

118TH CONGRESS
1ST SESSION

H. R. 4303

To expand access to abortion care.

IN THE HOUSE OF REPRESENTATIVES

JUNE 22, 2023

Ms. PRESSLEY (for herself, Ms. WILLIAMS of Georgia, Ms. ESCOBAR, Ms. BUSH, and Mr. FROST) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, the Judiciary, Natural Resources, Armed Services, Veterans' Affairs, Oversight and Accountability, and 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

A BILL

To expand access to abortion care.

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 Justice Act
5 of 2023”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) Abortion care is essential health care that
2 should be affordable, available, and supported for ev-
3 eryone who needs it.

4 (2) On June 24, 2022, the Supreme Court
5 overturned *Roe v. Wade* and 50 years of legal prece-
6 dent, and *Roe v. Wade* was never enough. Without
7 the ability to access abortion, the legal right did not
8 help many people working to make ends meet, who
9 are Black, Indigenous, Asian, Pacific Islander,
10 Latinx, young people, LGBTQ+ people, immigrants,
11 disabled people and gender nonconforming people.

12 (3) Almost one-third (29 percent) of the total
13 United States population of women of reproductive
14 age are currently living in States where abortion is
15 either unavailable or severely restricted and a dozen
16 other States are certain or likely to ban abortion in
17 the future.

18 (4) Systemic racism, economic insecurity,
19 abelism, and a dehumanizing immigration system ex-
20 acerbate the already-massive barriers to abortion
21 care.

22 (5) While abortion bans and other legal restric-
23 tions harm all people who are or may become preg-
24 nant, they cause even greater harm to those already
25 subject to systemic racism and economic injustice.

1 (6) Pregnancy is less safe for some than others
2 because of historic and ongoing racism and discrimi-
3 nation in health care settings, and Black and Indige-
4 nous individuals face two to three times the risk of
5 dying from pregnancy-related causes. Individuals in
6 States banning or severely restricting access to abor-
7 tion care also have worse maternal health outcomes.

8 (7) Forced pregnancy is always unconscionable,
9 and particularly so for individuals facing heightened
10 risk of maternal mortality and morbidity, where
11 pregnancy is less safe for some than others because
12 of historic and ongoing racism and discrimination in
13 health care settings.

14 (8) Maternal deaths in 2020 were 62 percent
15 higher in States where abortion is heavily restricted
16 than in States where abortion was available, and a
17 Federal ban on abortion would increase maternal
18 mortality by an estimated 24 percent.

19 (9) Congress has the authority to act pursuant
20 to the commerce clause, the necessary and proper
21 clause, and section 5 of the 14th Amendment.

22 (10) Attacks on bodily autonomy are not lim-
23 ited to threats on abortion care. This year alone,
24 more than 120 bills have been introduced attacking
25 gender-affirming care. States have attempted to out-

1 law many forms of birth control, and 15 States have
2 near total abortion bans.

3 (11) Several State courts have found that abor-
4 tion restrictions violate the right to bodily autonomy.

5 (12) The criminalization of abortion care forces
6 people to travel hundreds of miles out of their com-
7 munity to try to get care.

8 (13) As in other forms of criminalization, the
9 people targeted for pregnancy loss and self-managed
10 abortion prosecution are disproportionately people of
11 color, immigrants, and people experiencing economic
12 insecurity.

13 (14) Throughout the more than 20 years that
14 it has been used in the United States, medication
15 abortion has been proven to be overwhelmingly safe
16 and effective, and has expanded the way people
17 choose to self manage their abortion.

18 (15) All Food and Drug Administration-ap-
19 proved drugs must be available in all States and ter-
20 ritories.

21 (16) Research shows that with access to safe,
22 effective methods and accurate information, people
23 may safely self-manage an abortion on their own.
24 Anyone who decides to end a pregnancy should be

1 able to choose to self-manage an abortion at home
2 with medical guidance and the support they want.

3 (17) Abortion needs to be accessible where peo-
4 ple live and where they access health care. For
5 young adults on college campuses, student health
6 centers are often where they access the full range of
7 care they need, and medication abortion must be ac-
8 cessible and available to young adults who get their
9 health insurance through their State colleges and
10 universities, and three States (Massachusetts, New
11 York, and California) have passed laws ensuring ac-
12 cess to medication abortion on college campuses.

