

119TH CONGRESS
1ST SESSION

S. 2671

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 SENATE OF THE UNITED STATES

AUGUST 1, 2025

Mr. SCHATZ (for himself, Ms. DUCKWORTH, Mrs. SHAHEEN, Mr. BLUMENTHAL, Ms. KLOBUCHAR, Mrs. GILLIBRAND, Ms. HIRONO, Mr. MERKLEY, Ms. ROSEN, Mr. WYDEN, Mr. PADILLA, Mrs. MURRAY, Mr. MARKEY, Mr. WELCH, Mr. COONS, Mr. BOOKER, and Mr. VAN HOLLEN) introduced the following bill; which was read twice and referred to the Committee on Foreign Relations

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 2025”.

1 **SEC. 2. FINDINGS; SENSE OF CONGRESS.**

2 (a) FINDINGS.—Congress finds the following:

3 (1) The United States has joined the inter-
4 national community in identifying reproductive
5 rights as human rights, including in connection
6 with—

7 (A) the International Convention on the
8 Elimination of All Forms of Racial Discrimina-
9 tion, done at New York December 21, 1965;

10 (B) the ratification of the International
11 Covenant on Civil and Political Rights, done at
12 New York December 19, 1966 (referred to in
13 this Act as “ICCPR”);

14 (C) the Convention against Torture and
15 Other Cruel, Inhuman or Degrading Treatment
16 or Punishment, done at New York December
17 10, 1984;

18 (D) the 1994 International Conference on
19 Population and Development; and

20 (E) the 1995 Beijing World Conference on
21 Women.

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

1 (A) should ensure access for all persons
2 “to quality and evidence-based information and
3 education about sexual and reproductive health
4 and to a wide range of affordable contraceptive
5 methods”;

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

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

17 (D) must not impose restrictions on the
18 ability of women or girls to seek abortion in a
19 manner that “jeopardize[s] their lives,
20 subject[s] them to physical or mental pain or
21 suffering”, “discriminate[s] against them or ar-
22 bitrarily interfere[s] with their privacy” “to en-
23 sure that women and girls do not have to resort
24 to unsafe abortions”.

1 (3) The World Health Organization Abortion
2 Care Guidelines (2022) asserts comprehensive abor-
3 tion care includes the provision of information, abor-
4 tion management (including induced abortion), and
5 care related to pregnancy loss/spontaneous abortion
6 and post-abortion care, and requires supportive law
7 and policy, including—

8 (A) full decriminalization of abortion;

9 (B) repeal of laws and regulations that re-
10 strict abortion by reasons, prohibit abortion
11 based on gestational limits, and require manda-
12 tory waiting periods;

13 (C) availability of abortion on the request
14 of the woman, girl or other pregnant person
15 and without the need for authorization from
16 any other person, body, or institution;

17 (D) ending regulations that limit who can
18 provide and manage abortion care that are in-
19 consistent with World Health Organization
20 guidance; and

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

23 (4) Reproductive coercion, which is any behav-
24 ior that interferes with autonomous decision making

1 about reproductive health outcomes, is a violation of
2 human rights.

3 (5) Lesbian, gay, bisexual, transgender, queer,
4 and intersex persons (LGBTQI+) face stigma and
5 discrimination in accessing reproductive health serv-
6 ices and barriers, including anti-LGBTQI+ laws,
7 policies, and gender norms in many countries.

8 (6) People with disabilities have historically
9 been subjected to forced sterilization and coercive
10 abortion practices, eugenics, institutionalization, or
11 guardianship practices that stripped them of their
12 right to autonomy, and barriers to comprehensive re-
13 productive care, including denial of fertility care, ac-
14 cess to comprehensive sex education, contraception,
15 and abortion care, and often face disrespect during
16 pregnancy and birth.

17 (7) Human rights are grounded in international
18 standards. The Department of State's deletion of
19 the reproductive rights subsection from its 2017,
20 2018, 2019, and 2024 Country Reports on Human
21 Rights Practices inappropriately politicized human
22 rights of people around the world.

