

119TH CONGRESS  
1ST SESSION

# H. R. 12

To protect a person's ability to determine whether to continue or end a pregnancy, and to protect a health care provider's ability to provide abortion services.

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## IN THE HOUSE OF REPRESENTATIVES

JUNE 24, 2025

Ms. CHU (for herself, Ms. LOIS FRANKEL of Florida, Ms. PRESSLEY, Ms. ESCOBAR, Ms. ADAMS, Mr. AGUILAR, Mr. AMO, Ms. ANSARI, Mr. AUCHINCLOSS, Ms. BALINT, Ms. BARRAGÁN, Mrs. BEATTY, Mr. BELL, Mr. BERA, Mr. BEYER, Mr. BISHOP, Ms. BONAMICI, Mr. BOYLE of Pennsylvania, Ms. BROWN, Ms. BROWNLEY, Ms. BUDZINSKI, Ms. BYNUM, Mr. CARBAJAL, Mr. CARTER of Louisiana, Mr. CASAR, Mr. CASE, Mr. CASTEN, Ms. CASTOR of Florida, Mr. CASTRO of Texas, Mrs. CHERFILUS-McCORMICK, Ms. CLARK of Massachusetts, Ms. CLARKE of New York, Mr. CLEAVER, Mr. COHEN, Mr. CONAWAY, Mr. COSTA, Ms. CRAIG, Ms. CROCKETT, Mr. CROW, Ms. DAVIDS of Kansas, Mr. DAVIS of Illinois, Ms. DEAN of Pennsylvania, Ms. DEGETTE, Ms. DELAURO, Ms. DELBENE, Mr. DELUZIO, Mr. DESAULNIER, Ms. DEXTER, Mrs. DINGELL, Mr. DOGGETT, Ms. ELFRETH, Mr. EVANS of Pennsylvania, Mr. FIELDS, Mrs. FLETCHER, Mr. FOSTER, Mrs. FOUSHEE, Ms. FRIEDMAN, Mr. FROST, Mr. GARAMENDI, Ms. GARCIA of Texas, Mr. GARCIA of California, Mr. GARCÍA of Illinois, Ms. PEREZ, Mr. GOLDEN of Maine, Mr. GOLDMAN of New York, Mr. GOMEZ, Ms. GOODLANDER, Mr. GOTTHEIMER, Mr. GREEN of Texas, Mrs. HAYES, Mr. HIMES, Mr. HORSFORD, Ms. HOULAHAN, Ms. HOYLE of Oregon, Mr. HUFFMAN, Mr. IVEY, Ms. JACOBS, Ms. JAYAPAL, Mr. JEFFRIES, Ms. JOHNSON of Texas, Mr. JOHNSON of Georgia, Ms. KAMLAGER-DOVE, Ms. KAPTUR, Mr. KEATING, Ms. KELLY of Illinois, Mr. KENNEDY of New York, Mr. KHANNA, Mr. KRISHNAMOORTHY, Mr. LANDSMAN, Mr. LARSEN of Washington, Mr. LARSON of Connecticut, Mr. LATIMER, Ms. LEE of Pennsylvania, Ms. LEE of Nevada, Ms. LEGER FERNANDEZ, Mr. LEVIN, Mr. LICCARDO, Mr. LIEU, Ms. LOFGREN, Mr. LYNCH, Mr. MAGAZINER, Mr. MANNION, Ms. MATSUI, Mrs. MCBATH, Ms. MCBRIDE, Mrs. McCLAIN DELANEY, Ms. McCLELLAN, Ms. McDONALD RIVET, Mr. MCGARVEY, Mr. MCGOVERN, Mrs. McIVER, Mr. MEEKS, Mr. MENENDEZ, Ms. MENG, Mr. MFUME, Ms. MOORE of Wisconsin, Mr. MORELLE, Ms. MORRISON, Mr. MOSKOWITZ, Mr. MOULTON, Mr. MRVAN, Mr. MULLIN, Mr. NADLER, Mr. NORCROSS, Ms. NORTON, Ms. OCASIO-CORTEZ, Mr.

OLSZEWSKI, Ms. OMAR, Mr. PALLONE, Mr. PANETTA, Mr. PAPPAS, Ms. PELOSI, Mr. PETERS, Ms. PETTERSEN, Ms. PINGREE, Mr. POCAN, Ms. POU, Mr. QUIGLEY, Mrs. RAMIREZ, Mr. RASKIN, Mr. RILEY of New York, Ms. RIVAS, Ms. ROSS, Mr. RUIZ, Mr. RYAN, Ms. SALINAS, Ms. SCANLON, Ms. SCHAKOWSKY, Mr. SCHNEIDER, Ms. SCHOLTEN, Ms. SCHRIER, Mr. SCOTT of Virginia, Mr. DAVID SCOTT of Georgia, Ms. SEWELL, Mr. SHERMAN, Ms. SHERRILL, Ms. SIMON, Mr. SMITH of Washington, Mr. SORENSEN, Mr. SOTO, Ms. STANSBURY, Mr. STANTON, Ms. STEVENS, Ms. STRICKLAND, Mr. SUBRAMANYAM, Mr. SWALWELL, Mrs. SYKES, Mr. TAKANO, Mr. THANEDAR, Mr. THOMPSON of California, Mr. THOMPSON of Mississippi, Ms. TITUS, Ms. TLAIB, Ms. TOKUDA, Mr. TONKO, Mrs. TORRES of California, Mrs. TRAHAN, Mr. TRAN, Ms. UNDERWOOD, Mr. VARGAS, Mr. VASQUEZ, Mr. VEASEY, Ms. VELÁZQUEZ, Mr. VINDMAN, Ms. WASSERMAN SCHULTZ, Mrs. WATSON COLEMAN, Mr. WHITESIDES, Ms. WILLIAMS of Georgia, Ms. WILSON of Florida, Mr. TORRES of New York, Mr. CORREA, Mr. ESPAILLAT, Ms. GILLEN, Mr. MIN, Mr. COURTNEY, Mr. CISNEROS, Ms. SÁNCHEZ, Mr. NEGUSE, Ms. WATERS, and Ms. MCCOLLUM) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To protect a person’s ability to determine whether to continue or end a pregnancy, and to protect a health care provider’s ability to provide 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 2025”.