13 (18) States have continually crafted legal re-
14 strictions to ensure that abortion care is burdensome
15 or impossible to obtain. This strategy has led to
16 more than 1,300 abortion restrictions enacted since
17 *Roe v. Wade* was originally decided in 1973. These
18 attacks are rooted in racism and compound the fail-
19 ures of the health care and economic systems to pro-
20 vide communities living with low incomes access to
21 high-quality, affordable health care, and safe and
22 sustainable communities.

23 (19) A lack of investment in both telehealth and
24 reproductive health care is a significant barrier to an
25 equitable experience of telehealth for medication

1 abortion care. Actualizing the promise of telehealth
2 and technology requires centering equity by invest-
3 ing in broadband, cultural competency, health lit-
4 eracy, and digital and physical infrastructure devel-
5 opment.

6 (20) Bans on insurance coverage of abortion
7 compound barriers to health care access for immi-
8 grant and migrant communities, which can also in-
9 clude logistical barriers like travel costs and distance
10 to clinics, lodging needs and costs, childcare costs
11 and availability, limited access to translation serv-
12 ices, culturally competent care inclusive of low-lit-
13 eracy services, lost wages, and lack of paid time off
14 for health care appointments can all delay or pro-
15 hibit abortion care.

16 (21) Nearly two out of three people live within
17 the 100-mile border zone that allows for interior
18 Customs and Border Protection checkpoints where
19 immigration officers have increased discretion to de-
20 tain and question individuals.

21 (22) Immigrants of all statuses and people who
22 are undocumented or in mixed-status families are
23 deprived of the freedom to travel because of in-State
24 immigration checkpoints that put them at even
25 greater risk of criminalization, all of which con-

1 tribute to a chilling effect for abortion access due to
2 heightened threats of family separation, detention,
3 and deportation.

4 (23) In 2019, noncitizen immigrants aged 15 to
5 49 had three times the uninsured rate of naturalized
6 citizens or people born in the United States (36 per-
7 cent vs. 12 percent), and immigrants with low in-
8 comes fared worse, where in 2019 50 percent of
9 noncitizen immigrants aged 15 to 49 with a family
10 income below the Federal poverty level (earning less
11 than \$21,330 for a family of three) were uninsured.

12 (24) People held in immigration detention cen-
13 ters who are separated from their children and fami-
14 lies face additional barriers to abortion care because
15 of financial barriers due to the abortion coverage
16 bans and other restrictions.

17 (25) On November 10, 2022, the Office of Ref-
18 ugee Resettlement (ORR) issued new guidance to
19 ensure that unaccompanied immigrant minors have
20 access to abortion while in ORR custody awaiting re-
21 unification with family in the United States. The
22 Federal Government should implement policies re-
23 garding the detention of pregnant, postpartum, and
24 nursing people, to ensure that no pregnant person is
25 detained and if such detention occurs, that there is

1 no barrier to abortion while detained regardless of
2 the detaining agency.

3 (26) More than 40 percent of youth and chil-
4 dren under age 19 and 12 percent of young people
5 age 19 to 25 have health insurance through govern-
6 ment programs.

7 (27) Pregnant people younger than 18 face ad-
8 ditional barriers to accessing abortion care.

9 (28) Young people face parental involvement
10 laws in 22 States where abortion is still available, or
11 the exercise of a judicial bypass which requires mi-
12 nors to receive court approval to access abortion
13 care when they do not have their parents' knowledge
14 or consent.

15 (29) Judicial bypass is not a meaningful alter-
16 native but instead another hurdle faced by young
17 people. Many minors do not know judicial bypass is
18 available or do not know how to get it, do not have
19 access to transportation to travel to the necessary
20 courts, or simply are denied bypass by resistant or
21 biased judges.

22 (30) Abortion is one of the safest medical pro-
23 cedures in the country and leading public health or-
24 ganizations such as the American College of Obste-
25 tricians and Gynecologists, the American Medical

1 Association, and the American Academy of Family
2 Physicians strongly oppose efforts to impede access
3 to abortion care or interfere in the relationship be-
4 tween a person and health care provider.

