

117TH CONGRESS
2D SESSION

H. R. 8296

AN ACT

To protect a person's ability to determine whether to continue or end a pregnancy, and to protect a health care provider's ability to provide abortion services.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Women’s Health Pro-
3 tection Act of 2022”.

4 **SEC. 2. FINDINGS AND PURPOSE.**

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

6 (1) On June 24, 2022, in its decision in *Dobbs*
7 *v. Jackson Women’s Health Organization*, the Su-
8 preme Court overruled *Roe v. Wade*, reversing dec-
9 ades of precedent recognizing the constitutional
10 right to terminate a pregnancy before fetal viability,
11 and to terminate a pregnancy after fetal viability
12 where it is necessary, in the good-faith medical judg-
13 ment of the treating health care professional, for the
14 preservation of the life or health of the person who
15 is pregnant.

16 (2) In their joint dissent, Justices Breyer,
17 Sotomayor, and Kagan write, “[The majority] says
18 that from the very moment of fertilization, a woman
19 has no rights to speak of. A State can force her to
20 bring a pregnancy to term, even at the steepest per-
21 sonal and familial costs.”.

22 (3) The dissenting Justices continue, “The Mis-
23 sissippi law at issue here bars abortions after the
24 15th week of pregnancy. Under the majority’s rul-
25 ing, though, another State’s law could do so after
26 ten weeks, or five or three or one—or, again, from

1 the moment of fertilization. States have already
2 passed such laws, in anticipation of today’s ruling.
3 More will follow.”.

4 (4) The dissenting Justices also stated, “one re-
5 sult of [the] decision is certain; the curtailment of
6 women’s rights, and of their status as free and equal
7 citizens.”.

8 (5) Indeed, some States acted to ban abortion
9 outright in the immediate aftermath of the Dobbs
10 decision, with half the States in the country expected
11 to ban abortion entirely in the days and weeks to
12 come.

13 (6) Even before Roe was overturned, access to
14 abortion services had been obstructed across the
15 United States in various ways, including blockades
16 of health care facilities and associated violence, pro-
17 hibitions of, and restrictions on, insurance coverage;
18 parental involvement laws (notification and consent);
19 restrictions that shame and stigmatize people seek-
20 ing abortion services; and medically unnecessary reg-
21 ulations that neither confer any health benefit nor
22 further the safety of abortion services, but which
23 harm people by delaying, complicating access to, and
24 reducing the availability of, abortion services.

1 (7) Abortion services are essential to health
2 care, and access to those services is central to peo-
3 ple’s ability to participate equally in the economic
4 and social life of the United States. Abortion access
5 allows people who are pregnant to make their own
6 decisions about their pregnancies, their families, and
7 their lives.

8 (8) Reproductive justice requires every indi-
9 vidual to have the right to make their own decisions
10 about having children regardless of their cir-
11 cumstances and without interference and discrimina-
12 tion. Reproductive Justice is a human right that can
13 and will be achieved when all people, regardless of
14 actual or perceived race, color, national origin, immi-
15 gration status, sex (including gender identity, sex
16 stereotyping, or sexual orientation), age, or disability
17 status have the economic, social, and political power
18 and resources to define and make decisions about
19 their bodies, health, sexuality, families, and commu-
20 nities in all areas of their lives, with dignity and
21 self-determination.

22 (9) Reproductive justice seeks to address re-
23 strictions on reproductive health, including abortion,
24 that perpetuate systems of oppression, lack of bodily
25 autonomy, white supremacy, and anti-Black racism.

1 This violent legacy has manifested in policies includ-
2 ing enslavement, rape, and experimentation on Black
3 women; forced sterilizations; medical experimen-
4 tation on low-income women’s reproductive systems;
5 and the forcible removal of Indigenous children. Ac-
6 cess to equitable reproductive health care, including
7 abortion services, has always been deficient in the
8 United States for Black, Indigenous, and other Peo-
9 ple of Color (BIPOC) and their families.

