

119TH CONGRESS
1ST SESSION

H. R. 1742

To establish leave policies of the Armed Forces for a member to seek an abortion.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 27, 2025

Ms. SHERRILL (for herself, Ms. HOULAHAN, Ms. ESCOBAR, Mr. CROW, Ms. SEWELL, Mr. CARBAJAL, Mr. CARTER of Louisiana, Mrs. TRAHAN, Mrs. CHERFILUS-McCORMICK, Ms. McCLELLAN, Ms. TOKUDA, Ms. NORTON, Ms. McCOLLUM, Mr. JOHNSON of Georgia, Mr. MOULTON, Mr. RYAN, Ms. DEGETTE, Mr. GRIJALVA, Mr. CONNOLLY, Mr. CARSON, Ms. MOORE of Wisconsin, Ms. SCANLON, Mrs. DINGELL, Mr. PANETTA, Ms. BROWNLEY, Ms. ELFRETH, Mr. MCGOVERN, Mr. NADLER, Ms. GARCIA of Texas, Mr. SWALWELL, Mr. HORSFORD, Mr. NORCROSS, Mr. GARCIA of California, Ms. SALINAS, Mr. SOTO, Mr. DAVIS of Illinois, Ms. ANSARI, Mr. KHANNA, Ms. WILSON of Florida, Mr. TRAN, Mr. SORESENSEN, Mrs. HAYES, Ms. TITUS, Mr. GOTTHEIMER, Ms. MCBRIDE, Mr. DELUZIO, Mr. LARSON of Connecticut, Mr. MULLIN, Mr. COURTNEY, Ms. CROCKETT, Ms. BUDZINSKI, Mr. JACKSON of Illinois, Ms. LOIS FRANKEL of Florida, Mr. THOMPSON of Mississippi, Ms. JACOBS, Ms. STRICKLAND, and Mr. PETERS) introduced the following bill; which was referred to the Committee on Armed Services

A BILL

To establish leave policies of the Armed Forces for a member to seek an abortion.

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 “Access to Reproductive
3 Care for Servicemembers Act”.

4 **SEC. 2. FINDINGS.**

5 Congress finds the following:

6 (1) Following the Supreme Court’s unjust deci-
7 sion to eliminate the right to abortion, States across
8 the country have moved swiftly to ban abortion ac-
9 cess, leading to even greater barriers to care for
10 military families.

11 (2) Access to the full spectrum of reproductive
12 care, including abortion, is essential to a person’s
13 health and central to their economic and social well-
14 being. Bans and restrictions on abortion delay access
15 to abortion care and therefore increase costs for
16 members of the Armed Forces seeking care. The
17 consequence of these delays and barriers could mean
18 that a person is forced to carry a pregnancy against
19 their will, which can greatly affect their bodily au-
20 tonomy, financial stability, and overall well-being.

21 (3) The Armed Forces have a large presence in
22 many States that ban or restrict access to abortion,
23 many of which also neighbor States that would likely
24 ban abortion.

25 (4) Members of the Armed Forces seeking care
26 off-base may be limited in their ability to do so due

1 to restrictions on leave or travel imposed by their
2 unit.

3 (5) Restrictions on receiving approval to take
4 leave for abortion or fertility care interfere with a
5 member of the Armed Forces' health, well-being,
6 and right to access the care they need. The decision
7 to terminate a pregnancy or build a family should
8 not depend on the discretion or judgment of a mili-
9 tary commander.

10 (6) Abortion and fertility care are time sen-
11 sitive-procedures and access should not be delayed
12 for members or military families.

13 (7) When a member of the Armed Forces de-
14 cides to obtain abortion or fertility care, it should be
15 available, affordable, private, and free from punish-
16 ment, reprisal, or judgment by the member's chain
17 of command.

18 (8) Commanders or approval authorities have a
19 duty to display objectivity, compassion, and discre-
20 tion when addressing all health care matters, includ-
21 ing reproductive health care matters, and to enforce
22 existing policies against discrimination and retalia-
23 tion.

24 (9) Members of the Armed Forces and their de-
25 pendents often face insurmountable barriers to ac-

1 cessing fertility care. These logistical and systemic
2 barriers include discriminatory restrictions on insur-
3 ance coverage, high out-of-pocket costs, and limited
4 availability of health care facilities. As a result,
5 many members and their dependents are unable to
6 access the fertility care they need to build their fam-
7 ilies. Ensuring that members and their dependents
8 can access this care is critical to promoting their re-
9 productive and bodily autonomy and their right to
10 decide if, when, and how they have children.