5 (31) The “2022 Violence and Disruption Re-
6 port” of the National Abortion Federation found an
7 alarming escalation in incidents of obstruction, van-
8 dalism, and trespassing at abortion clinics, with
9 abortion providers reporting an alarming rate of
10 death threats and threats of harm, and documented
11 218 incidents in 2022, a 20-percent increase in
12 death threats and threats of harm over 2021.

13 (32) Black, Indigenous, and other providers
14 and patients of color face heightened levels of
15 threats, harassment, and violence as compared to
16 their White counterparts.

17 (33) In the face of multifaceted attacks on their
18 work, abortion providers remain an essential and
19 valued part of their communities, providing high-
20 quality, compassionate, and necessary health care.

21 (34) There is a critical shortage of health care
22 providers, including abortion care providers, and it is
23 estimated that 28 percent of OB/GYN residency
24 programs are based in States or territories that are
25 currently enforcing abortion bans.

1 (35) Residents desiring abortion care training
2 living in hostile States are forced to travel to States
3 without abortion restrictions.

4 (36) Abortion care training residents face bar-
5 riers to training including obtaining licensure and li-
6 ability insurance, making it difficult for the next
7 generation of abortion providers to provide com-
8 prehensive sexual and reproductive health care in
9 their communities.

10 (37) In the face of the fear and stigma fol-
11 lowing the Dobbs decision, health care facilities have
12 denied patients lawful emergency care because of the
13 similarities in abortion care and miscarriage man-
14 agement.

15 (38) 91 facilities that provide abortion care
16 have closed since the Supreme Court's decision in
17 Dobbs v. Jackson Women's Health Organization. Of
18 these, 62 facilities closed as a direct consequence of
19 Dobbs and enforced or anticipated abortion bans.

20 (39) The ability to meaningfully access abortion
21 gives meaning to the right to abortion.

22 (40) In the United States there is an existing
23 support network, including abortion funds, pro-
24 viders, doulas, and many more, to help abortion

1 seekers access care and navigate restrictions with ex-
2 pertise in providing patient-centered care.

3 (41) Investments to improve telehealth would
4 improve care for people with barriers to accessing in-
5 person care, people with disabilities, and rural com-
6 munities, by providing expanded autonomy and de-
7 creased barriers to access.

8 (42) Creating more opportunities for telehealth
9 services should not substitute building much needed
10 capacity for high-quality, in-person care, particularly
11 in underserved rural, low-income, and Black, Indige-
12 nous, and people of color communities.

13 (43) Removing Federal restrictions to abortion
14 training and investing in clinic infrastructure, in-
15 cluding clinic security, will allow more people to pro-
16 vide and more people to access abortion in a safe
17 and healthy environment and help to alleviate the
18 drastic shortage in abortion providers.

19 (44) Critical investments in evidence-based, pa-
20 tient-centered research and innovation is needed to
21 ensure abortion care continues to meet the needs of
22 patients across the country and will help to improve
23 access and quality of care.

1 **SEC. 3. GRANT FOR FUNDING TO SUPPORT INDIVIDUALS**
2 **WHO NEED TO ACCESS ABORTION CARE.**

3 (a) IN GENERAL.—The Secretary of Health and
4 Human Services (in this section referred to as the “Sec-
5 retary”) shall award grants to entities to increase abortion
6 access or to support individuals who need access to abor-
7 tion care.

8 (b) TIMING.—Not later than 180 days after the date
9 of enactment of this Act, the Secretary shall award grants
10 under this section.

11 (c) USE OF FUNDS.—A grant received under this sec-
12 tion shall be used to increase abortion access or to support
13 individuals who need access to abortion, which may in-
14 clude—

15 (1) providing abortion care in person or by
16 means of telehealth;

17 (2) training health care professionals in the
18 provision of abortion care;

19 (3) offering funding to individuals seeking abor-
20 tion care for both the direct costs of the care and
21 associated costs of travel, lodging, and childcare;

22 (4) conducting pharmaceutical and techno-
23 logical research and innovation in abortion care;

24 (5) employing patient navigators;

25 (6) providing linguistically appropriate and cul-
26 turally competent legal assistance, case manage-

1 ment, translation and interpretation services, or care
2 for individuals in need of such services related to ac-
3 cessing abortion care;

4 (7) providing the full spectrum of doula care
5 and the full spectrum of doula training;

6 (8) providing escorts to support abortion seek-
7 ers as they access care;

8 (9) constructing, installing, or improving facili-
9 ties and other infrastructure for health care pro-
10 viders that provide or are seeking to provide abor-
11 tion care, including by increasing physical security
12 and upgrading digital infrastructure such as by
13 switching to broadband internet service; and

14 (10) otherwise assisting abortion providers or
15 individuals seeking abortion care.

