL	PAGE
HR1797/S1670 Pain Capable Unborn Child Protection Act	22
HR3471/S169 Women's Health Protection Act	23
HR7/S946 No Taxpayer Funding for Abortion Act	25
HR3279/S1848 Abortion Insurance Full Disclosure Act	27
HR4578/S2291 Peace Corps Equity Act	28
HR4240 Health Equity and Access under the Law (HEAL) Immigrant Women and Families Act	30
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HR5524/S2687 Access to Contraception for Women Servicemembers and Dependents Act	34
HR3206 Global Sexual and Reproductive Health Act	35

HR1797/S1670

PAIN CAPABLE UNBORN CHILD PROTECTION ACT

- Unconstitutional ban on abortion at 20 weeks.
- Narrow exception for women with life-threatening physical conditions.
- Amended to include narrow exceptions for minors who are victims of rape or incest *if* the crime was reported to authorities.

House Sponsor: Rep. Trent Franks (R-AZ)

Total cosponsors: 185

Senate Sponsor: Sen. Lindsey Graham (R-SC)

Total cosponsors: 41

PRECURSOR

HR3803 (112th Congress) (applicable to the District of Columbia only). Failed 220-154 under suspension of the rules (2/3rd majority needed) on 07/31/12.

KEY MOMENTS

04/26/13: Introduced in the House as a ban on abortion at 20 weeks; applicable only to the District of Columbia.

06/04/13: Amended to apply nationwide and passed out of subcommittee (6-4).

06/12/13: Passed House Judiciary Committee (20-12).

06/18/13: Passed House (228-196).

11/07/13: Introduced in the Senate.

MESSAGES

Rep. Franks and his anti-choice colleagues relied on bogus claims that the bill would protect women's health and prevent fetal pain, while using sensational statements about the illegal practices of Kermit Gosnell to demonize abortion providers.

Pro-choice champions defended a woman's constitutional right to abortion and highlighted the disingenuous nature of their colleagues' professed concerns.

- *This bill is another in a long series of bills that says, in effect, we have to make the decisions regarding abortions for women. Women cannot be allowed to make this very personal decision for themselves because they are too immoral or too stupid to do so. Fortunately, the Constitution has more regard for women than this bill.* **Rep. Jerrold Nadler** (D-NY) (Committee on the Judiciary, 06/12/13).²
- *If we really wanted to protect life, let's support efforts to reduce unintended pregnancies, improve maternal health, improve funding for WIC, for early child care, for support for women and families who are raising children in the most difficult circumstances. Let us trust women to make decisions that are right for them.* **Rep. Lois Capps** (D-CA) (House floor, 06/18/13).³

WOMEN'S HEALTH PROTECTION ACT

- Invalidates laws that single out abortion care and abortion providers for burdensome restrictions that are not imposed on other areas of medicine and that do not advance women's health and safety. Examples of laws and regulations that would be made unlawful:
 - » Requiring unnecessary tests and procedures (e.g. mandatory ultrasounds);
 - » Making doctors adhere to outdated and less effective medical regimens (e.g. restrictions on medication abortion);
 - » TRAP laws ("Targeted Regulation of Abortion Providers")—onerous and medically unnecessary requirements on facilities and providers designed to shut down clinics; and
 - » Pre-viability bans (e.g. 20-week bans and "heartbeat" bans).
- Seeks to protect women's health and constitutional rights by ensuring that high quality, legal abortion services will continue to be available.
- Responds to the recent onslaught of restrictive state laws that has rendered a woman's ability to access her constitutional right to abortion dependent on where she lives.

Senate Sponsor: Sen. Richard Blumenthal (D-CT)

Total cosponsors: 35

House Sponsor: Rep. Judy Chu (D-CA)

Total cosponsors: 133

KEY MOMENTS

11/13/13: Introduced in the House and Senate.

05/13/14: After Sen. Lindsey Graham stood alone on the Senate floor in an attempt to draw attention to his 20-week ban legislation (S1670), pro-choice champions Senators Blumenthal, Baldwin (D-WI), Murray (D-WA), and Boxer (D-CA) took the floor and spoke about the threat to women's constitutional rights and the need for the Women's Health Protection Act.⁴

06/26/14: Over 100 health care providers, advocates, and leaders came from 29 states to Washington, DC, to advocate for the bill and to hear from Senators Blumenthal, Baldwin, and Murray and Representatives Chu and Frankel (D-FL) at Advocacy Day events.

07/15/14: Senate Judiciary Committee Hearing (*S1696, The Women's Health Protection Act: Removing Barriers to Constitutionally Protected Rights*).

MESSAGES

Anti-choice legislators falsely claimed the bill would end all regulation of abortion and create space for unethical practitioners to flourish, while also insisting that the extreme abortion restrictions it outlaws are needed to promote women's health and safety.

Sen. Blumenthal, Rep. Chu, and fellow champions of the Act demonstrated unequivocally that the Women's Health Protection Act is key to protecting women's access to abortion.

- *In states like Texas and Wisconsin, legislatures are passing bills with the false pretext of protecting health when their only objective is to obstruct and curtail access to safe and legal abortions and reproductive services. These laws are largely unconstitutional, and some measure of certainty and clarity is required to preempt these regulations and laws so women are not deterred in their very personal decisions based on their own values on how they want to use their constitutional rights. **Sen. Richard Blumenthal** (D-CT) (press conference, 11/13/13).⁵*
- *The threat in Wisconsin and in states across the country is clear. Politicians are doing this because they think they know better than women and their doctors. The fact is they don't. It is not the job of politicians to play doctor and to dictate how these professionals practice medicine, nor is it their job to intrude in the private lives and important health decisions of American families. **Sen. Tammy Baldwin** (D-WI) (in commemoration of the anniversary of *Roe v. Wade*, Senate floor, 01/28/14).⁶*
- *Constitutional rights should never be subject to the personal whims or beliefs of political leaders. Nor should the safety of mothers, daughters, sisters, or wives be jeopardized in the process. **Rep. Judy Chu** (D-CA) (testifying before the Senate Judiciary Committee, 07/15/14).⁷*

NO TAXPAYER FUNDING FOR ABORTION ACT

- Makes permanent current restrictions that lawmakers impose through annual appropriations:
 - » Denying coverage for abortion to people who participate in federal health insurance plans or health programs, with very limited exceptions for pregnancies that endanger the life of the pregnant woman or result from rape or incest; and
 - » Preventing the District of Columbia from using its own local funds to provide Medicaid coverage of abortion coverage except in the same limited circumstances.
- Seeks to ban private coverage of abortion in the new health insurance marketplaces established under the ACA by prohibiting multi-state plans from covering abortion and denying tax credits to otherwise qualified individuals and small businesses that purchase single-state plans if the plans they choose include coverage for abortion.

House Sponsor: Rep. Chris Smith (R-NJ)

Total cosponsors: 172

PRECURSOR

HR5939 (111th Congress) died in committee. HR3 (112th Congress) passed the House 251-175 but died in the Senate.

KEY MOMENTS

05/14/13: Introduced in the House and Senate.

01/15/14: Passed House Judiciary Committee (22-12).

01/28/14: Amended to include the contents of HR3279 (Abortion Insurance Full Disclosure Act), a disingenuous bill that would require insurance companies that provide abortion coverage to incorrectly “disclose” to consumers that they must pay an “abortion surcharge.” See HR3279 profile on page 27.

01/28/14: Passed House 227–188.

MESSAGES

Rep. Trent Franks and anti-choice legislators maintained their support for the Hyde Amendment and associated coverage restrictions, promoting HR7 as a way to permanently enshrine these discriminatory policies into law and create new barriers to abortion coverage in the private market.

Pro-choice legislators called on their colleagues to focus on the actual issues the American people want Congress to address, instead of inserting themselves yet again into personal decisions in order to make abortion as difficult to access as possible.

