

114TH CONGRESS
1ST SESSION

H. R. 448

To protect a woman's right to determine whether and when to bear a child or end a pregnancy by limiting restrictions on the provision of abortion services.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 21, 2015

Ms. CHU of California (for herself, Ms. FUDGE, Ms. FRANKEL of Florida, Mr. CICILLINE, Ms. CLARK of Massachusetts, Mr. BEYER, Ms. SPEIER, Ms. NORTON, Mr. RANGEL, Mr. GRIJALVA, Mr. TAKANO, Mr. LOWENTHAL, Ms. WASSERMAN SCHULTZ, Mr. DEFazio, Ms. LEE, Ms. SCHAKOWSKY, Mr. HONDA, Mr. HUFFMAN, Mr. LOEBSACK, Ms. ESTY, Ms. SLAUGHTER, Ms. DEGETTE, Mr. SCHIFF, Ms. HAHN, Ms. JACKSON LEE, Ms. BROWNLEY of California, Mr. DOGGETT, Mr. DEUTCH, Ms. EDWARDS, Mr. PERLMUTTER, Mr. SARBANES, Mr. ELLISON, Ms. BONAMICI, Mr. MCGOVERN, Mr. NADLER, Mr. BERA, Mr. YARMUTH, Ms. DELAURO, Mrs. BEATTY, Mr. TAKAI, Ms. PINGREE, Mr. QUIGLEY, Ms. TITUS, Ms. KUSTER, Mr. PETERS, Mrs. CAROLYN B. MALONEY of New York, Mr. GUTIÉRREZ, Ms. BASS, Mr. CROWLEY, Ms. MATSUI, Ms. DELBENE, Mrs. NAPOLITANO, Mr. SMITH of Washington, Mr. RUSH, Ms. MCCOLLUM, Mr. RYAN of Ohio, Mr. HASTINGS, Ms. BROWN of Florida, Mr. HECK of Washington, Mr. HIMES, Mr. DAVID SCOTT of Georgia, Mr. FOSTER, Mr. POCAN, Mr. BRADY of Pennsylvania, Mr. KILMER, Mr. SHERMAN, Mr. VAN HOLLEN, Ms. LINDA T. SÁNCHEZ of California, Ms. MOORE, Mrs. WATSON COLEMAN, Ms. ADAMS, Mr. VISCLOSKEY, and Ms. CLARKE of New York) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To protect a woman's right to determine whether and when to bear a child or end a pregnancy by limiting restrictions on the provision of 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 2015”.

6 **SEC. 2. FINDINGS AND PURPOSE.**

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

8 (1) Access to safe, legal abortion services is es-
9 sential to women’s health and central to women’s
10 ability to participate equally in the economic and so-
11 cial life of the United States.

12 (2) Access to safe, legal abortion services has
13 been hindered in the United States in various ways,
14 including blockades of health care facilities and asso-
15 ciated violence; restrictions on insurance coverage;
16 restrictions on minors’ ability to obtain services; and
17 requirements and restrictions that single out abor-
18 tion providers and those seeking their services, and
19 which do not further women’s health or the safety
20 of abortion, but harm women by reducing the avail-
21 ability of services.

22 (3) In the early 1990s, protests and blockades
23 at health care facilities where abortions were per-
24 formed, and associated violence, increased dramati-
25 cally and reached crisis level, requiring Congres-

1 sional action. Congress passed the Freedom of Ac-
2 cess to Clinic Entrances Act (Public Law 103–259)
3 to address that situation and ensure that women
4 could physically access abortion services.

5 (4) Since 2010, there has been an equally dra-
6 matic increase in the number of laws and regulations
7 singling out abortion that threaten women’s health
8 and their ability to access safe abortion services by
9 interfering with health care professionals’ ability to
10 provide such services. Congressional action is now
11 necessary to put an end to these restrictions. In ad-
12 dition, there has been a dramatic increase in the
13 passage of laws that blatantly violate the constitu-
14 tional protections afforded women, such as bans on
15 abortion prior to viability.

16 (5) Legal abortion is one of the safest medical
17 procedures in the United States. That safety is
18 furthered by regulations that are based on science
19 and are generally applicable to the medical profes-
20 sion or to medically comparable procedures.

