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119TH CONGRESS
2D SESSION

H. RES. 1663

Expressing opposition to the use of State power against people in the United States seeking essential health care, including criminalization of the full range of sexual and reproductive health care such as abortion, gender-affirming care, and contraceptive care, and disapproving of State punishment of people for their pregnancy outcomes.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 12, 2026

Ms. WILLIAMS of Georgia (for herself, Ms. ADAMS, Ms. ESCOBAR, Ms. LOIS FRANKEL of Florida, Ms. LEGER FERNANDEZ, Ms. BALINT, Mrs. BEATTY, Ms. BONAMICI, Ms. BROWNLEY, Mr. CARBAJAL, Mr. CARSON, Mr. CARTER of Louisiana, Ms. CHU, Mr. CLEAVER, Ms. CROCKETT, Ms. DEAN of Pennsylvania, Ms. DELBENE, Mr. DELUZIO, Mr. DESAULNIER, Mrs. DINGELL, Mr. DOGGETT, Mr. EVANS of Pennsylvania, Mrs. FLETCHER, Mrs. FOUSHEE, Mr. FROST, Mr. GARCIA of California, Ms. GARCIA of Texas, Mr. GOTTHEIMER, Mr. HUFFMAN, Ms. JAYAPAL, Ms. KAMLAGER-DOVE, Ms. LEE of Pennsylvania, Mr. MAGAZINER, Ms. MATSUI, Ms. MCCLELLAN, Mr. MCGARVEY, Mr. MIN, Mr. MORELLE, Mr. MOULTON, Mr. MULLIN, Ms. NORTON, Mr. PETERS, Mr. POCAN, Mr. QUIGLEY, Mrs. RAMIREZ, Ms. ROSS, Mr. SCHNEIDER, Ms. SCHOLTEN, Mr. SMITH of Washington, Ms. STANSBURY, Mr. TAKANO, Mr. THANEDAR, Ms. TLAIB, Ms. TOKUDA, Mr. TORRES of New York, Mrs. TRAHAN, Mr. VARGAS, Mrs. WATSON COLEMAN, Ms. WILSON of Florida, and Ms. BARRAGÁN) submitted the following resolution; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, 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

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RESOLUTION

Expressing opposition to the use of State power against people in the United States seeking essential health care,

including criminalization of the full range of sexual and reproductive health care such as abortion, gender-affirming care, and contraceptive care, and disapproving of State punishment of people for their pregnancy outcomes.

Whereas most people will need access to sexual and reproductive health care at some point in their lifetimes, whether it be abortion, contraception, or gender-affirming care;

Whereas the ability of people to access and make decisions about the full range of sexual and reproductive health care is essential to the health, well-being, and autonomy of all people and to the health and well-being of society;

Whereas providers of sexual, reproductive, and gender-affirming health care, and those who support people making important health care decisions, are essential and play a critical role in ensuring people are able to have control over their own bodies and lives;

Whereas people deserve to be treated with dignity, empathy, compassion, and respect by their health care providers;

Whereas people need their health care providers to be able to provide or refer for essential health care without facing punishment or criminal or civil charges for supporting the autonomous decisions of an individual with respect to their own body and life;

Whereas no person should face State-sanctioned punishment for—

(1) seeking or obtaining an abortion, or any pregnancy outcome or decision;

(2) seeking or using contraception;

(3) seeking or obtaining gender-affirming care;

(4) their sexual health status; or

(5) for helping someone access the essential health care they need;

Whereas people have been penalized or prosecuted in the United States for actions during their pregnancy that the State alleged caused harm or risk to their pregnancies;

Whereas people have been prosecuted for not seeking health care, for experiencing a miscarriage or stillbirth, for self-managing an abortion, for alcohol or drug use during pregnancy, and for their HIV status;

Whereas research shows there is an increased need and demand for medications to self-manage an abortion in States with abortion restrictions, and that self-managed abortion with access to medications and accurate information is safe and effective;

Whereas the reasons why people self-manage an abortion are varied and valid;

Whereas States and localities have attempted to impose civil and criminal penalties on people who help others access the gender-affirming and reproductive health care they need, including abortion care;

Whereas at least 1 State has passed a law attempting to restrict some out-of-State travel for abortions, and other States have attempted to curtail out-of-State travel for abortion care or the facilitation thereof, in violation of basic constitutional principles, including the right to travel;

Whereas people have been and continue to be coerced or forced to undergo unwanted medical procedures or surgical interventions that negatively impact their sexual and reproductive health, including involuntary steriliza-

tion, involuntary cesarean sections, and procedures to change the intersex traits of minors;