23 (8) The dismantling of the United States Agen-
24 cy for International Development (USAID) will se-
25 verely undermine global reproductive health out-

1 comes by disrupting funding for contraception, ma-
2 ternal healthcare, and safe childbirth services.
3 USAID’s programs are critical in reducing maternal
4 and infant mortality, preventing unintended preg-
5 nancies, and ensuring access to care for
6 marginalized communities worldwide.

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

13 (b) SENSE OF CONGRESS.—It is the sense of Con-
14 gress that the denial of access to sexual and reproductive
15 health care and associated human rights violations due to
16 the barriers described in paragraphs (5) and (6) of sub-
17 section (a) should be reported in relevant Department of
18 State Annual Country Reports on Human Rights Prac-
19 tices.

20 **SEC. 3. ANNUAL COUNTRY REPORTS ON HUMAN RIGHTS**
21 **PRACTICES.**

22 (a) IN GENERAL.—The Foreign Assistance Act of
23 1961 (22 U.S.C. 2151 et seq.) is amended—

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

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

3 “(A) whether such country has adopted
4 and enforced policies—

5 “(i) to promote access to safe, effec-
6 tive, and affordable methods of contracep-
7 tion and comprehensive, accurate, non-
8 discriminatory family planning and sexual
9 health information;

10 “(ii) to promote access to a full range
11 of quality health care services to ensure
12 safe and healthy pregnancy and childbirth
13 free from violence and discrimination;

14 “(iii) to promote the equitable preven-
15 tion, detection, and treatment of sexually
16 transmitted infections, including HIV and
17 HPV, and of reproductive tract infections
18 and reproductive cancers; and

19 “(iv) to expand or restrict access to
20 safe abortion services or post-abortion
21 care, or to criminalize pregnancy-related
22 outcomes, including spontaneous mis-
23 carriages or pregnancies outside of mar-
24 riage;

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

4 “(C) a description of—

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

11 “(ii) the nature and extent of in-
12 stances of discrimination, coercion, and vi-
13 olence against people with disabilities in all
14 settings where reproductive health care is
15 provided, including in institutions and de-
16 tention settings;

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

1 “(iv) the actions, if any, taken by the
2 government of such country to respond to
3 such discrimination, coercion, and violence,
4 if applicable;

5 “(D) a description of—

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

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

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

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

19 “(E) a description of—

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

1 marital status, disability, sexual orienta-
 2 tion and gender identity, or other
 3 marginalized identity; and

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

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

9 (A) by redesignating the second subsection
 10 (i) (relating to child marriage status) as sub-
 11 section (j); and

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

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

18 “(1) whether such country has adopted and en-
 19 forced policies—

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

24 “(B) to promote access to a full range of
 25 quality health care services to ensure safe and

1 healthy pregnancy and childbirth, free from vio-
2 lence and discrimination;

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

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

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

16 “(3) a description of—

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

22 “(B) instances of coerced abortion, coerced
23 pregnancy, coerced sterilization, use of incen-
24 tives or disincentives to lower or raise fertility,
25 withholding of information on reproductive

1 health options, and other forms of reproductive
2 and sexual coercion; and

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

7 “(4) a description of—

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

12 “(B) the barriers such individuals face in
13 accessing such services;

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

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

21 “(5) a description of—

22 “(A) disparities in access to family plan-
23 ning and reproductive health services and preg-
24 nancy-related health outcomes, including preg-
25 nancy-related injuries and deaths, based on

1 race, ethnicity, indigenous status, language, re-
2 ligious affiliation, age, marital status, disability,
3 sexual orientation and gender identity, or other
4 marginalized identity; and

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

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

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

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

1 (3) relevant agencies and offices of the United
2 States Government that track or are otherwise in-
3 volved in the monitoring of reproductive and sexual
4 health around the world.

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