21 (6) Many State and local governments are im-
22 posing restrictions on the provision of abortion that
23 are neither science-based nor generally applicable to
24 the medical profession or to medically comparable
25 procedures. Though described by their proponents as

1 health and safety regulations, many of these abor-
2 tion-specific restrictions do not advance the safety of
3 abortion services and do nothing to protect women's
4 health. Also, these restrictions interfere with wom-
5 en's personal and private medical decisions, make
6 access to abortion more difficult and costly, and
7 even make it impossible for some women to obtain
8 those services.

9 (7) These restrictions harm women's health by
10 reducing access not only to abortion services but also
11 to the other essential health care services offered by
12 the providers targeted by the restrictions, including
13 contraceptive services, which reduce unintended
14 pregnancies and thus abortions, and screenings for
15 cervical cancer and sexually transmitted infections.
16 These harms fall especially heavily on low-income
17 women, women of color, and women living in rural
18 and other medically underserved areas.

19 (8) The cumulative effect of these numerous re-
20 strictions has been widely varying access to abortion
21 services such that a woman's ability to exercise her
22 constitutional rights is dependent on the State in
23 which she lives. Federal legislation putting a stop to
24 harmful restrictions throughout the United States is
25 necessary to ensure that women in all States have

1 access to safe abortion services, an essential con-
2 stitutional right repeatedly affirmed by the United
3 States Supreme Court.

4 (9) Congress has the authority to protect wom-
5 en’s ability to access abortion services pursuant to
6 its powers under the Commerce Clause and its pow-
7 ers under section 5 of the Fourteenth Amendment to
8 the Constitution to enforce the provisions of section
9 1 of the Fourteenth Amendment.

10 (b) PURPOSE.—It is the purpose of this Act to pro-
11 tect women’s health by ensuring that abortion services will
12 continue to be available and that abortion providers are
13 not singled out for medically unwarranted restrictions that
14 harm women by preventing them from accessing safe abor-
15 tion services. It is not the purpose of this Act to address
16 all threats to access to abortion (for example, this Act does
17 not apply to clinic violence, restrictions on insurance or
18 medical assistance coverage of abortion, or requirements
19 for parental consent or notification before a minor may
20 obtain an abortion) which Congress should address
21 through separate legislation as appropriate.

22 **SEC. 3. DEFINITIONS.**

23 In this Act:

24 (1) ABORTION.—The term “abortion” means
25 any medical treatment, including the prescription of

1 medication, intended to cause the termination of a
2 pregnancy except for the purpose of increasing the
3 probability of a live birth, to remove an ectopic preg-
4 nancy, or to remove a dead fetus.

5 (2) ABORTION PROVIDER.—The term “abortion
6 provider” means a health care professional who per-
7 forms abortions.

8 (3) GOVERNMENT.—The term “government”
9 includes a branch, department, agency, instrumen-
10 tality, or individual acting under color of law of the
11 United States, a State, or a subdivision of a State.

12 (4) HEALTH CARE PROFESSIONAL.—The term
13 “health care professional” means a licensed medical
14 professional (including physicians, certified nurse-
15 midwives, nurse practitioners, and physician assist-
16 ants) who is competent to perform abortions based
17 on clinical training.

18 (5) MEDICALLY COMPARABLE PROCEDURES.—
19 The term “medically comparable procedures” means
20 medical procedures that are similar in terms of risk,
21 complexity, duration, or the degree of sterile pre-
22 caution that is indicated.

23 (6) 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 (7) STATE.—The term “State” includes each of
2 the 50 States, the District of Columbia, the Com-
3 monwealth of Puerto Rico, and each territory or pos-
4 session of the United States.

5 (8) VIABILITY.—the term “viability” means the
6 point in a pregnancy at which, in the good-faith
7 medical judgment of the treating health care profes-
8 sional, based on the particular facts of the case be-
9 fore her or him, there is a reasonable likelihood of
10 sustained fetal survival outside the uterus with or
11 without artificial support.

12 **SEC. 4. PROHIBITED MEASURES AND ACTIONS.**

13 (a) GENERAL PROHIBITIONS.—The following limita-
14 tions or requirements are unlawful and shall not be im-
15 posed or applied by any government because they single
16 out the provision of abortion services for restrictions that
17 are more burdensome than those restrictions imposed on
18 medically comparable procedures, they do not significantly
19 advance women’s health or the safety of abortion services,
20 and they make abortion services more difficult to access:

21 (1) A requirement that a medical professional
22 perform specific tests or medical procedures in con-
23 nection with the provision of an abortion, unless
24 generally required for the provision of medically
25 comparable procedures.

