



Representative Ami Bera (D-CA-006)

<http://bera.house.gov/>

Capitol Address:

172 Cannon House Office Building
Washington, DC 20515
(202) 225-5716 (phone)
(202) 226-1298 (fax)

District Address:

11070 White Rock Rd Ste 195
Rancho Cordova, CA 95670
(916) 635-0505 (phone)
(916) 635-0514 (fax)

Biography:



Religion : Unitarian; Family : Janine and 1 child; Date of Birth : 3/2/1965; Birthplace : Los Angeles, CA; Home : Elk Grove, CA; Education : Doctor of Medicine, University of California, Irvine (1991); Bachelor of Science, University of California, Irvine (1987); Occupation : Clinical Professor of Medicine and Associate Dean for Admissions and Outreach, University of California-Davis, School of Medicine; Chief Medical Officer, Sacramento County (CA); Assumed Office : 1/3/2013;

Score: 100%

2023-2024 Regular Session (118th)

Result	Description	Vote	
Passed	<p>January 11, 2023, H.R. 26, Roll Call Vote 29</p> <p>On January 9, 2023, Rep. Ann Wager (R-MO-02), along with her colleagues Majority Leader Steve Scalise (R-LA-01) and Rep. Kat Cammack (R-FL-03) reintroduced a bill that politicizes abortion care and criminalizes doctors, the misleadingly named Born-Alive Abortion Survivors Protection Act (H.R. 26). Anti-abortion politicians have made it clear that they want to control our bodies and futures, jail doctors and nurses who provide essential health care, and strip us of our bodily autonomy. This bill is no exception. H.R 26 is deliberately misleading and offensive to people who face pregnancy complications and the doctors and nurses who provide their care. This legislation adds new and extreme criminal and financial penalties against doctors and inappropriately intrudes into the doctor-patient relationship by substituting out a family's and a physician's best judgment with that of a group of politicians. Doctors already provide appropriate medical care. To suggest otherwise is false, offensive, and dangerous, not to mention a complete waste of taxpayer time and money. This is yet another attempt by anti-abortion politicians to spread misinformation as a means to their end: to ban safe and legal abortion. A vote AGAINST H.R. 26 was a vote in support of sexual and reproductive health. The bill passed the House by a vote of 220-210.</p>	N	✓


<p>Passed</p>	<p>January 11, 2023, H. Con. Res. 3, Roll Call Vote 300 On January 9, 2023, anti-abortion lawmakers led by Rep. Mike Johnson (R-LA-04) introduced H. Con Res. 3, a resolution expressing the sense of Congress condemning the recent attacks on anti-abortion facilities, groups, and churches. We all must reject tactics and threats from groups that use destruction and violence as a means to an end. But let's be clear eyed: the same voices most loudly lifting up the actions of groups threatening violence have historically been silent as health centers, abortion providers, and abortion patients have been under threat. Anti-abortion politicians continue to attack abortion and those who seek it with increasingly misleading, hostile, and dangerous rhetoric. This resolution is not really about violence or safety; it's an attempt to score political points and it does not attempt to hide its anti-abortion agenda while ignoring violence against abortion providers and health centers. A vote AGAINST H. Con. Res. 3 was a vote in support of sexual and reproductive health. The bill passed the House by a vote of 222-209.</p>	<p>N</p>	
<p>Passed</p>	<p>July 13, 2023, Jackson of Texas Amendment #5 to H. R. 2670, Roll Call Vote 300 On July 13, Rep. Ronny Jackson (R-TX-13) offered an amendment to H. R. 2670, the National Defense Authorization Act (NDAA) for Fiscal Year 2024, that would reverse a critical Department of Defense (DOD) policy supporting service members and their families who are forced to travel off base for reproductive health care — including abortion care — that is not covered or offered at their base. In response to the Supreme Court's devastating decision to overturn Roe v. Wade, the DOD announced important policy changes to safeguard reproductive health care access, including abortion, birth control, and fertility care access for service members and their families. DOD's policies are critical to providing needed resources to service members and protecting their health and economic security. Efforts to take away the DOD protections undermine the health and freedoms of service members and their loved ones and DOD's authority to protect its troops and military families. A vote AGAINST the Jackson Amendment was a vote in support of sexual and reproductive health. The Jackson Amendment passed by a vote of 221-213.</p>	<p>N</p>	

