

119TH CONGRESS  
1ST SESSION

# H. R. 4888

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.

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## IN THE HOUSE OF REPRESENTATIVES

AUGUST 5, 2025

Ms. JOHNSON of Texas (for herself, Ms. JACOBS, Ms. MCCOLLUM, Mr. DOGGETT, Mr. QUIGLEY, Mr. PETERS, Ms. VELÁZQUEZ, Ms. NORTON, Mr. AUCHINCLOSS, Ms. BROWNLEY, Mr. MOULTON, Ms. MOORE of Wisconsin, Mr. TORRES of New York, Ms. BUDZINSKI, Ms. WASSERMAN SCHULTZ, Ms. ELFRETH, Mr. TAKANO, Ms. TOKUDA, Mrs. TORRES of California, Mr. POCAN, Ms. ROSS, Mrs. CHERFILUS-MCCORMICK, Mr. WHITESIDES, Ms. CRAIG, Ms. JAYAPAL, Ms. DEGETTE, Mr. COHEN, Ms. STANSBURY, Ms. TLAIB, Mr. KRISHNAMOORTHY, Mr. JOHNSON of Georgia, Ms. DELBENE, Mrs. FLETCHER, Ms. CROCKETT, Mr. NORCROSS, Ms. SIMON, Mr. SOTO, Ms. CLARKE of New York, Mr. DESAULNIER, Mr. MCGOVERN, Mr. THANEDAR, Ms. BALINT, Ms. WILLIAMS of Georgia, Ms. DAVIDS of Kansas, Mrs. MCCLAIN DELANEY, Mr. AMO, Ms. MCBRIDE, and Mr. GARCÍA of Illinois) introduced the following bill; which was referred to the Committee on Foreign Affairs

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## 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Reproductive Rights  
3 are Human Rights Act of 2025”.

4 **SEC. 2. FINDINGS.**

5 Congress finds the following:

6 (1) The United States has joined the inter-  
7 national community in identifying reproductive  
8 rights as human rights, including in connection with  
9 the 1994 International Conference on Population  
10 and Development, the 1995 Beijing World Con-  
11 ference on Women, and through its ratification of  
12 the International Covenant on Civil and Political  
13 Rights, done at New York December 19, 1966 (re-  
14 ferred to in this Act as “ICCPR”), the International  
15 Convention on the Elimination of All Forms of Ra-  
16 cial Discrimination, done at New York December 21,  
17 1965, and the Convention against Torture and  
18 Other Cruel, Inhuman or Degrading Treatment or  
19 Punishment, done at New York December 10, 1984.

20 (2) General comment No. 36 (2018) on article  
21 6 of the ICCPR, which was adopted by the Human  
22 Rights Committee on October 30, 2018, asserts that  
23 States parties—

24 (A) should ensure access for all persons to  
25 quality and evidence-based information and  
26 education about sexual and reproductive health

1 and to a wide range of affordable contraceptive  
2 methods;

3 (B) must provide safe, legal, and effective  
4 access to abortion where the life and health of  
5 the pregnant woman or girl is at risk, or where  
6 carrying a pregnancy to term would cause the  
7 pregnant woman or girl substantial pain or suf-  
8 fering, most notably where pregnancy is the re-  
9 sult of rape or incest or is not viable;

10 (C) ensure the availability of, and effective  
11 access to, quality prenatal and post-abortion  
12 health care for women and girls; and

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

20 (3) The World Health Organization (WHO)  
21 Abortion Care Guidelines (2022) asserts comprehen-  
22 sive abortion care includes the provision of informa-  
23 tion, abortion management (including induced abor-  
24 tion), and care related to pregnancy loss/sponta-

1 neous abortion and post-abortion care, and requires  
2 supportive law and policy including—

3 (A) full decriminalization of abortion;

4 (B) repeal of laws and regulations that re-  
5 strict abortion by reasons, prohibit abortion  
6 based on gestational limits, and require manda-  
7 tory waiting periods;

8 (C) availability of abortion on the request  
9 of the woman, girl or other pregnant person  
10 and without the need for authorization from  
11 any other person, body, or institution;

12 (D) ending regulations that limit who can  
13 provide and manage abortion care that are in-  
14 consistent with WHO guidance; and

15 (E) protection of abortion access from bar-  
16 riers created by conscientious refusal.

