

110TH CONGRESS
1ST SESSION

H. R. 2367

To amend the Foreign Assistance Act of 1961 to authorize assistance to provide contraceptives in developing countries in order to prevent unintended pregnancies, abortions, and the transmission of sexually transmitted infections, including HIV/AIDS.

IN THE HOUSE OF REPRESENTATIVES

MAY 17, 2007

Mr. CARNAHAN (for himself, Ms. LEE, Mr. RYAN of Ohio, Mr. CROWLEY, Mr. MOORE of Kansas, Ms. MCCOLLUM of Minnesota, Mr. SHAYS, Mr. OBER-STAR, Mr. MICHAUD, and Mr. McGOVERN) introduced the following bill; which was referred to the Committee on Foreign Affairs

A BILL

To amend the Foreign Assistance Act of 1961 to authorize assistance to provide contraceptives in developing countries in order to prevent unintended pregnancies, abortions, and the transmission of sexually transmitted infections, including HIV/AIDS.

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 “Ensuring Access to
5 Contraceptives Act of 2007”.

1 **SEC. 2. FINDINGS AND PURPOSE.**2 (a) FINDINGS.—Congress makes the following find-
3 ings:4 (1) A deepening crisis in developing countries
5 with respect to the availability of contraceptives
6 needed for family planning, safe motherhood serv-
7 ices, HIV/AIDS prevention, and other vital repro-
8 ductive health care threatens the health and lives of
9 millions of people.10 (2) In the next ten to fifteen years, the largest-
11 ever generation of young people will enter their re-
12 productive years. For example, the number of
13 women of reproductive age is projected to double in
14 Nigeria in the next 25 years. This demographic
15 shift, combined with increased demand for modern
16 methods of family planning, will increase worldwide
17 the number of people who desire to use contracep-
18 tion by 40 percent.19 (3) The gap between the need for contracep-
20 tives and funding for such contraceptives is pro-
21 jected to reach hundreds of millions of United States
22 dollars annually by 2015.23 (4) According to estimates based on national
24 surveys, more than 200 million women in developing
25 countries wish to delay or end childbearing but do
26 not have access to modern contraceptives.

8 (6) Access to family planning and contracep-
9 tives is essential in reducing unintended pregnancies
10 and, as a result, reducing rates of abortion.

20 (8) In January 2001, the White House re-
21 affirmed President George W. Bush's commitment
22 to United States family planning assistance efforts,
23 stating that “[the President] knows that one of the
24 best ways to prevent abortion is by providing quality
25 voluntary family planning services”.

(9) Experiences in a number of countries in recent years indicate that when long-term, effective family planning methods are available, abortion rates decline, sometimes drastically. For example, between 1988 and 2001, the use of modern contraceptives increased in Russia by 74 percent, while the abortion rate declined by 61 percent. Similar experiences in Bangladesh, Bulgaria, Chile, Estonia, Hungary, Latvia, and Romania have shown that increased use of contraceptives is accompanied by a decline in abortion rates.

1 (12) In sub-Saharan Africa, where HIV preva-
2 lence rates can reach 40 percent of the adult popu-
3 lation and women constitute 60 percent of people liv-
4 ing with HIV/AIDS, donors provide an average of
5 only 5.5 condoms per adult male annually.

(13) Not only does contraceptive use prevent unintended pregnancies among HIV-positive women, it does so at a lower cost than the use of the nevirapine alone. In fact, adding family planning services to Prevention of Mother to Child Transmission (PMTCT) programs can achieve the same effect as increasing drug coverage but at a lower cost. For the same cost, family planning services can avert nearly 30 percent more HIV-positive births than antiretroviral drugs.

16 (14) In addition to reducing rates of abortion
17 and HIV/AIDS, access to contraceptives and other
18 reproductive health care services saves the lives of
19 mothers and children by helping women avoid high
20 risk pregnancies. An increase in the use of contra-
21 ceptives, which allow women to space the births of
22 their children over safe intervals, have been proven
23 to reduce maternal and child mortality.

24 (15) Complications resulting from pregnancy
25 and childbirth are the leading causes of death and

1 disability for women in developing countries, result-
2 ing in more than 500,000 deaths each year. Almost
3 one-third of maternal deaths and illnesses related to
4 pregnancy could be avoided if women in developing
5 countries had access to modern, safe, and effective
6 contraceptives and other reproductive health care
7 services.

