

113TH CONGRESS  
1ST SESSION

**S.** \_\_\_\_\_

To protect a woman’s right to determine whether and when to bear a child or end a pregnancy by limiting restrictions on the provision of abortion services.

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IN THE SENATE OF THE UNITED STATES

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\_\_\_\_\_ introduced the following bill; which was read twice and referred to the Committee on \_\_\_\_\_

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**A BILL**

To protect a woman’s right to determine whether and when to bear a child or end a pregnancy by limiting restrictions on the provision of abortion services.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Women’s Health Pro-  
5 tection Act of 2013”.

6 **SEC. 2. FINDINGS AND PURPOSE.**

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

8 (1) Access to safe, legal abortion services is es-  
9 sential to women’s health and central to women’s

1 ability to participate equally in the economic and so-  
2 cial life of the United States.

3 (2) Access to safe, legal abortion services has  
4 been hindered in the United States in various ways,  
5 including blockades of health care facilities and asso-  
6 ciated violence; restrictions on insurance coverage;  
7 restrictions on minors' ability to obtain services; and  
8 requirements and restrictions that single out abor-  
9 tion providers and those seeking their services, and  
10 which do not further women's health or the safety  
11 of abortion, but harm women by reducing the avail-  
12 ability of services.

13 (3) In the early 1990s, protests and blockades  
14 at health care facilities where abortions were per-  
15 formed, and associated violence, increased dramati-  
16 cally and reached crisis level, requiring Congres-  
17 sional action. Congress passed the Freedom of Ac-  
18 cess to Clinic Entrances Act (Public Law 103-259)  
19 to address that situation and ensure that women  
20 could physically access abortion services.

21 (4) Since 2010, there has been an equally dra-  
22 matic increase in the number of laws and regulations  
23 singling out abortion that threaten women's health  
24 and their ability to access safe abortion services by  
25 interfering with health care professionals' ability to

1 provide such services. Congressional action is now  
2 necessary to put an end to these restrictions. In ad-  
3 dition, there has been a dramatic increase in the  
4 passage of laws that blatantly violate the constitu-  
5 tional protections afforded women, such as bans on  
6 abortions prior to viability.

7 (5) Legal abortion is one of the safest medical  
8 procedures in the United States. That safety is  
9 furthered by regulations that are based on science  
10 and are generally applicable to the medical profes-  
11 sion or to medically comparable procedures.

12 (6) Many State and local governments are im-  
13 posing restrictions on the provision of abortion that  
14 are neither science-based nor generally applicable to  
15 the medical profession or to medically comparable  
16 procedures. Though described by their proponents as  
17 health and safety regulations, many of these abor-  
18 tion-specific restrictions do not advance the safety of  
19 abortion services and do nothing to protect women's  
20 health. Also, these restrictions interfere with wom-  
21 en's personal and private medical decisions, make  
22 access to abortion more difficult and costly, and  
23 even make it impossible for some women to obtain  
24 those services.

1           (7) These restrictions harm women’s health by  
2           reducing access not only to abortion services but also  
3           to the other essential health care services offered by  
4           the providers targeted by the restrictions, including  
5           contraceptive services, which reduce unintended  
6           pregnancies and thus abortions, and screenings for  
7           cervical cancer and sexually transmitted infections.  
8           These harms fall especially heavily on low-income  
9           women, women of color, and women living in rural  
10          and other medically underserved areas.

11          (8) The cumulative effect of these numerous re-  
12          strictions has been widely varying access to abortion  
13          services such that a woman’s ability to exercise her  
14          constitutional rights is dependent on the State in  
15          which she lives. Federal legislation putting a stop to  
16          harmful restrictions throughout the United States is  
17          necessary to ensure that women in all States have  
18          access to safe abortion services, an essential con-  
19          stitutional right repeatedly affirmed by the United  
20          States Supreme Court.