- *Congress currently imposes unfair limitations on insurance coverage of abortion and, through the Hyde Amendment, that is a fact, even though I personally think we should get rid of all of these restrictions. Yet this bill, HR7, creates an unprecedented interference in the lives of women and their families by restricting coverage for women's health in private insurance plans. It specifically attacks low-income women in the District of Columbia by permanently, mind you, permanently prohibiting the District from spending its purely local funds on abortions for low-income women.* **Rep. Barbara Lee** (D-CA) (House floor, 01/28/14).⁸
- *[I]nstead of talking about jobs, or the economy, or the unemployed who have lost their benefits because of our inaction, we are here talking about legislation that strips women of their fundamental right to make their own medical decisions.* **Rep. Alan Lowenthal** (D-CA) (House floor, 01/28/14).⁹

ABORTION INSURANCE FULL DISCLOSURE ACT

- Compels insurers offering plans in the new health insurance marketplaces under the Affordable Care Act (ACA) to tell purchasers that plans that cover abortion come with an “abortion surcharge,” even though the coverage is provided for under the existing premium.
- Requires insurers offering these plans to disclose and “prominently” display in marketing materials if a plan covers abortion, despite the fact that the ACA already requires disclosure of abortion coverage (unlike any other health service). The bill does not require insurers to disclose that a plan does *not* offer coverage for abortion.

House Sponsor: Rep. Chris Smith (R-NJ)

Total cosponsors: 142

Senate Sponsor: Sen. Pat Roberts (R-KS)

Total cosponsors: 25

KEY MOMENTS

10/09/13: Introduced in the House.

12/18/13: Introduced in the Senate.

01/28/14: Operative provisions of HR3279 incorporated into HR7, another anti-choice bill designed to eliminate insurance coverage of abortion; that bill **passed the House 227–188**. See HR7 profile on page 25.

MESSAGES

Anti-choice legislators and ACA opponents joined forces to mislead consumers about nonexistent “abortion surcharges” on plans that cover abortion while continuing a four-year-long failed campaign to discredit the ACA.

Pro-choice legislators and ACA supporters, facing a vote on HR7 (amended to include the requirements of HR3279), pushed back at the false premises of the bill while urging Congress to consider legislation that meets Americans’ real needs and priorities.

- *I just wish the real issues that we need to be working on like extending unemployment insurance for 1.6 million Americans would get as much attention as all these made-up issues.* **Rep. Joseph Crowley** (D-NY) (House floor, 01/28/2014).¹⁰
- *For 2014, I propose a New Year’s resolution for this Congress. Let’s cease the tired partisan ploys, and work together on legislation that expands—not limits—Americans’ access to quality health care coverage. Let’s work together to craft legislation that accelerates job growth, and let’s work together to ensure that Americans get their unemployment benefits.* **Rep. Rush Holt** (D-NJ) (House floor, 01/28/2014).¹¹

HR4578/S2291

PEACE CORPS EQUITY ACT

- Allows Peace Corps Volunteers, nearly two-thirds of whom are women, to receive abortion coverage in the cases of rape, incest, or a life-threatening pregnancy. From 1979 until December 2014, an annual appropriations rider had banned all abortion coverage for Peace Corps Volunteers without exception. The December 2014 omnibus bill, for the first time in 35 years, did not include this harmful rider.
- Brings Peace Corps Volunteers' abortion coverage in line with others who receive federal health coverage, including federal employees and persons receiving Medicaid benefits.

Senate Sponsor: Sen. Jeanne Shaheen (D-NH)

Total cosponsors: 31

House Sponsor: Rep. Nita Lowey (D-NY)

Total cosponsors: 82

PRECURSOR

S813 (113th Congress) was introduced in 2013 by the late Sen. Frank Lautenberg. Sen. Shaheen became the lead sponsor and reintroduced the bill after his passing.

KEY MOMENTS

03/04/14: For the second year in a row, the President's budget request included a provision adding rape/incest/life endangerment exceptions to the Peace Corps abortion coverage ban.

05/06/14: Introduced in the House and Senate. The Senate bill was introduced as a bipartisan measure, with the support of Republican Senator Susan Collins.

06/19/14: For the second year in a row, the Senate Appropriations Committee voted for a 2015 State and Foreign Operations Appropriations bill (S2499) that included coverage identical to that in the Peace Corps Equity Act.

06/24/14: For the first time, the House Appropriations Committee passed an amendment to a 2015 State and Foreign Operations Appropriations bill (HR5013) that included coverage identical to that in the Peace Corps Equity Act.

09/19/14: President Obama signed a continuing resolution to fund the government through Dec. 11, 2014. The continuing resolution does not include the coverage fix, leaving the issue unresolved.

12/15/14: President Obama signs an omnibus spending bill which, for the first time in 35 years, does not include the harmful no-exceptions abortion ban for Peace Corps Volunteers.

MESSAGES

Proponents in the House emphasized that the Peace Corps Equity Act is about fair, equitable treatment for Peace Corps Volunteers.

- *This is about fairness—fairness for American ambassadors working in every corner of the world to save and change lives. . . . It is absolutely unconscionable*

*that female Peace Corps volunteers who are victims of sexual assault, or whose pregnancies endanger their lives, are not afforded the same health care access as virtually all other women with federal health coverage. Rep. Nita Lowey (D-NY) (press release, 05/06/14).*¹²

- *These volunteers are devoting their time, and in many cases risking their health and lives, to help people in foreign lands. The least we can do is afford them the same rights as everyone else. Rep. Mike Honda (D-CA) (press release, 05/07/14).*¹³
- *Peace Corps volunteers should never have to face the tragedy of a sexual assault, but if they do, they should be able to access comprehensive health care and support services. Sen. Jeanne Shaheen (D-NH) (press release, 06/19/14).*¹⁴

HEALTH EQUITY AND ACCESS UNDER THE LAW (HEAL) FOR IMMIGRANT WOMEN AND FAMILIES ACT

- Restores access to Medicaid and the Children’s Health Insurance Program (CHIP) for all lawfully present immigrants who are otherwise eligible by reversing discriminatory restrictions placed on immigrants’ access to health care coverage. This includes the requirement that immigrants wait five years after establishing lawful status in the United States to enroll in these public insurance programs.
- Enables lawfully present young people (DREAMers) granted temporary relief to participate fully in Medicaid, CHIP, and the Affordable Care Act, in contrast to current policy in which they are largely excluded from these programs.

House Sponsor: Rep. Michelle Lujan Grisham (D-NM)

Total cosponsors: 29

KEY MOMENTS

03/13/14: Introduced in the House.

03/27/14: The UN Human Rights Committee, in its Concluding Observations following a periodic review of U.S. compliance with the International Covenant on Civil and Political Rights (ICCPR), recommended that the United States “identify ways to facilitate access to adequate health care, including reproductive health-care services, by undocumented immigrants and immigrants and their families who have been residing lawfully in the United States for less than five years.”¹⁵ The Center for Reproductive Rights and the National Latina Institute for Reproductive Health raised such concerns with the treaty monitoring body in both written and oral testimony and lifted up the HEAL Immigrant Women and Families Act as a model solution.

08/29/14: The UN Committee on the Elimination of Racial Discrimination, in its Concluding Observations following a periodic review of U.S. compliance with the Convention on the Elimination of All Forms of Racial Discrimination (CERD), issued a recommendation nearly identical to that of the UN Human Rights Committee (see above) regarding immigrants’ access to health care, expanding it to include the importance of *affordable* health care.¹⁶

MESSAGES

Women’s health champions emphasized that the HEAL Act is about fair treatment, particularly for immigrant women who are the backbones of our families and communities.

- *This legislation would correct the harmful restrictions that have been placed on legal immigrants’ ability to access affordable health insurance coverage. Limiting access to healthcare has a profound negative impact on families, communities and the nation as a whole and it must be corrected. These immigrants are hardworking taxpayers who deserve to be treated fairly under the system they pay into.* **Rep. Michelle Lujan Grisham** (D-NM) (press release, 03/13/14).¹⁷

- *I strongly believe that access to affordable healthcare is a fundamental human right, regardless of citizenship status. While we have made great progress in expanding coverage through the Affordable Care Act, immigrant families have been systematically left out of the programs that their tax dollars help support. This legislation would guarantee their access to coverage while creating healthier communities and a stronger economy.* **Rep. Barbara Lee** (D-CA) (press release 03/13/14).¹⁸

PROTECT WOMEN'S HEALTH FROM CORPORATE INTERFERENCE ACT

- Also known as the “Not My Boss’s Business Act,” the bill was introduced in reaction to the Supreme Court’s *Burwell v. Hobby Lobby* ruling, which enabled certain employers to deny contraceptive coverage to their employees based on company owners’ religious objections.
- Requires employers to comply with federal law regarding the content of health insurance plans, including requiring that all organizations provide no-cost-sharing coverage for contraception if mandated to do so under the Affordable Care Act.