10 (10) The legacy of restrictions on reproductive
11 health, rights, and justice is not a dated vestige of
12 a dark history. Presently, the harms of abortion-spe-
13 cific restrictions fall especially heavily on people with
14 low incomes, BIPOC, immigrants, young people,
15 people with disabilities, and those living in rural and
16 other medically underserved areas. Abortion-specific
17 restrictions are even more compounded by the ongo-
18 ing criminalization of people who are pregnant, in-
19 cluding those who are incarcerated, living with HIV,
20 or with substance-use disorders. These communities
21 already experience health disparities due to social,
22 political, and environmental inequities, and restric-
23 tions on abortion services exacerbate these harms.
24 Removing medically unjustified restrictions on abor-
25 tion services would constitute one important step on

1 the path toward realizing Reproductive Justice by
2 ensuring that the full range of reproductive health
3 care is accessible to all who need it.

4 (11) Abortion-specific restrictions are a tool of
5 gender oppression, as they target health care serv-
6 ices that are used primarily by women. These pater-
7 nalistic restrictions rely on and reinforce harmful
8 stereotypes about gender roles, women’s decision-
9 making, and women’s need for protection instead of
10 support, undermining their ability to control their
11 own lives and well-being. These restrictions harm the
12 basic autonomy, dignity, and equality of women, and
13 their ability to participate in the social and economic
14 life of the Nation.

15 (12) The terms “woman” and “women” are
16 used in this bill to reflect the identity of the majority
17 of people targeted and affected by restrictions on
18 abortion services, and to address squarely the tar-
19 geted restrictions on abortion, which are rooted in
20 misogyny. However, access to abortion services is
21 critical to the health of every person capable of be-
22 coming pregnant. This Act is intended to protect all
23 people with the capacity for pregnancy—cisgender
24 women, transgender men, non-binary individuals,
25 those who identify with a different gender, and oth-

1 ers—who are unjustly harmed by restrictions on
2 abortion services.

3 (13) Since 2011, States and local governments
4 have passed nearly 500 restrictions singling out
5 health care providers who offer abortion services,
6 interfering with their ability to provide those services
7 and the patients’ ability to obtain those services.

8 (14) Many State and local governments have
9 imposed restrictions on the provision of abortion
10 services that are neither evidence-based nor gen-
11 erally applicable to the medical profession or to
12 other medically comparable outpatient gynecological
13 procedures, such as endometrial ablations, dilation
14 and curettage for reasons other than abortion,
15 hysteroscopies, loop electrosurgical excision proce-
16 dures, or other analogous non-gynecological proce-
17 dures performed in similar outpatient settings in-
18 cluding vasectomy, sigmoidoscopy, and colonoscopy.

19 (15) Abortion is essential health care and one
20 of the safest medical procedures in the United
21 States. An independent, comprehensive review of the
22 state of science on the safety and quality of abortion
23 services, published by the National Academies of
24 Sciences, Engineering, and Medicine in 2018, found
25 that abortion in the United States is safe and effec-

1 tive and that the biggest threats to the quality of
2 abortion services in the United States are State reg-
3 ulations that create barriers to care. These abortion-
4 specific restrictions conflict with medical standards
5 and are not supported by the recommendations and
6 guidelines issued by leading reproductive health care
7 professional organizations including the American
8 College of Obstetricians and Gynecologists, the Soci-
9 ety of Family Planning, the National Abortion Fed-
10 eration, the World Health Organization, and others.

11 (16) Many abortion-specific restrictions do not
12 confer any health or safety benefits on the patient.
13 Instead, these restrictions have the purpose and ef-
14 fect of unduly burdening people’s personal and pri-
15 vate medical decisions to end their pregnancies by
16 making access to abortion services more difficult,
17 invasive, and costly, often forcing people to travel
18 significant distances and make multiple unnecessary
19 visits to the provider, and in some cases, foreclosing
20 the option altogether. For example, a 2018 report
21 from the University of California San Francisco’s
22 Advancing New Standards in Reproductive Health
23 research group found that in 27 cities across the
24 United States, people have to travel more than 100
25 miles in any direction to reach an abortion provider.

1 (17) An overwhelming majority of abortions in
2 the United States are provided in clinics, not hos-
3 pitals, but the large majority of counties throughout
4 the United States have no clinics that provide abor-
5 tion.