16 (d) **PRIORITIZATION.**—In awarding grants under this
17 section, the Secretary shall give priority to applicants pro-
18 posing to use the award to support individuals who need
19 access to abortion care in medically underserved commu-
20 nities.

21 (e) **AUTHORIZATION OF APPROPRIATIONS.**—To carry
22 out this section, there is authorized to be appropriated
23 \$350,000,000 for fiscal year 2024 and each subsequent
24 fiscal year, to remain available until expended.

1 **SEC. 4. FACILITIES AND PROVIDERS.**

2 (a) INCREASE THE NUMBER OF ABORTION PRO-
3 VIDERS.—The Public Health Service Act is amended by
4 striking section 245 of such Act (42 U.S.C. 238n).

5 (b) REQUIREMENT TO PROVIDE ABORTION CARE.—
6 As a condition on the direct or indirect receipt of any Fed-
7 eral funds, a health care facility shall agree to provide pa-
8 tients with, or refer patients to—

9 (1) all medically appropriate reproductive
10 health care, including abortion care, that is within
11 the capability of the staff and medical equipment of
12 the health care facility providing the care; and

13 (2) any routinely available ancillary services.

14 (c) UNIVERSITY STUDENT HEALTH CENTERS.—

15 (1) IN GENERAL.—As a condition on the direct
16 or indirect receipt of any Federal funds, an institu-
17 tion of higher education shall agree to provide—

18 (A) medication abortion to students of the
19 institution through—

20 (i) an on-campus student health cen-
21 ter;

22 (ii) providers associated with a con-
23 tracted external agency; or

24 (iii) telehealth services; and

25 (B) referrals to other abortion care pro-
26 viders located within a reasonable distance as

1 needed for other medically appropriate repro-
2 ductive health care, including abortion care.

3 (d) DEFINITIONS.—In this section:

4 (1) The term “institution of higher education”
5 has the meaning given to such term in subsections
6 (a) and (b) of section 101 of the Higher Education
7 Act of 1965 (20 U.S.C. 1001).

8 (2) The term “medically appropriate reproduc-
9 tive health care” means reproductive health care
10 that is—

11 (A) evidence-based; and

12 (B) appropriate for the patient.

13 (3) The term “health care facility” includes—

14 (A) any institution, entity, or agency that
15 provides health care services; and

16 (B) any community pharmacy, hospital,
17 doctor’s office, health clinic, family planning
18 clinic, emergent or urgent care facility, or com-
19 munity health center.

20 **SEC. 5. COMPREHENSIVE COVERAGE.**

21 (a) IN GENERAL.—The Secretary of Health and
22 Human Services shall issue a rule ensuring that all health
23 programs or plans provide consumer-friendly information
24 about abortion coverage provided by health programs or
25 plans.

1 (b) REIMBURSEMENT FOR ABORTION CARE.—

2 (1) IN GENERAL.—Each person insured by, en-
3 rolled in, or otherwise receiving medical care from
4 health programs or plans described in subsection (c)
5 shall receive coverage of abortion services. Health
6 programs or plans described in section (c) shall pro-
7 vide coverage of abortion services.

8 (2) AMOUNTS.—The Secretary of Health and
9 Human Services shall issue a rule ensuring that re-
10 imbursement rates for such coverage are similar to
11 like care and sufficient to cover the cost of care.

12 (c) DEFINITION.—The term “health program or
13 plan” means a public health insurance program or private
14 health insurance plan that provides, or pays the cost of,
15 medical care (as such term is defined in 42 U.S.C. §
16 300gg–91). Such terms include but are not limited to the
17 following, and any combination thereof:

18 (1) The Medicaid program under title XIX of
19 the Social Security Act (42 U.S.C. 1396 et seq.).

20 (2) The Children’s Health Insurance Program
21 under title XXI of the Social Security Act (42
22 U.S.C. 1397 et seq.).

