

117TH CONGRESS
2D SESSION

H. R. 8296

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.

IN THE HOUSE OF REPRESENTATIVES

JULY 7, 2022

Ms. CHU (for herself, Ms. PRESSLEY, Ms. LOIS FRANKEL of Florida, and Ms. ESCOBAR) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

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,*

3 **SECTION 1. SHORT TITLE.**

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

6 **SEC. 2. FINDINGS AND PURPOSE.**

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

8 (1) On June 24, 2022, in its decision in *Dobbs*
9 *v. Jackson Women’s Health Organization*, the Su-

1 preme Court overruled *Roe v. Wade*, reversing dec-
2 ades of precedent recognizing the constitutional
3 right to terminate a pregnancy before fetal viability,
4 and to terminate a pregnancy after fetal viability
5 where it is necessary, in the good-faith medical judg-
6 ment of the treating health care professional, for the
7 preservation of the life or health of the person who
8 is pregnant.

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

15 (3) The dissenting Justices continue, “The Mis-
16 sissippi law at issue here bars abortions after the
17 15th week of pregnancy. Under the majority’s rul-
18 ing, though, another State’s law could do so after
19 ten weeks, or five or three or one—or, again, from
20 the moment of fertilization. States have already
21 passed such laws, in anticipation of today’s ruling.
22 More will follow.”.

23 (4) The dissenting Justices also stated, “one re-
24 sult of [the] decision is certain; the curtailment of

1 women’s rights, and of their status as free and equal
2 citizens.’’.

3 (5) Indeed, some States acted to ban abortion
4 outright in the immediate aftermath of the Dobbs
5 decision, with half the States in the country expected
6 to ban abortion entirely in the days and weeks to
7 come.

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

20 (7) Abortion services are essential to health
21 care, and access to those services is central to peo-
22 ple’s ability to participate equally in the economic
23 and social life of the United States. Abortion access
24 allows people who are pregnant to make their own

1 decisions about their pregnancies, their families, and
2 their lives.

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

17 (9) Reproductive justice seeks to address re-
18 strictions on reproductive health, including abortion,
19 that perpetuate systems of oppression, lack of bodily
20 autonomy, white supremacy, and anti-Black racism.
21 This violent legacy has manifested in policies includ-
22 ing enslavement, rape, and experimentation on Black
23 women; forced sterilizations; medical experimen-
24 tation on low-income women's reproductive systems;
25 and the forcible removal of Indigenous children. Ac-

1 cess to equitable reproductive health care, including
2 abortion services, has always been deficient in the
3 United States for Black, Indigenous, and other Peo-
4 ple of Color (BIPOC) and their families.

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

24 (11) Abortion-specific restrictions are a tool of
25 gender oppression, as they target health care serv-

1 ices that are used primarily by women. These pater-
2 nalistic restrictions rely on and reinforce harmful
3 stereotypes about gender roles, women’s decision-
4 making, and women’s need for protection instead of
5 support, undermining their ability to control their
6 own lives and well-being. These restrictions harm the
7 basic autonomy, dignity, and equality of women, and
8 their ability to participate in the social and economic
9 life of the Nation.

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

23 (13) Since 2011, States and local governments
24 have passed nearly 500 restrictions singling out
25 health care providers who offer abortion services,

1 interfering with their ability to provide those services
2 and the patients' ability to obtain those services.

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

14 (15) Abortion is essential health care and one
15 of the safest medical procedures in the United
16 States. An independent, comprehensive review of the
17 state of science on the safety and quality of abortion
18 services, published by the National Academies of
19 Sciences, Engineering, and Medicine in 2018, found
20 that abortion in the United States is safe and effec-
21 tive and that the biggest threats to the quality of
22 abortion services in the United States are State reg-
23 ulations that create barriers to care. These abortion-
24 specific restrictions conflict with medical standards
25 and are not supported by the recommendations and

1 guidelines issued by leading reproductive health care
2 professional organizations including the American
3 College of Obstetricians and Gynecologists, the Soci-
4 ety of Family Planning, the National Abortion Fed-
5 eration, the World Health Organization, and others.

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

21 (17) An overwhelming majority of abortions in
22 the United States are provided in clinics, not hos-
23 pitals, but the large majority of counties throughout
24 the United States have no clinics that provide abor-
25 tion.

1 (18) These restrictions additionally harm peo-
2 ple’s health by reducing access not only to abortion
3 services but also to other essential health care serv-
4 ices offered by many of the providers targeted by the
5 restrictions, including—

6 (A) screenings and preventive services, in-
7 cluding contraceptive services;

8 (B) testing and treatment for sexually
9 transmitted infections;

10 (C) LGBTQ health services; and

11 (D) referrals for primary care, intimate
12 partner violence prevention, prenatal care and
13 adoption services.