Senate Sponsor: Sen. Patty Murray (D-WA)

Total cosponsors: 47

House Sponsor: Rep. Louise Slaughter (D-NY)

Total cosponsors: 163

KEY MOMENTS

07/09/2014: Introduced in the House and Senate.

07/15/2014: Procedural vote blocked consideration of bill in House (192-228).

07/16/2014: Narrowly failed cloture in the Senate (56-43).

MESSAGES

Anti-contraception lawmakers were deliberately misleading in their characterization of the bill, claiming it would undermine religious protections when, in truth, the *Hobby Lobby* ruling is what threatens to erode the religious freedom of employees.

House and Senate sponsors expressed outrage over the *Hobby Lobby* decision and the detrimental impact it will have on access to women’s health care, emphasizing the critical need for Congress to act quickly to prevent employers from infringing on women’s ability to receive contraceptive coverage.

- *Our bill simply protects employees’ rights to all federally mandated health services, including contraception. A woman’s private medical decisions should be between her, her doctor, and whomever else she wishes to consult—they should not be subject to approval by politicians, Supreme Court justices, or bosses.* **Reps. Louise Slaughter** (D-NY), **Diana DeGette** (D-CO), and **Jerrold Nadler** (D-NY) (press release, 07/09/14).¹⁹
- *Women are tired of being targeted and are looking to Congress to right this wrong by the Supreme Court. One such woman is a woman named Morgan Beach . . . [who] is one of the 58 percent of women who use contraception for reasons other than to prevent pregnancy. . . . Morgan said: “The terrifying power this ruling gives to a small minority to make sweeping personal decisions . . . is frightening. The simple fact is, birth control is not my boss’s business!”* **Sen. Patty Murray** (D-WA) (Senate floor, 07/14/14).²⁰

- *Health coverage is a form of payment or compensation for employees. . . . The decision to use birth control is private . . . and it should not be subject to the personal or religious beliefs of some corporate boss; otherwise, where is it going to end?* **Sen. Harry Reid** (D-NV) (Senate floor, 07/15/14).²¹

ACCESS TO CONTRACEPTION FOR WOMEN SERVICEMEMBERS AND DEPENDENTS ACT

- Ensures access to comprehensive contraceptive coverage for all women who receive their health coverage through the military, including active and inactive servicewomen.
- Extends coverage without cost-sharing to all FDA approved contraceptive services, ensuring that all women who receive their health insurance through the military will have the same birth control coverage as civilian employees of the federal government and private employers.
- Ensures that women in the military and dependents receive the same access to family-planning counseling as civilians, and that active servicewomen are offered emergency contraception if they have been sexually assaulted.

House Sponsor: Rep. Jackie Speier (D-CA)

Total cosponsors: 71

Senate Sponsor: Sen. Jeanne Shaheen (D-NH)

Total cosponsors: 27

KEY MOMENTS

07/30/2014: Introduced in the Senate.

09/17/2014: Introduced in the House.

MESSAGES

Sponsors of the Act highlighted the critical importance of offering coverage for comprehensive contraceptive services to servicewomen and military-family dependents because affordable preventative health care is essential to the well-being of women and their families and also helps ensure military readiness.

- *Giving women in the military access to basic preventative health care, including contraception and family planning counseling, will strengthen our military as a whole. And it will make sure that women who get their health insurance from the military never have to worry about how they're going to pay for their contraception.* **Sen. Jeanne Shaheen** (D-NH) (press release, 07/30/2014).²²
- *The Affordable Care Act established that being a woman is not a preexisting condition. We owe female servicemembers the same access to contraception and family planning services as the women they fight to protect.* **Rep. Jackie Speier** (D-CA) (press release, 09/17/2014).²³

GLOBAL SEXUAL AND REPRODUCTIVE HEALTH ACT

- Promotes sexual and reproductive health as U.S. foreign-assistance priorities, including access to contraception, abortion, and reproductive-health information as means of promoting maternal health and reproductive rights worldwide.
- Directs assistance toward programs with a particular emphasis on young people ages 10-25.
- Overrides the Helms Amendment and permits U.S. foreign assistance for lawful abortion-related services.
- Legislatively prevents the re-imposition of the Global Gag Rule, which prohibits overseas organizations from providing or discussing most abortions.

House Sponsor: Rep. Yvette Clarke (D-NY)

Total cosponsors: 40

PRECURSOR

The bill was introduced in the 111th (HR5121) and 112th (HR1319) Congresses but failed to make it out of committee each session.

KEY MOMENTS

09/27/13: Introduced in the House.

MESSAGES

Reproductive health champions promoted the legislation as an important step forward in increasing the efficacy and scope of U.S. foreign-assistance efforts.

- *The Global Sexual and Reproductive Act offers the United States the chance to be a leader as the world confronts the many development challenges we face. Doing so will make ours a better, healthier, and more stable world. HR 3206 embodies a truly comprehensive and human rights-based approach that promotes the health of children, young people, women, and men through our foreign assistance programs, and that is a win-win for all.* **Rep. Yvette Clarke** (D-NY) (RH Reality Check, 09/27/13).²⁴
- *Fulfilling the need for sexual and reproductive health services would produce dramatic results. For example, providing contraceptives to the 215 million women in developing countries who are not able to access modern contraceptive methods would avert: 53 million unintended pregnancies; 150,000 women from dying of pregnancy-related complications; 600,000 children from losing their mothers, and 25 million induced abortions each year. Simultaneously investing in family planning services and pregnancy-related care would achieve even greater results by slashing maternal deaths by 70% and newborn deaths by almost half.* **Rep. Yvette Clarke** (D-NY) (press release, 12/21/2010).²⁵
- *This legislation will arm women throughout the world with the knowledge and resources they need to make the best choices for themselves and their families. As a public health nurse, I have long advocated for comprehensive reproductive health education to reduce the transmission of disease and preventable death.* **Rep. Louise Capps** (D-CA) (press release, 12/21/2010).²⁶



APPENDIX INTRODUCTION

This appendix provides an overview of the number and breadth of reproductive rights-related bills and resolutions introduced in the 113th Congress. The list is not intended to be exhaustive; many more bills, such as those impacting other areas of health, wages, and LGBTQ rights, affect access to reproductive health care for people across the country. The primary criterion for inclusion was whether the bill or resolution would have had a direct impact on access to abortion or contraception or information about either.

The appendix is divided into four sections. In Tables 1 and 2 (House and Senate, respectively), bills that would restrict reproductive rights and freedoms are categorized according to the predominant strategies pursued by legislators in the 113th Congress:

- Repealing or weakening the Affordable Care Act (ACA), which would reduce access to affordable reproductive health care and Medicaid;
- Restricting abortion access by attacking insurance coverage and/or erecting financial barriers to accessing abortion;
- Restricting or banning abortion, either in particular circumstances or overall (e.g., “personhood” measures);
- Targeting reproductive health care providers for onerous and medically unnecessary requirements;
- Allowing medical professionals, hospitals, and other health care entities to refuse to provide reproductive health care services without adequately protecting patients’ rights to care;
- Targeting underserved populations, including minors, persons with low incomes, and racial and ethnic minorities; or
- Making contraception more difficult and/or expensive to access.

Table 3 summarizes legislation introduced in the House and Senate that would advance reproductive rights and freedoms. Cosponsor counts in Tables 1, 2, and 3 are current as of December 12, 2014.