23 (3) The Medicare program under title XVIII of
24 the Social Security Act (42 U.S.C. 1395 et seq.).

1 (4) A Medicare supplemental policy as defined
2 in section 1882(g)(1) of the Social Security Act (42
3 U.S.C. 1395ss(g)(1)).

4 (5) The Indian Health Service program under
5 the Indian Health Care Improvement Act (25 U.S.C.
6 1601 et seq.).

7 (6) Medical care and health benefits under the
8 TRICARE program (10 U.S.C. 1071 et seq.).

9 (7) Benefits for veterans under chapter 17 of
10 title 38, United States Code, and medical care for
11 survivors and dependents of veterans (38 U.S.C.
12 1781 et seq.).

13 (8) Benefits under the uniform health benefits
14 program for employees of the Department of De-
15 fense assigned to a nonappropriated fund instrumen-
16 tality of the Department established under section
17 349 of the National Defense Authorization Act for
18 Fiscal Year 1995 (Public Law 103–337; 10 U.S.C.
19 1587 note).

20 (9) Medical care for individuals in the care or
21 custody of the Department of Homeland Security
22 pursuant to any of section 235, 236, or 241 of the
23 Immigration and Nationality Act (8 U.S.C. 1225,
24 1226, 1231).

1 (10) Medical care for individuals in the care or
2 custody of the Department of Health and Human
3 Services, Office of Refugee Resettlement under sec-
4 tion 235 of the William Wilberforce Trafficking Vic-
5 tims Protection Reauthorization Act of 2008 (8
6 U.S.C. 1232) or section 462 of the Homeland Secu-
7 rity Act of 2002 (6 U.S.C. 279).

8 (11) Medical assistance to refugees under sec-
9 tion 412 of the Immigration and Nationality Act (8
10 U.S.C. 1522).

11 (12) Other coverage, such as a State health
12 benefits risk pool, as the Secretary of Health and
13 Human Services, in coordination with the Secretary
14 of the Treasury, recognizes for purposes of section
15 5000A(f)(1)(E) of the Internal Revenue Code of
16 1986 (26 U.S.C. 5000A(f)(1)(E)).

17 (13) The Federal Employees Health Benefit
18 Plan under chapter 89 of title 5, United States
19 Code.

20 (14) Medical care for individuals under the care
21 or custody of the Department of Justice pursuant to
22 chapter 301 of title 18 (18 U.S.C. 4001 et seq.).

23 (15) Medical care for Peace Corps volunteers
24 under section 5(e) of the Peace Corps Act (22
25 U.S.C. 2504(e)).

1 (16) Other government-sponsored programs es-
2 tablished after the date of the enactment of this Act.

3 (17) Plans in the Federal marketplace or an in-
4 dividual marketplace within a State.

5 (18) Eligible employer-sponsored plan as de-
6 fined in 26 U.S.C. 5000A(f)(2).

7 (19) Grandfathered health plan as defined in
8 42 U.S.C. 18011(e).

9 (20) A standard health plan established
10 through a State basic health program as defined in
11 42 U.S.C. 18051.

12 (21) Other coverage, such as a State health
13 benefits risk pool, as the Secretary of Health and
14 Human Services, in coordination with the Secretary
15 of the Internal Revenue Services, recognizes for pur-
16 poses of 26 U.S.C. § 5000A(f)(E).

17 (d) REPEAL.—Section 1303 of the Patient Protection
18 and Affordable Care Act (42 U.S.C. 18023) is repealed.

19 (e) REMOVING BARRIERS TO COVERAGE FOR IMMI-
20 GRANT FAMILIES.—

21 (1) IN GENERAL.—Section 1903(v)(4) of the
22 Social Security Act (42 U.S.C. 1396b(v)(4)) is
23 amended—

24 (A) by amending subparagraph (A) to read
25 as follows:

1 “(A) Notwithstanding sections 401(a),
2 402(b), 403, and 421 of the Personal Responsi-
3 bility and Work Opportunity Reconciliation Act
4 of 1996, a State shall provide medical assist-
5 ance under this title, to individuals who are
6 lawfully residing in the United States (including
7 individuals described in paragraph (1), battered
8 individuals described in section 431(c) of such
9 Act, and individuals with an approved or pend-
10 ing application for deferred action or other fed-
11 erally authorized presence), if they otherwise
12 meet the eligibility requirements for medical as-
13 sistance under the State plan approved under
14 this title (other than the requirement of the re-
15 ceipt of aid or assistance under title IV, supple-
16 mental security income benefits under title
17 XVI, or a State supplementary payment).”;

