

AMENDMENT TO H.R. 5300
OFFERED BY MS. JOHNSON OF TEXAS

At the appropriate place, insert the following:

1 **SEC. ____ . ANNUAL REPORT ON GLOBAL REPRODUCTIVE**
2 **RIGHTS.**

3 (a) REPORT.—Not later than 180 days after the date
4 of enactment of this Act, and annually thereafter, the Sec-
5 retary shall submit to the appropriate congressional com-
6 mittees a report on the status of reproductive rights in
7 each foreign country, including—

8 (1) whether such country has adopted and en-
9 forced policies—

10 (A) to promote access to safe, effective,
11 and affordable methods of contraception and
12 comprehensive, accurate, non-discriminatory
13 family planning and sexual health information;

14 (B) to promote access to a full range of
15 quality health care services to ensure safe and
16 healthy pregnancy and childbirth free from vio-
17 lence and discrimination;

18 (C) to promote the equitable prevention,
19 detection, and treatment of sexually transmitted
20 infections, including HIV and HPV, and of re-

1 productive tract infections and reproductive
2 cancers; and

3 (D) to expand or restrict access to safe
4 abortion services or post-abortion care, or to
5 criminalize pregnancy-related outcomes, includ-
6 ing spontaneous miscarriages or pregnancies
7 outside of marriage;

8 (2) a description of the rates and causes of
9 pregnancy-related injuries and deaths, including
10 deaths due to unsafe abortions;

11 (3) a description of the nature and extent of in-
12 stances of discrimination, coercion, and violence
13 against women, girls, and LGBTQI+ individuals in
14 all settings where health care is provided, including
15 in detention;

16 (4) the nature and extent of instances of dis-
17 crimination, coercion, and violence against people
18 with disabilities in all settings where reproductive
19 health care is provided, including in institutions and
20 detention settings;

21 (5) instances of obstetric violence, involuntary
22 or coerced abortion, involuntary or coerced preg-
23 nancy, coerced sterilization, use of incentives or dis-
24 incentives to lower or raise fertility, withholding of in-

1 formation on reproductive health options, and other
2 forms of reproductive and sexual coercion;

3 (6) the actions, if any, taken by the government
4 of such country to respond to such discrimination,
5 coercion, and violence, if applicable;

6 (7) a description of the proportion of individ-
7 uals of reproductive age (15 through 49 years of
8 age) whose need for family planning is satisfied with
9 modern methods;

10 (8) the barriers such individuals face in access-
11 ing such services;

12 (9) the nature and extent of instances of denial
13 of comprehensive and accurate family planning in-
14 formation and services in such country; and

15 (10) the actions, if any, taken by the govern-
16 ment of such country to address such denials;

17 (11) a description of disparities in access to
18 family planning and reproductive health services and
19 pregnancy-related health outcomes, including preg-
20 nancy-related injuries and deaths, based on race,
21 ethnicity, indigenous status, language, religious af-
22 filiation, age, marital status, disability, sexual ori-
23 entation and gender identity, or other marginalized
24 identity; and

1 (12) any measures taken by the government of
2 such country to hold health systems accountable for
3 addressing such disparities.

4 (b) BRIEFING.—Not later than 180 days after the
5 date of the enactment of this Act, and annually thereafter,
6 the Secretary shall annually brief the appropriate congres-
7 sional committees on the status of reproductive rights in
8 each country, including—

9 (1) whether such country has adopted and en-
10 forced policies for the outcomes described in sub-
11 section (a)(1); and

12 (2) a description of the matters described in
13 paragraphs (2) through (12) of subsection (a);

14 (c) CONSULTATION REQUIRED.—In developing the
15 report and briefing required by this section, the Secretary,
16 regional bureaus, and other relevant officials, including
17 human rights officers at United States diplomatic and
18 consular posts, shall consult with—

19 (1) representatives of United States civil society
20 and multilateral organizations with demonstrated ex-
21 perience and expertise in sexual and reproductive
22 health and rights or promoting the human rights of
23 women, girls, and LGBTQI+ persons;

24 (2) relevant local nongovernmental organiza-
25 tions in all countries included in such reports, in-

1 cluding organizations serving women, girls, and
2 LGBTQI+ persons that are focused on sexual and
3 reproductive health and rights; and

4 (3) relevant agencies and offices of the United
5 States Government that track or are otherwise in-
6 volved in the monitoring of reproductive and sexual
7 health around the world.

