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(Original Signature of Member)

117TH CONGRESS
1ST SESSION

H. R. _____

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

Ms. CLARK of Massachusetts introduced the following bill; which was referred to the Committee on _____

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:

1 (1) The United States has joined the inter-
2 national community in identifying reproductive
3 rights as human rights, including in connection with
4 the 1994 International Conference on Population
5 and Development, the 1995 Beijing World Con-
6 ference on Women, and through its ratification of
7 the International Covenant on Civil and Political
8 Rights, done at New York December 19, 1966 (re-
9 ferred to in this Act as “ICCPR”), the International
10 Convention on the Elimination of All Forms of Ra-
11 cial Discrimination, done at New York December 21,
12 1965, and the Convention against Torture and
13 Other Cruel, Inhuman or Degrading Treatment or
14 Punishment, done at New York December 10, 1984.

15 (2) General comment No. 36 (2018) on article
16 6 of the ICCPR, which was adopted by the Human
17 Rights Committee on October 30, 2018, asserts that
18 States parties—

19 (A) should ensure access for all persons to
20 “quality and evidence-based information and
21 education about sexual and reproductive health
22 and to a wide range of affordable contraceptive
23 methods”;

24 (B) “must provide safe, legal, and effective
25 access to abortion where the life and health of

1 the pregnant woman or girl is at risk, or where
2 carrying a pregnancy to term would cause the
3 pregnant woman or girl substantial pain or suf-
4 fering, most notably where pregnancy is the re-
5 sult of rape or incest or is not viable”;

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

9 (D) must not impose restrictions on the
10 ability of women or girls to seek abortion in a
11 manner that jeopardizes their lives, subjects
12 them to physical or mental pain or suffering,
13 discriminates against them, arbitrarily inter-
14 feres with their privacy, or places them at risk
15 of undertaking unsafe abortions.

16 (3) Reproductive coercion, which is any behav-
17 ior that interferes with autonomous decision making
18 about reproductive health outcomes, is a violation of
19 human rights.

20 (4) Lesbian, gay, bisexual, transgender, queer,
21 and intersex persons (LGBTQI+) face stigma and
22 discrimination in accessing reproductive health serv-
23 ices, and barriers, including anti-LGBTQI+ laws,
24 policies, and gender norms in countries. The denial
25 of access to sexual and reproductive health care and

1 associated human rights violations due to these bar-
2 riers should be reported in relevant Department of
3 State Annual Country Reports on Human Rights
4 Practices.

5 (5) Human rights are grounded in international
6 standards. The Department of State's deletion of
7 the reproductive rights subsection from its 2017,
8 2018, and 2019 Country Reports on Human Rights
9 Practices inappropriately politicized human rights of
10 people around the world.

11 (6) Limiting reproductive rights also limits
12 pathways to economic, social, and political empower-
13 ment. Sexual and reproductive health and rights are
14 essential for sustainable economic development, are
15 intrinsically linked to gender equality and women's
16 well-being, and are critical to community health.

17 (7) The global COVID-19 pandemic has placed
18 at risk the fulfillment of reproductive rights. The
19 United Nations Office of the High Commissioner for
20 Human Rights has raised concerns that overloaded
21 health systems, shortages of medical supplies, and
22 disruptions of global supply chains have undermined
23 the sexual and reproductive health and rights of in-
24 dividuals.

1 **SEC. 3. ANNUAL COUNTRY REPORTS ON HUMAN RIGHTS**
2 **PRACTICES.**

3 (a) IN GENERAL.—The Foreign Assistance Act of
4 1961 (22 U.S.C. 2151 et seq.) is amended—

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

7 “(2) the status of reproductive rights in each
8 country, including—

9 “(A) whether such country has adopted
10 and enforced policies—

11 “(i) to promote access to safe, effec-
12 tive, and affordable methods of contracep-
13 tion and comprehensive, accurate, non-
14 discriminatory family planning and sexual
15 health information;

16 “(ii) to promote access to a full range
17 of quality health care services to ensure
18 safe and healthy pregnancy and childbirth
19 free from violence and discrimination;

20 “(iii) to promote the equitable preven-
21 tion, detection, and treatment of sexually
22 transmitted infections, including HIV and
23 HPV, and of reproductive tract infections
24 and reproductive cancers; and

25 “(iv) to expand or restrict access to
26 safe abortion services or post-abortion

1 care, or to criminalize pregnancy-related
2 outcomes, including spontaneous mis-
3 carriages or pregnancies outside of mar-
4 riage;

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

8 “(C) a description of—

9 “(i) the nature and extent of in-
10 stances of discrimination, coercion, and vi-
11 olence against women, girls, and
12 LGBTQI+ individuals in all settings
13 where health care is provided, including in
14 detention;