6        **SEC. 2. FINDINGS.**

7        Congress finds the following:

1           (1) Abortion services are essential health care,  
2           and access to those services is central to people’s  
3           ability to participate equally in the economic and so-  
4           cial life of the United States. Abortion access allows  
5           people who are pregnant to make their own decisions  
6           about their pregnancies, their families, and their  
7           lives.

8           (2) Reproductive justice requires every indi-  
9           vidual to have the right to make their own decisions  
10          about having children regardless of their cir-  
11          cumstances and without interference and discrimina-  
12          tion. Reproductive justice is a human right that can  
13          and will be achieved when all people, regardless of  
14          actual or perceived race, color, national origin, immi-  
15          gration status, sex (including gender identity, sex  
16          stereotyping, or sexual orientation), age, or disability  
17          status have the economic, social, and political power  
18          and resources to define and make decisions about  
19          their bodies, health, sexuality, families, and commu-  
20          nities in all areas of their lives, with dignity and  
21          self-determination.

22          (3) Abortion care, like all health care, is a  
23          human right that should not depend on one’s ZIP  
24          Code or region, age, actual or perceived race, na-  
25          tional origin, immigration status, sex, or disability

1 status. Unfortunately, this is the current reality for  
2 millions, creating a patchwork of abortion access  
3 across the United States. Protecting the right to de-  
4 termine whether to continue or end a pregnancy,  
5 and the right of health care providers to provide  
6 abortion care, is necessary and essential to achieving  
7 this human right, and ultimately reproductive jus-  
8 tice.

9 (4) On June 24, 2022, in its decision in *Dobbs*  
10 *v. Jackson Women’s Health Organization*, the Su-  
11 preme Court overruled *Roe v. Wade*, reversing dec-  
12 ades of precedent recognizing a constitutional right  
13 to terminate a pregnancy before fetal viability.

14 (5) The effects of the *Dobbs* decision were im-  
15 mediate and disastrous. In the aftermath of the  
16 *Dobbs* decision, many States imposed near-total  
17 bans on abortion. Within 100 days of the ruling, 66  
18 clinics across 15 States were forced to stop offering  
19 abortions. As of January 2025, abortion is unavail-  
20 able in 14 States, leaving 17.98 million women of re-  
21 productive age (ages 15 to 49) as well as  
22 transgender and gender nonconforming individuals  
23 without access to abortion in their home State.

24 (6) Travel time to an abortion clinic, already a  
25 burden for abortion seekers under *Roe*, has quad-

1       rured since Dobbs. As distance to an abortion facil-  
2       ity increases, so do the accompanying (and poten-  
3       tially prohibitive) burdens of time off work or school,  
4       lost wages, transportation costs, lodging, child care  
5       costs, and other ancillary costs.

6               (7) Even before the Dobbs decision, access to  
7       abortion services had long been obstructed across  
8       the United States in various ways, including: prohi-  
9       bitions of, and restrictions on, insurance coverage;  
10      mandatory parental involvement laws; restrictions  
11      that shame and stigmatize people seeking abortion  
12      services; and medically unnecessary regulations that  
13      fail to further the safety of abortion services, but in-  
14      stead cause harm people by delaying, complicating  
15      access to, and reducing the availability of, abortion  
16      services.

17              (8) Being denied an abortion can have serious  
18      consequences for people’s physical, mental, and eco-  
19      nomic health and well-being, and that of their fami-  
20      lies. According to the Turnaway Study, a longitu-  
21      dinal study published by Advancing New Standards  
22      In Reproductive Health (ANSIRH) in 2019, individ-  
23      uals who are denied a wanted abortion are more  
24      likely to experience economic insecurity than individ-  
25      uals who receive a wanted abortion. After following

1 participants for five years, the study found that peo-  
2 ple who were denied abortion care were more likely  
3 to live in poverty, experience debt, and have lower  
4 credit scores for several years after the denial. These  
5 findings demonstrate that when people have control  
6 over when to have children and how many children  
7 to have, their children benefit through increased eco-  
8 nomic security and better maternal bonding.

9 (9) Abortion bans and restrictions have reper-  
10 cussions for a broad range of health care beyond  
11 pregnancy termination, including exacerbating the  
12 existing maternal health crisis facing the United  
13 States. The United States has the highest maternal  
14 mortality rate of any industrialized nation, and  
15 Black women and birthing people face three times  
16 the risk of dying from pregnancy-related causes as  
17 their white counterparts. Even prior to Dobbs, re-  
18 search found that States that enacted abortion re-  
19 strictions based on gestation increased their mater-  
20 nal mortality rate by 38 percent. Research has  
21 found that a nationwide ban would increase the  
22 United States maternal mortality rate by an addi-  
23 tional 24 percent. Furthermore, States that have  
24 banned, are planning to ban, or have severely re-  
25 stricted abortion care have fewer maternal health

1 providers, more maternity-care deserts, higher rates  
2 of both maternal and infant mortality, and greater  
3 racial inequity in health care.