21          (9) Congress has the authority to protect wom-  
22          en’s ability to access abortion services pursuant to  
23          its powers under the Commerce Clause and its pow-  
24          ers under section 5 of the Fourteenth Amendment to

1 the Constitution to enforce the provisions of section  
2 1 of the Fourteenth Amendment.

3 (b) PURPOSE.—It is the purpose of this Act to pro-  
4 tect women’s health by ensuring that abortion services will  
5 continue to be available and that abortion providers are  
6 not singled out for medically unwarranted restrictions that  
7 harm women by preventing them from accessing safe abor-  
8 tion services. It is not the purpose of this Act to address  
9 all threats to access to abortion (for example, this Act does  
10 not apply to clinic violence, restrictions on insurance cov-  
11 erage of abortion, or requirements for parental consent or  
12 notification before a minor may obtain an abortion) which  
13 Congress should address through separate legislation as  
14 appropriate.

15 **SEC. 3. DEFINITIONS.**

16 In this Act:

17 (1) ABORTION.—The term “abortion” means  
18 any medical treatment, including the prescription of  
19 medication, intended to cause the termination of a  
20 pregnancy except for the purpose of increasing the  
21 probability of a live birth, to remove an ectopic preg-  
22 nancy, or to remove a dead fetus.

23 (2) ABORTION PROVIDER.—The term “abortion  
24 provider” means a health care professional who per-  
25 forms abortions.

1           (3) GOVERNMENT.—The term “government”  
2 includes a branch, department, agency, instrumen-  
3 tality, or individual acting under color of law of the  
4 United States, a State, or a subdivision of a State.

5           (4) HEALTH CARE PROFESSIONAL.—The term  
6 “health care professional” means a licensed medical  
7 professional (including physicians, certified nurse-  
8 midwives, nurse practitioners, and physician assist-  
9 ants) who is competent to perform abortions based  
10 on clinical training.

11           (5) PREGNANCY.—The term “pregnancy” refers  
12 to the period of the human reproductive process be-  
13 ginning with the implantation of a fertilized egg.

14           (6) STATE.—The term “State” includes each of  
15 the 50 States, the District of Columbia, the Com-  
16 monwealth of Puerto Rico, and each territory or pos-  
17 session of the United States.

18           (7) VIABILITY.—the term “viability” means the  
19 point in a pregnancy at which, in the good-faith  
20 medical judgment of the treating health care profes-  
21 sional, based on the particular facts of the case be-  
22 fore her or him, there is a reasonable likelihood of  
23 sustained fetal survival outside the uterus with or  
24 without artificial support.

1 **SEC. 4. PROHIBITED MEASURES AND ACTIONS.**

2 (a) GENERAL PROHIBITIONS.—The following limita-  
3 tions or requirements are unlawful and shall not be im-  
4 posed or applied by any government because they single  
5 out the provision of abortion services for restrictions that  
6 are more burdensome than those restrictions imposed on  
7 medically comparable procedures, they do not significantly  
8 advance women’s health or the safety of abortion services,  
9 and they make abortion services more difficult to access:

10 (1) A requirement that a medical professional  
11 perform specific tests or follow specific medical pro-  
12 cedures in connection with the provision of an abor-  
13 tion, unless generally required for the provision of  
14 medically comparable procedures.

15 (2) A limitation on an abortion provider’s abil-  
16 ity to delegate tasks, other than a limitation gen-  
17 erally applicable to providers of medically com-  
18 parable procedures.

19 (3) A limitation on an abortion provider’s abil-  
20 ity to prescribe or dispense drugs based on her or  
21 his good-faith medical judgment, other than a limi-  
22 tation generally applicable to the medical profession.

23 (4) A limitation on an abortion provider’s abil-  
24 ity to provide abortion services via telemedicine,  
25 other than a limitation generally applicable to the  
26 provision of medical services via telemedicine.