1 (2) A requirement that the same clinician who
2 performs a patient's abortion also perform specified
3 tests, services or procedures prior, or subsequent, to
4 the abortion.

5 (3) A limitation on an abortion provider's abil-
6 ity to prescribe or dispense drugs based on current
7 evidence-based regimens or her or his good-faith
8 medical judgment, other than a limitation generally
9 applicable to the medical profession.

10 (4) A limitation on an abortion provider's abil-
11 ity to provide abortion services via telemedicine,
12 other than a limitation generally applicable to the
13 provision of medical services via telemedicine.

14 (5) A requirement or limitation concerning the
15 physical plant, equipment, staffing, or hospital
16 transfer arrangements of facilities where abortions
17 are performed, or the credentials or hospital privi-
18 leges or status of personnel at such facilities, that is
19 not imposed on facilities or the personnel of facilities
20 where medically comparable procedures are per-
21 formed.

22 (6) A requirement that, prior to obtaining an
23 abortion, a patient make one or more medically un-
24 necessary in-person visits to the provider of abortion

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

3 (7) A requirement or limitation that prohibits
4 or restricts medical training for abortion procedures,
5 other than a requirement or limitation generally ap-
6 plicable to medical training for medically comparable
7 procedures.

8 (b) OTHER PROHIBITED MEASURES OR ACTIONS.—

9 (1) IN GENERAL.—A measure or action directed
10 at restricting the provision of abortion services or
11 the facilities that provide abortion services that is
12 similar to any of the prohibited limitations or re-
13 quirements described in subsection (a) shall be un-
14 lawful if such measure or action singles out abortion
15 services or makes abortion services more difficult to
16 access and does not significantly advance women’s
17 health or the safety of abortion services.

18 (2) PRIMA FACIE CASE.—To make a prima
19 facie showing that a measure or action is unlawful
20 under paragraph (1) a plaintiff shall demonstrate
21 that the measure or action involved—

22 (A) singles out the provision of abortion
23 services or facilities in which abortion services
24 are performed; or

1 (B) impedes women’s access to abortion
2 services based on one or more of the factors de-
3 scribed in paragraph (3).

4 (3) FACTORS.—Factors for a court to consider
5 in determining whether a measure or action impedes
6 access to abortion services for purposes of paragraph
7 (2)(B) include the following:

8 (A) Whether the measure or action inter-
9 feres with an abortion provider’s ability to pro-
10 vide care and render services in accordance with
11 her or his good-faith medical judgment.

12 (B) Whether the measure or action is rea-
13 sonably likely to delay some women in accessing
14 abortion services.

15 (C) Whether the measure or action is rea-
16 sonably likely to directly or indirectly increase
17 the cost of providing abortion services or the
18 cost for obtaining abortion services (including
19 costs associated with travel, childcare, or time
20 off work).

21 (D) Whether the measure or action re-
22 quires, or is reasonably likely to have the effect
23 of necessitating, a trip to the offices of the
24 abortion provider that would not otherwise be
25 required.

1 (E) Whether the measure or action is rea-
2 sonably likely to result in a decrease in the
3 availability of abortion services in the State.

4 (F) Whether the measure or action im-
5 poses criminal or civil penalties that are not im-
6 posed on other health care professionals for
7 comparable conduct or failure to act or that are
8 harsher than penalties imposed on other health
9 care professionals for comparable conduct or
10 failure to act.

11 (G) The cumulative impact of the measure
12 or action combined with other new or existing
13 requirements or restrictions.

14 (4) DEFENSE.—A measure or action shall be
15 unlawful under this subsection upon making a prima
16 facie case (as provided for under paragraph (2)), un-
17 less the defendant establishes, by clear and con-
18 vincing evidence, that—

19 (A) the measure or action significantly ad-
20 vances the safety of abortion services or the
21 health of women; and

22 (B) the safety of abortion services or the
23 health of women cannot be advanced by a less
24 restrictive alternative measure or action.