<p>Passed</p>	<p>July 13, 2023, Rosendale of Montana Amendment #10 to H. R. 2670, Roll Call Vote 301 On July 13, Rep. Matt Rosendale (R-MT-02) offered an amendment to H. R. 2670, the National Defense Authorization Act (NDAA) for Fiscal Year 2024, that would prohibit coverage of gender-affirming care through TRICARE (the uniformed services health care program for service members and their family members), exacerbating the existing harmful effects of discrimination on transgender service members. Among transgender Americans, 1 in 5 will serve in the military at some point in their lives, 2 to 3 times the rate of their cisgender peers. Inserting discriminatory amendments to the NDAA will have an outsized impact on trans service members and service members with transgender family members. For service members and their families who need access to these essential services, bans on gender-affirming care may block them from getting any care at all — further threatening the mental, physical, and emotional health of trans people. Planned Parenthood believes everyone deserves high-quality, compassionate health care that’s appropriate for one’s needs no matter their gender identity, and opposes efforts to restrict access to gender-affirming care. A vote AGAINST the Rosendale Amendment was a vote in support of sexual and reproductive health. The Rosendale Amendment passed by a vote of 222-211.</p>	<p>N</p>	
<p>Passed</p>	<p>July 13, 2023, Norman of South Carolina Amendment #20 to H. R. 2670, Roll Call Vote 302 On July 13, Rep. Ralph Norman (R-SC-05) offered an amendment to H. R. 2670, the National Defense Authorization Act (NDAA) for Fiscal Year 2024, that would prohibit gender-affirming care for dependents of service members through the Exceptional Family Member Program, which provides provides community support, housing, medical, educational, and personnel services to military families with special needs. Among transgender Americans, 1 in 5 will serve in the military at some point in their lives, roughly 2 to 3 times the rate of their cisgender peers. Inserting discriminatory amendments to the NDAA will have an outsized impact on trans service members and service members with transgender family members. For service members and their families who need access to these essential services, bans on gender-affirming care may block them from getting any care at all — further threatening the mental, physical, and emotional health of trans people. Planned Parenthood believes everyone deserves high-quality, supportive health care appropriate for their needs, regardless of gender identity, and opposes efforts to restrict access to gender-affirming care. A vote AGAINST the Norman Amendment was a vote in support of sexual and reproductive health. The Norman Amendment passed by a vote of 222-210.</p>	<p>N</p>	