6 (18) These restrictions additionally harm peo-
7 ple’s health by reducing access not only to abortion
8 services but also to other essential health care serv-
9 ices offered by many of the providers targeted by the
10 restrictions, including—

11 (A) screenings and preventive services, in-
12 cluding contraceptive services;

13 (B) testing and treatment for sexually
14 transmitted infections;

15 (C) LGBTQ health services; and

16 (D) referrals for primary care, intimate
17 partner violence prevention, prenatal care and
18 adoption services.

19 (19) The cumulative effect of these numerous
20 restrictions has been to severely limit, and now
21 eliminate entirely, the availability of abortion serv-
22 ices in some areas, creating a patchwork system
23 where the provision of abortion services is legal in
24 some States and illegal in others. A 2019 report
25 from the Government Accountability Office exam-

1 ining State Medicaid compliance with abortion cov-
2 erage requirements analyzed seven key challenges
3 (identified both by health care providers and re-
4 search literature) and their effect on abortion access,
5 and found that access to abortion services varied
6 across the States and even within a State.

7 (20) International human rights law recognizes
8 that access to abortion is intrinsically linked to the
9 rights to life, health, equality and non-discrimina-
10 tion, privacy, and freedom from ill-treatment. United
11 Nations (UN) human rights treaty monitoring bod-
12 ies have found that legal abortion services, like other
13 reproductive health care services, must be available,
14 accessible, affordable, acceptable, and of good qual-
15 ity. UN human rights treaty bodies have likewise
16 condemned medically unnecessary barriers to abor-
17 tion services, including mandatory waiting periods,
18 biased counseling requirements, and third-party au-
19 thorization requirements.

20 (21) Core human rights treaties ratified by the
21 United States protect access to abortion. For exam-
22 ple, in 2018, the UN Human Rights Committee,
23 which oversees implementation of the ICCPR, made
24 clear that the right to life, enshrined in Article 6 of
25 the ICCPR, at a minimum requires governments to

1 provide safe, legal, and effective access to abortion
2 where a person's life and health is at risk, or when
3 carrying a pregnancy to term would cause substan-
4 tial pain or suffering. The Committee stated that
5 governments must not impose restrictions on abor-
6 tion which subject women and girls to physical or
7 mental pain or suffering, discriminate against them,
8 arbitrarily interfere with their privacy, or place them
9 at risk of undertaking unsafe abortions. Further-
10 more, the Committee stated that governments should
11 remove existing barriers that deny effective access to
12 safe and legal abortion, refrain from introducing
13 new barriers to abortion, and prevent the stigmatiza-
14 tion of those seeking abortion.

15 (22) UN independent human rights experts
16 have expressed particular concern about barriers to
17 abortion services in the United States. For example,
18 at the conclusion of his 2017 visit to the United
19 States, the UN Special Rapporteur on extreme pov-
20 erty and human rights noted concern that low-in-
21 come women face legal and practical obstacles to ex-
22 ercising their constitutional right to access abortion
23 services, trapping many women in cycles of poverty.
24 Similarly, in May 2020, the UN Working Group on
25 discrimination against women and girls, along with

1 other human rights experts, expressed concern that
2 some states had manipulated the COVID–19 crisis
3 to restrict access to abortion, which the experts rec-
4 ognized as “the latest example illustrating a pattern
5 of restrictions and retrogressions in access to legal
6 abortion care across the country” and reminded
7 U.S. authorities that abortion care constitutes essen-
8 tial health care that must remain available during
9 and after the pandemic. They noted that barriers to
10 abortion access exacerbate systemic inequalities and
11 cause particular harm to marginalized communities,
12 including low-income people, people of color, immi-
13 grants, people with disabilities, and LGBTQ people.

14 (23) Abortion-specific restrictions affect the
15 cost and availability of abortion services, and the
16 settings in which abortion services are delivered.
17 People travel across State lines and otherwise en-
18 gage in interstate commerce to access this essential
19 medical care, and more would be forced to do so ab-
20 sent this Act. Likewise, health care providers travel
21 across State lines and otherwise engage in interstate
22 commerce in order to provide abortion services to
23 patients, and more would be forced to do so absent
24 this Act.

1 (24) Health care providers engage in a form of
2 economic and commercial activity when they provide
3 abortion services, and there is an interstate market
4 for abortion services.