New to this report is a separate chart of existing health care and coverage restrictions that unjustly limit access to abortion for targeted populations (Table 4). The majority of these restrictions are appropriations riders, which must be renewed on an annual basis through the budget process, rather than permanent statutory limitations. Despite the harms caused to those who are impacted, these measures often get little notice within or outside of Congress, which is why we have chosen to spotlight them in a new way.

Title: House Bills that Restrict Reproductive Rights and Freedom

Short Title	Total cosponsor count	Bipartisan?	Final Status	Repeal or weaken the ACA	Restrict abortion access: Insurance coverage & other financial limitations
HR23: Sanctity of Human Life Act	41	N	<i>Died in committee</i>		
HR45: Patient Choice Restoration Act	129	N	<i>Passed House 229-195 (Vote No. 154).</i>	X	
HR61: Title X Abortion Provider Act	93	Y	<i>Died in committee</i>		X
HR132: ObamaCare Repeal Act	3	N	<i>Died in committee</i>	X	
HR217: Title X Abortion Provider Prohibition Act	184	Y	<i>Died in committee</i>		X
HR346: Stop Abortion Funding in Multi-state Exchange Plans Act (SAFE Act)	73	Y	<i>Died in committee</i>		X
HR447: Prenatal Nondiscrimination Act (PRENDA) of 2013	120	Y	<i>Died in committee</i>		
HR493: Homeland Security Respect for Life Act	42	Y	<i>Died in committee</i>		X
HR567: State Health Flexibility Act of 2013	51	N	<i>Died in committee</i>	X	X
HR718: Abstinence Education Reallocation Act of 2013	65	Y	<i>Died in committee</i>		
HR732: Child Interstate Abortion Notification Act	118	Y	<i>Died in committee</i>		
HR779: Access to Insurance for All Americans Act	2	N	<i>Died in committee</i>	X	X
HR940: Health Care Conscience Rights Act	196	Y	<i>Died in committee</i>		X
HR1091: Life at Conception Act	133	Y	<i>Died in committee</i>		
HR1122: Protecting Life in Funding Education Act (PRO-LIFE Act)	59	Y	<i>Died in committee</i>		
HR1797: District of Columbia Pain-Capable Unborn Child Protection Act	185	Y	<i>Passed House 228-196 (Vote No. 251).</i>		

Restrict abortion access: Non-financial limitations, including complete or partial bans	Target reproductive health care providers	Allow refusal to provide reproductive health care services	Target underserved populations (e.g. minors)	Restrict contraception access
X				X
			X	X
	X		X	X
			X	X
	X		X	X
X	X		X	
X		X	X	
		X	X	X
			X	X
X	X		X	
			X	X
		X		X
X				X
X	X		X	
X				

Short Title	Total cosponsor count	Bipartisan?	Final Status	Repeal or weaken the ACA	Restrict abortion access: Insurance coverage & other financial limitations
HR1860: Criminal Code Modernization and Simplification Act of 2013	1	N	<i>Died in committee</i>		
H. Res. 206: A resolution expressing the sense of the House of Representatives that Congress and the States should investigate and correct abusive, unsanitary, and illegal abortion practices.	7	N	<i>Died in committee</i>		
HR7: No Taxpayer Funding for Abortion and Abortion Insurance Full Disclosure Act of 2014	172	Y	<i>Passed House 227-188 (Vote No. 30).</i>	X	X
HR2009: Keep the IRS Off Your Health Care Act of 2013	146	N	<i>Passed House 232-185 (Vote No. 447).</i>	X	
HR2022: To prohibit the implementation or enforcement of any requirement of the Patient Protection and Affordable Care Act . . .	40	N	<i>Died in committee</i>	X	
HR2087: Protecting Taxpayer Dollars and Identity under ObamaCare Act	5	N	<i>Died in committee</i>	X	
HR5: Student Success Act	13	N	<i>Passed House 221-207 (Vote No. 374).</i>		
HR2300: Empowering Patients First Act of 2013	59	N	<i>Died in committee</i>	X	X
HR2764: Sanctity of Life Act of 2013	10	N	<i>Died in committee</i>		
HR2900: Offering Patients True Individualized Options Now Act of 2013	1	N	<i>Died in committee</i>	X	X

Restrict abortion access: Non-financial limitations, including complete or partial bans	Target reproductive health care providers	Allow refusal to provide reproductive health care services	Target underserved populations (e.g. minors)	Restrict contraception access
X	X			
X	X			
			X	
			X	X
			X	X
			X	X
			X	X
		X	X	X
X				X
		X	X	X

Short Title	Total cosponsor count	Bipartisan?	Final Status	Repeal or weaken the ACA	Restrict abortion access: Insurance coverage & other financial limitations
HR2943: Schoolchildren's Health Protection Act	17	N	<i>Died in committee</i>		
HR2993: Taxpayer Conscience Protection Act of 2013	1	N	<i>Died in committee</i>		
HR3121: American Health Care Reform Act of 2013	134	N	<i>Died in committee</i>	X	X
HR3165: Common Sense Health Reform Americans Actually Want Act	2	N	<i>Died in committee</i>	X	X
HR 3279: Abortion Insurance Full Disclosure Act of 2013	142	Y	<i>Died in committee</i>		X
HR3522: Employee Health Care Protection Act of 2013	9	N	<i>Passed House 247-167 (Vote No. 495).</i>	X	
HR3601: Parental Notification and Intervention Act of 2013	32	N	<i>Died in committee</i>		
HR3622: Patient Centered Healthcare Savings Act of 2013	1	N	<i>Died in committee</i>	X	X
HR3932: Abortion Insurance Full Disclosure Act of 2014	1	N	<i>Died in committee</i>	X	X
HR3953: Health Plan Notice Requirements Act	1	N	<i>Died in committee</i>		X
HR4158: SIGMA Act of 2014	104	N	<i>Died in committee</i>	X	
HR4396: Religious Liberty Protection Act of 2014	8	N	<i>Died in committee</i>	X	
HR4731: Welfare Reform Act of 2014	14	N	<i>Died in committee</i>		X
HR5551: Heartbeat Informed Consent Act	13	N	<i>Died in committee</i>		
			Total:	17	17

Total Number of Bills: 40

Restrict abortion access: Non-financial limitations, including complete or partial bans	Target reproductive health care providers	Allow refusal to provide reproductive health care services	Target underserved populations (e.g. minors)	Restrict contraception access
	X		X	X
			X	
		X	X	X
		X	X	X
			X	X
X			X	
			X	X
			X	
		X		X
			X	
	X			
11	9	8	27	23

Title: Senate Bills that Restrict Reproductive Rights and Freedom

Short Title	Total cosponsor count	Bipartisan?	Current Status	Repeal or weaken the ACA
S13: Abstinence Education Reallocation Act of 2013	4	N	<i>Died in committee</i>	
S32: Child Custody Protection Act of 2013	7	N	<i>Died in committee</i>	
S83: Government Shutdown Prevention Act	1	N	<i>Died in committee</i>	X
S135: Title X Abortion Provider Prohibition Act	13	N	<i>Died in committee</i>	
S137: Abortion Non-Discrimination Act of 2013	10	N	<i>Died in committee</i>	
S138: Prenatal Nondiscrimination Act (PRENDA) of 2013	16	N	<i>Died in committee</i>	
S139: Pregnant Women Health and Safety Act	1	N	<i>Died in committee</i>	
S142: Hyde Amendment Codification Act	1	N	<i>Died in committee</i>	
S143: Health Care Provider and Hospital Conscience Protection Act	1	N	<i>Died in committee</i>	
S154: Preventing the Offering of Elective Coverage of Taxpayer-Funded Abortion (PROTECT) Act of 2013	17	N	<i>Died in committee</i>	
S177: ObamaCare Repeal Act	42	N	<i>Died in committee</i>	X
S356: Unborn Child Pain Awareness Act of 2013	10	N	<i>Died in committee</i>	
S369: Child Interstate Abortion Notification Act	29	N	<i>Died in committee</i>	
S499: Patient Choice Restoration Act	2	N	<i>Died in committee</i>	X
S583: Life at Conception Act	22	N	<i>Died in committee</i>	
S886: District of Columbia Pain-Capable Unborn Child Protection Act	35	N	<i>Died in committee</i>	