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

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

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

6 (6) People with disabilities have historically  
7 been subjected to forced sterilization and coercive  
8 abortion practices, eugenics, institutionalization or  
9 guardianship practices that stripped them of their  
10 right to autonomy, and barriers to comprehensive re-  
11 productive care, including denial of fertility care, ac-  
12 cess to comprehensive sex education, contraception,  
13 and abortion care, and often face disrespect during  
14 pregnancy and birth. The denial of access to sexual  
15 and reproductive health care and associated human  
16 rights violations due to these barriers should be re-  
17 ported in relevant Department of State Annual  
18 Country Reports on Human Rights Practices.

19 (7) 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, 2019, and 2024 Country Reports on Human  
23 Rights Practices inappropriately politicized human  
24 rights of people around the world.

1           (8) The dismantling of the United States Agen-  
2           cy for International Development (USAID) will se-  
3           verely undermine global reproductive health out-  
4           comes by disrupting funding for contraception, ma-  
5           ternal healthcare, and safe childbirth services.  
6           USAID’s programs are critical in reducing maternal  
7           and infant mortality, preventing unintended preg-  
8           nancies, and ensuring access to care for  
9           marginalized communities worldwide.

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

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

18           (a) IN GENERAL.—The Foreign Assistance Act of  
19 1961 (22 U.S.C. 2151 et seq.) is amended—

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

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

24           “(A) whether such country has adopted  
25           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) the nature and extent of in-  
8           stances of discrimination, coercion, and vi-  
9           olence against people with disabilities in all  
10          settings where reproductive health care is  
11          provided, including in institutions and de-  
12          tention settings;

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

21          “(iv) the actions, if any, taken by the  
22          government of such country to respond to  
23          such discrimination, coercion, and violence,  
24          if applicable;

25          “(D) a description of—

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

5 “(ii) the barriers such individuals face  
6 in accessing such services;

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

11 “(iv) the actions, if any, taken by the  
12 government of such country to address  
13 such denials; and

14 “(E) a description of—

15 “(i) disparities in access to family  
16 planning and reproductive health services  
17 and pregnancy-related health outcomes, in-  
18 cluding pregnancy-related injuries and  
19 deaths, based on race, ethnicity, indigenous  
20 status, language, religious affiliation, age,  
21 marital status, disability, sexual orienta-  
22 tion and gender identity, or other  
23 marginalized identity; and

24 “(ii) any measures taken by the gov-  
25 ernment of such country to hold health

1 systems accountable for addressing such  
2 disparities;” and

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

4 (A) by redesignating the second subsection  
5 (i) (relating to child marriage status) as sub-  
6 section (j); and

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

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

13 “(1) whether such country has adopted and en-  
14 forced policies—

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

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

23 “(C) to promote the equitable prevention,  
24 detection, and treatment of sexually transmitted  
25 infections, including HIV and HPV, and of re-

1 productive tract infections and reproductive  
2 cancers; and

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

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

11 “(3) a description of—

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

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

23 “(C) the actions, if any, taken by the gov-  
24 ernment of such country to respond to such dis-

1           crimination, coercion, and violence, if applica-  
2           ble;

3           “(4) a description of—

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

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

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

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

17           “(5) a description of—

18                   “(A) disparities in access to family plan-  
19                   ning and reproductive health services and preg-  
20                   nancy-related health outcomes, including preg-  
21                   nancy-related injuries and deaths, based on  
22                   race, ethnicity, indigenous status, language, re-  
23                   ligious affiliation, age, marital status, disability,  
24                   sexual orientation and gender identity, or other  
25                   marginalized identity; and

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

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

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

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

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

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

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