

118TH CONGRESS
2D SESSION

S. 3983

To amend the Public Health Service Act to authorize a grant program to increase capacity for providing abortion services and other sexual and reproductive health care, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MARCH 20, 2024

Ms. HIRONO (for herself, Ms. DUCKWORTH, Mr. BLUMENTHAL, Mr. MERKLEY, Ms. BUTLER, Mr. WELCH, Mr. HEINRICH, Mr. PADILLA, Ms. WARREN, and Mr. WHITEHOUSE) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to authorize a grant program to increase capacity for providing abortion services and other sexual and reproductive health care, 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 “Abortion Care Capac-
5 ity Enhancement and Support Services Act of 2024” or
6 the “ACCESS Act of 2024”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) On June 24, 2022, in *Dobbs v. Jackson*
4 *Women’s Health Organization*, the Supreme Court
5 overturned *Roe v. Wade*, which had guaranteed the
6 constitutional right to abortion. Following the deci-
7 sion, States were able to increase restrictions or ban
8 access to abortion, which has exacerbated the abor-
9 tion access crisis. Under this legal framework, abor-
10 tion access varies widely by State.

11 (2) Compared to April 2022, the number of
12 abortions per month by June 2023, had dropped to
13 zero in at least 12 States with abortion bans in
14 place, while other States saw increases of over 2,000
15 abortions.

16 (3) States that do not have an abortion ban or
17 restrictions have experienced increased numbers of
18 out-of-State patients seeking abortion services. Pa-
19 tients traveling for abortion services doubled in re-
20 cent years with 1 in 5 patients crossing State lines
21 to obtain an abortion in 2023, compared to 1 in 10
22 in 2020.

23 (4) Abortion providers in States where abortion
24 is legal have experienced an increase in the number
25 of patients from out of State. This influx in patients
26 has increased the demand for abortion services and

1 strained the reproductive health care systems in
2 many States.

3 (5) The influx of out-of-State patients has also
4 increased the backlogs in services and wait times for
5 appointments in multiple States following increases
6 in abortion bans and restrictions. To date, many fa-
7 cilities across the country still have reported wait
8 times of a week or longer for abortion services.

9 (6) The challenges to access abortion dispro-
10 portionately impact individuals of color, low-income in-
11 dividuals, LGBTQ+ individuals, youth, and others
12 who face existing barriers to access health care in
13 their communities.

14 (7) Over 15,000,000 reproductive-age women of
15 color live in States that have banned or are likely to
16 ban abortion following the Dobbs decision. Addition-
17 ally, women of color, low-income women, young
18 women, and women living in rural communities have
19 been disproportionately impacted by travel for abor-
20 tion services.

21 (8) To address the challenges in accessing abor-
22 tion services, proper investments need to be made to
23 improve capacity to accommodate for both patients
24 in State and those coming from out of State to re-
25 ceive comprehensive and high-quality abortion serv-

1 ices and other sexual and reproductive health serv-
2 ices.

3 **SEC. 3. GRANTS TO INCREASE CAPACITY TO PROVIDE**
4 **ABORTION SERVICES AND OTHER SEXUAL**
5 **AND REPRODUCTIVE HEALTH CARE.**

6 Subpart V of part D of title III of the Public Health
7 Service Act (42 U.S.C. 256 et seq.) is amended by adding
8 at the end the following:

9 **“SEC. 340A-1. GRANTS TO INCREASE CAPACITY TO PROVIDE**
10 **ABORTION SERVICES AND OTHER SEXUAL**
11 **AND REPRODUCTIVE HEALTH CARE.**

12 “(a) IN GENERAL.—The Secretary shall carry out a
13 grant program consisting of awarding grants to eligible
14 entities to increase their capacity to provide abortion serv-
15 ices and other sexual and reproductive health care to indi-
16 viduals seeking to access abortion within or outside of
17 their States of residence.

18 “(b) ELIGIBLE ENTITIES.—To be eligible to receive
19 a grant under this section, an entity shall—

20 “(1) be a hospital, clinic, or other health care
21 facility, university, nonprofit organization, commu-
22 nity-based organization, local governmental entity,
23 or Tribal government that, through programs, serv-
24 ices, or activities that are unbiased and medically

1 and factually accurate, provides or refers for abor-
2 tion services; and

3 “(2) be in a State, the District of Columbia, or
4 a commonwealth, territory, or possession of the
5 United States where abortion services are permis-
6 sible outside of exceptions for the life and health of
7 the pregnant person.

8 “(c) PRIORITY.—In awarding grants under this sec-
9 tion, the Secretary shall give priority to eligible entities
10 in States that, as determined by the Secretary, have expe-
11 rienced the highest increases of out-of-State patients seek-
12 ing abortion services and other sexual and reproductive
13 health care.

14 “(d) AUTHORIZED ACTIVITIES.—A grant under this
15 section may be used for any of the following supplies,
16 equipment, or services related to providing an abortion or
17 other sexual and reproductive health care:

18 “(1) Expanding the grantee’s facilities, such as
19 by creating more examination rooms, operation
20 rooms, recovery areas, and other additional locations
21 for care.

22 “(2) Purchasing medical supplies or equipment
23 to provide reproductive health care services.

1 “(3) Administering telehealth services, which
2 may include audio, video, and text messaging serv-
3 ices.

4 “(4) Contracting or hiring clinical and nonclin-
5 ical support staff, which may include intake coordi-
6 nators, health educators, doulas, midwives, coun-
7 selors, ultrasound technicians, and other relevant
8 health care personnel.

9 “(5) Training programs to increase clinical and
10 nonclinical support staff, which may include intake
11 coordinators, health educators, doulas, midwives,
12 counselors, ultrasound technicians, and other rel-
13 evant health care personnel.

14 “(6) Creating and disseminating medically ac-
15 curate, culturally and linguistically appropriate, ac-
16 cessible educational materials and resources for pa-
17 tients.

18 “(7) Interpretation and translation services.

19 “(8) Referrals and counseling.

20 “(9) Recovery care.

21 “(e) APPLICATION.—To seek a grant under this sec-
22 tion, an eligible entity shall submit an application to the
23 Secretary at such time, in such manner, and containing
24 such information as the Secretary may require, including

1 a plan for increasing capacity as described in subsection
2 (a).

3 “(f) PROHIBITION AGAINST EXCLUSION OF QUALI-
4 FIED ELIGIBLE ENTITIES.—No Federal agency, grantee,
5 subrecipient, or other entity shall, in the course of admin-
6 istering or carrying out any program or activity under this
7 section, act in a manner which has the effect of excluding,
8 limiting, or restricting the participation of any entity that
9 would otherwise be eligible to apply for funds, on the basis
10 of any factor unrelated to the entity’s qualifications to ef-
11 fectively carry out the program or activity.

12 “(g) DEFINITION.—In this section, the term ‘abor-
13 tion services’ means a medical or surgical abortion and
14 any medical or non-medical supplies, equipment, or serv-
15 ices related to and provided in conjunction with an abor-
16 tion.

17 “(h) AUTHORIZATION OF APPROPRIATIONS.—To
18 carry out this section, there is authorized to be appro-
19 priated \$200,000,000 for each of fiscal years 2024
20 through 2028.”.

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