

117<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. CON. RES. 109

Expressing support for the recognition of September 26, 2022, as “World Contraception Day” and expressing the sense of the House of Representatives regarding global and domestic access to contraception.

---

## IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 26, 2022

Ms. VELÁZQUEZ (for herself, Ms. CLARKE of New York, Mrs. CAROLYN B. MALONEY of New York, Ms. MENG, Mr. NADLER, Ms. TITUS, Ms. DELBENE, Ms. BONAMICI, Ms. SCHAKOWSKY, Ms. CHU, Mr. BOWMAN, Ms. OCASIO-CORTEZ, Mr. ESPAILLAT, and Ms. NEWMAN) submitted the following concurrent resolution; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Foreign Affairs, 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

---

## CONCURRENT RESOLUTION

Expressing support for the recognition of September 26, 2022, as “World Contraception Day” and expressing the sense of the House of Representatives regarding global and domestic access to contraception.

Whereas September 26 marks World Contraception Day, a day when organizations and individuals around the world advocate to improve awareness of contraception and the right to sexual and reproductive health;

Whereas, in 1968, the United Nations International Conference on Human Rights declared that “parents have a

basic human right to determine freely and responsibly the number and spacing of their children”;

Whereas access to contraceptives in the United States is recognized as a fundamental right under the constitutional right to privacy through the Supreme Court’s decisions in *Griswold v. Connecticut*, 381 U.S. 479 (1965) and *Eisenstadt v. Baird*, 405 U.S. 438 (1972);

Whereas the Centers for Disease Control and Prevention (CDC) recognized family planning in its published list of the “Ten Greatest Public Health Achievements in the 20th Century”;

Whereas target 3.7 of the United Nations Sustainable Development Goals (SDGs), which was adopted by the United States and 192 other United Nations (UN) member states, calls on countries “by 2030, to ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs”;

Whereas certain barrier methods of contraception, specifically condoms, decreases the spread of sexually transmitted infections (STIs) and could eliminate the 3,500,000 annual cases of infertility in low- and middle-income countries that are caused by untreated gonorrhea or chlamydia;

Whereas the ability of individuals to control the number and spacing of their children reduces rates of unintended pregnancies, unsafe abortions and maternal deaths;

Whereas in economically developing countries, public health experts estimate that access to contraceptives would result in 76,000,000 fewer unintended pregnancies,

26,000,000 fewer unsafe abortions, and 186,000 fewer maternal deaths;

Whereas in the United States due to discrimination, significant racial, ethnic, and socioeconomic disparities exist in sexual and reproductive health, particularly in maternal mortality and morbidity and infant mortality with Black, American Indian, and Alaska Native women two to three times more likely to die from pregnancy-related causes than White women;

Whereas contraceptive choices are unduly influenced by structural racism, gender discrimination, and socioeconomic barriers;

Whereas research shows that both historically and today, medical racism has resulted in experiments on communities of color, such as the misleading and eugenics-based birth control trials on Puerto Rican women in the 1950s and the development of modern gynecology through the experimentation and exploitation of enslaved Black women beginning in the 1840s, has contributed to persistent feelings of mistrust among Black women regarding their ability to access high-quality sexual and reproductive health care;

Whereas effective contraception has been shown to be an important strategy to maintaining and improving mental health and well-being for women and other individuals who have the capacity to get pregnant;

Whereas planning, delaying, and spacing births helps people achieve their education, career, and life goals;

Whereas young women with access to the pill before age 21 graduated from college in significantly higher numbers

than did women of the same era who came of age before the pill was available to them;

Whereas children born to women with access to United States federally funded family planning programs, which increase access to affordable contraception and family planning services, were more likely to complete at least 12, 13, and 16 years of schooling, and had 2-percent higher family incomes as adults;

Whereas globally, access to contraception increases labor force participation, boosting economic health and prosperity of economically developing communities;

Whereas many women face challenges in accessing birth control and using it effectively, and globally, 218,000,000 women in economically developing countries have an unmet need for modern contraception;

Whereas in the United States, one-third of adult United States women who have ever tried to obtain prescription contraception reported barriers to access;

Whereas one barrier to access is an appropriately trained, linguistically appropriate, and culturally competent reproductive health care workforce including primary care and other providers to ensure that all patients have access to a contraceptive method of their choice including highly effective reversible contraception methods;

Whereas more than 19,000,000 women of reproductive age in the United States are in need of publicly funded contraception and live in a contraceptive desert where they lack reasonable access in their county to a health center that offers the full range of contraceptive methods;

Whereas 12 States in America allow some health care providers to refuse to provide services related to contraception;

Whereas studies show that preventing young adults from accessing contraceptives puts teens at risk of unintended pregnancies and sexually transmitted diseases, including HIV;

Whereas emergency contraception is a safe way to prevent pregnancy after unprotected sex, but 9 States in America have adopted restrictions on emergency contraception by excluding emergency contraception from a State's family planning program, contraceptive coverage mandate, or by allowing pharmacists to refuse to dispense emergency contraceptives;

Whereas according to the UN, globally, 19 percent of governments apply one or more restrictions on contraceptive access, and these include restrictions on the age and marital status of the person seeking access to contraception, parental consent, and restrictions on access to emergency contraceptive pills or sterilization;