4 (10) Abortion bans and restrictions additionally  
5 harm people’s health by reducing access to other es-  
6 sential health care services offered by many of the  
7 providers targeted by the restrictions, including—

8 (A) screenings and preventive services, in-  
9 cluding contraceptive services;

10 (B) testing and treatment for sexually  
11 transmitted infections;

12 (C) LGBTQ health services; and

13 (D) referrals for primary care, intimate  
14 partner violence prevention, prenatal care, and  
15 adoption services.

16 (11) This ripple effect has only worsened since  
17 the Dobbs decision. Clinicians and pharmacists have  
18 denied access to essential medication for conditions,  
19 including gastric ulcers and autoimmune diseases,  
20 because those drugs are also used for medication  
21 abortion care. Patients are reporting being denied or  
22 delayed in their receipt of necessary and potentially  
23 lifesaving treatment for ectopic pregnancies and mis-  
24 carriage management because of the newfound legal  
25 risks facing providers.

1           (12) Reproductive justice seeks to address re-  
2           strictions on reproductive health, including abortion,  
3           that perpetuate systems of oppression, lack of bodily  
4           autonomy, white supremacy, and anti-Black racism.  
5           This violent legacy has manifested in policies includ-  
6           ing enslavement, rape, and experimentation on Black  
7           women; forced sterilizations, medical experimen-  
8           tation on low-income women’s reproductive systems;  
9           and the forcible removal of Indigenous children. Ac-  
10          cess to equitable reproductive health care, including  
11          abortion services, has always been deficient in the  
12          United States for Black, Indigenous, Latina/x,  
13          Asian-American and Pacific Islander, and People of  
14          Color (BIPOC) and their families.

15          (13) The legacy of restrictions on reproductive  
16          health, rights, and justice is not a dated vestige of  
17          a dark history. Data show the harms of abortion-  
18          specific restrictions fall especially heavily on people  
19          with low incomes, people of color, immigrants, young  
20          people, people with disabilities, and those living in  
21          rural and other medically underserved areas. Abor-  
22          tion bans and restrictions are compounded further  
23          by the ongoing criminalization of people who are  
24          pregnant, including those who are incarcerated, liv-  
25          ing with HIV, or with substance-use disorders.

1       These populations already experience health dispari-  
2       ties due to social, political, and environmental in-  
3       equities, and restrictions on abortion services exacer-  
4       bate these harms. Removing bans and restrictions on  
5       abortion services would constitute one important  
6       step on the path toward realizing reproductive jus-  
7       tice by ensuring that the full range of reproductive  
8       health care is accessible to all who need it.

9               (14) Abortion bans and restrictions are tools of  
10       gender oppression, as they target health care serv-  
11       ices that are used primarily by women. These pater-  
12       nalistic bans and restrictions rely on and reinforce  
13       harmful stereotypes about gender roles and women’s  
14       decisionmaking, undermining their ability to control  
15       their own lives and well-being. These restrictions  
16       harm the basic autonomy, dignity, and equality of  
17       women.

18              (15) The terms “woman” and “women” are  
19       used in this bill to reflect the identity of the majority  
20       of people targeted and most directly affected by bans  
21       and restrictions on abortion services, which are root-  
22       ed in misogyny. However, access to abortion services  
23       is critical to the health of every person capable of  
24       becoming pregnant. This Act is intended to protect  
25       all people with the capacity for pregnancy—

1 cisgender women, transgender men, nonbinary indi-  
2 viduals, those who identify with a different gender,  
3 and others—who are unjustly harmed by restrictions  
4 on abortion services.

5 (16) Pregnant individuals will continue to experi-  
6 ence a range of pregnancy outcomes, including  
7 abortion, miscarriage, stillbirths, and infant losses  
8 regardless of how the State attempts to exert power  
9 over their reproductive decisionmaking, and will con-  
10 tinue to need support for their health and well-being  
11 through their reproductive lifespans.

12 (17) Evidence from the United States and  
13 around the globe bears out that criminalizing abor-  
14 tion invariably leads to arrests, investigations, and  
15 imprisonment of people who end their pregnancies or  
16 experience pregnancy loss, leading to violations of  
17 fundamental rights to liberty, dignity, bodily auton-  
18 omy, equality, due process, privacy, health, and free-  
19 dom from cruel and inhumane treatment.

20 (18) All major experts in public health and  
21 medicine, such as the American Medical Association,  
22 American Public Health Association, American  
23 Academy of Pediatrics, American Society of Addic-  
24 tion Medicine, and American College of Obstetri-  
25 cians and Gynecologists, oppose the criminalization

1 of pregnancy outcomes because the threat of being  
2 subject to investigation or punishment through the  
3 criminal legal system when seeking health care  
4 threatens pregnant people's lives and undermines  
5 public health by deterring people from seeking care  
6 for obstetrical emergencies.