1 (c) OTHER PROHIBITIONS.—The following restric-
2 tions on the performance of abortion are unlawful and
3 shall not be imposed or applied by any government:

4 (1) A prohibition or ban on abortion prior to
5 fetal viability.

6 (2) A prohibition on abortion after fetal viabil-
7 ity when, in the good-faith medical judgment of the
8 treating physician, continuation of the pregnancy
9 would pose a risk to the pregnant woman’s life or
10 health.

11 (3) A restriction that limits a pregnant wom-
12 an’s ability to obtain an immediate abortion when a
13 health care professional believes, based on her or his
14 good-faith medical judgment, that delay would pose
15 a risk to the woman’s health.

16 (4) A measure or action that prohibits or re-
17 stricts a woman from obtaining an abortion prior to
18 fetal viability based on her reasons or perceived rea-
19 sons or that requires a woman to state her reasons
20 before obtaining an abortion prior to fetal viability.

21 (d) LIMITATION.—The provisions of this Act shall
22 not apply to laws regulating physical access to clinic en-
23 trances, requirements for parental consent or notification
24 before a minor may obtain an abortion, insurance coverage
25 or medical assistance of abortion, or the procedure de-

1 scribed in section 1531(b)(1) of title 18, United States
2 Code.

3 (e) EFFECTIVE DATE.—This Act shall apply to gov-
4 ernment restrictions on the provision of abortion services,
5 whether statutory or otherwise, whether they are enacted
6 or imposed prior to or after the date of enactment of this
7 Act.

8 **SEC. 5. LIBERAL CONSTRUCTION.**

9 (a) LIBERAL CONSTRUCTION.—In interpreting the
10 provisions of this Act, a court shall liberally construe such
11 provisions to effectuate the purposes of the Act.

12 (b) RULE OF CONSTRUCTION.—Nothing in this Act
13 shall be construed to authorize any government to inter-
14 fere with a woman’s ability to terminate her pregnancy,
15 to diminish or in any way negatively affect a woman’s con-
16 stitutional right to terminate her pregnancy, or to displace
17 any other remedy for violations of the constitutional right
18 to terminate a pregnancy.

19 **SEC. 6. ENFORCEMENT.**

20 (a) ATTORNEY GENERAL.—The Attorney General
21 may commence a civil action for prospective injunctive re-
22 lief on behalf of the United States against any government
23 official that is charged with implementing or enforcing any
24 restriction that is challenged as unlawful under this Act.

25 (b) PRIVATE RIGHT OF ACTION.—

1 (1) IN GENERAL.—Any individual or entity ag-
2 grieved by an alleged violation of this Act may com-
3 mence a civil action for prospective injunctive relief
4 against the government official that is charged with
5 implementing or enforcing the restriction that is
6 challenged as unlawful under this Act.

7 (2) FACILITY OR PROFESSIONAL.—A health
8 care facility or medical professional may commence
9 an action for prospective injunctive relief on behalf
10 of the facility’s or professional’s patients who are or
11 may be adversely affected by an alleged violation of
12 this Act.

13 (c) EQUITABLE RELIEF.—In any action under this
14 section, the court may award appropriate equitable relief,
15 including temporary, preliminary, or permanent injunctive
16 relief.

17 (d) COSTS.—In any action under this section, the
18 court shall award costs of litigation, as well as reasonable
19 attorney fees, to any prevailing plaintiff. A plaintiff shall
20 not be liable to a defendant for costs in an action under
21 this section.

22 (e) JURISDICTION.—The district courts of the United
23 States shall have jurisdiction over proceedings commenced
24 pursuant to this section and shall exercise the same with-
25 out regard to whether the party aggrieved shall have ex-

1 exhausted any administrative or other remedies that may be
2 provided for by law.

3 **SEC. 7. PREEMPTION.**

4 No State or subdivision thereof shall enact or enforce
5 any law, rule, regulation, standard, or other provision hav-
6 ing the force and effect of law that conflicts with any pro-
7 vision of this Act.

8 **SEC. 8. SEVERABILITY.**

9 If any provision of this Act, or the application of such
10 provision to any person or circumstance, is held to be un-
11 constitutional, the remainder of this Act, or the applica-
12 tion of such provision to all other persons or cir-
13 cumstances, shall not be affected thereby.

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