Restrict abortion access: Insurance coverage & other financial limitations	Restrict abortion access: Non-financial limitations, including complete or partial bans	Target reproductive health care providers	Allow refusal to provide reproductive health care services	Target underserved populations (e.g. minors)	Restrict contraception access
				X	X
	X			X	
				X	X
X		X		X	X
			X		
	X			X	
		X			
X				X	
X			X		X
X				X	
				X	X
		X			
	X			X	
					X
	X				X
	X				

Short Title	Total cosponsor count	Bipartisan?	Current Status	Repeal or weaken the ACA
S. Res. 133: A resolution expressing the sense of the Senate that Congress and the States should investigate and correct abusive, unsanitary, and illegal abortion practices.	33	N	<i>Died in committee</i>	
S946: No Taxpayer Funding for Abortion Act	28	N	<i>Died in committee</i>	
S983: Keep the IRS Off Your Health Care Act of 2013	3	N	<i>Died in committee</i>	X
S1204: Health Care Conscience Rights Act	22	N	<i>Died in committee</i>	
S1670: Pain-Capable Unborn Child Protection Act	41	N	<i>Died in committee</i>	
S1848: Abortion Insurance Full Disclosure Act of 2013	25	N	<i>Died in committee</i>	
S1851: Empowering Patients First Act of 2013	1	N	<i>Died in committee</i>	X
S2015: Welfare Reform and Upward Mobility Act	4	N	<i>Died in committee</i>	
S2430: Sigma Act of 2014	2	N	<i>Died in committee</i>	X
S2605: Preserving Religious Freedom and a Woman's Access to Contraception Act	17	N	<i>Died in committee</i>	
			Total:	6

Total Number of Bills: 26

Restrict abortion access: Insurance coverage & other financial limitations	Restrict abortion access: Non-financial limitations, including complete or partial bans	Target reproductive health care providers	Allow refusal to provide reproductive health care services	Target underserved populations (e.g. minors)	Restrict contraception access
	X	X			
X				X	
				X	X
			X	X	
	X				
X					
X			X	X	X
X				X	
			X	X	X
8	7	4	5	15	10

Title: Bills that Advance Reproductive Rights and Freedom

Short Title	Description	Total cosponsor count	Bipartisan?	Current Status
HR725: Real Education for Healthy Youth Act of 2013	Provides grants to support comprehensive sexuality education at elementary, middle, and high schools and institutions of higher education. Requires that such programs provide information on contraception and pregnancy prevention.	67	N	<i>Died in committee</i>
HR728: Access to Birth Control Act	Requires pharmacies that typically stock FDA-approved contraceptives to make those medications available without delay or harassment; requires pharmacies to assist customers in immediately accessing the medication at a nearby pharmacy if the medication is currently out of stock.	37	N	<i>Died in committee</i>
H.Res.94: Expressing the sense of the House of Representatives regarding women's health and economic security.	Resolves to make improving women's health a priority in the 113 th Congress; to ensure that all women have access to the best, available, scientifically based health care; to ensure that women have the autonomy to decide whether to have children, the number and spacing of their children, and to have medically accurate information, education, and access to health services to make these decisions; to ensure that women have access to affordable health care.	21	N	<i>Died in committee</i>
HR1389: Military Access to Reproductive Care and Health for Military Women Act (MARCH for Military Women Act)	Amends the U.S. Code to allow Department of Defense facilities to provide an abortion if the person pays for the abortion. Retains the current ban on the use of Department of Defense funds for abortions except in the case of life endangerment, rape, or incest.	68	N	<i>Died in committee</i>
HR1793: Global Partnerships Act of 2013	Establishes guidelines for foreign assistance, including support for maternal and family planning programs as part of comprehensive reproductive health care. Repeals the Helms and Siljander Amendments and prevents the reimposition of the Global Gag Rule by future administrations.	4	N	<i>Died in committee</i>
HR2030: Stop Deceptive Advertising for Women's Services Act	Directs the Federal Trade Commission to create rules prohibiting organizations that do not provide abortion services from advertising such that consumers believe that they do provide abortion services.	40	N	<i>Died in committee</i>
HR2457: Women's Preventative Health Awareness Campaign	Provides for a national public outreach and education campaign about the importance of women's preventative health care.	56	N	<i>Died in committee</i>
HR2738: Global Democracy Promotion Act	Allows foreign nongovernmental organizations (NGOs) to provide health care services, including counseling and referrals for abortion, that are legal in their countries without risking their U.S. foreign aid dollars; overrides the Global Gag Rule, which prohibits NGOs from receiving U.S. aid if they provide abortion-related services or information.	125	N	<i>Died in committee</i>

HR2947: International Women's Freedom Act of 2013	Expresses U.S. foreign policy with respect to, and strengthens U.S. advocacy on behalf of, individuals persecuted and denied their rights in foreign countries on account of gender.	4	N	<i>Died in committee</i>
HR3206: Global Sexual and Reproductive Health Act of 2013	Promotes the sexual and reproductive health of persons in developing countries by promoting access to comprehensive reproductive health care services, including contraception and safe abortion care; places a special emphasis on the reproductive health care needs of young people and persons in humanitarian emergencies.	40	N	<i>Died in committee</i>
HR3471: Women's Health Protection Act	Protects a woman's health by ensuring that abortion services will continue to be available by invalidating laws that single out abortion providers for requirements and restrictions that are medically unnecessary, that do not promote women's health or safety, and that limit access to abortion services.	133	N	<i>Died in committee</i>
HR3774: Repealing Ineffective and Incomplete Abstinence-Only Program Funding Act of 2013	Amends Title V of the Social Security Act to eliminate the abstinence-only education program, reallocating funds for more comprehensive sexual education programs that provide information on abstinence as well as contraception and other preventative services.	27	N	<i>Died in committee</i>
HR4240: The HEAL Immigrant Women & Families Act	Restores access to Medicaid and the Children's Health Insurance Program (CHIP) for all lawfully present immigrants who are otherwise eligible by reversing discriminatory restrictions placed on immigrants' access to health care coverage. Enables lawfully present young people (DREAMers) granted temporary relief to participate fully in Medicaid, CHIP, and the Affordable Care Act.	29	N	<i>Died in committee</i>
HR4578: Peace Corps Equity Act	Gives Peace Corps Volunteers the same limited abortion coverage under their health plans that federal employees receive (coverage in the cases of rape, incest, and a life-threatening pregnancy).	82	Y	<i>Died in committee</i>
HR5051: Protect Women's Health From Corporate Interference Act of 2014	Requires employers to comply with federal law regarding the content of health insurance plans, including requiring that all organizations provide no-cost-sharing coverage for contraception if mandated to do so under the Affordable Care Act. Includes the exemption from the contraception benefit for houses of worship and the accommodation for religious nonprofit organizations.	163	N	<i>Died in committee (failed procedural vote to have a full House vote)</i>
HR5294: Health Equity and Accountability Act of 2014	Establishes research and requirements related to health disparities impacting racial and ethnic minority communities, including Native American communities; provides funds for improving rural health; promotes maternal-infant health, particularly regarding gestational diabetes and birth defects; requires pharmacies to dispense FDA-approved contraception; requires access to emergency contraception for sexual assault survivors; provides grants for comprehensive sex ed; instructs the Surgeon General to promote emergency contraception through a public campaign.	82	N	<i>Died in committee</i>