14 (19) The cumulative effect of these numerous
15 restrictions has been to severely limit, and now
16 eliminate entirely, the availability of abortion serv-
17 ices in some areas, creating a patchwork system
18 where the provision of abortion services is legal in
19 some States and illegal in others. A 2019 report
20 from the Government Accountability Office exam-
21 ining State Medicaid compliance with abortion cov-
22 erage requirements analyzed seven key challenges
23 (identified both by health care providers and re-
24 search literature) and their effect on abortion access,

1 and found that access to abortion services varied
2 across the States and even within a State.

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

16 (21) Core human rights treaties ratified by the
17 United States protect access to abortion. For exam-
18 ple, in 2018, the UN Human Rights Committee,
19 which oversees implementation of the ICCPR, made
20 clear that the right to life, enshrined in Article 6 of
21 the ICCPR, at a minimum requires governments to
22 provide safe, legal, and effective access to abortion
23 where a person's life and health is at risk, or when
24 carrying a pregnancy to term would cause substan-
25 tial pain or suffering. The Committee stated that

1 governments must not impose restrictions on abor-
2 tion which subject women and girls to physical or
3 mental pain or suffering, discriminate against them,
4 arbitrarily interfere with their privacy, or place them
5 at risk of undertaking unsafe abortions. Further-
6 more, the Committee stated that governments should
7 remove existing barriers that deny effective access to
8 safe and legal abortion, refrain from introducing
9 new barriers to abortion, and prevent the stigmatiza-
10 tion of those seeking abortion.

11 (22) UN independent human rights experts
12 have expressed particular concern about barriers to
13 abortion services in the United States. For example,
14 at the conclusion of his 2017 visit to the United
15 States, the UN Special Rapporteur on extreme pov-
16 erty and human rights noted concern that low-in-
17 come women face legal and practical obstacles to ex-
18 ercising their constitutional right to access abortion
19 services, trapping many women in cycles of poverty.
20 Similarly, in May 2020, the UN Working Group on
21 discrimination against women and girls, along with
22 other human rights experts, expressed concern that
23 some states had manipulated the COVID–19 crisis
24 to restrict access to abortion, which the experts rec-
25 ognized as “the latest example illustrating a pattern

1 of restrictions and retrogressions in access to legal
2 abortion care across the country” and reminded
3 U.S. authorities that abortion care constitutes essen-
4 tial health care that must remain available during
5 and after the pandemic. They noted that barriers to
6 abortion access exacerbate systemic inequalities and
7 cause particular harm to marginalized communities,
8 including low-income people, people of color, immi-
9 grants, people with disabilities, and LGBTQ people.

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

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

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

14 (26) It is difficult and time and resource-con-
15 suming for clinics to challenge State laws that bur-
16 den or impede abortion services. Litigation that
17 blocks one abortion restriction may not prevent a
18 State from adopting other similarly burdensome
19 abortion restrictions or using different methods to
20 burden or impede abortion services. There is a his-
21 tory and pattern of States passing successive and
22 different laws that unduly burden abortion services.

23 (27) When a health care provider ceases pro-
24 viding abortion services as a result of burdensome
25 and medically unnecessary regulations, it is often

1 difficult or impossible for that health care provider
2 to recommence providing those abortion services,
3 and difficult or impossible for other health care pro-
4 viders to provide abortion services that restore or re-
5 place the ceased abortion services.

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

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

11 (A) its powers under the commerce clause
12 of section 8 of article I of the Constitution of
13 the United States;

14 (B) its powers under section 5 of the Four-
15 teenth Amendment to the Constitution of the
16 United States to enforce the provisions of sec-
17 tion 1 of the Fourteenth Amendment; and

18 (C) its powers under the necessary and
19 proper clause of section 8 of Article I of the
20 Constitution of the United States.

21 (30) Congress has used its authority in the past
22 to protect access to abortion services and health care
23 providers' ability to provide abortion services. In the
24 early 1990s, protests and blockades at health care
25 facilities where abortion services were provided, and

1 associated violence, increased dramatically and
2 reached crisis level, requiring Congressional action.
3 Congress passed the Freedom of Access to Clinic
4 Entrances Act (Public Law 103–259; 108 Stat. 694)
5 to address that situation and protect physical access
6 to abortion services.