1           (5) A requirement or limitation concerning the  
2           physical plant, equipment, staffing, or hospital  
3           transfer arrangements of facilities where abortions  
4           are performed, or the credentials or hospital privi-  
5           leges or status of personnel at such facilities, that is  
6           not imposed on facilities or the personnel of facilities  
7           where medically comparable procedures are per-  
8           formed.

9           (6) A requirement that, prior to obtaining an  
10          abortion, a woman make one or more medically un-  
11          necessary visits to the provider of abortion services  
12          or to any individual or entity that does not provide  
13          abortion services.

14          (7) A requirement or limitation that prohibits  
15          or restricts medical training for abortion procedures,  
16          other than a requirement or limitation generally ap-  
17          plicable to medical training for medically comparable  
18          procedures.

19          (b) OTHER PROHIBITED MEASURES OR ACTIONS.—

20                 (1) IN GENERAL.—A measure or action that re-  
21                 stricts the provision of abortion services or the facili-  
22                 ties that provide abortion services that is similar to  
23                 any of the prohibited limitations or requirements de-  
24                 scribed in subsection (a) shall be unlawful if such  
25                 measure or action singles out abortion services or

1       make abortions services more difficult to access and  
2       does not significantly advance women’s health or the  
3       safety of abortion services.

4           (2) PRIMA FACIE CASE.—To make a prima  
5       facie showing that a measure or action is unlawful  
6       under paragraph (1) a plaintiff shall demonstrate  
7       that the measure or action involved—

8           (A) singles out the provision of abortion  
9       services or facilities in which abortion services  
10      are performed; or

11          (B) impedes women’s access to abortion  
12      services based on one or more of the factors de-  
13      scribed in paragraph (3).

14          (3) FACTORS.—Factors for a court to consider  
15      in determining whether a measure or action impedes  
16      access to abortion services for purposes of paragraph  
17      (2)(B) include the following:

18           (A) Whether the measure or action inter-  
19      feres with an abortion provider’s ability to pro-  
20      vide care and render services in accordance with  
21      her or his good-faith medical judgment.

22           (B) Whether the measure or action is rea-  
23      sonably likely to delay some women in accessing  
24      abortion services.

1           (C) Whether the measure or action is rea-  
2           sonably likely to directly or indirectly increase  
3           the cost of providing abortion services or the  
4           cost for obtaining abortion services (including  
5           costs associated with travel, childcare, or time  
6           off work).

7           (D) Whether the measure or action re-  
8           quires, or is reasonably likely to have the effect  
9           of necessitating, a trip to the offices of the  
10          abortion provider that would not otherwise be  
11          required.

12          (E) Whether the measure or action is rea-  
13          sonably likely to result in a decrease in the  
14          availability of abortion services in the State.

15          (F) Whether the measure or action im-  
16          poses criminal or civil penalties that are not im-  
17          posed on other health care professionals for  
18          comparable conduct or failure to act or that are  
19          harsher than penalties imposed on other health  
20          care professionals for comparable conduct or  
21          failure to act.

22          (G) The cumulative impact of the measure  
23          or action combined with other new or existing  
24          requirements or restrictions.

1           (4) DEFENSE.—A measure or action shall be  
2 unlawful under this subsection upon making a prima  
3 facie case (as provided for under paragraph (2)), un-  
4 less the defendant establishes, by clear and con-  
5 vincing evidence, that—

6           (A) the measure or action significantly ad-  
7 vances the safety of abortion services or the  
8 health of women; and

9           (B) the safety of abortion services or the  
10 health of women cannot be advanced by a less  
11 restrictive alternative measure or action.

12       (c) OTHER PROHIBITIONS.—The following restric-  
13 tions on the performance of abortion are unlawful and  
14 shall not be imposed or applied by any government:

15           (1) A prohibition or ban on abortion prior to  
16 fetal viability.

17           (2) A prohibition on abortion after fetal viabil-  
18 ity when, in the good-faith medical judgment of the  
19 treating physician, continuation of the pregnancy  
20 would pose a risk to the pregnant woman's life or  
21 health.