<p>Passed</p>	<p>July 14, 2023, H. R. 2670, Roll Call Vote 328 Following the adoption of three amendments that would restrict access to sexual and reproductive health care for service members and their families, Planned Parenthood urged the House of Representatives to oppose H.R. 2670, the National Defense Authorization Act (NDAA) for Fiscal Year 2024. The NDAA is an annual bill that specifies funding levels and policies for the U.S. Department of Defense (DOD). The NDAA passed by the House contains three provisions that limit access to health care for service members and their families by: Reversing the Department of Defense policy to support service members and their families who are forced to travel off base for reproductive health care — including abortion care — that is not covered or offered at their base; Prohibiting coverage of gender-affirming care through TRICARE, exacerbating the existing impact of discrimination on transgender service members; Prohibiting provision of gender-affirming care through the Exceptional Family Member Program. A vote AGAINST H. R. 2670 was a vote in support of sexual and reproductive health. The NDAA passed in the House by a vote of 219-210.</p>	<p>N</p>	
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Failed	<p>September 27, 2023, Good of Virginia Amendment #85, 90-95 to H.R.4368, Roll Call Vote 420, 422-427 On September 27, Rep. Bob Good (R-VA-05) offered a series of amendments to H.R.4368, the Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act for Fiscal Year 2024, that would reduce salaries for various FDA officials (Director of the Center for Drug Evaluation and Research, Director of the Office of Surveillance and Epidemiology, Director of the Division of Risk Management, Director of the Office of New Drugs, Director of the Office of Compliance, Director of the Office of Regulatory Policy). These amendments were designed as punishment and a way to oppose the U.S. Food and Drug Administration (FDA) independent, scientific decision-making related to the dispensing of mifepristone. The underlying bill contains provisions that attempt to reinstate burdensome, medically unnecessary restrictions that the FDA lifted after extensive, evidence-based review. Mifepristone is safe, effective, and has been used by more than five million people in the United States since its FDA approval more than 20 years ago. Mifepristone has helped ensure that patients are able to make their own private medical decisions, and it has expanded access to essential, time-sensitive reproductive health care. Despite overwhelming public support for abortion access, this amendment is an attempt to interfere with the FDA's independent process and restrict mifepristone access. Votes AGAINST the Good Amendments were votes in support of sexual and reproductive health. Good Amendment #85 failed by a vote of 278-152. Good Amendment #90 failed by a vote of 272-158. Good Amendment #91 failed by a vote of 272-159. Good Amendment #92 failed by a vote of 273-156. Good Amendment #93 failed by a vote of 270-161. Good Amendment #94 failed by a vote of 271-160. Good Amendment #95 failed by a vote of 267-163.</p>	N	
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Failed	<p>November 8, 2023, Harshbarger of Virginia Amendment #63 to H. R. 4664, Roll Call Vote 635 On November 8, Rep. Diana Harshbarger (R-TN-01) offered an amendment to H. R. 4664, the Financial Services and General Government Appropriations Act for Fiscal Year 2024 to block funding for the White House Gender Policy Council. Established in 2021 by executive order, the White House Gender Policy Council is charged with advancing gender equity and equality across federal programs, managing a comprehensive effort that requires actions from various agencies. This includes combatting systemic biases and discrimination and supporting women's human rights; increasing economic security and opportunity; increasing access to comprehensive health care, addressing health disparities, and promoting sexual and reproductive health and rights; preventing and responding to all forms of gender-based violence; and much more. Following the establishment of the Gender Policy Council, the Biden-Harris administration released the first-ever national strategy to advance gender equity and equality in the U.S. and around the world. The strategy names a commitment to defending and promoting access to sexual and reproductive health and rights both at home and abroad as part of a comprehensive approach to improving the lives of all people. The Gender Policy Council has also played a key role in executing the Biden-Harris administration's whole-of-government response to the Dobbs decision. A vote AGAINST the Harshbarger Amendment was a vote in support of sexual and reproductive health. The Harshbarger Amendment failed by a vote of 211-205.</p>	N	
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Failed	<p>November 15, 2023, Miller of Illinois Amendment #21 to H. R. 5894, Roll Call Vote 673 On November 15, Rep. Mary Miller (R-IL-15) offered an amendment to H. R. 5894, the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act for Fiscal Year 2024, to prohibit funding for the Office of Population Affairs (OPA), which administers the Title X Family Planning Program and Teen Pregnancy Prevention (TPP) Program. The underlying Labor-HHS bill already attempts to defund both of these critical programs, and this amendment would have gone even further by attacking the agency that operates them. Title X helps ensure that every person — regardless of their income, or whether they have health insurance — can access basic, preventive reproductive health care, such as birth control, cancer screenings, STI testing and treatment, and wellness exams. In 2022, Title X served nearly 2.6 million people, nearly two-thirds of whom lived at or under the federal poverty level and nearly one-third of whom lacked health insurance. The Teen Pregnancy Prevention Program (TPPP) supports young people’s access to medically accurate and age-appropriate sexual health information needed to make safe and healthy decisions. Since FY10, TPPP has supported community-driven, evidence-based or informed, medically accurate, and age-appropriate approaches that involve parents, educators, and providers in supporting the healthy development of young people. A vote AGAINST the Miller Amendment was a vote in support of sexual and reproductive health. The Miller Amendment failed by a vote of 224-204.</p>	N	
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Passed	<p>January 18, 2024, H.R. 6918, Roll Call Vote 17</p> <p>On January 18, 2024, leading up to what would've been the 51st anniversary of the Roe v. Wade decision, lawmakers passed two thinly veiled anti-abortion bills in the House. H.R. 6918, the deceptively named "Supporting Pregnant and Parenting Women and Families Act" attempts to block an important Department of Health and Human Services proposed rule to strengthen the Temporary Assistance for Needy Families (TANF) program. The TANF program is intended to give direct financial assistance to help families with children pay for essential needs, including rent, food, and childcare. Instead, H.R. 6918 is aimed at funding so-called Crisis Pregnancy Centers or CPCs, which use misinformation and propaganda to promote anti-abortion counseling. These counseling centers claim to help pregnant people, but instead attempt to coerce, deceive, and manipulate them into carrying pregnancies to term. These centers are known to provide pregnant people with biased and inaccurate information and purposely mislead them into thinking that they provide health care. Rather than offering unbiased, medically accurate information on the risks and benefits of both pregnancy and abortion, CPCs often deliberately provide inaccurate information and materials that rely on debunked studies to misrepresent abortion safety and dissuade pregnant people from obtaining an abortion. They have also been known to use tactics to delay a person's access to qualified medical professionals, knowing that pregnancy prevention services and pregnancy-related care are time sensitive. Essential TANF funds should not be used to support biased, deceptive, or misleading programs that harm people instead of helping needy families. A vote AGAINST H.R. 6918 was a vote in support of sexual and reproductive health. The bill passed the House by a vote of 214-208.</p>	N	
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Passed	<p>January 18, 2024, H.R. 6914, Roll Call Vote 19</p> <p>On January 18, 2024, leading up to what would've been the 51st anniversary of the Roe v. Wade decision, lawmakers passed two thinly veiled anti-abortion bills in the House. H.R. 6914, the deceptively named "Pregnant Students' Rights Act," claims to provide information to pregnant students about their rights. However, instead of prioritizing the needs of pregnant and parenting students, the bill advances anti-abortion rhetoric and further stigmatizes people for their pregnancy outcomes. Pregnant and parenting students deserve access to comprehensive information and resources they need to control their health and future — including whether to continue their pregnancy. Instead, H.R. 6914 only outlines information on students' rights to carry a pregnancy to term and take care of a child, while failing to provide necessary resources to support pregnant and parenting students. H.R. 6914 prioritizes anti-abortion rhetoric instead of containing meaningful supports that would strengthen existing Title IX protections and actually help pregnant and parenting students be able to remain enrolled and meet their educational goals. A vote AGAINST H.R. 6914 was a vote in support of sexual and reproductive health. The bill passed the House by a vote of 212-207.</p>	N	
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117th Congress (2021-2022)			
Result	Description	Vote	
Passed	<p>February 25, 2021, H.R. 5, Roll Call Vote 39</p> <p>On February 18, 2021, Rep. David Cicilline (D-RI-01) reintroduced the Equality Act (H.R. 5), a bill that would prohibit discrimination based on sex, sexual orientation, gender identity, sex stereotypes, pregnancy, and childbirth across many areas, including public accommodations and facilities, education, federal funding, employment, housing, credit, and the jury system. The Equality Act passed the House of Representatives in 2019, but did not receive a hearing or vote in the Senate that year. The LGBTQ+ community has historically been among our nation's most vulnerable, including within our health care system. While some states have moved to ban discrimination, in 30 states, LGBTQ+ people can be fired, refused housing, or denied services simply because of who they are. The Equality Act would expand existing anti-discrimination laws to include LGBTQ+ people to ensure every LGBTQ+ person living in the United States is guaranteed equal protection under the law. A vote FOR H.R. 5 was a vote in support of sexual and reproductive health. The bill passed the House by a vote of 224-206.</p>	Y	