7 (19) Anti-abortion stigma that is compounded  
8 by abortion bans and restrictions also contributes to  
9 violence and harassment that put both people seek-  
10 ing and people providing abortion care at risk. From  
11 1977 to 2022, there were 11 murders, 42 bombings,  
12 200 acts of arson, 531 assaults, 375 burglaries, and  
13 thousands of other incidents of criminal activity di-  
14 rected at abortion seekers, providers, volunteers, and  
15 clinic staff. This violence existed under Roe and has  
16 been steadily escalating for years. The presence of  
17 dangerous protestors and organized extremists acts  
18 as yet another barrier to abortion care, and this  
19 threat has become even more urgent as abortion  
20 bans proliferate and stigma around abortion care in-  
21 creases.

22 (20) Abortion is one of the safest medical pro-  
23 cedures in the United States. An independent, com-  
24 prehensive review of the state of science on the safe-  
25 ty and quality of abortion services, published by the

1 National Academies of Medicine in 2018, found that  
2 abortion in the United States is safe and effective  
3 and that the biggest threats to the quality of abor-  
4 tion services in the United States are State regula-  
5 tions that create barriers to care. Such abortion-spe-  
6 cific restrictions, as well as broader State bans, con-  
7 flict with medical standards and are not supported  
8 by the recommendations and guidelines issued by  
9 leading reproductive health care professional organi-  
10 zations, including the American College of Obstetri-  
11 cians and Gynecologists, the Society of Family Plan-  
12 ning, the National Abortion Federation, the World  
13 Health Organization, and others.

14 (21) For over 20 years, medication abortion  
15 care has been available in the United States as a  
16 safe, effective, Food and Drug Administration  
17 (FDA)-approved treatment to end an early preg-  
18 nancy. Today, medication abortion care accounts for  
19 63 percent of all pregnancy terminations in the  
20 United States; however, significant barriers to access  
21 remain in place, particularly in States that have im-  
22 posed onerous restrictions that conflict with FDA’s  
23 regulation of medication abortion. Additionally, op-  
24 ponents of abortion are now deploying new tactics to  
25 limit access to this FDA-approved medication that

1 would set a dangerous precedent for the Federal  
2 regulation of medication products and have national  
3 repercussions.

4 (22) Health care providers are subject to licens-  
5 ing laws in various jurisdictions, which are not af-  
6 fected by this Act except as expressly provided in  
7 this Act.

8 (23) International human rights law recognizes  
9 that access to abortion is intrinsically linked to the  
10 rights to life, health, equality and nondiscrimination,  
11 privacy, and freedom from ill treatment. United Na-  
12 tions (UN) human rights treaty monitoring bodies  
13 have found that legal abortion services, like other re-  
14 productive health care services, must be available,  
15 accessible, affordable, acceptable, and of good qual-  
16 ity. UN human rights treaty bodies have condemned  
17 criminalization of abortion and medically unneces-  
18 sary barriers to abortion services, including manda-  
19 tory waiting periods, biased counseling requirements,  
20 and third-party authorization requirements.

21 (24) Core human rights treaties ratified by the  
22 United States protect access to abortion. For exam-  
23 ple, in 2018, the UN Human Rights Committee,  
24 which oversees implementation of the International  
25 Covenant on Civil and Political Rights (ICCPR),

1 made clear that the right to life, enshrined in Article  
2 6 of the ICCPR, at a minimum requires govern-  
3 ments to provide safe, legal, and effective access to  
4 abortion where a person’s life and health are at risk,  
5 or when carrying a pregnancy to term would other-  
6 wise cause substantial pain or suffering. The Com-  
7 mittee stated that governments must not impose re-  
8 strictions on abortion that subject women and girls  
9 to physical or mental pain or suffering, discriminate  
10 against them, arbitrarily interfere with their privacy,  
11 or place them at risk of undertaking unsafe abor-  
12 tions. The Committee stated that governments  
13 should not apply criminal sanctions to women and  
14 girls who undergo abortion or to medical service pro-  
15 viders who assist them in doing so. Furthermore, the  
16 Committee stated that governments should remove  
17 existing barriers that deny effective access to safe  
18 and legal abortion, refrain from introducing new  
19 barriers to abortion, and prevent the stigmatization  
20 of those seeking abortion.

21 (25) International human rights experts have  
22 condemned the Dobbs decision and regression on  
23 abortion rights in the United States more generally  
24 as a violation of human rights. Immediately upon re-  
25 lease of the decision, then-UN High Commissioner

1 for Human Rights Michelle Bachelet reiterated  
2 human rights protections for abortion and the im-  
3 pact that the decision will have on the fundamental  
4 rights of millions within the United States, particu-  
5 larly people with low incomes and people belonging  
6 to racial and ethnic minorities. UN independent  
7 human rights experts, including the UN Working  
8 Group on discrimination against women and girls,  
9 the UN Special Rapporteur on the right to health,  
10 and the UN Special Rapporteur on violence against  
11 women and girls, similarly denounced the decision.  
12 At the conclusion of a human rights review of the  
13 United States in August 2022, the UN Committee  
14 on the Elimination of Racial Discrimination noted  
15 deep concerns with the Dobbs decision and rec-  
16 ommended that the United States address the dis-  
17 parate impact that it will have on racial and ethnic  
18 minorities, Indigenous women, and those with low  
19 incomes.

20 (26) Abortion bans and restrictions affect the  
21 cost and availability of abortion services, and the  
22 settings in which abortion services are delivered.  
23 People travel across State lines and otherwise en-  
24 gage in interstate commerce to access this essential  
25 care. Likewise, health care providers travel across

1 State lines and otherwise engage in interstate com-  
2 merce in order to provide abortion services to pa-  
3 tients, and more would be forced to do so absent this  
4 Act.

