To establish the Office of Sexual and Reproductive Health and Well-Being within the Department of Health and Human Services, to generate a whole-of-government approach to protecting and affirming sexual and reproductive rights, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Ms. Bush introduced the following bill; which was referred to the Committee on ____________________

A BILL

To establish the Office of Sexual and Reproductive Health and Well-Being within the Department of Health and Human Services, to generate a whole-of-government approach to protecting and affirming sexual and reproductive rights, and for other purposes.

1 Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

2 SECTION 1. SHORT TITLE.

3 This Act may be cited as the “Protect Sexual and Reproductive Health Act of 2022”.

(Original Signature of Member)
SEC. 2. SEXUAL AND REPRODUCTIVE HEALTH AND WELL-BEING; REPRODUCTIVE JUSTICE AND EQUITY GRANT PROGRAM.

(a) IN GENERAL.—The Public Health Service Act (42 U.S.C. 201 et seq.) is amended by inserting after title XXXIII of such Act (42 U.S.C. 300mm et seq.) the following:

“TITLE XXXIV—SEXUAL AND REPRODUCTIVE HEALTH AND WELL-BEING

“SEC. 3401. OFFICE OF SEXUAL AND REPRODUCTIVE HEALTH AND WELL-BEING.

“(a) ESTABLISHMENT.—The Office of Population Affairs in the Department of Health and Human Services is hereby redesignated as the Office of Sexual and Reproductive Health and Well-Being (in this section referred to as the ‘Office’), to be headed by a Director of National Sexual and Reproductive Health and Well-Being (in this section referred to as the ‘Director’). The Director shall be appointed by the Secretary.

“(b) RESPONSIBILITIES.—The Director shall have responsibility for overseeing activities that promote sexual and reproductive health and well-being, including—

“(1) funding, conducting, and publicly disseminating the findings of, research on policies, programs, infrastructure, and other investments that
serve to protect and increase access to services related to sexual and reproductive health and well-being;

“(2) not later than 1 year after the date of enactment of this title, developing a national strategy to promote sexual and reproductive health and well-being, to be known as the Sexual and Reproductive Health and Well-Being Strategy (in this section referred to as the ‘SRHW Strategy’);

“(3) coordinating implementation of the SRHW Strategy by—

“(A) coordinating among Federal departments and agencies, including the Interagency Task Force on Sexual and Reproductive Health and Well-Being established under section 3402;

“(B) assessing Federal regulations and programs funded by the Federal Government with respect to sexual and reproductive health and well-being to ensure that such regulations and programs are consistent with the SRHW Strategy;

“(C) providing to the public updates, findings, and recommendations on sexual and reproductive health services collected from the re-
ports made by recipients of grants under section 3403;

“(D) leading activities to engage the public, including publicly available listening sessions with affected communities;

“(E) coordinating with other Federal departments and agencies, as appropriate, to develop guidelines and recommendations for health care providers to implement best practices for protecting sexual and reproductive health and well-being;

“(F) supporting and helping to coordinate interagency initiatives that advance, streamline, and otherwise implement research programs, services, and activities that protect and increase access to sexual and reproductive health and well-being;

“(G) administering grant programs that support State governments, local governments, and community-based organizations in protecting and increasing access to sexual and reproductive health and well-being research programs, services, and activities; and
“(H) consulting with the Attorney General and the Chair of the Federal Trade Commission to develop strategies to—

“(i) protect consumers’ privacy when seeking provision of, or information about, sexual and reproductive health care services; and

“(ii) strengthen the protection of sensitive information related to sexual and reproductive health care services and bolster patient-provider confidentiality;

“(4) carrying out community outreach programs to—

“(A) inform local communities about the Office; and

“(B) notify potential grants recipients of funding opportunities; and

“(5) submitting to Congress reports in accordance with subsection (d).

“(c) SRHW STRATEGY REQUIREMENTS.—

“(1) CONTENT.—The SRHW Strategy shall—

“(A) identify areas to develop and implement a sexual and reproductive health framework that moves beyond a biomedical model of health to include services with respect to health,
well-being, economic stability, and freedom from discrimination;

“(B) include recommendations—

“(i) to integrate sexual and reproductive health equity and reproductive justice into processes and policies used, and programs provided, by Federal agencies;

“(ii) to remove Federal barriers to full reproductive autonomy; and

“(iii) to support patient-centered care models in hospitals, Federally qualified health centers, and entities eligible to receive funds under title X;

“(C) with respect to the recommendations under subparagraph (B), include goals that are comprehensive, research-based, and long-range; and

“(D) include short-term measurable goals to promote sexual and reproductive health and well-being that may be realistically achieved.