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

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

14 (1) to permit health care providers to provide
15 abortion services without limitations or requirements
16 that single out the provision of abortion services for
17 restrictions that are more burdensome than those re-
18 strictions imposed on medically comparable proce-
19 dures, do not significantly advance reproductive
20 health or the safety of abortion services, and make
21 abortion services more difficult to access;

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

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

10 **SEC. 3. DEFINITIONS.**

11 In this Act:

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

18 (2) **GOVERNMENT.**—The term “government”
19 includes each branch, department, agency, instru-
20 mentality, and official of the United States or a
21 State.

22 (3) **HEALTH CARE PROVIDER.**—The term
23 “health care provider” means any entity or indi-
24 vidual (including any physician, certified nurse-mid-

1 wife, nurse practitioner, and physician assistant)
2 that—

3 (A) is engaged or seeks to engage in the
4 delivery of health care services, including abor-
5 tion services; and

6 (B) if required by law or regulation to be
7 licensed or certified to engage in the delivery of
8 such services—

9 (i) is so licensed or certified; or

10 (ii) would be so licensed or certified
11 but for their past, present, or potential
12 provision of abortion services permitted by
13 section 4.

14 (4) MEDICALLY COMPARABLE PROCEDURE.—

15 The term “medically comparable procedures” means
16 medical procedures that are similar in terms of
17 health and safety risks to the patient, complexity, or
18 the clinical setting that is indicated.

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

22 (6) STATE.—The term “State” includes the
23 District of Columbia, the Commonwealth of Puerto
24 Rico, and each territory and possession of the
25 United States, and any subdivision of any of the

1 foregoing, including any unit of local government,
2 such as a county, city, town, village, or other general
3 purpose political subdivision of a State.

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

11 **SEC. 4. PERMITTED SERVICES.**

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

17 (1) A requirement that a health care provider
18 perform specific tests or medical procedures in con-
19 nection with the provision of abortion services, un-
20 less generally required for the provision of medically
21 comparable procedures.

22 (2) A requirement that the same health care
23 provider who provides abortion services also perform
24 specified tests, services, or procedures prior to or
25 subsequent to the abortion.

1 (3) A requirement that a health care provider
2 offer or provide the patient seeking abortion services
3 medically inaccurate information in advance of or
4 during abortion services.

5 (4) A limitation on a health care provider's abil-
6 ity to prescribe or dispense drugs based on current
7 evidence-based regimens or the provider's good-faith
8 medical judgment, other than a limitation generally
9 applicable to the medical profession.

10 (5) A limitation on a health care provider's abil-
11 ity to provide abortion services via telemedicine,
12 other than a limitation generally applicable to the
13 provision of medical services via telemedicine.

14 (6) A requirement or limitation concerning the
15 physical plant, equipment, staffing, or hospital
16 transfer arrangements of facilities where abortion
17 services are provided, or the credentials or hospital
18 privileges or status of personnel at such facilities,
19 that is not imposed on facilities or the personnel of
20 facilities where medically comparable procedures are
21 performed.

22 (7) A requirement that, prior to obtaining an
23 abortion, a patient make one or more medically un-
24 necessary in-person visits to the provider of abortion

1 services or to any individual or entity that does not
2 provide abortion services.

3 (8) A prohibition on abortion at any point or
4 points in time prior to fetal viability, including a
5 prohibition or restriction on a particular abortion
6 procedure.

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

12 (10) A limitation on a health care provider's
13 ability to provide immediate abortion services when
14 that health care provider believes, based on the
15 good-faith medical judgment of the provider, that
16 delay would pose a risk to the patient's health.

17 (11) A requirement that a patient seeking abor-
18 tion services at any point or points in time prior to
19 fetal viability disclose the patient's reason or reasons
20 for seeking abortion services, or a limitation on the
21 provision or obtaining of abortion services at any
22 point or points in time prior to fetal viability based
23 on any actual, perceived, or potential reason or rea-
24 sons of the patient for obtaining abortion services,
25 regardless of whether the limitation is based on a

1 health care provider's degree of actual or construc-
2 tive knowledge of such reason or reasons.

3 (b) OTHER LIMITATIONS OR REQUIREMENTS.—The
4 statutory right specified in subsection (a) shall not be lim-
5 ited or otherwise infringed through, in addition to the limi-
6 tations and requirements specified in paragraphs (1)
7 through (11) of subsection (a), any limitation or require-
8 ment that—

9 (1) is the same as or similar to one or more of
10 the limitations or requirements described in sub-
11 section (a); or

12 (2) both—

13 (A) expressly, effectively, implicitly, or as
14 implemented singles out the provision of abor-
15 tion services, health care providers who provide
16 abortion services, or facilities in which abortion
17 services are provided; and

18 (B) impedes access to abortion services.

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

23 (1) Whether the limitation or requirement, in a
24 provider's good-faith medical judgment, interferes
25 with a health care provider's ability to provide care

1 and render services, or poses a risk to the patient's
2 health or safety.