Short Title	Description	Total cosponsor count	Bipartisan?	Current Status
HR5524: Access to Contraception for Women Servicemembers and Dependents Act of 2014	Requires TRICARE provide access to prescription contraception at no cost to all covered individuals, including dependents and non-active-duty members of the military. Requires that military members have access to comprehensive family planning counseling and education and access to emergency contraception for survivors of sexual assault.	71	N	<i>Died in committee</i>
S119: Global Democracy Promotion Act	Allows foreign nongovernmental organizations (NGOs) to provide health care services, including counseling and referrals for abortion, that are legal in their countries without risking their U.S. foreign aid dollars; overrides the Global Gag Rule, which prohibits NGOs from receiving U.S. aid if they provide abortion-related services or information.	23	Y	<i>Died in committee</i>
S372: Real Education for Healthy Youth Act	Provides grants to support comprehensive sexuality education at elementary, middle, and high schools and institutions of higher education. Requires such programs to provide information on contraception and pregnancy prevention.	7	N	<i>Died in committee</i>
S.Res.60: A resolution supporting women's reproductive health.	Resolves to ensure that women have access to contraception and other preventative services, receive medically accurate information about reproductive health care, and have access to affordable health insurance that covers pregnancy-related health care needs.	14	N	<i>Died in committee</i>
S777: Military Access to Reproductive Care and Health for Military Women Act (MARCH for Military Women Act)	Amends the U.S. Code to allow Department of Defense facilities to provide an abortion if the person pays for the abortion. Retains the current ban on the use of Department of Defense funds for abortions except in the case of life endangerment, rape, or incest.	21	N	<i>Died in committee</i>
S981: Stop Deceptive Advertising for Women's Services Act	Directs the Federal Trade Commission to create rules prohibiting organizations that do not provide abortion services from deceptively advertising such that consumers believe that they do provide abortions.	9	N	<i>Died in committee</i>
S1696: Women's Health Protection Act	Protects a woman's health by ensuring that abortion services will continue to be available by invalidating laws that single out abortion providers for requirements and restrictions that are medically unnecessary, that do not promote women's health or safety, and that limit access to abortion services.	35	N	<i>Died in committee</i>
S2291: Peace Corps Equity Act	Gives Peace Corps Volunteers the same limited abortion coverage under their health plans that federal employees receive (coverage in the cases of rape, incest, and a life-threatening pregnancy).	31	Y	<i>Died in committee</i>

S2578: Protect Women's Health From Corporate Interference Act of 2014	Requires employers to comply with federal law regarding the content of health insurance plans, including requiring that all organizations provide no-cost-sharing coverage for contraception if mandated to do so under the Affordable Care Act. Includes the exemption from the contraception benefit for houses of worship and the accomodation for religious nonprofit organizations.	47	N	<i>Died in committee (failed cloture vote in full Senate)</i>
S2625: Access to Birth Control Act	Requires pharmacies that typically stock FDA-approved contraceptives to make those medications available without delay or harassment; requires pharmacies to assist customers in immediately accessing the medication at a nearby pharmacy if the medication is currently out of stock.	22	N	<i>Died in committee</i>
S2687: Access to Contraception for Women Servicemembers and Dependents Act of 2014	Requires TRICARE provide access to prescription contraception at no cost to all covered individuals, including dependents and non-active-duty members of the military. Requires that military members have access to comprehensive family planning counseling and education and access to emergency contraception for survivors of sexual assault.	27	Y	<i>Died in committee</i>
S2876: Emergency Contraception Access and Education Act of 2014	Requires hospitals that accept Medicare or Medicaid to provide sexual assault survivors with accurate information about emergency contraception and provide the medication without delay; requires the Department of Health and Human Services to develop a public education campaign on emergency contraception.	8	N	<i>Died in committee</i>

Total Number of Bills: 28

Spotlight on Abortion Coverage Restrictions

Population Impacted	Type of Coverage Restriction ¹	Description	Where the Measure Lives	House Bills ²	Senate Bills	President's Budget ³	Current Status ⁴
Federal inmates	Rider	Federal inmates may not receive abortion coverage in any case unless their lives are endangered or the pregnancy is the result of rape.	Commerce, Justice, and Science Appropriations Bills	<i>Retained in FY14 & FY15 appropriations bills</i>	<i>Retained in FY14 & FY15 appropriations bills</i>	<i>Retained in FY14 & FY15 budget requests</i>	<i>Retained in HR83</i>
Immigrations and Customs Enforcement (ICE) detainees	Policy	ICE detainees may not receive abortion coverage in any case unless their lives are endangered or the pregnancy is the result of rape or incest. ICE currently follows this policy as a parallel to the Hyde Amendment (which impacts programs funded through the Department of Health and Human Services). In recent years Members of Congress have also introduced the restriction as a rider to the Homeland Security Appropriations Bill.	Department of Homeland Security Policy and Homeland Security Appropriations Bill	<i>Rider added in FY14 & FY15 appropriations bills</i>	<i>Rider added in FY14 appropriations bill; excluded from FY15 appropriations bill</i>	<i>Rider excluded from FY15 budget requests</i>	<i>Current DHS policy</i>
Medicaid & Medicare enrollees	Rider	Medicaid and Medicare enrollees may not receive abortion coverage in any case unless their lives are endangered or the pregnancy is the result of rape or incest. This rider is known as the Hyde Amendment. ⁵	Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill	<i>No LHHS appropriations bill for FY14 or FY15</i>	<i>Retained in FY14 appropriations bill; no FY15 appropriations bill drafted for LHHS</i>	<i>Retained in FY14 & FY15 budget requests</i>	<i>Retained in HR83</i>
Any foreign-assistance recipient.	Rider	U.S. foreign aid dollars may not go to organizations that provide abortion care in any circumstances. This is known as the Helms Amendment.	State, Foreign Operations, and Related Programs Appropriations Bill	<i>Retained in FY14 & FY15 appropriations bills</i>	<i>Retained in FY14 & FY15 appropriations bills</i>	<i>Retained in FY14 & FY15 budget requests</i>	<i>Retained in HR83</i>

¹ Riders are additional provisions added to a bill that have little to do with the subject matter of the bill. They are often used to pass a controversial measure that would not pass on its own. The riders noted below have been added to appropriations bills that provide funding for federal departments and programs. As such, they must be renewed regularly.

² The House and Senate negotiated a large spending package, HR83, in December 2014. The bills included in the "House" and "Senate" columns here do not include this measure, which was negotiated as a single bill but was based off of the individual bills noted below.

³ The President submits a budget request to Congress for each fiscal year. Though it does not have the force of law, it represents the Administration's intended revenue and spending plans for the following year and is a powerful statement of the Administration's priorities.

⁴ HR83 is the spending package passed in December 2014 that funds the government through September 30, 2015. The Department of Homeland Security was separately funded through February 27, 2015.

⁵ Native Americans who use the Indian Health Service are also statutorily limited to coverage based on the version of Hyde in place at any given time.

Any foreign-assistance recipient.	Rider	U.S. foreign aid dollars may not go to organizations that lobby on abortion in any circumstances. This is known as the Siljander Amendment.	State, Foreign Operations, and Related Programs Appropriations Bill	<i>Retained in FY14 & FY15 appropriations bills</i>	<i>Retained in FY14 & FY15 appropriations bills</i>	<i>Retained in FY14 & FY15 budget requests</i>	<i>Retained in HR83</i>
Non-U.S. NGOs that provide abortion-related services or information.	Executive order or rider	U.S. foreign assistance funds may not go to organizations that perform or discuss abortion (other than in the cases of rape, incest, and life-endangerment of the woman) with anyone who receives their services. This is known as the Global Gag Rule or the Mexico City Rule. This rule is currently not in effect, per an executive memorandum by President Obama.	State, Foreign Operations, and Related Programs Appropriations Bill	<i>Added to FY14 & FY15 appropriations bills</i>	<i>Not added to FY14 or FY15 appropriations bills</i>	<i>Not added to FY14 or FY15 budget requests</i>	<i>Not current policy</i>
Peace Corps Volunteers	Rider	Peace Corps Volunteers may not receive abortion coverage, including in cases of rape or life endangerment.	State, Foreign Operations, and Related Programs Appropriations Bill	<i>Retained in FY14 appropriations bill; in FY15 the House added exceptions for life endangerment, rape, and incest</i>	<i>In FY14 and FY15 the Senate added exceptions for life endangerment, rape, and incest</i>	<i>In FY14 and FY15 the President added exceptions for life endangerment, rape, and incest in the budget requests</i>	<i>HR83 allows Peace Corps to cover abortion services in the cases of rape, incest, and where a pregnancy threatens the volunteer's life</i>
Federal employees and their dependents	Rider	Federal employees and their dependents may not receive abortion coverage unless the pregnancy is endangering their lives or if the pregnancy is the result of rape or incest.	Financial Services and General Government Appropriations Bill	<i>Retained in FY14 & FY15 appropriations bills</i>	<i>Retained in FY14 appropriations bill; no FY15 appropriations bill drafted for FSGG</i>	<i>Retained in FY14 & FY15 budget requests</i>	<i>Retained in HR83</i>
DC residents	Rider	Unlike the 50 states, the District of Columbia is prohibited from using its locally raised funds to provide abortion coverage in cases beyond life endangerment, rape, or incest to its Medicaid & Medicare recipients.	Financial Services and General Government Appropriations Bill	<i>Retained in FY14 & FY15 appropriations bills</i>	<i>Excluded from FY14 appropriations bill; no FY15 appropriations bill for FSGG</i>	<i>Excluded from FY14 and FY15 budget requests</i>	<i>Retained in HR83</i>

