

117TH CONGRESS
1ST SESSION

H. R. 3576

To amend the Foreign Assistance Act of 1961 to require a section on reproductive rights in the Annual Country Reports on Human Rights Practices, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 28, 2021

Ms. CLARK of Massachusetts (for herself, Mr. MEEKS, Ms. LEE of California, Ms. MENG, Ms. LOIS FRANKEL of Florida, Mrs. TORRES of California, Ms. JACOBS of California, Mr. AGUILAR, Mr. AUCHINCLOSS, Ms. BARRAGÁN, Ms. BASS, Mrs. BEATTY, Mr. BERA, Mr. BEYER, Mr. BLUMENAUER, Ms. BLUNT ROCHESTER, Ms. BONAMICI, Mr. BOWMAN, Mr. BROWN, Ms. BROWNLEY, Ms. BUSH, Mr. CARBAJAL, Mr. CARSON, Mr. CARTWRIGHT, Mr. CASE, Mr. CASTEN, Ms. CHU, Mr. CICILLINE, Ms. CLARKE of New York, Mr. COHEN, Mrs. WATSON COLEMAN, Mr. CONNOLLY, Mr. COOPER, Mr. COSTA, Mr. CRIST, Mr. DANNY K. DAVIS of Illinois, Ms. DEAN, Mr. DEFazio, Ms. DEGETTE, Ms. DELAURO, Ms. DELBENE, Mr. DELGADO, Mr. DESAULNIER, Mr. DEUTCH, Mrs. DINGELL, Mr. ESPAILLAT, Mr. EVANS, Mrs. FLETCHER, Mr. FOSTER, Ms. GARCIA of Texas, Mr. GARCÍA of Illinois, Mr. GOMEZ, Mr. GREEN of Texas, Mr. GRIJALVA, Ms. HOULAHAN, Mr. HUFFMAN, Ms. JACKSON LEE, Ms. JAYAPAL, Mr. JOHNSON of Georgia, Mr. JONES, Mr. KEATING, Ms. KELLY of Illinois, Mr. KHANNA, Mr. KILDEE, Mr. KILMER, Mr. KIND, Mrs. KIRKPATRICK, Mr. KRISHNAMOORTHY, Ms. KUSTER, Mrs. LAWRENCE, Mr. LEVIN of Michigan, Mr. LIEU, Mr. LOWENTHAL, Mrs. CAROLYN B. MALONEY of New York, Ms. MATSUI, Mrs. MCBATH, Ms. MCCOLLUM, Mr. MCEACHIN, Mr. MCGOVERN, Ms. MOORE of Wisconsin, Mr. MORELLE, Mr. MOULTON, Mr. NADLER, Mrs. NAPOLITANO, Mr. NEGUSE, Ms. NEWMAN, Ms. NORTON, Ms. OMAR, Mr. PANETTA, Mr. PAPPAS, Mr. PAYNE, Ms. PINGREE, Mr. POCAN, Ms. PRESSLEY, Mr. PRICE of North Carolina, Mr. QUIGLEY, Mr. RASKIN, Miss RICE of New York, Ms. ROSS, Mr. RUPPERSBERGER, Mr. RYAN, Ms. SÁNCHEZ, Mr. SARBANES, Ms. SCANLON, Ms. SCHAKOWSKY, Ms. SCHRIER, Ms. SEWELL, Mr. SHERMAN, Ms. SHERRILL, Mr. SIRES, Mr. SMITH of Washington, Mr. SOTO, Ms. SPEIER, Ms. STRICKLAND, Mr. SWALWELL, Mr. TAKANO, Ms. TITUS, Ms. TLAIB, Mr. TONKO, Mr. TORRES of New York, Mrs. TRAHAN, Mr. TRONE, Ms. UNDERWOOD, Mr. VARGAS, Ms. VELÁZQUEZ, Ms. WASSERMAN SCHULTZ, Ms. WATERS, Mr. WELCH, Ms. WEXTON, Ms. WILLIAMS of Georgia, Ms. WILSON of Florida, and Mr.

YARMUTH) introduced the following bill; which was referred to the Committee on Foreign Affairs

A BILL

To amend the Foreign Assistance Act of 1961 to require a section on reproductive rights in the Annual Country Reports on Human Rights Practices, 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 “Reproductive Rights
 5 are Human Rights Act of 2021”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) The United States has joined the inter-
 9 national community in identifying reproductive
 10 rights as human rights, including in connection with
 11 the 1994 International Conference on Population
 12 and Development, the 1995 Beijing World Con-
 13 ference on Women, and through its ratification of
 14 the International Covenant on Civil and Political
 15 Rights, done at New York December 19, 1966 (re-
 16 ferred to in this Act as “ICCPR”), the International
 17 Convention on the Elimination of All Forms of Ra-
 18 cial Discrimination, done at New York December 21,

1 1965, and the Convention against Torture and
2 Other Cruel, Inhuman or Degrading Treatment or
3 Punishment, done at New York December 10, 1984.

