

118TH CONGRESS
1ST SESSION

S. 929

To amend the Foreign Assistance Act of 1961 to authorize the use of Federal foreign assistance funds for comprehensive reproductive health care services, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MARCH 22, 2023

Mr. BOOKER (for himself, Ms. SMITH, Ms. HIRONO, Ms. DUCKWORTH, Mr. BLUMENTHAL, Mr. CARDIN, Mrs. GILLIBRAND, Mr. MARKEY, Mr. MERKLEY, Mr. PADILLA, Mr. WELCH, Mr. SCHATZ, Ms. WARREN, Mr. HEINRICH, Mr. MURPHY, Ms. BALDWIN, Ms. KLOBUCHAR, Mr. WYDEN, Mr. SANDERS, Mrs. MURRAY, Mrs. FEINSTEIN, Mr. BROWN, Ms. ROSEN, Ms. CORTEZ MASTO, and Mr. LUJÁN) introduced the following bill; which was read twice and referred to the Committee on Foreign Relations

A BILL

To amend the Foreign Assistance Act of 1961 to authorize the use of Federal foreign assistance funds for comprehensive reproductive health care services, and for other purposes.

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 “Abortion is Health
5 Care Everywhere Act of 2023”.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

3 (1) Abortion is a critical component of sexual
4 and reproductive health care and should be acces-
5 sible and affordable for all people.

6 (2) All people have the right to make their own
7 choices about their sexual and reproductive health,
8 and to access quality and affordable sexual and re-
9 productive health care. International agreements
10 have recognized reproductive rights for over 25
11 years, and the Sustainable Development Goals,
12 which were adopted by United Nations in September
13 2015, reiterated the centrality of reproductive rights
14 to gender equality.

15 (3) Studies have repeatedly demonstrated that
16 when people, including young women and adolescent
17 girls, gender nonconforming individuals, and
18 transgender men, are able to control their reproduc-
19 tive lives, there are enormous social and economic
20 benefits, not just for the individual and their family,
21 but for entire communities. Countries that prioritize
22 reproductive health rights, justice, and human rights
23 are more likely to have better overall health among
24 their population.

1 (4) Health system cost is reduced when abor-
2 tion is widely available and integrated with other
3 types of health care.

4 (5) Without access to safe abortion care, people
5 risk their lives to end their pregnancies. At least
6 24,100 people in low- and middle-income countries
7 die every year as a result of complications from un-
8 safe abortions.

9 (6) Ninety-seven percent of unsafe abortions
10 occur in developing countries in Africa, Asia, and
11 Latin America. In low- and middle-income countries,
12 the annual cost of post-abortion care for all who
13 need it would be \$4,000,000,000. The majority of
14 this cost is attributed to treating complications from
15 abortions provided in unsafe conditions.

16 (7) Restricting abortion does not reduce either
17 the need for, or number of, abortions. Abortion rates
18 are similar in countries where it is highly restricted
19 by law and where it is broadly legal.

20 (8) As part of their commitment to prevent un-
21 safe abortions and preventable deaths and ensure all
22 people have access to comprehensive sexual and re-
23 productive health care and can exercise their right to
24 full control over their sexuality and reproduction, de-
25 veloping countries and donor governments must

1 work collaboratively to deploy funding, align policies,
2 and mobilize expertise to make safe abortion services
3 available to those seeking to terminate pregnancies.

4 (9) United States law restricting United States
5 foreign assistance funding from being used to pro-
6 vide safe abortion services has the effect of harming
7 people who seek to terminate their pregnancies in
8 several ways, including by blocking access to services
9 and erecting barriers to providers obtaining the
10 training and equipment needed to deliver care to
11 those in need.

12 (10) Since section 104(f)(1) of the Foreign As-
13 sistance Act of 1961 (22 U.S.C. 2151b(f)(1)) (com-
14 monly referred to as the “Helms amendment”) was
15 enacted in 1973, dozens of governments across the
16 globe have liberalized abortion laws and policies.

17 (11) In countries where the United States sup-
18 ports family planning and reproductive health care
19 and in which abortion is legal on at least some
20 grounds, support for safe abortion could avert over
21 19 million unsafe abortions and 17,000 maternal
22 deaths each year.

23 (12) When an abortion is performed in accord-
24 ance with World Health Organization (WHO) guide-
25 lines and standards, it is a simple and safe proce-

1 dure. The most recent WHO abortion guidelines rec-
2 ommend the full decriminalization of abortion and
3 removal of grounds-based restrictions on abortion.

4 (13) The *Dobbs v. Jackson Women’s Health*
5 Organization (142 S. Ct. 2228 (2022)) decision goes
6 against the global trend toward expanding access to
7 sexual and reproductive health and rights, including
8 abortion, and negatively impacts abortion access
9 across the United States and globally. The decision
10 has emboldened anti-abortion rights actors, in-
11 creased abortion stigma, and created new challenges
12 for countries that have relied on the *Roe v. Wade*
13 (410 U.S. 113 (1973)) decision in the liberalization
14 of their own laws.

15 **SEC. 3. STATEMENT OF POLICY.**

16 It is the policy of the United States Government—

17 (1) to recognize that safe abortion is a critical
18 component of comprehensive maternal and reproduc-
19 tive health care and should be included as part of
20 foreign assistance programs funded by the United
21 States Government;

22 (2) to make safe abortion widely available and
23 integrated with other types of health care; and

24 (3) to work to end unsafe abortion and promote
25 safe abortion services by providing funding and col-

1 laborating with affected governments and service
2 providers to provide training, commodities, equip-
3 ment, and access to safe abortion services.

4 **SEC. 4. AUTHORIZING THE USE OF FEDERAL FOREIGN AS-**
5 **SISTANCE FUNDS FOR COMPREHENSIVE RE-**
6 **PRODUCTIVE HEALTH CARE SERVICES.**

7 Section 104 of the Foreign Assistance Act of 1961
8 (22 U.S.C. 2151b) is amended—

9 (1) in subsection (f)—

10 (A) by striking paragraph (1); and

11 (B) by redesignating paragraphs (2) and
12 (3) as paragraphs (1) and (2), respectively;

13 (2) by redesignating subsection (g) as sub-
14 section (h); and

15 (3) by inserting after subsection (f), as amend-
16 ed, the following:

17 “(g) USE OF FUNDS FOR COMPREHENSIVE REPRO-
18 DUCTIVE HEALTH CARE SERVICES.—Notwithstanding
19 any other provision of law, funds made available to carry
20 out this part may be used to provide comprehensive repro-
21 ductive health care services, including abortion services,
22 training, and equipment.”.

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