18 (B) by amending subparagraph (B) to read
19 as follows:

20 “(B) No debt shall accrue under an affi-
21 davit of support against any sponsor of an indi-
22 vidual provided medical assistance under sub-
23 paragraph (A) on the basis of provision of as-
24 sistance to such individual and the cost of such

1 assistance shall not be considered as an unreim-
2 bursed cost.”; and

3 (C) in subparagraph (C)—

4 (i) by striking “an election by the
5 State under subparagraph (A)” and insert-
6 ing “the application of subparagraph (A)”;

7 (ii) by inserting “or be lawfully
8 present” after “lawfully reside”; and

9 (iii) by inserting “or present” after
10 “lawfully residing” each place it appears.

11 (2) CHIP.—Subparagraph (N) of section
12 2107(e)(1) of the Social Security Act (42 U.S.C.
13 1397gg(e)(1)) is amended to read as follows:

14 “(N) Paragraph (4) of section 1903(v) (re-
15 lating to lawfully present individuals).”.

16 (3) EFFECTIVE DATE.—

17 (A) IN GENERAL.—Except as provided in
18 subparagraph (A), the amendments made by
19 this subsection shall take effect on the date of
20 enactment of this Act and shall apply to serv-
21 ices furnished on or after the date that is 90
22 days after such date of enactment.

23 (B) EXCEPTION IF STATE LEGISLATION
24 REQUIRED.—In the case of a State plan for
25 medical assistance under title XIX, or a State

1 child health plan under title XXI, of the Social
2 Security Act which the Secretary of Health and
3 Human Services determines requires State leg-
4 islation (other than legislation appropriating
5 funds) in order for the plan to meet the addi-
6 tional requirements imposed by the amend-
7 ments made by this section, the respective State
8 plan shall not be regarded as failing to comply
9 with the requirements of such title solely on the
10 basis of its failure to meet these additional re-
11 quirements before the first day of the first cal-
12 endar quarter beginning after the close of the
13 first regular session of the State legislature that
14 begins after the date of enactment of this Act.
15 For purposes of the previous sentence, in the
16 case of a State that has a 2-year legislative ses-
17 sion, each year of such session shall be deemed
18 to be a separate regular session of the State
19 legislature.

20 (e) COVERAGE FOR INDIVIDUALS WITH FEDERAL
21 AUTHORIZED PRESENCE, INCLUDING DEFERRED AC-
22 TION.—

23 (1) IN GENERAL.—For purposes of eligibility
24 under any of the provisions described in paragraph

25 (2), all individuals granted federally authorized pres-

1 ence in the United States shall be considered to be
2 lawfully present in the United States.

3 (2) PROVISIONS DESCRIBED.—The provisions
4 described in this paragraph are the following:

5 (A) EXCHANGE ELIGIBILITY.—Section
6 1411 of the Patient Protection and Affordable
7 Care Act (42 U.S.C. 18031).

8 (B) REDUCED COST-SHARING ELIGI-
9 BILITY.—Section 1402 of the Patient Protec-
10 tion and Affordable Care Act (42 U.S.C.
11 18071).

12 (C) PREMIUM SUBSIDY ELIGIBILITY.—Sec-
13 tion 36B of the Internal Revenue Code of 1986
14 (26 U.S.C. 36B).

15 (D) MEDICAID AND CHIP ELIGIBILITY.—
16 Titles XIX and XXI of the Social Security Act,
17 including under section 1903(v) of such Act (42
18 U.S.C. 1396b(v)).