5 (25) Abortion restrictions substantially affect
6 interstate commerce in numerous ways. For exam-
7 ple, to provide abortion services, health care pro-
8 viders engage in interstate commerce to purchase
9 medicine, medical equipment, and other necessary
10 goods and services. To provide and assist others in
11 providing abortion services, health care providers en-
12 gage in interstate commerce to obtain and provide
13 training. To provide abortion services, health care
14 providers employ and obtain commercial services
15 from doctors, nurses, and other personnel who en-
16 gage in interstate commerce and travel across State
17 lines.

18 (26) It is difficult and time and resource-con-
19 suming for clinics to challenge State laws that bur-
20 den or impede abortion services. Litigation that
21 blocks one abortion restriction may not prevent a
22 State from adopting other similarly burdensome
23 abortion restrictions or using different methods to
24 burden or impede abortion services. There is a his-

1 tory and pattern of States passing successive and
2 different laws that unduly burden abortion services.

3 (27) When a health care provider ceases pro-
4 viding abortion services as a result of burdensome
5 and medically unnecessary regulations, it is often
6 difficult or impossible for that health care provider
7 to recommence providing those abortion services,
8 and difficult or impossible for other health care pro-
9 viders to provide abortion services that restore or re-
10 place the ceased abortion services.

11 (28) Health care providers are subject to license
12 laws in various jurisdictions, which are not affected
13 by this Act except as provided in this Act.

14 (29) Congress has the authority to enact this
15 Act to protect abortion services pursuant to—

16 (A) its powers under the commerce clause
17 of section 8 of article I of the Constitution of
18 the United States;

19 (B) its powers under section 5 of the Four-
20 teenth Amendment to the Constitution of the
21 United States to enforce the provisions of sec-
22 tion 1 of the Fourteenth Amendment; and

23 (C) its powers under the necessary and
24 proper clause of section 8 of Article I of the
25 Constitution of the United States.

1 (30) Congress has used its authority in the past
2 to protect access to abortion services and health care
3 providers' ability to provide abortion services. In the
4 early 1990s, protests and blockades at health care
5 facilities where abortion services were provided, and
6 associated violence, increased dramatically and
7 reached crisis level, requiring Congressional action.
8 Congress passed the Freedom of Access to Clinic
9 Entrances Act (Public Law 103–259; 108 Stat. 694)
10 to address that situation and protect physical access
11 to abortion services.

12 (31) Congressional action is necessary to put an
13 end to harmful restrictions, to federally protect ac-
14 cess to abortion services for everyone regardless of
15 where they live, and to protect the ability of health
16 care providers to provide these services in a safe and
17 accessible manner.

18 (b) PURPOSE.—It is the purpose of this Act—

19 (1) to permit health care providers to provide
20 abortion services without limitations or requirements
21 that single out the provision of abortion services for
22 restrictions that are more burdensome than those re-
23 strictions imposed on medically comparable proce-
24 dures, do not significantly advance reproductive

1 health or the safety of abortion services, and make
2 abortion services more difficult to access;

3 (2) to promote access to abortion services and
4 women’s ability to participate equally in the eco-
5 nomic and social life of the United States; and

6 (3) to invoke Congressional authority, including
7 the powers of Congress under the commerce clause
8 of section 8 of article I of the Constitution of the
9 United States, its powers under section 5 of the
10 Fourteenth Amendment to the Constitution of the
11 United States to enforce the provisions of section 1
12 of the Fourteenth Amendment, and its powers under
13 the necessary and proper clause of section 8 of arti-
14 cle I of the Constitution of the United States.

15 **SEC. 3. DEFINITIONS.**

16 In this Act:

17 (1) **ABORTION SERVICES.**—The term “abortion
18 services” means an abortion and any medical or
19 non-medical services related to and provided in con-
20 junction with an abortion (whether or not provided
21 at the same time or on the same day as the abor-
22 tion).

23 (2) **GOVERNMENT.**—The term “government”
24 includes each branch, department, agency, instru-

1 mentality, and official of the United States or a
2 State.