Whereas researchers have found some women of color experience implicit and explicit racism when interacting with the medical system, lack of quality information about effective family planning methods, and an inability to access or afford reproductive health care;

Whereas while comprehensive sex education has been proven to reduce rates of unintended pregnancy and STIs, and include outcomes of appreciation of sexual diversity, dating and intimate partner violence prevention, development of healthy relationships, prevention of child sex abuse, improved social and emotional learning, and in-

creased media literacy, but only 20 States and the District of Columbia require sex education to include information on birth control;

Whereas globally, many countries have made advances in developing policies to improve access to comprehensive sex education, however, there remain significant gaps between global and regional policies and implementation on the ground such as limited teacher training capacity;

Whereas existing research highlights uninsured women were 30 percent less likely to report using prescription contraceptive methods than women with private or public health insurance and women identify affordability among the top three factors in determining which contraception to use;

Whereas LGBTQ+ individuals, particularly transgender individuals undergoing transition, experience unique barriers to contraception access such as fragmentation of health services, discrimination from providers, and insurance issues, all of which can be exacerbated by racism and intersecting oppression;

Whereas there are continued efforts to defund or eliminate contraceptive programs and falsely conflating emergency contraceptives and intrauterine devices with abortion, even though they are proven to reduce unintended pregnancies;

Whereas reproductive justice is the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities;

Whereas people of color, indigenous people, immigrant communities, and people with disabilities have been exploited

in the service of contraceptive development, and been coerced into using contraception, or sterilized against their will, yet still face barriers to accessing contraception when they need it; and

Whereas Congress has repeatedly recognized the importance of women’s ability to access contraceptives through support for the Medicaid program, title X of the Public Health Service Act, and the Federal Employees Health Benefits Program: Now, therefore, be it

1        *Resolved by the House of Representatives (the Senate*  
2 *concurring), That—*

3            (1) it is the sense of Congress that Congress  
4            and the Administration should take further steps to  
5            ensure that all people have universal, expansive,  
6            high-quality access to free or affordable contracep-  
7            tion;

8            (2) Congress and the Administration should en-  
9            sure all people capable of pregnancy have the auton-  
10           omy to decide whether to have children, the number  
11           and spacing of their children, and to have medically  
12           accurate information, education, and access to  
13           health services to make these decisions and pursue  
14           reproductive justice;

15           (3) Congress and the Administration should ex-  
16           amine and support ways to expand comprehensive  
17           access to contraception, including studying contra-  
18           ceptive deserts, new evidence-based methods and in-

1 novations, and whether Federal policy solutions can  
2 address these issues;

3 (4) Congress and the Administration should en-  
4 sure people have access to affordable, comprehen-  
5 sive, consistent insurance coverage for all their re-  
6 productive health care needs, including contraception  
7 and abortion;

8 (5) Congress and the Administration should ex-  
9 pand training of counseling, provision, and followup  
10 care for all forms of highly effective reversible con-  
11 traception methods to primary care physicians to in-  
12 crease access to the most effective forms of birth  
13 control available;

14 (6) Congress aligns with scientific perspective  
15 that “contraception” includes all current and future  
16 Food and Drug Administration-approved, -granted,  
17 or -cleared methods, including those available by  
18 prescription and over-the-counter, and the World  
19 Health Organization defines contraception to include  
20 female and male sterilization, the intrauterine device  
21 (IUD), the implant, injectables, oral contraceptive  
22 pills, external and internal condoms, vaginal barrier  
23 methods (including the diaphragm, cervical cap, and  
24 spermicidal foam, jelly, cream, and sponge),  
25 lactational amenorrhea method (LAM), emergency



1       contraception, and other modern methods not re-  
2       ported separately (for example, the contraceptive  
3       patch or vaginal ring);

4               (7) Congress and the Administration should en-  
5       sure that laws governing contraception access are  
6       evidence-based and grounded in accurate medical in-  
7       formation;

8               (8) Congress and the Administration should  
9       work to end reproductive health disparities, includ-  
10      ing with regard to ethnicity, race, gender identity,  
11      and sexual orientation;

12              (9) Congress and the Administration should  
13      work to end gender-based violence, which dispropor-  
14      tionately affects women, including transgender  
15      women;

16              (10) Congress and the Administration should  
17      expand comprehensive and gender-inclusive sex edu-  
18      cation and patient-centered counseling, which in-  
19      cludes accurate, age-appropriate information about  
20      one's body, sexual and reproductive health, methods  
21      of contraception, access, and human rights;

22              (11) Congress and the Administration should  
23      ensure that United States foreign assistance includes  
24      support for contraception services, safe abortion  
25      services, and quality postabortion care, and domestic

1 assistance includes support for contraception serv-  
2 ices through title X family planning providers and  
3 Centers for Medicare and Medicaid Services; and

4 (12) this Congress does not support any policies  
5 that undermine the effectiveness of domestic and  
6 global programs and supports additional funding for  
7 global and domestic programs that increase access to  
8 contraception such as those under title X, Medicaid,  
9 Federal health care providers, and the United States  
10 Agency for International Development's Office of  
11 Population and Reproductive Health.

○