Military members and their families, including survivors and former spouses	Codified in statute	TRICARE, the military health program, provides no coverage for abortion unless the servicemember's life is endangered or the pregnancy is the result of rape or incest. In addition, military health facilities will not provide an abortion except in the above circumstances and service members may not use their own funds to pay for the procedure in other circumstances.	10 U.S. Code § 1093	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	<i>Current law</i>
People using Title X facilities	Codified in statute	Title X funds may not be used to provide abortion care.	42 U.S. Code § 300a-6	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	<i>Current law</i>

ENDNOTES

Section I

- ¹ CENTER FOR REPRODUCTIVE RIGHTS (2013), AVAILABLE AT [HTTP://REPRODUCTIVERIGHTS.ORG/SITES/CRR.CIVIC ACTIONS.NET/FILES/DOCUMENTS/CRR_GR_WRAPUp_3.13.PDF](http://REPRODUCTIVERIGHTS.ORG/SITES/CRR.CIVIC ACTIONS.NET/FILES/DOCUMENTS/CRR_GR_WRAPUp_3.13.PDF).
- ² *Markup of: H.R. 1797, the "District Of Columbia Pain-Capable Unborn Child Protection Act" as Amended and Rep'd to the Full Comm. by the Subcomm. on the Const. and Civil Justice*, 113th Cong. 32 (June 6, 2013) (statement of Rep. Franks, Member, House Comm. on the Judiciary), available at http://judiciary.house.gov/_files/hearings/Markups%202013/mark_06122013/061213%20Markup%20Transcript.pdf; Aaron Blake, *GOP Congressman: Rate of Pregnancies from Rape is 'Very Low'*, WASH. POST, JUNE 12, 2013, [HTTP://WWW.WASHINGTONPOST.COM/BLOGS/POST-POLITICS/WP/2013/06/12/GOP-CONGRESSMAN-RATE-OF-PREGNANCIES-FROM-RAPE-IS-VERY-LOW/](http://WWW.WASHINGTONPOST.COM/BLOGS/POST-POLITICS/WP/2013/06/12/GOP-CONGRESSMAN-RATE-OF-PREGNANCIES-FROM-RAPE-IS-VERY-LOW/).
- ³ Sharona Coutts, *Exclusive: Results of Congressional 'Fishing Expedition' Show Abortion is Already Highly Regulated, Overwhelmingly Safe*, R.H. REALITY CHECK, AUG. 21, 2013, [HTTP://RHREALITYCHECK.ORG/ARTICLE/2013/08/21/EXCLUSIVE-RESULTS-OF-CONGRESSIONAL-FISHING-EXPEDITION-SHOW-ABORTION-IS-ALREADY-HIGHLY-REGULATED-OVERWHELMINGLY-SAFE/](http://RHREALITYCHECK.ORG/ARTICLE/2013/08/21/EXCLUSIVE-RESULTS-OF-CONGRESSIONAL-FISHING-EXPEDITION-SHOW-ABORTION-IS-ALREADY-HIGHLY-REGULATED-OVERWHELMINGLY-SAFE/).
- ⁴ Laura Bassett, *GOP Senators Urge Harry Reid to Bring Up Abortion Bill*, HUFFINGTON POST, MAY 7, 2014, [HTTP://WWW.HUFFINGTONPOST.COM/2014/05/07/20-WEEK-ABORTION-BAN_N_5282191.HTML](http://WWW.HUFFINGTONPOST.COM/2014/05/07/20-WEEK-ABORTION-BAN_N_5282191.HTML); ELISE VIEBECK, *House Republicans Demand Senate Vote on Abortion Bill*, THE HILL, JUNE 2, 2014, [HTTP://THEHILL.COM/POLICY/HEALTHCARE/2014/06/02/HOUSE-REPUBLICANS-DEMAND-SENATE-VOTE-ON-ABORTION-BILL](http://THEHILL.COM/POLICY/HEALTHCARE/2014/06/02/HOUSE-REPUBLICANS-DEMAND-SENATE-VOTE-ON-ABORTION-BILL).
- ⁵ Louise Radnofsky & Ashby Jones, *Support Grows for Roe v. Wade*, WALL ST. J., JAN. 22, 2013, AT A2, [HTTP://ONLINE.WSJ.COM/NEWS/ARTICLES/SB10001424127887323301104578255831504582200](http://ONLINE.WSJ.COM/NEWS/ARTICLES/SB10001424127887323301104578255831504582200); SEE ALSO MICHAEL LIPKA, *5 Facts About Abortion*, PEW RESEARCH CTR. (JAN. 22, 2014), [HTTP://WWW.PEWRESEARCH.ORG/FACT-TANK/2014/01/22/5-FACTS-ABOUT-ABORTION/](http://WWW.PEWRESEARCH.ORG/FACT-TANK/2014/01/22/5-FACTS-ABOUT-ABORTION/) ("MORE THAN SIX-IN-TEN (63%) U.S. ADULTS SAY THEY WOULD NOT LIKE TO SEE THE SUPREME COURT COMPLETELY OVERTURN *ROE V. WADE*, WHILE ABOUT THREE-IN-TEN (29%) WANT TO SEE THE RULING OVERTURNED. THESE FIGURES HAVE REMAINED RELATIVELY STABLE FOR MORE THAN 20 YEARS.").
- ⁶ Elizabeth Nash et al, *Laws Affecting Reproductive Health and Rights: 2013 State Policy Review*, GUTTMACHER INST. (2013), AVAILABLE AT [HTTP://WWW.GUTTMACHER.ORG/STATECENTER/UPDATES/2013/STATETRENDS42013.HTML](http://WWW.GUTTMACHER.ORG/STATECENTER/UPDATES/2013/STATETRENDS42013.HTML). FROM 2011-2013, 205 ABORTION RESTRICTIONS WERE ENACTED: 92 IN 2011, 43 IN 2012, AND 70 IN 2013. *Id.*
- ⁷ See, e.g., Rachel Benson Gold & Elizabeth Nash, *TRAP Laws Gain Political Traction While Abortion Clinics—And the Women They Serve—Pay the Price*, 16 GUTTMACHER POL'Y REV. 2, 7 (2013), AVAILABLE AT [HTTP://WWW.GUTTMACHER.ORG/PUBS/GPR/16/2/GPR160207.PDF](http://WWW.GUTTMACHER.ORG/PUBS/GPR/16/2/GPR160207.PDF) ("[H]AVING MOSTLY EXHAUSTED LEGAL MEANS OF DISCOURAGING WOMEN FROM CHOOSING ABORTION, OPPONENTS RECENTLY HAVE STEPPED UP THEIR EFFORTS TO BLOCK CLINICS FROM PROVIDING THEM. MORE THAN HALF THE STATES NOW HAVE LAWS INSTITUTING ONEROUS AND IRRELEVANT LICENSING REQUIREMENTS, KNOWN AS TARGETED REGULATION OF ABORTION PROVIDER (TRAP) LAWS, WHICH HAVE NOTHING TO DO WITH PROTECTING WOMEN AND EVERYTHING TO DO WITH SHUTTING DOWN CLINICS.").
- ⁸ For example, in 2013, North Dakota enacted a ban on abortion as early as six weeks of pregnancy—before many women even know they are pregnant. H.R. 1456, 63d Leg. Assem., Reg. Sess. (N.D. 2013); see also *MKB Mgmt. Corp. v. Burdick*, No. 1:13-CV-071, 2014 WL 1653201, at *1, (D.N.D. Apr. 16, 2014) (finding H.R. 1456 unconstitutional, stating "[t]he North Dakota strict ban on abortions at the time when a 'heartbeat' has been detected—essentially banning all abortions as early as six weeks of pregnancy—cannot withstand a constitutional challenge."), *appeal filed*, No. 14-2128 (8th Cir. May 14, 2014). That same year, Arkansas passed another unconstitutional pre-viability ban restricting abortion starting at 12 weeks. Ark. Code Ann. §§ 20–16–1301 to –1307; *Edwards v. Beck*, No. 4:13CV00224 SWW, 2014 WL 1245267 (E.D. Ark. Mar. 14, 2014) (finding law unconstitutional and granting motion for partial summary judgment), *appeal filed*, No. 14-1891 (8th Cir. Apr. 16, 2014).
- ⁹ For hearing materials, see *S. 1696 The Women's Health Protection Act: Removing Barriers to Constitutionally Protected Reproductive Rights*, 113th Cong. (2014) (U.S. Senate Comm. on the Judiciary), available at [HTTP://WWW.JUDICIARY.SENATE.GOV/MEETINGS/S1696-THE-WOMENS-HEALTH-PROTECTION-ACT-REMOVING-BARRIERS-TO-CONSTITUTIONALLY-PROTECTED-REPRODUCTIVE-RIGHTS](http://WWW.JUDICIARY.SENATE.GOV/MEETINGS/S1696-THE-WOMENS-HEALTH-PROTECTION-ACT-REMOVING-BARRIERS-TO-CONSTITUTIONALLY-PROTECTED-REPRODUCTIVE-RIGHTS). Senator Tammy Baldwin (D-WI), Representative Judy Chu (D-CA27), Wisconsin State Representative Chris Taylor (D-Madison), Dr. Willie Parker (Northwestern University, abortion provider and reproductive justice advocate), and Nancy Northup (President & CEO, Center for Reproductive Rights) testified in support of the Women's Health Protection Act. Representatives Diane Black (R-TN6) and Marsha Blackburn (R-TN7), along with Carol Tobias (President, National Right to Life) and Dr. Monique Chireau (Duke University, member of American Association of Pro-Life Obstetrician and Gynecologists) testified in opposition. *Id.*
- ¹⁰ The Medicaid program is a federal-state partnership. Federal appropriations restrictions prohibit the use of federal dollars to fund most abortion care, but states are free to use their own funds to cover those services. Anti-choice members of Congress, however, routinely interfere in the District of Columbia by denying the district the ability to use even its own locally-raised funds to provide abortion care to low income residents.
- ¹¹ Consolidated and Further Continuing Appropriations Act, 2015, HR 83, 113th Cong. (as passed Senate, December 13, 2014).
- ¹² Laura Bassett, *Congresswomen Pen Stinging Memo to House GOP*, HUFFINGTON POST, JAN. 10, 2014, [HTTP://WWW.HUFFINGTONPOST.COM/2014/01/10/REPUBLICANS-WOMEN_N_4577011.HTML](http://WWW.HUFFINGTONPOST.COM/2014/01/10/REPUBLICANS-WOMEN_N_4577011.HTML).
- ¹³ Kinsey Hasstedt, *Toward Equity and Access: Removing Legal Barriers to Health Insurance Coverage for Immigrants*, 16 GUTTMACHER POL'Y REV. 1, 5 (2013), AVAILABLE AT [HTTP://WWW.GUTTMACHER.ORG/PUBS/GPR/16/1/GPR160102.PDF](http://WWW.GUTTMACHER.ORG/PUBS/GPR/16/1/GPR160102.PDF).
- ¹⁴ *Id.* at 4.
- ¹⁵ *Id.* Among low-income women of reproductive age who are U.S. born, on the other hand, forty-four percent have coverage through the Medicaid program. *Id.*
- ¹⁶ See, e.g., CTR. FOR REPROD. RIGHTS & NAT'L LATINA INST. FOR REPROD. HEALTH, *NUESTRO VOZ, NUESTRO SALUD, NUESTRO TEXAS: THE FIGHT FOR WOMEN'S REPRODUCTIVE HEALTH IN THE RIO GRANDE VALLEY* (2013), [HTTP://WWW.NUESTROTEXAS.ORG/PDF/NT-SPREAD.PDF](http://WWW.NUESTROTEXAS.ORG/PDF/NT-SPREAD.PDF).
- ¹⁷ KAISER FAMILY FOUND., *KAISER HEALTH TRACKING POLL: FEBRUARY 2013* (2013), [HTTP://KFF.ORG/REPORT-SECTION/FEBRUARY-2013-TRACKING-POLL-FINDINGS/](http://KFF.ORG/REPORT-SECTION/FEBRUARY-2013-TRACKING-POLL-FINDINGS/). SIXTY-THREE PERCENT OF AMERICANS THINK THAT LAWFULLY PRESENT IMMIGRANTS SHOULD BE ELIGIBLE FOR MEDICAID AND FIFTY-NINE PERCENT BELIEVE THEY SHOULD RECEIVE ASSISTANCE FROM THE GOVERNMENT TO PURCHASE INSURANCE IF THEY DO NOT RECEIVE IT FROM THEIR EMPLOYER. *Id.*