5 (27) Legal limitations and requirements im-  
6 posed upon health care providers or patients invari-  
7 ably affect commerce over which the United States  
8 has jurisdiction. Health care providers engage in a  
9 form of economic and commercial activity when they  
10 provide abortion services, and there is an interstate  
11 market for abortion services.

12 (28) Abortion bans and restrictions substan-  
13 tially affect interstate commerce in numerous ways.  
14 For example, to provide abortion services, health  
15 care providers engage in interstate commerce to pur-  
16 chase medicine, medical equipment, and other nec-  
17 essary goods and services. To provide and assist oth-  
18 ers in providing abortion services, health care pro-  
19 viders engage in interstate commerce to obtain and  
20 provide training. To provide abortion services, health  
21 care providers employ and obtain commercial serv-  
22 ices from doctors, nurses, and other personnel who  
23 engage in interstate commerce, including by trav-  
24 eling across State lines. Individuals engage in inter-  
25 state commerce by obtaining abortion services, in-

1 including medicine and telemedicine services offered in  
2 the interstate market, and traveling across State  
3 lines to obtain abortion services or assist others in  
4 obtaining such services.

5 (29) As a result of the Dobbs decision and at-  
6 tendant increase in abortion prohibitions and restric-  
7 tions in a subset of States, there has been a signifi-  
8 cant increase in the burden on interstate commerce.  
9 In just the first calendar year after Dobbs, an esti-  
10 mated 171,000 people traveled across State lines to  
11 obtain abortion care, more than doubling the esti-  
12 mated 73,100 people that traveled across State lines  
13 in 2019.

14 (30) Congress has the authority to enact this  
15 Act to protect access to abortion services pursuant  
16 to—

17 (A) its powers under the commerce clause  
18 of section 8 of article I of the Constitution of  
19 the United States;

20 (B) its powers under section 5 of the Four-  
21 teenth Amendment to the Constitution of the  
22 United States to enforce the provisions of sec-  
23 tion 1 of the Fourteenth Amendment; and

1 (C) its powers under the necessary and  
2 proper clause of section 8 of article I of the  
3 Constitution of the United States.

4 (31) Congress has used its authority in the past  
5 to protect access to abortion services and health care  
6 providers' ability to provide abortion services. In the  
7 early 1990s, protests and blockades at health care  
8 facilities where abortion services were provided, and  
9 associated violence, increased dramatically and  
10 reached crisis level, requiring congressional action.  
11 Congress passed the Freedom of Access to Clinic  
12 Entrances Act (Public Law 103–259; 108 Stat. 694)  
13 to address that situation and protect physical access  
14 to abortion services.

15 (32) Congressional action is necessary to put an  
16 end to harmful restrictions, to protect access to  
17 abortion services for everyone regardless of where  
18 they live, to protect the ability of health care pro-  
19 viders to provide these services in a safe and acces-  
20 sible manner, and to eliminate unwarranted burdens  
21 on commerce and the right to travel.

22 **SEC. 3. PURPOSES.**

23 The purposes of this Act are as follows:

24 (1) To permit people to seek and obtain abor-  
25 tion services, and to permit health care providers to

1 provide abortion services, without harmful or unwar-  
2 ranted limitations or requirements that—

3 (A) single out the provision of abortion  
4 services for restrictions that are more burden-  
5 some than those restrictions imposed on medi-  
6 cally comparable procedures;

7 (B) do not, on the basis of the weight of  
8 established clinical practice guidelines con-  
9 sistent with medical evidence, significantly ad-  
10 vance reproductive health or the safety of abor-  
11 tion services; or

12 (C) make abortion services more difficult  
13 to access.

14 (2) To promote access to abortion services and  
15 thereby protect women’s ability to participate equally  
16 in the economic and social life of the United States.

17 (3) To protect people’s ability to make decisions  
18 about their bodies, medical care, family, and life’s  
19 course.

20 (4) To eliminate unwarranted burdens on com-  
21 merce and the right to travel. Abortion bans and re-  
22 strictions invariably affect commerce over which the  
23 United States has jurisdiction. Health care providers  
24 engage in economic and commercial activity when  
25 they provide abortion services. Moreover, there is an

1 interstate market for abortion services and, in order  
2 to provide such services, health care providers en-  
3 gage in interstate commerce to purchase medicine,  
4 medical equipment, and other necessary goods and  
5 services; to obtain and provide training; and to em-  
6 ploy and obtain commercial services from health care  
7 personnel, many of whom themselves engage in  
8 interstate commerce, including by traveling across  
9 State lines. Individuals engage in the interstate mar-  
10 ket by purchasing abortion services, including the  
11 purchase, use, and consumption of medicine, medical  
12 equipment, and other necessary goods and services  
13 transited in the stream of interstate commerce, the  
14 receipt of telemedicine services, and traveling across  
15 State lines to purchase and receive abortion services  
16 or assist others in purchasing or receiving such serv-  
17 ices. The increase in abortion prohibitions and re-  
18 strictions in a subset of States since 2022 cause  
19 women to travel to other States for abortion care,  
20 which, in turn, affects the health care systems of  
21 those States that provide the treatment and has ex-  
22 ponentially increased the burden on interstate com-  
23 merce and the instrumentalities of interstate com-  
24 merce. Congress has the authority to enact this Act  
25 to protect access to abortion services pursuant to—

1 (A) its powers under the commerce clause  
2 of section 8 of article I of the Constitution of  
3 the United States;

4 (B) its powers under section 5 of the Four-  
5 teenth Amendment to the Constitution of the  
6 United States to enforce the provisions of sec-  
7 tion 1 of the Fourteenth Amendment; and

8 (C) its powers under the necessary and  
9 proper clause of section 8 of article I of the  
10 Constitution of the United States.