3 (2) Whether the limitation or requirement is
4 reasonably likely to delay or deter some patients in
5 accessing abortion services.

6 (3) Whether the limitation or requirement is
7 reasonably likely to directly or indirectly increase the
8 cost of providing abortion services or the cost for ob-
9 taining abortion services (including costs associated
10 with travel, childcare, or time off work).

11 (4) Whether the limitation or requirement is
12 reasonably likely to have the effect of necessitating
13 a trip to the offices of a health care provider that
14 would not otherwise be required.

15 (5) Whether the limitation or requirement is
16 reasonably likely to result in a decrease in the avail-
17 ability of abortion services in a given State or geo-
18 graphic region.

19 (6) Whether the limitation or requirement im-
20 poses penalties that are not imposed on other health
21 care providers for comparable conduct or failure to
22 act, or that are more severe than penalties imposed
23 on other health care providers for comparable con-
24 duct or failure to act.

1 (7) The cumulative impact of the limitation or
2 requirement combined with other new or existing
3 limitations or requirements.

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

8 (1) the limitation or requirement significantly
9 advances the safety of abortion services or the health
10 of patients; and

11 (2) the safety of abortion services or the health
12 of patients cannot be advanced by a less restrictive
13 alternative measure or action.

14 **SEC. 5. APPLICABILITY AND PREEMPTION.**

15 (a) IN GENERAL.—

16 (1) Except as stated under subsection (b), this
17 Act supersedes and applies to the law of the Federal
18 Government and each State government, and the im-
19 plementation of such law, whether statutory, com-
20 mon law, or otherwise, and whether adopted before
21 or after the date of enactment of this Act, and nei-
22 ther the Federal Government nor any State govern-
23 ment shall administer, implement, or enforce any
24 law, rule, regulation, standard, or other provision
25 having the force and effect of law that conflicts with

1 any provision of this Act, notwithstanding any other
2 provision of Federal law, including the Religious
3 Freedom Restoration Act of 1993 (42 U.S.C.
4 2000bb et seq.).

5 (2) Federal statutory law adopted after the
6 date of the enactment of this Act is subject to this
7 Act unless such law explicitly excludes such applica-
8 tion by reference to this Act.

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

11 (1) laws regulating physical access to clinic en-
12 trances;

13 (2) insurance or medical assistance coverage of
14 abortion services;

15 (3) the procedure described in section
16 1531(b)(1) of title 18, United States Code; or

17 (4) generally applicable State contract law.

18 (c) DEFENSE.—In any cause of action against an in-
19 dividual or entity who is subject to a limitation or require-
20 ment that violates this Act, in addition to the remedies
21 specified in section 8, this Act shall also apply to, and
22 may be raised as a defense by, such an individual or entity.

23 **SEC. 6. EFFECTIVE DATE.**

24 This Act shall take effect immediately upon the date
25 of enactment of this Act. This Act shall apply to all re-

1 strictions on the provision of, or access to, abortion serv-
2 ices whether the restrictions are enacted or imposed prior
3 to or after the date of enactment of this Act, except as
4 otherwise provided in this Act.

5 **SEC. 7. RULES OF CONSTRUCTION.**

6 (a) IN GENERAL.—In interpreting the provisions of
7 this Act, a court shall liberally construe such provisions
8 to effectuate the purposes of the Act.

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

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

19 **SEC. 8. ENFORCEMENT.**

20 (a) ATTORNEY GENERAL.—The Attorney General
21 may commence a civil action on behalf of the United
22 States against any State that violates, or against any gov-
23 ernment official (including a person described in section
24 7(c)) that implements or enforces a limitation or require-
25 ment that violates, section 4. The court shall hold unlawful

1 and set aside the limitation or requirement if it is in viola-
2 tion of this Act.

3 (b) PRIVATE RIGHT OF ACTION.—

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

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

19 (c) EQUITABLE RELIEF.—In any action under this
20 section, the court may award appropriate equitable relief,
21 including temporary, preliminary, or permanent injunctive
22 relief.

23 (d) COSTS.—In any action under this section, the
24 court shall award costs of litigation, as well as reasonable
25 attorney's fees, to any prevailing plaintiff. A plaintiff shall

1 not be liable to a defendant for costs or attorney's fees
2 in any non-frivolous action under this section.

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

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

18 **SEC. 9. SEVERABILITY.**

19 If any provision of this Act, or the application of such
20 provision to any person, entity, government, or cir-
21 cumstance, is held to be unconstitutional, the remainder
22 of this Act, or the application of such provision to all other
23 persons, entities, governments, or circumstances, shall not
24 be affected thereby.

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