3 (3) HEALTH CARE PROVIDER.—The term
4 “health care provider” means any entity or indi-
5 vidual (including any physician, certified nurse-mid-
6 wife, nurse practitioner, and physician assistant)
7 that—

8 (A) is engaged or seeks to engage in the
9 delivery of health care services, including abor-
10 tion services; and

11 (B) if required by law or regulation to be
12 licensed or certified to engage in the delivery of
13 such services—

14 (i) is so licensed or certified; or

15 (ii) would be so licensed or certified
16 but for their past, present, or potential
17 provision of abortion services permitted by
18 section 4.

19 (4) MEDICALLY COMPARABLE PROCEDURE.—
20 The term “medically comparable procedures” means
21 medical procedures that are similar in terms of
22 health and safety risks to the patient, complexity, or
23 the clinical setting that is indicated.

1 (5) PREGNANCY.—The term “pregnancy” refers
2 to the period of the human reproductive process be-
3 ginning with the implantation of a fertilized egg.

4 (6) STATE.—The term “State” includes the
5 District of Columbia, the Commonwealth of Puerto
6 Rico, and each territory and possession of the
7 United States, and any subdivision of any of the
8 foregoing, including any unit of local government,
9 such as a county, city, town, village, or other general
10 purpose political subdivision of a State.

11 (7) VIABILITY.—The term “viability” means
12 the point in a pregnancy at which, in the good-faith
13 medical judgment of the treating health care pro-
14 vider, based on the particular facts of the case be-
15 fore the health care provider, there is a reasonable
16 likelihood of sustained fetal survival outside the
17 uterus with or without artificial support.

18 **SEC. 4. PERMITTED SERVICES.**

19 (a) GENERAL RULE.—A health care provider has a
20 statutory right under this Act to provide abortion services,
21 and may provide abortion services, and that provider’s pa-
22 tient has a corresponding right to receive such services,
23 without any of the following limitations or requirements:

24 (1) A requirement that a health care provider
25 perform specific tests or medical procedures in con-

1 nection with the provision of abortion services, un-
2 less generally required for the provision of medically
3 comparable procedures.

4 (2) A requirement that the same health care
5 provider who provides abortion services also perform
6 specified tests, services, or procedures prior to or
7 subsequent to the abortion.

8 (3) A requirement that a health care provider
9 offer or provide the patient seeking abortion services
10 medically inaccurate information in advance of or
11 during abortion services.

12 (4) A limitation on a health care provider's abil-
13 ity to prescribe or dispense drugs based on current
14 evidence-based regimens or the provider's good-faith
15 medical judgment, other than a limitation generally
16 applicable to the medical profession.

17 (5) A limitation on a health care provider's abil-
18 ity to provide abortion services via telemedicine,
19 other than a limitation generally applicable to the
20 provision of medical services via telemedicine.

21 (6) A requirement or limitation concerning the
22 physical plant, equipment, staffing, or hospital
23 transfer arrangements of facilities where abortion
24 services are provided, or the credentials or hospital
25 privileges or status of personnel at such facilities,

1 that is not imposed on facilities or the personnel of
2 facilities where medically comparable procedures are
3 performed.

4 (7) A requirement that, prior to obtaining an
5 abortion, a patient make one or more medically un-
6 necessary in-person visits to the provider of abortion
7 services or to any individual or entity that does not
8 provide abortion services.

9 (8) A prohibition on abortion at any point or
10 points in time prior to fetal viability, including a
11 prohibition or restriction on a particular abortion
12 procedure.

13 (9) A prohibition on abortion after fetal viabil-
14 ity when, in the good-faith medical judgment of the
15 treating health care provider, continuation of the
16 pregnancy would pose a risk to the pregnant pa-
17 tient's life or health.

18 (10) A limitation on a health care provider's
19 ability to provide immediate abortion services when
20 that health care provider believes, based on the
21 good-faith medical judgment of the provider, that
22 delay would pose a risk to the patient's health.

23 (11) A requirement that a patient seeking abor-
24 tion services at any point or points in time prior to
25 fetal viability disclose the patient's reason or reasons

1 for seeking abortion services, or a limitation on the
2 provision or obtaining of abortion services at any
3 point or points in time prior to fetal viability based
4 on any actual, perceived, or potential reason or rea-
5 sons of the patient for obtaining abortion services,
6 regardless of whether the limitation is based on a
7 health care provider's degree of actual or construc-
8 tive knowledge of such reason or reasons.