11 **SEC. 4. DEFINITIONS.**

12 In this Act:

13 (1) **ABORTION SERVICES.**—The term “abortion  
14 services” means an abortion and any medical or  
15 non-medical services related to and provided in con-  
16 junction with an abortion (whether or not provided  
17 at the same time or on the same day as the abor-  
18 tion).

19 (2) **GOVERNMENT.**—The term “government”  
20 includes each branch, department, agency, instru-  
21 mentality, and official of the United States or a  
22 State.

23 (3) **HEALTH CARE PROVIDER.**—The term  
24 “health care provider” means any entity (including  
25 any hospital, clinic, or pharmacy (whether physical,

1 mobile, or virtual)) or individual (including any phy-  
2 sician, certified nurse-midwife, nurse practitioner,  
3 advanced practice clinician, registered nurse, phar-  
4 macist, or physician assistant) that—

5 (A) is engaged or seeks to engage in the  
6 delivery of health care services, including abor-  
7 tion services; and

8 (B) if required by law or regulation to be  
9 licensed or certified to engage in the delivery of  
10 such services—

11 (i) is so licensed or certified; or

12 (ii) would be so licensed or certified  
13 but for their past, present, or potential  
14 provision of abortion services protected by  
15 section 5.

16 (4) MEDICALLY COMPARABLE PROCEDURES.—

17 The term “medically comparable procedures” means  
18 medical procedures that are similar, on the basis of  
19 the established clinical practice guidelines consistent  
20 with medical evidence, in terms of health and safety  
21 risks to the patient, complexity, or the clinical set-  
22 ting that is indicated.

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

1           (6) STATE.—The term “State” includes the  
2           District of Columbia, the Commonwealth of Puerto  
3           Rico, and each territory and possession of the  
4           United States, and any subdivision of any of the  
5           foregoing, including any unit of local government,  
6           such as a county, city, town, village, or other general  
7           purpose political subdivision of a State.

8           (7) VIABILITY.—The term “viability” means  
9           the point in a pregnancy at which, in the good-faith  
10          medical judgment of the treating health care pro-  
11          vider, and based on the particular facts of the case  
12          before the health care provider, there is a reasonable  
13          likelihood of sustained fetal survival outside the  
14          uterus with or without artificial support.

15 **SEC. 5. PROTECTED ACTIVITIES AND SERVICES.**

16          (a) GENERAL RULES.—

17               (1) PRE-VIABILITY.—A health care provider has  
18               a right under this Act to provide such abortion serv-  
19               ices, and a patient has a corresponding right under  
20               this Act to terminate a pregnancy prior to viability,  
21               without being subject to any of the following limita-  
22               tions or requirements:

23                       (A) A prohibition on abortion prior to via-  
24                       bility, including a prohibition or restriction on  
25                       a particular abortion procedure or method, or a

1 prohibition on providing or obtaining such abor-  
2 tions.

3 (B) A limitation on a health care pro-  
4 vider's ability to prescribe or dispense drugs  
5 that could be used for reproductive health pur-  
6 poses based on current evidence-based regimens  
7 or the provider's good-faith medical judgment,  
8 or a limitation on a patient's ability to receive  
9 or use such drugs, other than a limitation gen-  
10 erally applicable to the prescription, dispensing,  
11 or distribution of drugs.

12 (C) A limitation on a health care provider's  
13 ability to provide, or a patient's ability to re-  
14 ceive, abortion services via telemedicine, other  
15 than a limitation generally applicable to the  
16 provision of medically comparable services via  
17 telemedicine.

18 (D) A limitation or prohibition on a pa-  
19 tient's ability to receive, or a provider's ability  
20 to provide, abortion services in a State based on  
21 the State of residency of the patient, or a prohi-  
22 bition or limitation on the ability of any indi-  
23 vidual to assist or support a patient seeking  
24 abortion.

1           (E) A requirement that a health care pro-  
2 vider perform specific tests or medical proce-  
3 dures in connection with the provision of abor-  
4 tion services (including prior to or subsequent  
5 to the abortion), unless such tests or procedures  
6 are standard to established clinical practice  
7 guidelines consistent with medical evidence per-  
8 taining to abortion services.

9           (F) A requirement that a health care pro-  
10 vider offer or provide a patient seeking abortion  
11 services medically inaccurate information that is  
12 not compatible with established clinical practice  
13 guidelines.

14           (G) A limitation or requirement concerning  
15 the physical plant, equipment, staffing, or hos-  
16 pital transfer arrangements of facilities where  
17 abortion services are provided, or the creden-  
18 tials or hospital privileges or status of personnel  
19 at such facilities, that is not imposed on facili-  
20 ties or the personnel of facilities where medi-  
21 cally comparable procedures are performed.

22           (H) A requirement that, prior to obtaining  
23 an abortion, a patient make one or more medi-  
24 cally unnecessary in-person visits to the pro-

1 vider of abortion services or to any individual or  
2 entity that does not provide abortion services.

3 (I) A limitation on a health care provider's  
4 ability to provide immediate abortion services  
5 when that health care provider believes, based  
6 on the good-faith medical judgment of the pro-  
7 vider, that delay would pose a risk to the pa-  
8 tient's life or health.