- ¹⁸ *Burwell v. Hobby Lobby Stores, Inc.*, 134 S.Ct. 2751 (2014).
- ¹⁹ See, e.g., Laura Bassett, *Mitch McConnell Now Can Bring Up 20-Week Abortion Ban He Promised*, HUFFINGTON POST, Nov. 5, 2014, [HTTP://WWW.HUFFINGTONPOST.COM/2014/11/05/MITCH-MCCONNELL-ABORTION_N_6107754.HTML](http://www.huffingtonpost.com/2014/11/05/mitch-mcconnell-abortion_n_6107754.html); Laura Bassett, *GOP Candidates Appear More ‘Pro-Choice’ Ahead of Election*, HUFFINGTON POST, Oct. 31, 2014, [HTTP://WWW.HUFFINGTONPOST.COM/2014/10/31/GOP-PRO-CHOICE_N_6083710.HTML](http://www.huffingtonpost.com/2014/10/31/gop-pro-choice_n_6083710.html); Elise Viebeck, *GOP’s Birth Control Gamble*, THE HILL, Aug. 18, 2014, [HTTP://THEHILL.COM/POLICY/HEALTHCARE/215349-CAN-OVER-THE-COUNTER-BIRTH-CONTROL-PUSH-PAY-OFF-FOR-GOP](http://thehill.com/policy/healthcare/215349-can-over-the-counter-birth-control-push-pay-off-for-gop).
- ²⁰ Bassett, *Mitch McConnell Now Can Bring Up 20-Week Abortion Ban He Promised*, *supra* note 22.

Section II

- ¹ Though H.R.3206 was not highlighted in Section I of this report, it is included here as representative of the advances necessary to promote reproductive freedom abroad through U.S. foreign policy.
- ² *Markup of: H.R.1797, the “District of Columbia Pain-Capable Unborn Child Protection Act” as amended and reported to the full committee by the Subcommittee on the Constitution and Civil Justice; And, H.R.1944, the “Private Property Rights Protection Act of 2013,”* 113th Cong., H.R. Doc. No. HJU163000 at 23 (2013), *available at* [HTTP://JUDICIARY.HOUSE.GOV/_FILES/HEARINGS/MARKUPS%202013/MARK_06122013/061213%20MARKUP%20TRANSCRIPT.PDF](http://judiciary.house.gov/_files/hearings/markups%202013/mark_06122013/061213%20MARKUP%20TRANSCRIPT.PDF).
- ³ 160 Cong. Rec. H3739 (daily ed. June 18, 2013).
- ⁴ 160 Cong. Rec. S2936-42 (daily ed. May 13, 2014).
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