19 (3) TRANSITION THROUGH SPECIAL ENROLL-
20 MENT PERIOD.—In the case of an individual de-
21 scribed in paragraph (1) who, before the first day of
22 the first annual open enrollment period under sub-
23 paragraph (B) of section 1311(c)(6) of the Patient
24 Protection and Affordable Care Act (42 U.S.C.
25 18031(c)(6)) beginning after the date of enactment

1 of this Act, is granted federally authorized presence
2 in the United States and who, as a result of such
3 subsection, qualifies for a subsidy under a provision
4 described in subparagraph (B) or (C) of paragraph
5 (2), the Secretary of Health and Human Services
6 shall establish a special enrollment period under sub-
7 paragraph (C) of such section 1311(c)(6) during
8 which such individual may enroll in qualified health
9 plans through Exchanges under title I of the Patient
10 Protection and Affordable Care Act and qualify for
11 such a subsidy. For such an individual who has been
12 granted federally authorized presence in the United
13 States as of the date of enactment of this Act, such
14 special enrollment period shall begin not later than
15 90 days after such date of enactment. Nothing in
16 this paragraph shall be construed as affecting the
17 authority of the Secretary to establish additional
18 special enrollment periods under such subparagraph
19 (C).

20 (f) REMOVING CITIZENSHIP AND IMMIGRATION BAR-
21 RIERS TO ACCESS ACA CARE.—

22 (1) IN GENERAL.—

23 (A) PREMIUM TAX CREDITS.—Section 36B
24 of the Internal Revenue Code of 1986 is
25 amended—

1 (i) in subsection (c)(1)(B)—

2 (I) by amending the heading to
3 read as follows: “SPECIAL RULE
4 FOR CERTAIN INDIVIDUALS IN-
5 ELIGIBLE FOR MEDICAID DUE
6 TO STATUS”; and

7 (II) by amending clause (ii) to
8 read as follows:

9 “(ii) the taxpayer is a noncitizen who
10 is not eligible for the Medicaid program
11 under title XIX of the Social Security Act
12 by reason of the individual’s immigration
13 status,”; and

14 (ii) by striking subsection (e).

15 (B) COST-SHARING REDUCTIONS.—Section
16 1402 of the Patient Protection and Affordable
17 Care Act (42 U.S.C. 18071) is amended by
18 striking subsection (e) and redesignating sub-
19 section (f) as subsection (e).

20 (C) BASIC HEALTH PROGRAM ELIGI-
21 BILITY.—Section 1331(e)(1)(B) of the Patient
22 Protection and Affordable Care Act (42 U.S.C.
23 18051(e)(1)(B)) is amended by striking “law-
24 fully present in the United States,”.

1 (D) RESTRICTIONS ON FEDERAL PAY-
2 MENTS.—Section 1412 of the Patient Protec-
3 tion and Affordable Care Act (42 U.S.C.
4 18082) is amended by striking subsection (d)
5 and redesignating subsection (e) as subsection
6 (d).

7 (E) REQUIREMENT TO MAINTAIN MINIMUM
8 ESSENTIAL COVERAGE.—Subsection (d) of sec-
9 tion 5000A of the Internal Revenue Code of
10 1986 is amended by striking paragraph (3) and
11 by redesignating paragraph (4) as paragraph
12 (3).

13 (g) CONFORMING AMENDMENTS.—

14 (1) ESTABLISHMENT OF PROGRAM.—Section
15 1411(a) of the Patient Protection and Affordable
16 Care Act (42 U.S.C. 18081(a)) is amended by strik-
17 ing paragraph (1) and redesignating paragraphs (2),
18 (3), and (4) as paragraphs (1), (2), and (3), respec-
19 tively.

20 (2) QUALIFIED INDIVIDUALS.—Section 1312(f)
21 of the Patient Protection and Affordable Care Act
22 (42 U.S.C. 18032(f)) is amended—

23 (A) in the heading, by striking “; ACCESS
24 LIMITED TO CITIZENS AND LAWFUL
25 RESIDENTS”; and

1 (B) by striking paragraph (3).

2 (h) EFFECTIVE DATE.—The amendments made by
3 this section shall apply to years, plan years, and taxable
4 years, as applicable, beginning after December 31, 2021.

5 (i) ACCESS TO COVERAGE.—

6 (1) IN GENERAL.—Nothing in this Act, includ-
7 ing the amendments made by this Act, shall prevent
8 lawfully present noncitizens who are ineligible for
9 full benefits under the Medicaid program under title
10 XIX of the Social Security Act from securing a cred-
11 it for which such lawfully present noncitizens would
12 be eligible under section 36B(c)(1)(B) of the Inter-
13 nal Revenue Code of 1986 and under the Medicaid
14 provisions for lawfully present noncitizens, as in ef-
15 fect on the date prior to the date of enactment of
16 this Act.