9 (b) OTHER LIMITATIONS OR REQUIREMENTS.—The
10 statutory right specified in subsection (a) shall not be lim-
11 ited or otherwise infringed through, in addition to the limi-
12 tations and requirements specified in paragraphs (1)
13 through (11) of subsection (a), any limitation or require-
14 ment that—

15 (1) is the same as or similar to one or more of
16 the limitations or requirements described in sub-
17 section (a); or

18 (2) both—

19 (A) expressly, effectively, implicitly, or as
20 implemented singles out the provision of abor-
21 tion services, health care providers who provide
22 abortion services, or facilities in which abortion
23 services are provided; and

24 (B) impedes access to abortion services.

1 (c) FACTORS FOR CONSIDERATION.—Factors a court
2 may consider in determining whether a limitation or re-
3 quirement impedes access to abortion services for purposes
4 of subsection (b)(2)(B) include the following:

5 (1) Whether the limitation or requirement, in a
6 provider’s good-faith medical judgment, interferes
7 with a health care provider’s ability to provide care
8 and render services, or poses a risk to the patient’s
9 health or safety.

10 (2) Whether the limitation or requirement is
11 reasonably likely to delay or deter some patients in
12 accessing abortion services.

13 (3) Whether the limitation or requirement is
14 reasonably likely to directly or indirectly increase the
15 cost of providing abortion services or the cost for ob-
16 taining abortion services (including costs associated
17 with travel, childcare, or time off work).

18 (4) Whether the limitation or requirement is
19 reasonably likely to have the effect of necessitating
20 a trip to the offices of a health care provider that
21 would not otherwise be required.

22 (5) Whether the limitation or requirement is
23 reasonably likely to result in a decrease in the avail-
24 ability of abortion services in a given State or geo-
25 graphic region.

1 (6) Whether the limitation or requirement im-
2 poses penalties that are not imposed on other health
3 care providers for comparable conduct or failure to
4 act, or that are more severe than penalties imposed
5 on other health care providers for comparable con-
6 duct or failure to act.

7 (7) The cumulative impact of the limitation or
8 requirement combined with other new or existing
9 limitations or requirements.

10 (d) EXCEPTION.—To defend against a claim that a
11 limitation or requirement violates a health care provider’s
12 or patient’s statutory rights under subsection (b), a party
13 must establish, by clear and convincing evidence, that—

14 (1) the limitation or requirement significantly
15 advances the safety of abortion services or the health
16 of patients; and

17 (2) the safety of abortion services or the health
18 of patients cannot be advanced by a less restrictive
19 alternative measure or action.

20 **SEC. 5. APPLICABILITY AND PREEMPTION.**

21 (a) IN GENERAL.—

22 (1) Except as stated under subsection (b), this
23 Act supersedes and applies to the law of the Federal
24 Government and each State government, and the im-
25 plementation of such law, whether statutory, com-

1 mon law, or otherwise, and whether adopted before
2 or after the date of enactment of this Act, and nei-
3 ther the Federal Government nor any State govern-
4 ment shall administer, implement, or enforce any
5 law, rule, regulation, standard, or other provision
6 having the force and effect of law that conflicts with
7 any provision of this Act, notwithstanding any other
8 provision of Federal law, including the Religious
9 Freedom Restoration Act of 1993 (42 U.S.C.
10 2000bb et seq.).

11 (2) Federal statutory law adopted after the
12 date of the enactment of this Act is subject to this
13 Act unless such law explicitly excludes such applica-
14 tion by reference to this Act.

15 (b) LIMITATIONS.—The provisions of this Act shall
16 not supersede or apply to—

17 (1) laws regulating physical access to clinic en-
18 trances;

19 (2) insurance or medical assistance coverage of
20 abortion services;

21 (3) the procedure described in section
22 1531(b)(1) of title 18, United States Code; or

23 (4) generally applicable State contract law.

24 (c) DEFENSE.—In any cause of action against an in-
25 dividual or entity who is subject to a limitation or require-

1 ment that violates this Act, in addition to the remedies
2 specified in section 8, this Act shall also apply to, and
3 may be raised as a defense by, such an individual or entity.