“(2) Consultation.—In developing the SRHW Strategy, the Director shall consult with—

“(A) patients and communities;

“(B) State and local governments; and
“(C) nonprofit and nongovernmental entities and community-based organizations.

“(d) REPORTS.—Not later than 18 months after the date of enactment of this section, and on an annual basis thereafter, the Director shall submit to the Committee on Energy and Commerce and the Committee on Appropriations of the House of Representatives and the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate, and post on the website of the Office, a report containing—

“(1) a summary of the state of sexual and reproductive health and well-being in the United States;

“(2) a description of the effectiveness of the SRHW Strategy, including a summary of plans for implementing Federal policy recommendations; and

“(3) a detailed description of the actions taken by Federal agencies to implement the SRHW Strategy.

“(e) DEFINITIONS.—In this section:

“(1) PATIENT-CENTERED CARE.—The term ‘patient-centered care’ refers to a health care philosophy where—

“(A) the health needs and desired health outcomes of a patient are the driving force be-
hind all health care decisions and quality measurements; and

“(B) patients are partners with health care providers and such providers consider, with respect to a patient, clinical, emotional, mental, spiritual, social, and financial perspectives.

“(2) REPRODUCTIVE HEALTH.—The term ‘reproductive health’—

“(A) means a state of complete physical, mental, and social well-being; and

“(B) includes all matters relating to the reproductive system and the functions and processes of such system, and ensuring that an individual—

“(i) is able to have a satisfying and safe sex life; and

“(ii) possesses the capability to reproduce and the freedom to decide if, when, and how often to reproduce.

“(3) REPRODUCTIVE JUSTICE.—The term ‘reproductive justice’ means—

“(A) the human right to maintain personal bodily autonomy;

“(B) the ability to choose whether to have children; and
“(C) the ability to parent children in safe and sustainable communities.

“(4) Sexual and reproductive health and well-being.—The term ‘sexual and reproductive health and well-being’ includes having access to trauma-informed, culturally sensitive services and support to attain the highest level of sexual and reproductive health.

“(5) Sexual and reproductive health equity.—The term ‘sexual and reproductive health equity’ means a health policy framework that—

“(A) ensures that individuals (including individuals across a range of age, gender, race, and other identities) have what is necessary to attain the highest level of sexual and reproductive health including having self-determination and the ability to achieve reproductive goals;

and

“(B) includes government policies that value and support individuals fairly and justly.

SEC. 3402. INTERAGENCY TASK FORCE ON SEXUAL AND REPRODUCTIVE HEALTH AND WELL-BEING.

“(a) Establishment.—The Secretary and the Director of the Gender Policy Council, acting jointly, shall establish and maintain an interagency task force to be
known as the Interagency Task Force on Sexual and Reproductive Health and Well-Being (referred to in this section as the ‘Task Force’) to coordinate and promote Federal programs and activities related to sexual and reproductive health and well-being.

“(b) MEMBERS.—The Task Force shall be composed of the following members (or their designees):

“(1) The Secretary of Health and Human Services, who shall serve as a Co-Chair of the Task Force.

“(2) The Director of the Gender Policy Council, who shall serve as a Co-Chair of the Task Force.


“(4) The Secretary of Housing and Urban Development.

“(5) The Secretary of Education.

“(6) The Secretary of Labor.

“(7) The Administrator of the Environmental Protection Agency.

“(8) The Secretary of Transportation.


“(10) The Secretary of the Interior.

“(11) The Secretary of State.

“(12) The Secretary of Agriculture.
“(13) The Secretary of Defense.

“(14) The Secretary of the Treasury.

“(15) The Secretary of Veterans Affairs.

“(16) The Secretary of Energy.


“(18) The heads of other Federal departments and agencies, as determined necessary by the Secretary of Health and Human Services and Director of the Gender Policy Council.