4 (2) General comment No. 36 (2018) on article
5 6 of the ICCPR, which was adopted by the Human
6 Rights Committee on October 30, 2018, asserts that
7 States parties—

8 (A) should ensure access for all persons to
9 “quality and evidence-based information and
10 education about sexual and reproductive health
11 and to a wide range of affordable contraceptive
12 methods”;

13 (B) “must provide safe, legal, and effective
14 access to abortion where the life and health of
15 the pregnant woman or girl is at risk, or where
16 carrying a pregnancy to term would cause the
17 pregnant woman or girl substantial pain or suf-
18 fering, most notably where pregnancy is the re-
19 sult of rape or incest or is not viable”;

20 (C) “ensure the availability of, and effec-
21 tive access to, quality prenatal and post-abor-
22 tion health care for women and girls”; and

23 (D) must not impose restrictions on the
24 ability of women or girls to seek abortion in a
25 manner that jeopardizes their lives, subjects

1 them to physical or mental pain or suffering,
2 discriminates against them, arbitrarily inter-
3 feres with their privacy, or places them at risk
4 of undertaking unsafe abortions.

5 (3) Reproductive coercion, which is any behav-
6 ior that interferes with autonomous decision making
7 about reproductive health outcomes, is a violation of
8 human rights.

9 (4) Lesbian, gay, bisexual, transgender, queer,
10 and intersex persons (LGBTQI+) face stigma and
11 discrimination in accessing reproductive health serv-
12 ices, and barriers, including anti-LGBTQI+ laws,
13 policies, and gender norms in countries. The denial
14 of access to sexual and reproductive health care and
15 associated human rights violations due to these bar-
16 riers should be reported in relevant Department of
17 State Annual Country Reports on Human Rights
18 Practices.

19 (5) Human rights are grounded in international
20 standards. The Department of State's deletion of
21 the reproductive rights subsection from its 2017,
22 2018, and 2019 Country Reports on Human Rights
23 Practices inappropriately politicized human rights of
24 people around the world.

1 (6) Limiting reproductive rights also limits
2 pathways to economic, social, and political empower-
3 ment. Sexual and reproductive health and rights are
4 essential for sustainable economic development, are
5 intrinsically linked to gender equality and women’s
6 well-being, and are critical to community health.

7 (7) The global COVID–19 pandemic has placed
8 at risk the fulfillment of reproductive rights. The
9 United Nations Office of the High Commissioner for
10 Human Rights has raised concerns that overloaded
11 health systems, shortages of medical supplies, and
12 disruptions of global supply chains have undermined
13 the sexual and reproductive health and rights of in-
14 dividuals.

15 **SEC. 3. ANNUAL COUNTRY REPORTS ON HUMAN RIGHTS**
16 **PRACTICES.**

17 (a) IN GENERAL.—The Foreign Assistance Act of
18 1961 (22 U.S.C. 2151 et seq.) is amended—

19 (1) in section 116(d) (22 U.S.C. 2151n(d)), by
20 amending paragraph (2) to read as follows:

21 “(2) the status of reproductive rights in each
22 country, including—

23 “(A) whether such country has adopted
24 and enforced policies—

1 “(i) to promote access to safe, effec-
2 tive, and affordable methods of contracep-
3 tion and comprehensive, accurate, non-
4 discriminatory family planning and sexual
5 health information;

6 “(ii) to promote access to a full range
7 of quality health care services to ensure
8 safe and healthy pregnancy and childbirth
9 free from violence and discrimination;

10 “(iii) to promote the equitable preven-
11 tion, detection, and treatment of sexually
12 transmitted infections, including HIV and
13 HPV, and of reproductive tract infections
14 and reproductive cancers; and

15 “(iv) to expand or restrict access to
16 safe abortion services or post-abortion
17 care, or to criminalize pregnancy-related
18 outcomes, including spontaneous mis-
19 carriages or pregnancies outside of mar-
20 riage;

21 “(B) a description of the rates and causes
22 of pregnancy-related injuries and deaths, in-
23 cluding deaths due to unsafe abortions;

24 “(C) a description of—

1 “(i) the nature and extent of in-
2 stances of discrimination, coercion, and vi-
3 olence against women, girls, and
4 LGBTQI+ individuals in all settings
5 where health care is provided, including in
6 detention;

7 “(ii) instances of obstetric violence,
8 involuntary or coerced abortion, involun-
9 tary or coerced pregnancy, coerced steri-
10 lization, use of incentives or disincentives
11 to lower or raise fertility, withholding of
12 information on reproductive health options,
13 and other forms of reproductive and sexual
14 coercion; and

15 “(iii) the actions, if any, taken by the
16 government of such country to respond to
17 such discrimination, coercion, and violence,
18 if applicable;

19 “(D) a description of—

20 “(i) the proportion of individuals of
21 reproductive age (15 through 49 years of
22 age) whose need for family planning is sat-
23 isfied with modern methods;

