

116TH CONGRESS
2D SESSION

H. R. 7816

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

IN THE HOUSE OF REPRESENTATIVES

JULY 29, 2020

Ms. SCHAKOWSKY (for herself, Mrs. LOWEY, Ms. LEE of California, Ms. SPEIER, Ms. PRESSLEY, Ms. DEGETTE, and Mrs. TORRES of California) introduced the following bill; which was referred to the Committee on Foreign Affairs

A BILL

To amend the Foreign Assistance Act of 1961 to authorize the use of 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 2020”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

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

4 (2) All people have the right to make their own
5 choices about their sexual and reproductive health,
6 and to access quality and affordable sexual and re-
7 productive health care. International agreements
8 have recognized reproductive rights for over 25
9 years, and the 2015 Sustainable Development Goals
10 reiterated the centrality of reproductive rights to
11 gender equality.

12 (3) Studies have repeatedly demonstrated that
13 when people, including young women and adolescent
14 girls, gender non-conforming individuals, and
15 transgender men, are able to control their reproduc-
16 tive lives, there are enormous social and economic
17 benefits—not just for the individual and their fam-
18 ily, but for entire communities. Countries that
19 prioritize reproductive health, rights, and justice and
20 human rights are more likely to have better overall
21 health throughout.

22 (4) Health system cost is reduced when abor-
23 tion is widely available and integrated with other
24 types of health care.

1 (5) Without access to safe abortion care, people
2 risk their lives to end their pregnancies. At least
3 24,100 people in low- and middle-income countries
4 die every year from complications from unsafe abor-
5 tion.

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

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

17 (8) When abortions are performed in accord-
18 ance with World Health Organization (WHO) guide-
19 lines and standards, there is minimal risk of severe
20 complications or death.

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

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

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

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

18 **SEC. 3. STATEMENT OF POLICY.**

19 The following shall be the policy of the United States
20 Government:

21 (1) Safe abortion is a critical component of
22 comprehensive maternal and reproductive health
23 care and should be included as part of foreign assist-
24 ance programs funded by the United States Govern-
25 ment.

1 (2) Safe abortion is to be made widely available
2 and integrated with other types of health care.

3 (3) The United States Government should work
4 to end unsafe abortion and promote safe abortion
5 services by providing funding and collaborating with
6 affected governments and service providers to pro-
7 vide training, commodities and equipment, and ac-
8 cess to safe abortion services.

9 **SEC. 4. USE OF FUNDS FOR COMPREHENSIVE REPRODUC-**
10 **TIVE HEALTH CARE SERVICES.**

11 Section 104 of the Foreign Assistance Act of 1961
12 (22 U.S.C. 2151b) is amended—

13 (1) in subsection (f)—

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

15 (B) by redesignating paragraphs (2) and

16 (3) as paragraphs (1) and (2), respectively;

17 (2) by redesignating subsection (g) as sub-
18 section (h); and

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

21 “(g) **USE OF FUNDS FOR COMPREHENSIVE REPRO-**
22 **DUCTIVE HEALTH CARE SERVICES.**—Notwithstanding
23 any other provision of law, funds made available to carry
24 out this part may be used to provide comprehensive repro-

- 1 ductive health care services, including abortion services,
- 2 training, and equipment.”.

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