11 (10) The harms of abortion-specific restrictions
12 fall most heavily on people who already face barriers
13 to accessing health care including people with low in-
14 comes, such as junior enlisted members, and Black,
15 Indigenous, and people of color, immigrants, young
16 people, people with disabilities, the LGBTQI+ com-
17 munity, and those stationed overseas or in rural and
18 other medically underserved areas.

19 (11) Equal access to abortion and fertility care,
20 everywhere, is essential to social and economic par-
21 ticipation, equality, reproductive autonomy, and the
22 right to determine a person's own life and future.

23 (12) Infertility and access to fertility care impli-
24 cate core human rights—including rights to health,
25 to sexual and reproductive health, to make decisions

1 about whether and when to have children, and to
2 equality and non-discrimination. Denying members
3 of the Armed Forces benefits to access fertility care
4 violates these rights and undermines their reproduc-
5 tive and bodily autonomy.

6 (13) Members of the Armed Forces are exposed
7 to job-related risk factors that increase the likelihood
8 they will experience infertility. Many members are
9 deployed in combat areas where they may experience
10 service-related injuries or exposure to toxic chemicals
11 that harm their fertility. Additionally, the Depart-
12 ment of Defense estimates that between 20 and 30
13 percent of members have experienced sexual assault
14 and post-traumatic stress disorder, both of which
15 have been linked to infertility.

16 (14) The denial of leave for an abortion or any
17 other reproductive health service violates the rights
18 of members of the Armed Forces. Access to care for
19 military families should not be determined by the
20 personal beliefs of others.

21 (15) In addition to the health and well-being
22 implications for members of the Armed Forces and
23 their families, the failure to address these issues will
24 contribute to the challenges that the Armed Forces

1 faces in attracting and retaining personnel, thereby
2 negatively affecting military strength and readiness.

3 **SEC. 3. LEAVE FOR A MEMBER OF THE ARMED FORCES FOR**
4 **NON-COVERED REPRODUCTIVE HEALTH**
5 **CARE.**

6 (a) IN GENERAL.—The Secretary concerned (as such
7 term is defined in section 101 of title 10, United States
8 Code) shall, with respect to non-covered reproductive
9 health care (including abortion care) for a member of the
10 Armed Forces or the dependent of such a member—

11 (1) consider such care to be time-sensitive and
12 therefore approve leave for such non-covered repro-
13 ductive health care; and

14 (2) not require the member or dependent to dis-
15 close to a commanding officer the time-sensitive care
16 or procedure being received during such leave.

17 (b) REIMBURSEMENT FOR TRAVEL.—The Secretary
18 concerned shall reimburse a member or dependent of a
19 member for costs incurred while receiving non-covered re-
20 productive health care services if timely access to such
21 services is not available near the member or dependent's
22 location. Such costs shall include—

23 (1) the cost of meals, including taxes and tips;

24 (2) the cost of lodging, including taxes, tips,
25 and services charges;

1 (3) the cost of round-trip transportation be-
2 tween the member or dependent's location and the
3 non-covered reproductive health care service location;
4 and

5 (4) if a member of the Armed Forces or a de-
6 pendent of such a member requests one or more es-
7 corts or attendants, the cost of standard travel and
8 transportation allowances for one or more necessary
9 escorts or attendants.

10 (c) PRIVACY.—Health care providers of the Defense
11 Health Agency and commanding officers shall, to the
12 greatest extent practicable, protect the privacy of a mem-
13 ber who takes leave under this section, including when
14 such member makes a request for such leave and when
15 such member returns to duty.

16 (d) PROHIBITION.—No member of the Armed Forces
17 may be subject to any adverse action for requesting, tak-
18 ing, providing, or approving an action authorized by this
19 section.

20 (e) NON-COVERED REPRODUCTIVE HEALTH CARE
21 DEFINED.—In this section, the term “non-covered repro-
22 ductive health care” includes—

23 (1) abortion care other than abortion care per-
24 mitted under section 1093 of title 10, United States
25 Code; or

1 (2) assisted reproductive technology, includ-
2 ing—

3 (A) ovarian stimulation and egg retrieval,
4 including any needed medications and proce-
5 dures required for retrieval, processing, and uti-
6 lization of an egg for assisted reproductive tech-
7 nology or cryopreservation;

8 (B) sperm collection and processing for as-
9 sisted reproductive technology or
10 cryopreservation;

11 (C) intrauterine insemination; and

12 (D) in vitro fertilization, including—

13 (i) in vitro fertilization with fresh em-
14 bryo transfer;

15 (ii) gamete intrafallopian transfer;

16 (iii) zygote intrafallopian transfer;

17 (iv) pronuclear stage tubal transfer;

18 (v) tubal embryo transfer; and

19 (vi) frozen embryo transfer.

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