

1 Title: Expressing opposition to the use of State power against people in the United States seeking  
2 essential health care, including criminalization of the full range of sexual and reproductive health  
3 care such as abortion, gender-affirming care, and contraceptive care, and disapproving of State  
4 punishment of people for their pregnancy outcomes.  
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7 Whereas most people will need access to sexual and reproductive health care at some point in  
8 their lifetimes, whether it be abortion, contraception, or gender-affirming care;

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

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

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

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

20 Whereas no person should face State sanctioned punishment for—

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

23 (2) seeking or using contraception;

24 (3) seeking or obtaining gender-affirming care;

25 (4) their sexual health status; or

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

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

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

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

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

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

39 Whereas at least 1 State has passed a law attempting to restrict some out-of-State travel for

1 abortions, and other States have attempted to curtail out-of-State travel for abortion care or  
2 the facilitation thereof, in violation of basic constitutional principles, including the right to  
3 travel;

4 Whereas people have been and continue to be coerced or forced to undergo unwanted medical  
5 procedures or surgical interventions that negatively impact their sexual and reproductive  
6 health, including involuntary sterilization, involuntary cesarean sections, and procedures to  
7 change the intersex traits of minors;

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

12 Whereas more than 30 States around the country have advanced legislation designed to severely  
13 limit access to necessary gender-affirming care, especially for young people, which is  
14 against the recommendations of major medical organizations, including the American  
15 Academy of Pediatrics;

16 Whereas 3 States have enacted, and nearly 15 have introduced, legislation designed to  
17 criminalize and penalize providing gender-affirming care to young people, providers of  
18 gender-affirming care for young people, and the parents of those young people for enabling  
19 access to this essential care;

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

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

27 Whereas States and localities have attempted to prohibit health care providers from referring, and  
28 in some cases have attempted to criminalize the referral of, patients to out-of-State  
29 resources to receive the gender-affirming and reproductive health care they seek, including  
30 abortion care;

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

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

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

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

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

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

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

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

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

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

23 Whereas, in the 2022 Abortion Care Guidelines issued by the World Health Organization, the  
24 World Health Organization recommends the full decriminalization of abortion;

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

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

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

34 Whereas several States have recognized these facts and taken steps—

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

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

39 Resolved, That the Senate—

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

- 1           their pregnancies;
- 2           (2) affirms that people deserve access to high-quality health care without fear of reprisal  
3           or punishment;
- 4           (3) condemns the criminalization of providing or supporting access to essential health  
5           care;
- 6           (4) affirms the ethical obligations of health care providers to safeguard patient privacy  
7           and the private medical information integral to the patient-provider relationship; and
- 8           (5) declares a goal for a future in which—
- 9                 (A) the ability of patients to access sexual and reproductive health care, including  
10                abortion, contraception, and gender-affirming care, is universally free from  
11                restrictions, bans, and barriers; and
- 12               (B) people are able—
- 13                   (i) to exercise self-determination in their reproductive and sexual health; and  
14                   (ii) manage care on their own terms, free from coercion, discrimination, or  
15                   punishment; and
- 16           (6) affirms the commitment of Congress to working toward the goal established in  
17           paragraph (5) in partnership with providers, patients, advocates, and their communities.