22           (3) A restriction that limits a pregnant wom-  
23 an's ability to obtain an immediate abortion when a  
24 health care professional believes, based on her or his

1 good-faith medical judgment, that delay would pose  
2 a risk to the woman's health.

3 (4) A measure or action that prohibits or re-  
4 stricts a woman from obtaining an abortion prior to  
5 fetal viability based on her reasons or perceived rea-  
6 sons or that requires a woman to state her reasons  
7 before obtaining an abortion prior to fetal viability.

8 (d) LIMITATION.—The provisions of this Act shall  
9 not apply to laws regulating physical access to clinic en-  
10 trances, requirements for parental consent or notification  
11 before a minor may obtain an abortion, insurance coverage  
12 of abortion, or the procedure described in section  
13 1531(b)(1) of title 18, United States Code.

14 (e) EFFECTIVE DATE.—This Act shall apply to gov-  
15 ernment restrictions on the provision of abortion services,  
16 whether statutory or otherwise, whether they are enacted  
17 or imposed prior to or after the date of enactment of this  
18 Act.

19 **SEC. 5. LIBERAL CONSTRUCTION.**

20 (a) LIBERAL CONSTRUCTION.—In interpreting the  
21 provisions of this Act, a court shall liberally construe such  
22 provisions to effectuate the purposes of the Act.

23 (b) RULE OF CONSTRUCTION.—Nothing in this Act  
24 shall be construed to authorize any government to inter-  
25 fere with a woman's ability to terminate her pregnancy,

1 to diminish or in any way negatively affect a woman's con-  
2 stitutional right to terminate her pregnancy, or to displace  
3 any other remedy for violations of the constitutional right  
4 to terminate a pregnancy.

5 **SEC. 6. ENFORCEMENT.**

6 (a) ATTORNEY GENERAL.—The Attorney General  
7 may commence a civil action for prospective injunctive re-  
8 lief on behalf of the United States against any government  
9 official that is charged with implementing or enforcing any  
10 restriction that is challenged as unlawful under this Act.

11 (b) PRIVATE RIGHT OF ACTION.—

12 (1) IN GENERAL.—Any individual or entity ag-  
13 grieved by an alleged violation of this Act may com-  
14 mence a civil action for prospective injunctive relief  
15 against the government official that is charged with  
16 implementing or enforcing the restriction that is  
17 challenged as unlawful under this Act.

18 (2) FACILITY OR PROFESSIONAL.—A health  
19 care facility or medical professional may commence  
20 an action for prospective injunctive relief on behalf  
21 of the facility's or professional's patients who are or  
22 may be adversely affected by an alleged violation of  
23 this Act.

24 (c) EQUITABLE RELIEF.—In any action under this  
25 section, the court may award appropriate equitable relief,

1 including temporary, preliminary, or permanent injunctive  
2 relief.

3 (d) COSTS.—In any action under this section, the  
4 court shall award the costs of litigation, including reason-  
5 able attorney and expert witness fees, to any prevailing  
6 or substantially prevailing plaintiff.

7 (e) JURISDICTION.—The district courts of the United  
8 States shall have jurisdiction over proceedings commenced  
9 pursuant to this section and shall exercise the same with-  
10 out regard to whether the party aggrieved shall have ex-  
11 hausted any administrative or other remedies that may be  
12 provided for by law.

13 **SEC. 7. PREEMPTION.**

14 No State or subdivision thereof shall enact or enforce  
15 any law, rule, regulation, standard, or other provision hav-  
16 ing the force and effect of law that conflicts with any pro-  
17 vision of this Act.

18 **SEC. 8. SEVERABILITY.**

19 If any provision of this Act, or the application of such  
20 provision to any person or circumstance, is held to be un-  
21 constitutional, the remainder of this Act, or the applica-  
22 tion of such provision to all other persons or cir-  
23 cumstances, shall not be affected thereby.