9 (J) A requirement that a patient seeking  
10 abortion services at any point or points in time  
11 prior to viability disclose the patient's reason or  
12 reasons for seeking abortion services, or a limi-  
13 tation on providing or obtaining abortion serv-  
14 ices at any point or points in time prior to via-  
15 bility based on any actual, perceived, or poten-  
16 tial reason or reasons of the patient for obtain-  
17 ing abortion services, regardless of whether the  
18 limitation is based on a health care provider's  
19 actual or constructive knowledge of such reason  
20 or reasons.

21 (2) POST-VIABILITY.—

22 (A) IN GENERAL.—A health care provider  
23 has a right under this Act to provide abortion  
24 services and a patient has a corresponding right  
25 under this Act to terminate a pregnancy after

1 viability when, in the good-faith medical judge-  
2 ment of the treating health care provider, it is  
3 necessary to protect the life or health of the pa-  
4 tient. This subparagraph shall not otherwise  
5 apply after viability.

6 (B) ADDITIONAL CIRCUMSTANCES.—A  
7 State may provide additional circumstances  
8 under which post-viability abortions are per-  
9 mitted.

10 (C) LIMITATION.—In the case where a ter-  
11 mination of a pregnancy after viability, in the  
12 good-faith medical judgement of the treating  
13 health care provider, is necessary to protect the  
14 life or health of the patient, none of the limita-  
15 tions or requirements described in paragraph  
16 (1) shall be imposed by law.

17 (b) OTHER LIMITATIONS OR REQUIREMENTS.—The  
18 rights described in subsection (a) shall not be limited or  
19 otherwise infringed through any other limitation or re-  
20 quirement that—

21 (1) expressly, effectively, implicitly, or as imple-  
22 mented, targets abortion, the provision of abortion  
23 services, individuals who seek abortion services or  
24 who provide assistance and support to those seeking  
25 abortion services, health care providers who provide

1 abortion services, or facilities in which abortion serv-  
2 ices are provided; and

3 (2) impedes access to abortion services.

4 (c) FACTORS FOR CONSIDERATION.—A court may  
5 consider the following factors, among others, in deter-  
6 mining whether a limitation or requirement impedes ac-  
7 cess to abortion services for purposes of subsection (b)(2):

8 (1) Whether the limitation or requirement, in a  
9 provider’s good-faith medical judgment, interferes  
10 with a health care provider’s ability to provide care  
11 and render services, or poses a risk to the patient’s  
12 health or safety.

13 (2) Whether the limitation or requirement is  
14 reasonably likely to delay or deter a patient in ac-  
15 cessing abortion services.

16 (3) Whether the limitation or requirement is  
17 reasonably likely to directly or indirectly increase the  
18 cost of providing abortion services or the cost for ob-  
19 taining abortion services such as costs associated  
20 with travel, child care, or time off work.

21 (4) Whether the limitation or requirement is  
22 reasonably likely to have the effect of necessitating  
23 patient travel that would not otherwise have been re-  
24 quired, including by making it necessary for a pa-  
25 tient to travel out of State to obtain services.

1           (5) Whether the limitation or requirement is  
2 reasonably likely to result in a decrease in the avail-  
3 ability of abortion services in a given State or geo-  
4 graphic region.

5           (6) Whether the limitation or requirement im-  
6 poses penalties that are not imposed on other health  
7 care providers for comparable conduct or failure to  
8 act, or that are more severe than penalties imposed  
9 on other health care providers for comparable con-  
10 duct or failure to act.

11           (7) The cumulative impact of the limitation or  
12 requirement combined with other limitations or re-  
13 quirements.

14       (d) EXCEPTION.—To defend against a claim that a  
15 limitation or requirement violates a health care provider’s  
16 or patient’s rights under subsection (b) a party must es-  
17 tablish, by clear and convincing evidence, that the limita-  
18 tion or requirement is essential to significantly advance  
19 the safety of abortion services or the health of patients  
20 and that the safety or health objective cannot be accom-  
21 plished by a different means that does not interfere with  
22 the right protected under subsection (b).

23 **SEC. 6. PROTECTION OF THE RIGHT TO TRAVEL.**

24       A person has a fundamental right under the Con-  
25 stitution of the United States and this Act to travel to

1 a State other than the person’s State of residence, includ-  
2 ing to obtain reproductive health services such as prenatal,  
3 childbirth, fertility, and abortion services, and a person  
4 has a right under this Act to assist another person to ob-  
5 tain such services or otherwise exercise the right described  
6 in this section.

7 **SEC. 7. APPLICABILITY AND PREEMPTION.**

8 (a) IN GENERAL.—

9 (1) SUPERSEDING INCONSISTENT LAWS.—Ex-  
10 cept as provided under subsection (b), this Act shall  
11 supersede any inconsistent Federal or State law, and  
12 the implementation of such law, whether statutory,  
13 common law, or otherwise, and whether adopted  
14 prior to or after the date of enactment of this Act.  
15 A Federal or State government official shall not ad-  
16 minister, implement, or enforce any law, rule, regu-  
17 lation, standard, or other provision having the force  
18 and effect of law that conflicts with any provision of  
19 this Act, notwithstanding any other provision of  
20 Federal law, including the Religious Freedom Res-  
21 toration Act of 1993 (42 U.S.C. 2000bb et seq.).