24 “(ii) the barriers such individuals face
25 in accessing such services;

1 “(iii) the nature and extent of in-
 2 stances of denial of comprehensive and ac-
 3 curate family planning information and
 4 services in such country; and

5 “(iv) the actions, if any, taken by the
 6 government of such country to address
 7 such denials; and

8 “(E) a description of—

9 “(i) disparities in access to family
 10 planning and reproductive health services
 11 and pregnancy-related health outcomes, in-
 12 cluding pregnancy-related injuries and
 13 deaths, based on race, ethnicity, indigenous
 14 status, language, religious affiliation, or
 15 other marginalized identity; and

16 “(ii) any measures taken by the gov-
 17 ernment of such country to hold health
 18 systems accountable for addressing such
 19 disparities;” and

20 (2) in section 502B (22 U.S.C. 2304)—

21 (A) by redesignating the second subsection

22 (i) (relating to child marriage status) as sub-
 23 section (j); and

24 (B) by adding at the end the following:

1 “(k) INCLUSION OF STATUS OF REPRODUCTIVE
2 RIGHTS IN ANNUAL COUNTRY REPORTS ON HUMAN
3 RIGHTS PRACTICES.—The report required under sub-
4 section (b) shall include a description of the status of re-
5 productive rights in each country, including—

6 “(1) whether such country has adopted and en-
7 forced policies—

8 “(A) to promote access to safe, effective,
9 and affordable methods of contraception and
10 comprehensive, accurate, non-discriminatory
11 family planning and sexual health information;

12 “(B) to promote access to a full range of
13 quality health care services to ensure safe and
14 healthy pregnancy and childbirth, free from vio-
15 lence and discrimination;

16 “(C) to promote the equitable prevention,
17 detection, and treatment of sexually transmitted
18 infections, including HIV and HPV, and of re-
19 productive tract infections and reproductive
20 cancers; and

21 “(D) to expand or restrict access to safe
22 abortion services or post-abortion care, or crim-
23 inalize pregnancy-related outcomes, including
24 spontaneous miscarriages and pregnancies out-
25 side of marriage;

1 “(2) a description of the rates and causes of
2 pregnancy-related injuries and deaths, including
3 deaths due to unsafe abortions;

4 “(3) a description of—

5 “(A) the nature and extent of instances of
6 discrimination, coercion, and violence against
7 women, girls and LGBTQI+ individuals in all
8 settings where health care is provided, including
9 in detention;

10 “(B) instances of coerced abortion, coerced
11 pregnancy, coerced sterilization, use of incen-
12 tives or disincentives to lower or raise fertility,
13 withholding of information on reproductive
14 health options, and other forms of reproductive
15 and sexual coercion; and

16 “(C) the actions, if any, taken by the gov-
17 ernment of such country to respond to such dis-
18 crimination, coercion, and violence, if applica-
19 ble;

20 “(4) a description of—

21 “(A) the proportion of individuals of repro-
22 ductive age (15 through 49 years of age) whose
23 need for family planning is satisfied with mod-
24 ern methods;

1 “(B) the barriers such individuals face in
2 accessing such services;

3 “(C) the nature and extent of instances of
4 denial of comprehensive and accurate family
5 planning information and services in such coun-
6 try; and

7 “(D) the actions, if any, taken by the gov-
8 ernment of such country to respond to such de-
9 nials; and

10 “(5) a description of—

11 “(A) disparities in access to family plan-
12 ning and reproductive health services and preg-
13 nancy-related health outcomes, including preg-
14 nancy-related injuries and deaths, based on
15 race, ethnicity, indigenous status, language, re-
16 ligious affiliation, or other marginalized iden-
17 tity; and

18 “(B) any measures taken by the govern-
19 ment of such country to hold health systems ac-
20 countable for addressing such disparities.”.

21 (b) CONSULTATION REQUIRED.—In preparing the
22 Annual Country Reports on Human Rights Practices re-
23 quired under sections 116(d) and 502B of the Foreign As-
24 sistance Act of 1961, as amended by subsection (a), the
25 Secretary of State, the Assistant Secretary of State for

1 Democracy, Human Rights, and Labor, and other relevant
2 officials, including human rights officers at United States
3 diplomatic and consular posts, shall consult with—

4 (1) representatives of United States civil society
5 and multilateral organizations with demonstrated ex-
6 perience and expertise in sexual and reproductive
7 health and rights or promoting the human rights of
8 women, girls, and LGBTQI+ persons;

9 (2) relevant local nongovernmental organiza-
10 tions in all countries included in such reports, in-
11 cluding organizations serving women, girls, and
12 LGBTQI+ persons that are focused on sexual and
13 reproductive health and rights; and

14 (3) relevant agencies and offices of the United
15 States Government that track or are otherwise in-
16 volved in the monitoring of reproductive and sexual
17 health around the world.

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