

119TH CONGRESS
1ST SESSION

H. R. 2497

To amend the Public Health Service Act to direct the Secretary of Health and Human Services to conduct a public health education, awareness, and outreach campaign to enhance access to abortion and related health services.

IN THE HOUSE OF REPRESENTATIVES

MARCH 31, 2025

Ms. CROCKETT (for herself, Mr. GOLDMAN of New York, Ms. McCLELLAN, Mr. DAVIS of Illinois, Mr. LARSON of Connecticut, Mr. JOHNSON of Georgia, Ms. VELÁZQUEZ, Ms. NORTON, Ms. TLAIB, Mrs. RAMIREZ, Ms. BROWNLEY, Mr. CONNOLLY, Ms. ROSS, Mr. VEASEY, Mr. DOGGETT, Mr. SWALWELL, Mr. THANEDAR, Mr. TORRES of New York, Mr. LATIMER, Mr. COHEN, Mr. NADLER, and Mr. GOTTHEIMER) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to direct the Secretary of Health and Human Services to conduct a public health education, awareness, and outreach campaign to enhance access to abortion and related health 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 “Abortion Care Aware-
5 ness Act of 2025”.

1 **SEC. 2. PUBLIC EDUCATION AND AWARENESS CAMPAIGN**
2 **ON ACCESS TO ABORTION AND RELATED**
3 **HEALTH SERVICES.**

4 Part P of title III of the Public Health Service Act
5 (42 U.S.C. 280g et seq.) is amended by adding at the end
6 the following:

7 **“SEC. 399V–8. PUBLIC EDUCATION AND AWARENESS CAM-**
8 **PAIGN ON ACCESS TO ABORTION AND RE-**
9 **LATED HEALTH SERVICES.**

10 “(a) IN GENERAL.—The Secretary shall carry out a
11 coordinated, focused, national public health education,
12 awareness, and outreach campaign to enhance access to
13 abortion and related health services.

14 “(b) CAMPAIGN REQUIREMENTS.—The campaign
15 under subsection (a) shall—

16 “(1) include education, awareness, and outreach
17 regarding—

18 “(A) where and how to access abortion, in-
19 cluding medication abortion such as
20 mifepristone and misoprostol, and related
21 health services, consistent with applicable State
22 and Federal laws, including through—

23 “(i) in-person services; and

24 “(ii) telehealth;

25 “(B) the legality and availability of pre-
26 scribing, dispensing, and receiving abortion,

1 medication abortion such as mifepristone and
2 misoprostol, and other related health services,
3 consistent with applicable State and Federal
4 laws;

5 “(C) medically accurate and complete in-
6 formation about abortion, including medication
7 abortion such as mifepristone and misoprostol;

8 “(D) the rights of patients to legally travel
9 across State lines to obtain abortion and related
10 health services and information on organiza-
11 tions available to help support patients needing
12 to travel for care;

13 “(E) how to differentiate facilities com-
14 monly known as anti-abortion centers or crisis
15 pregnancy centers from facilities that actually
16 provide abortion and related health services, in-
17 cluding how to identify—

18 “(i) inaccurate or misleading claims
19 by such centers about reproductive health
20 care; and

21 “(ii) inaccurate, misleading, or stig-
22 matizing information disseminated by such
23 centers about abortion and contraception;

24 “(F) how to identify disinformation cam-
25 paigns and misinformation regarding abortion

1 and related health services, including medica-
2 tion abortion, intended to deceive or discourage
3 individuals from accessing such services; and

4 “(G) how to protect sensitive personal and
5 health information from misuse and surveil-
6 lance;

7 “(2) make the information required by para-
8 graph (1) available on the Department of Health
9 and Human Services website; and

10 “(3) be designed to ensure cultural competency,
11 efficacy, and accessibility for and within underserved
12 communities, including—

13 “(A) communities of color;

14 “(B) immigrants;

15 “(C) people with disabilities;

16 “(D) people with limited English pro-
17 ficiency;

18 “(E) people with low incomes;

19 “(F) young people;

20 “(G) LGBTQI+ people;

21 “(H) people living in rural or other medi-
22 cally underserved areas; and

23 “(I) people living on Tribal land or receiv-
24 ing care through the Indian Health Service.

1 “(c) CAMPAIGN LIMITATIONS.—In carrying out the
2 campaign under subsection (a), the Secretary shall not—

3 “(1) promote misinformation regarding the
4 safety of abortion and related health services, includ-
5 ing medication abortion;

6 “(2) promote misinformation regarding ‘abor-
7 tion reversal’;

8 “(3) promote abstinence-only-until-marriage
9 programs, also referred to as sexual risk avoidance
10 education programs, or other programs that are not
11 comprehensive or medically accurate; or

12 “(4) collect, retain, use, or disclose personal in-
13 formation about visitors to any website, app, or
14 other educational or campaign resource.

15 “(d) CONSULTATION.—In carrying out the campaign
16 under subsection (a), the Secretary shall consult with—

17 “(1) licensed health care professionals who are
18 experts in—

19 “(A) sexual and reproductive health; and

20 “(B) abortion and related health services,
21 including medication abortion;

22 “(2) nonprofit organizations whose missions are
23 focused on expanding reproductive rights, reproduc-
24 tive health, and reproductive justice, including funds
25 to access abortion;

1 “(3) State and local public health departments;
2 and

3 “(4) nonprofit institutions of higher education.

4 “(e) DEFINITIONS.—In this section:

5 “(1) The term ‘abortion and related health
6 services’ means abortion and any services related to,
7 and provided in conjunction with, an abortion,
8 whether or not provided at the same time or on the
9 same day as the abortion.

10 “(2) The term ‘medically accurate and complete
11 information’ means information that is—

12 “(A) relevant to informed decision making
13 based on current scientific evidence;

14 “(B) derived from research using accepted
15 scientific methods;

16 “(C) consistent with generally recognized
17 scientific theory, as demonstrated by publica-
18 tion in peer-reviewed journals (if available) or
19 otherwise; and

20 “(D) recognized as accurate, objective, and
21 complete by mainstream professional medical
22 organizations such as the American Medical As-
23 sociation, the American College of Obstetricians
24 and Gynecologists, the American Public Health
25 Association, the American Academy of Pediat-

1 rics, and the American Psychological Associa-
2 tion, and scientific advisory groups such as the
3 Institute of Medicine.”.

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