17 (2) DEFINITION.—For purposes of paragraph
18 (1), the term “full benefits” means, with respect to
19 an individual and State, medical assistance for all
20 services covered under the State plan under title
21 XIX of the Social Security Act that is not less in
22 amount, duration, or scope, or is determined by the
23 Secretary of Health and Human Services to be sub-
24 stantially equivalent to the medical assistance avail-
25 able for an individual described in section

1 1902(a)(10)(A)(i) of the Social Security Act (42
2 U.S.C. 1396a(a)(10)(A)(i)).

3 **SEC. 6. RIGHTS AND PROTECTIONS.**

4 (a) **FUNDAMENTAL RIGHT.**—All persons have a fun-
5 damental right to make and effectuate decisions about
6 abortion and miscarriage. Pursuant to this right the Gov-
7 ernment may not:

8 (1) Deny, interfere with, or restrict the right of
9 any person to obtain an abortion.

10 (2) Penalize any person for providing, assisting,
11 supporting, or facilitating another person’s abortion
12 or miscarriage.

13 (3) Penalize an individual for seeking, inducing,
14 or attempting to induce, the individual’s own abor-
15 tion or alleged abortion.

16 (b) **CIVIL ACTION.**—Any person aggrieved by a viola-
17 tion of this Act may bring a civil action for a such violation
18 against a Federal, State, or local government in an appro-
19 priate district court of the United States.

20 (c) **CLARIFY PRIVACY PROTECTIONS UNDER**
21 **HIPAA.**—The Secretary of Health and Human Services
22 shall revise section 164.512 of title 42, Code of Federal
23 Regulations, and any associated regulations under the
24 HIPAA privacy and security law (as defined in section
25 3009 of the Public Health Service Act (42 U.S.C. 300jj–

1 19)) to clarify that such regulations expressly prohibit dis-
2 closures of personal health information without authoriza-
3 tion to law enforcement officials, including immigration of-
4 ficials, in cases involving reproductive and sexual health,
5 including in case of a miscarriage, abortion (whether self-
6 managed or otherwise), or stillbirth.

7 (d) PROHIBITION WITH RESPECT TO IMMIGRATION
8 ENFORCEMENT ACTIONS.—

9 (1) IN GENERAL.—Notwithstanding any other
10 provision of law, in order to ensure that an individ-
11 uals’ access to abortion services is protected, this
12 Act shall prohibit immigration enforcement actions
13 within 2,000 feet of any health care facility.

14 (2) APPLICABILITY.—The prohibition under
15 paragraph (1) shall apply to—

16 (A) any officer or agent of the Department
17 of Homeland Security, including any officer or
18 agent of the U.S. Immigration and Customs
19 Enforcement or the U.S. Customs and Border
20 Protection; or

21 (B) any State or local employee pursuing
22 immigration enforcement actions.

23 (3) HEALTH CARE FACILITY DEFINED.—The
24 term “health care facility” includes—

1 (A) any institution, entity, or agency that
2 provides health care services; and

3 (B) any community pharmacy, hospital,
4 doctor's office, health clinic, family planning
5 clinic, emergent or urgent care facility, or com-
6 munity health center.

7 (e) ABROGATION OF STATE IMMUNITY.—Neither a
8 State that enforces or maintains, nor a government official
9 who is permitted to implement or enforce any limitation
10 or requirement that violates this Act shall be immune
11 under the Tenth Amendment to the Constitution of the
12 United States, the Eleventh Amendment to the Constitu-
13 tion of the United States, or any other source of law, from
14 an action in a Federal or State court of competent juris-
15 diction challenging that limitation or requirement, unless
16 such immunity is required by clearly established Federal
17 law, as determined by the Supreme Court of the United
18 States.

19 (f) SUPERSEDES.—This Act supersedes and applies
20 to all Federal law, and the implementation of that law,
21 whether statutory or otherwise, and whether adopted be-
22 fore or after the date of enactment of this Act and is not
23 subject to the Religious Freedom Restoration Act of 1993
24 (42 U.S.C. 2000bb et seq.).

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