15 “(ii) instances of obstetric violence,
16 involuntary or coerced abortion, involun-
17 tary or coerced pregnancy, coerced steri-
18 lization, use of incentives or disincentives
19 to lower or raise fertility, withholding of
20 information on reproductive health options,
21 and other forms of reproductive and sexual
22 coercion; and

23 “(iii) the actions, if any, taken by the
24 government of such country to respond to

1 such discrimination, coercion, and violence,
2 if applicable;

3 “(D) a description of—

4 “(i) the proportion of individuals of
5 reproductive age (15 through 49 years of
6 age) whose need for family planning is sat-
7 isfied with modern methods;

8 “(ii) the barriers such individuals face
9 in accessing such services;

10 “(iii) the nature and extent of in-
11 stances of denial of comprehensive and ac-
12 curate family planning information and
13 services in such country; and

14 “(iv) the actions, if any, taken by the
15 government of such country to address
16 such denials; and

17 “(E) a description of—

18 “(i) disparities in access to family
19 planning and reproductive health services
20 and pregnancy-related health outcomes, in-
21 cluding pregnancy-related injuries and
22 deaths, based on race, ethnicity, indigenous
23 status, language, religious affiliation, or
24 other marginalized identity; and

1 “(ii) any measures taken by the gov-
2 ernment of such country to hold health
3 systems accountable for addressing such
4 disparities;”; and

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

6 (A) by redesignating the second subsection

7 (i) (relating to child marriage status) as sub-
8 section (j); and

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

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

15 “(1) whether such country has adopted and en-
16 forced policies—

17 “(A) to promote access to safe, effective,
18 and affordable methods of contraception and
19 comprehensive, accurate, non-discriminatory
20 family planning and sexual health information;

21 “(B) to promote access to a full range of
22 quality health care services to ensure safe and
23 healthy pregnancy and childbirth, free from vio-
24 lence and discrimination;

1 “(C) to promote the equitable prevention,
2 detection, and treatment of sexually transmitted
3 infections, including HIV and HPV, and of re-
4 productive tract infections and reproductive
5 cancers; and

6 “(D) to expand or restrict access to safe
7 abortion services or post-abortion care, or crim-
8 inalize pregnancy-related outcomes, including
9 spontaneous miscarriages and pregnancies out-
10 side of marriage;

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

14 “(3) a description of—

15 “(A) the nature and extent of instances of
16 discrimination, coercion, and violence against
17 women, girls and LGBTQI+ individuals in all
18 settings where health care is provided, including
19 in detention;

20 “(B) instances of coerced abortion, coerced
21 pregnancy, coerced sterilization, use of incen-
22 tives or disincentives to lower or raise fertility,
23 withholding of information on reproductive
24 health options, and other forms of reproductive
25 and sexual coercion; and

1 “(C) the actions, if any, taken by the gov-
2 ernment of such country to respond to such dis-
3 crimination, coercion, and violence, if applica-
4 ble;

5 “(4) a description of—

6 “(A) the proportion of individuals of repro-
7 ductive age (15 through 49 years of age) whose
8 need for family planning is satisfied with mod-
9 ern methods;

10 “(B) the barriers such individuals face in
11 accessing such services;

12 “(C) the nature and extent of instances of
13 denial of comprehensive and accurate family
14 planning information and services in such coun-
15 try; and

16 “(D) the actions, if any, taken by the gov-
17 ernment of such country to respond to such de-
18 nials; and

19 “(5) a description of—

20 “(A) disparities in access to family plan-
21 ning and reproductive health services and preg-
22 nancy-related health outcomes, including preg-
23 nancy-related injuries and deaths, based on
24 race, ethnicity, indigenous status, language, re-

1 religious affiliation, or other marginalized iden-
2 tity; and

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

6 (b) CONSULTATION REQUIRED.—In preparing the
7 Annual Country Reports on Human Rights Practices re-
8 quired under sections 116(d) and 502B of the Foreign As-
9 sistance Act of 1961, as amended by subsection (a)), the
10 Secretary of State, the Assistant Secretary of State for
11 Democracy, Human Rights, and Labor, and other relevant
12 officials, including human rights officers at United States
13 diplomatic and consular posts, shall consult with—

14 (1) representatives of United States civil society
15 and multilateral organizations with demonstrated ex-
16 perience and expertise in sexual and reproductive
17 health and rights or promoting the human rights of
18 women, girls, and LGBTQI+ persons;

19 (2) relevant local nongovernmental organiza-
20 tions in all countries included in such reports, in-
21 cluding organizations serving women, girls, and
22 LGBTQI+ persons that are focused on sexual and
23 reproductive health and rights; and

24 (3) relevant agencies and offices of the United
25 States Government that track or are otherwise in-

- 1 volved in the monitoring of reproductive and sexual
- 2 health around the world.