22 (2) LAWS AFTER DATE OF ENACTMENT.—Fed-  
23 eral law enacted after the date of the enactment of  
24 this Act shall be subject to this Act unless such law

1 explicitly excludes such application by reference to  
2 this Act.

3 (b) LIMITATIONS.—The provisions of this Act shall  
4 not supersede or apply to—

5 (1) laws regulating physical access to clinic en-  
6 trances, such as the Freedom of Access to Clinic En-  
7 trances Act of 1994 (18 U.S.C. 248);

8 (2) laws regulating insurance or medical assist-  
9 ance coverage of abortion services;

10 (3) the procedure described in section  
11 1531(b)(1) of title 18, United States Code; or

12 (4) generally applicable State contract law.

13 (c) PREEMPTION DEFENSE.—In any legal or admin-  
14 istrative action against a person or entity who has exer-  
15 cised or attempted to exercise a right protected by section  
16 5 or 6 or against any person or entity who has taken any  
17 step to assist any such person or entity in exercising such  
18 right, this Act shall also apply to, and may be raised as  
19 a defense by, such person or entity, in addition to the rem-  
20 edies specified in section 9.

21 **SEC. 8. RULES OF CONSTRUCTION.**

22 (a) LIBERAL CONSTRUCTION BY COURTS.—In any  
23 action before a court under this Act, the court shall lib-  
24 erally construe the provisions of this Act to effectuate the  
25 purposes of the Act.

1           (b) PROTECTION OF LIFE AND HEALTH.—Nothing  
2 in this Act shall be construed to authorize any government  
3 official to interfere with, diminish, or negatively affect a  
4 person’s ability to obtain or provide abortion services prior  
5 to viability, or after viability when, in the good-faith med-  
6 ical judgment of the treating health care provider, continu-  
7 ation of the pregnancy would pose a risk to the pregnant  
8 patient’s life or health.

9           (c) GOVERNMENT OFFICIALS.—Any person who, by  
10 operation of a provision of Federal or State law, including  
11 through the grant of a private cause of action, is permitted  
12 to implement or enforce a limitation or requirement that  
13 violates section 5 or 6 shall be considered a government  
14 official for purposes of this Act.

15 **SEC. 9. ENFORCEMENT.**

16           (a) ATTORNEY GENERAL.—The Attorney General  
17 may commence a civil action on behalf of the United  
18 States in any district court of the United States against  
19 any State that violates, or against any government official  
20 (including a person described in section 8(c)) who imple-  
21 ments or enforces a limitation or requirement that vio-  
22 lates, section 5 or 6. The court shall declare unlawful the  
23 limitation or requirement if it is determined to be in viola-  
24 tion of this Act.

25           (b) PRIVATE RIGHT OF ACTION.—

1           (1) IN GENERAL.—Any individual or entity ad-  
2           versely affected by an alleged violation of this Act,  
3           including any person or health care provider, may  
4           commence a civil action against any government offi-  
5           cial (including a person described in section (c)) that  
6           implements or enforces a limitation or requirement  
7           that violates section 5 or 6. The court shall declare  
8           unlawful the limitation or requirement if it is deter-  
9           mined to be in violation of this Act.

10           (2) HEALTH CARE PROVIDER.—A health care  
11           provider may commence an action for relief on its  
12           own behalf, on behalf of the provider’s staff, and on  
13           behalf of the provider’s patients who are or may be  
14           adversely affected by an alleged violation of this Act.

15           (c) PRE-ENFORCEMENT CHALLENGES.—A suit  
16           under subsection (a) or (b) may be brought to prevent en-  
17           forcement or implementation of a State limitation or re-  
18           quirement that is inconsistent with section 5 or 6.

19           (d) DECLARATORY AND EQUITABLE RELIEF.—In  
20           any action under this section, the court may award appro-  
21           priate declaratory and equitable relief, including tem-  
22           porary, preliminary, or permanent injunctive relief.

23           (e) COSTS.—In any action under this section, the  
24           court shall award costs of litigation, as well as reasonable  
25           attorney’s fees, to any prevailing plaintiff. A plaintiff shall

1 not be liable to a defendant for costs or attorney's fees  
2 in any non-frivolous action under this section.

3 (f) JURISDICTION.—The district courts of the United  
4 States shall have jurisdiction over proceedings under this  
5 Act and shall exercise the same without regard to whether  
6 the party aggrieved shall have exhausted any administra-  
7 tive or other remedies that may be provided for by law.

8 (g) ABROGATION OF STATE IMMUNITY.—Neither a  
9 State that enforces or maintains, nor a government official  
10 (including a person described in section 8(c)) who is per-  
11 mitted to implement or enforce any limitation or require-  
12 ment that violates section 5 or 6 shall be immune under  
13 the Tenth Amendment to the Constitution of the United  
14 States, the Eleventh Amendment to the Constitution of  
15 the United States, or any other source of law, from an  
16 action in a Federal or State court of competent jurisdic-  
17 tion challenging that limitation or requirement, unless  
18 such immunity is required by clearly established Federal  
19 law, as determined by the Supreme Court of the United  
20 States.

21 **SEC. 10. EFFECTIVE DATE.**

22 This Act shall take effect upon the date of enactment  
23 of this Act.

1 **SEC. 11. SEVERABILITY.**

2       If any provision of this Act, or the application of such  
3 provision to any person, entity, government, or cir-  
4 cumstance, is held to be unconstitutional, the remainder  
5 of this Act, or the application of such provision to all other  
6 persons, entities, governments, or circumstances, shall not  
7 be affected thereby.

○