Whereas coercive or unwanted medical or surgical interventions that negate individual autonomy are distinct from gender-affirming care, do not constitute essential health care or sexual and reproductive health care, and are not included within the full range of such care that this resolution describes;

Whereas more than half of States around the country have advanced legislation designed to severely limit access to necessary gender-affirming care, especially for young people, which is against the recommendations of major medical organizations, including the American Academy of Pediatrics;

Whereas States have enacted and introduced legislation designed to criminalize and penalize providing gender-affirming care to young people, providers of gender-affirming care for young people, and the parents of those young people for enabling access to this essential care;

Whereas some States are considering legislation that would use the power of the State to remove children from the care of their parent if that parent supports access to gender-affirming care for the child;

Whereas States and localities have prohibited health care providers from providing, and in some cases have criminalized the provision of, gender-affirming and reproductive health care, including abortion care, to patients who are seeking such care whether in person or via telehealth;

Whereas States and localities have attempted to prohibit health care providers from referring, and in some cases

have attempted to criminalize the referral of, patients to out-of-State resources to receive the gender-affirming and reproductive health care they seek, including abortion care;

Whereas States have aimed to restrict the ability of patients to access sexual and reproductive health care by threatening provider licensure, certification, or renewal, if even suspected of providing care, regardless of conviction;

Whereas the threat of criminalization or prosecution can result in a chilling effect by intimidating people into not seeking or providing needed care;

Whereas health care providers have an ethical obligation to provide essential health care to their patients and to protect the private medical information integral to the patient-provider relationship;

Whereas limiting the ability of a health care provider to uphold their ethical obligations to provide essential health care, including sexual and reproductive health care, to patients is a violation of their rights and subjects them to moral injury;

Whereas the State advances no legitimate interest by imposing civil or criminal penalties on medically appropriate sexual and reproductive health care, including abortion, contraception, and gender-affirming care, and has no legitimate interest in criminalizing pregnancy outcomes;

Whereas State laws criminalizing sexual and reproductive health care, including gender-affirming care and abortion care, sometimes enacted under the guise of protection, constitute an abuse of the power of the State that denies individuals their fundamental rights;

Whereas, even when charges are dropped or the defendant is exonerated, the long-term consequences of arrest or prosecution are irreparable;

Whereas Black, indigenous, people of color, immigrants, people with low incomes, LGBTQI+ individuals, and other marginalized individuals are more likely, due to persistent disparities and oppression, to experience adverse pregnancy outcomes that place them under the scrutiny of the legal system;

Whereas groups like the American Medical Association, American Public Health Association, American Academy of Pediatrics, American Society of Addiction Medicine, the American College of Obstetricians and Gynecologists, the American Bar Association, and others oppose State-sanctioned punishment for pregnancy outcomes and oppose criminalizing providers and the provision of health care;

Whereas Black, indigenous, people of color, immigrants, people with low incomes, LGBTQI+ individuals, and other marginalized individuals are more likely to be surveilled, arrested, charged, prosecuted, convicted, and heavily punished within the criminal justice system;

Whereas, in the 2025 Abortion Care Guidelines issued by the World Health Organization, the World Health Organization recommends the full decriminalization of abortion;

Whereas human rights bodies, including the United Nations Human Rights Committee, have long said that governments that apply criminal sanctions against people who have an abortion, or medical providers who assist people in having an abortion, violate human rights principles and laws;

Whereas human rights bodies have explicitly described criminalization of abortion and attacks on LGBTQI+ health as a form of gender-based violence;

Whereas punishing people for their pregnancy outcomes or for seeking or providing essential reproductive and sexual health care, or supporting access to such care, violates their fundamental rights; and

Whereas several States have recognized these facts and taken steps—

(1) to repeal or reform laws that had been used to criminalize pregnancy outcomes; and

(2) to pass laws to increase access to abortion, contraception, and gender-affirming care: Now, therefore, be it

Resolved, That the House of Representatives—

(1) condemns the application or use of criminal laws to punish people for the outcomes of their pregnancies;

(2) affirms that people deserve access to high-quality health care without fear of reprisal or punishment;

(3) condemns the criminalization of providing or supporting access to essential health care;

(4) affirms the ethical obligations of health care providers to safeguard patient privacy and the private medical information integral to the patient-provider relationship;

(5) declares a goal for a future in which—

(A) the ability of patients to access sexual and reproductive health care, including abortion, contraception, and gender-affirming care, is universally free from restrictions, bans, and barriers; and

(B) people are able—

(i) to exercise self-determination in their reproductive and sexual health; and

(ii) manage care on their own terms, free from coercion, discrimination, or punishment; and

(6) affirms the commitment of Congress to working toward the goal established in paragraph (5) in partnership with providers, patients, advocates, and their communities.

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