4 **SEC. 6. EFFECTIVE DATE.**

5 This Act shall take effect immediately upon the date
6 of enactment of this Act. This Act shall apply to all re-
7 strictions on the provision of, or access to, abortion serv-
8 ices whether the restrictions are enacted or imposed prior
9 to or after the date of enactment of this Act, except as
10 otherwise provided in this Act.

11 **SEC. 7. RULES OF CONSTRUCTION.**

12 (a) IN GENERAL.—In interpreting the provisions of
13 this Act, a court shall liberally construe such provisions
14 to effectuate the purposes of the Act.

15 (b) RULE OF CONSTRUCTION.—Nothing in this Act
16 shall be construed to authorize any government to inter-
17 fere with, diminish, or negatively affect a person’s ability
18 to obtain or provide abortion services.

19 (c) OTHER INDIVIDUALS CONSIDERED AS GOVERN-
20 MENT OFFICIALS.—Any person who, by operation of a
21 provision of Federal or State law, is permitted to imple-
22 ment or enforce a limitation or requirement that violates
23 section 4 of this Act shall be considered a government offi-
24 cial for purposes of this Act.

1 **SEC. 8. ENFORCEMENT.**

2 (a) ATTORNEY GENERAL.—The Attorney General
3 may commence a civil action on behalf of the United
4 States against any State that violates, or against any gov-
5 ernment official (including a person described in section
6 7(c)) that implements or enforces a limitation or require-
7 ment that violates, section 4. The court shall hold unlawful
8 and set aside the limitation or requirement if it is in viola-
9 tion of this Act.

10 (b) PRIVATE RIGHT OF ACTION.—

11 (1) IN GENERAL.—Any individual or entity, in-
12 cluding any health care provider or patient, ad-
13 versely affected by an alleged violation of this Act,
14 may commence a civil action against any State that
15 violates, or against any government official (includ-
16 ing a person described in section 7(c)) that imple-
17 ments or enforces a limitation or requirement that
18 violates, section 4. The court shall hold unlawful and
19 set aside the limitation or requirement if it is in vio-
20 lation of this Act.

21 (2) HEALTH CARE PROVIDER.—A health care
22 provider may commence an action for relief on its
23 own behalf, on behalf of the provider's staff, and on
24 behalf of the provider's patients who are or may be
25 adversely affected by an alleged violation of this Act.

1 (c) **EQUITABLE RELIEF.**—In any action under this
2 section, the court may award appropriate equitable relief,
3 including temporary, preliminary, or permanent injunctive
4 relief.

5 (d) **COSTS.**—In any action under this section, the
6 court shall award costs of litigation, as well as reasonable
7 attorney’s fees, to any prevailing plaintiff. A plaintiff shall
8 not be liable to a defendant for costs or attorney’s fees
9 in any non-frivolous action under this section.

10 (e) **JURISDICTION.**—The district courts of the United
11 States shall have jurisdiction over proceedings under this
12 Act and shall exercise the same without regard to whether
13 the party aggrieved shall have exhausted any administra-
14 tive or other remedies that may be provided for by law.

15 (f) **ABROGATION OF STATE IMMUNITY.**—Neither a
16 State that enforces or maintains, nor a government official
17 (including a person described in section 7(c)) who is per-
18 mitted to implement or enforce any limitation or require-
19 ment that violates section 4 shall be immune under the
20 Tenth Amendment to the Constitution of the United
21 States, the Eleventh Amendment to the Constitution of
22 the United States, or any other source of law, from an
23 action in a Federal or State court of competent jurisdic-
24 tion challenging that limitation or requirement.

1 **SEC. 9. SEVERABILITY.**

2 If any provision of this Act, or the application of such
3 provision to any person, entity, government, or cir-
4 cumstance, is held to be unconstitutional, the remainder
5 of this Act, or the application of such provision to all other
6 persons, entities, governments, or circumstances, shall not
7 be affected thereby.

 Passed the House of Representatives July 15, 2022.

Attest:

Clerk.

117TH CONGRESS
2^D SESSION

H. R. 8296

AN ACT

To protect a person's ability to determine whether to continue or end a pregnancy, and to protect a health care provider's ability to provide abortion services.