“(c) DUTIES.—The Task Force shall—

“(1) identify and coordinate activities to protect and strengthen access to essential reproductive health care and support services, and promote sexual and reproductive health and well-being;

“(2) coordinate Federal interagency policy-making, program development, and outreach efforts—

“(A) to address barriers that individuals and entities may face in seeking and providing reproductive health care services; and

“(B) to promote and protect sexual and reproductive health and well-being;

“(3) on an annual basis, conduct a comprehensive equity-focused assessment of all Federal funds
allocated for, and all Federal programs that support,

sexual and reproductive health and well-being;

“(4) facilitate ongoing efforts to provide and

support a whole-of-government approach to pro-

tecting and promoting sexual and reproductive

health and well-being; and

“(5) support implementation of the SRHW

Strategy by—

“(A) developing agency-specific implemen-

tation and accountability plans; and

“(B) tracking and reporting, on an annual

basis, information related to the Task Force’s

activities, assessments, and policy recommenda-

tions for protecting and improving sexual and

reproductive health and well-being.

“(d) MEETINGS.—For the purpose of carrying out

this section, the Task Force may hold such meetings, and

sit and act at such times and places, as the Task Force

considers appropriate.

“(e) INFORMATION.—The Task Force may secure di-

rectly from any Federal agency such information as may

be necessary to enable the Task Force to carry out this

section. Upon request of the Co-Chairs of the Task Force,

the head of such agency shall furnish such information

to the Task Force.
SEC. 3403. REPRODUCTIVE JUSTICE AND EQUITY GRANT PROGRAM.

(a) In General.—The Secretary shall award grants to eligible entities to pay for programs and services related to improving patient access to sexual and reproductive health care.

(b) Timing.—Beginning not later than 30 days after the date of enactment of this section, the Secretary shall solicit applications for grants under this section.

(c) Use of Funds.—

(1) Permissible uses.—An eligible entity receiving a grant under this section shall use the grant to pay for programs and services related to improving patient access to sexual and reproductive health care, which may include any of the following:

(A) Mobile sexual and reproductive health care clinics.

(B) Travel expenses.

(C) Lodging.

(D) Food assistance.

(E) Childcare.

(F) Translation services.

(G) Doula care.

(H) Patient education and information services.

(I) Direct financial assistance.
“(J) Housing assistance.

“(K) Legal aid.

“(L) Comprehensive sex education.

“(M) Medical costs.

“(N) Behavioral health counseling.

“(2) Impermissible uses.—An eligible entity receiving a grant under this section shall not use the grant for costs with respect to the provision of an abortion service.

“(d) Priority.—In selecting the recipients of grants under this section, the Secretary shall give priority to eligible entities that—

“(1) serve people who live in a jurisdiction that has banned or severely restricted access to abortion;

“(2) serve people who travel to a jurisdiction other than the one where they live to be provided abortion services; or

“(3) have a program in operation, or submit as part of the application required under subsection (d) a plan to establish and operate a program, to help patients access abortion services.

“(e) Definitions.—In this section:

“(1) The term ‘eligible entity’—

“(A) means a nonprofit organization, or a community-based organization, that assists in-
individuals seeking an abortion through pro-
gress, services, or activities that are unbiased
and medically and factually accurate; and

“(B) excludes any entity that discourages
individuals from seeking an abortion.

“(2) The term ‘nonprofit organization’ means
an organization that—

“(A) is described in subsection (c)(3) of
section 501 of the Internal Revenue Code of
1986; and

“(B) is, under subsection (a) of such sec-
tion, exempt from taxation.

“(f) Authorization of Appropriations.—To
carry out this section, there is authorized to be appro-
priated $500,000,000 for each of fiscal years 2023
through 2027.”.

(b) Conforming Changes; References.—

(1) Repeals.—Sections 3 and 4 of the Family
Planning Services and Population Research Act of
1970 (42 U.S.C. 3505a, 3505b) are hereby repealed.

(2) References.—Any reference to the Office
of Population Affairs of the Department of Health
and Human Services or the Deputy Assistant Sec-
retary of Population Affairs in any law, rule, regula-
tion, certificate, directive, instruction, or other offi-
cial paper in force on the effective date of this Act shall be deemed to refer and apply to the Office of National Sexual and Reproductive Health and Well-Being or the Director of National Sexual and Reproductive Health and Well-Being, respectively.