8 (16) Access to contraceptives and other repro-
9 ductive health care services are also needed to help
10 ease growing population pressures on cropland,
11 freshwater, and other finite natural resources. In
12 many biologically rich areas, there is little or no ac-
13 cess to the health services that allow women and
14 couples to space or limit births. Consequently, the
15 population in these ecologically sensitive areas is
16 growing nearly 40 percent faster than that of the
17 world as a whole.

18 (17) The shortfall in reproductive health care
19 services is chronic and growing. The cost of contra-
20 ceptives needed for family planning and condoms for
21 HIV/AIDS prevention in developing countries is pro-
22 jected to increase from \$1.3 billion in 2005 to \$1.8
23 billion in 2015. In spite of this upward trend, donor
24 support for contraceptives in 2005, \$213 million,
25 was only 16 percent of overall funding needs.

(18) The consequences of the shortfall in reproductive health care services are devastating. For every shortfall of \$1 million in funding for contraceptives, an estimated 360,000 additional unintended pregnancies, 150,000 additional induced abortions, 800 additional maternal deaths, and 11,000 additional infant deaths occur.

(19) Although the United States should be commended for its leadership role with respect to the availability of reproductive health services in developing countries, United States support for such services, including funding, has not kept pace with the increase in demand for contraceptives, which has resulted from the large number of youth entering reproductive age and the HIV/AIDS pandemic. Since 1995, United States bilateral assistance for international family planning programs has decreased by 41 percent (adjusted for inflation) despite an increase of more than 275 million women of reproductive age worldwide.

21 (20) In addition to the shortfall in funding by
22 the United States for reproductive health care serv-
23 ices, United States policy restrictions have reduced
24 donations of contraceptives for developing countries.

15 (23) The Mexico City Policy has exacerbated
16 the existing shortage of contraceptives by ending
17 shipments of United States-donated contraceptives
18 to 20 developing countries in Africa, Asia, and the
19 Middle East.

20 (24) As an example, the Mexico City Policy has
21 forced eight family planning clinics serving thou-
22 sands of poor women in Kenya to close. Con-
23 sequently, women's access to contraceptives,
24 gynecologic and obstetric care, screening, and treat-
25 ment for sexually transmitted infections, and vol-

1 untary counseling and testing for HIV/AIDS in
2 Kenya has been severely disrupted.

3 (b) PURPOSE.—The purpose of this Act is to author-
4 ize assistance to provide contraceptives in developing coun-
5 tries in order to prevent unintended pregnancies, abor-
6 tions, and the transmission of sexually transmitted infec-
7 tions, including HIV/AIDS.

8 SEC. 3. ASSISTANCE TO PROVIDE CONTRACEPTIVES IN DE-
9 VELOPING COUNTRIES.

10 Section 104 of Foreign Assistance Act of 1961 (22
11 U.S.C. 2151b) is amended—

12 (1) by redesignating subsection (g) as sub-
13 section (h); and

14 (2) by inserting after subsection (f) the fol-
15 lowing new subsection:

16 "(g) ASSISTANCE TO PROVIDE CONTRACEPTIVES IN
17 DEVELOPING COUNTRIES.—

18 “(1) ASSISTANCE.—The President, acting
19 through the Administrator of the United States
20 Agency for International Development, shall furnish
21 assistance to provide contraceptives in developing
22 countries in order to prevent unintended preg-
23 nancies, abortions, and the transmission of sexually
24 transmitted infections, including HIV/AIDS.

1 “(2) ELIGIBILITY OF NONGOVERNMENTAL OR-
2 GANIZATIONS.—Notwithstanding any other provision
3 of law, regulation, or policy, in determining eligi-
4 bility for assistance to provide contraceptives in de-
5 veloping countries under this subsection, a non-
6 governmental organization shall not be subject to re-
7 quirements relating to the use of non-United States
8 Government funds that are more restrictive than re-
9 quirements relating to the use of non-United States
10 Government funds that apply to foreign governments
11 with respect to eligibility for assistance under this
12 subsection.

13 “(3) AUTHORIZATION OF APPROPRIATIONS.—

14 “(A) IN GENERAL.—There are authorized
15 to be appropriated to the President to carry out
16 this subsection \$150,000,000 for each of the
17 fiscal years 2008 and 2009.

18 “(B) ADDITIONAL AUTHORITIES.—

19 Amounts appropriated pursuant to the author-
20 ization of appropriations under subparagraph
21 (A)—

22 “(i) may be referred to as the ‘Repro-
23 ductive Health Supplies Fund’;

24 “(ii) are authorized to remain avail-
25 able until expended; and

1 “(iii) are in addition to amounts oth-
2 erwise available for such purposes.”.

○