

119TH CONGRESS
1ST SESSION

S. _____

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

Mr. SCHATZ introduced the following bill; which was read twice and referred to the Committee on _____

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”.

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

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

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

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

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

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

16 (D) the 1994 International Conference on
17 Population and Development; and

18 (E) the 1995 Beijing World Conference on
19 Women.

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
25 “to quality and evidence-based information and

1 education about sexual and reproductive health
2 and to a wide range of affordable contraceptive
3 methods”;

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

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

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

23 (3) The World Health Organization Abortion
24 Care Guidelines (2022) asserts comprehensive abor-
25 tion care includes the provision of information, abor-

1 tion management (including induced abortion), and
2 care related to pregnancy loss/spontaneous abortion
3 and post-abortion care, and requires supportive law
4 and policy, including—

5 (A) full decriminalization of abortion;

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

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

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

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

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

24 (5) Lesbian, gay, bisexual, transgender, queer,
25 and intersex persons (LGBTQI+) face stigma and

1 discrimination in accessing reproductive health serv-
2 ices and barriers, including anti-LGBTQI+ laws,
3 policies, and gender norms in many countries.

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

13 (7) Human rights are grounded in international
14 standards. The Department of State's deletion of
15 the reproductive rights subsection from its 2017,
16 2018, 2019, and 2024 Country Reports on Human
17 Rights Practices inappropriately politicized human
18 rights of people around the world.

19 (8) The dismantling of the United States Agen-
20 cy for International Development (USAID) will se-
21 verely undermine global reproductive health out-
22 comes by disrupting funding for contraception, ma-
23 ternal healthcare, and safe childbirth services.
24 USAID's programs are critical in reducing maternal
25 and infant mortality, preventing unintended preg-

1 nancies, and ensuring access to care for
2 marginalized communities worldwide.

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

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

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-
24 volved in the monitoring of reproductive and sexual
25 health around the world.