<p>Passed</p>	<p>April 22, 2021, H.R. 51, Roll Call Vote 132 On January 4, 2021, Congresswoman Eleanor Holmes Norton (D-DC-At Large) introduced H.R. 51, historic legislation that would admit most of the District of Columbia as a state and end the centuries-old practice of denying residents of the federal capital the same rights residents of other states cherish. Planned Parenthood's mission includes advocating for public policies that guarantee access to the essential health services Planned Parenthood health centers provide. In Washington, D.C., these services often become a political football, subject to the whims of Congress. The more than 11,500 patients Planned Parenthood serves annually in Washington, D.C., deserve stability in both their government and in the health care they receive from the provider of their choice. Admitting Washington, D.C. as the 51st state will provide this security for everyone who accesses health care in D.C. 700,000 people call Washington, D.C. home; many pay federal taxes and serve in the armed forces, but are denied a voice in the U.S. Senate and a vote in the U.S. House of Representatives. Nearly half of District residents are Black — the District's lack of congressional representation and local autonomy contribute to the systemic silencing of Black voices across all areas of policy in the U.S. and in the District itself. While D.C. residents do have some autonomy to elect their own mayor and council, all laws passed by the locally elected officials are subject to a congressional review period — something that doesn't exist for any other state or city. The only way to safeguard D.C.'s freedom to enjoy the same representation in Congress as their fellow Americans and have full control of the laws and budgets passed by their locally elected officials is to put D.C. on equal footing with the rest of the union by granting statehood. A vote FOR H.R. 51 was a vote in support of sexual and reproductive health. The bill passed the House by a vote of 216-208.</p>	<p>Y</p>	
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Passed	<p>June 24, 2021, Equal Access to Contraception for Veterans Act (H.R. 239), Roll Call Vote 184 On June 24, 2021, the House voted on the Equal Access to Contraception for Veterans Act (H.R. 239), a bill introduced by Rep. Julia Brownley (D-CA-26) which would require the Department of Veterans Affairs (VA) to provide contraceptives without copay for veterans who receive their care through the VA health system. Under the Affordable Care Act (ACA), most private health plans must cover — without cost-sharing — all FDA-approved birth control methods, a provision that has ensured coverage for more than 64 million people. However, this requirement does not extend to VA care, and veterans covered by the VA must still pay a copay for their contraception. This bill would correct that and treat veterans the same as their civilian counterparts. Nearly 90% of U.S. adults agree that everyone deserves access to the full range of contraception methods, no matter who they are or where they live. Contraception and the ability to determine if and when to have children are inextricably tied to one's well-being, equality, and ability to determine the course of one's life. All veterans and former service members deserve the same quality of care and affordability that their civilian counterparts are provided by the ACA. A vote FOR H.R. 239 was a vote in support of sexual and reproductive health. The bill passed the House of Representatives with a strong bipartisan vote of 245-181.</p>	Y	
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<p>Passed</p>	<p>September 24, 2021, Women’s Health Protection Act (H.R. 3755), Roll Call Vote 295 On June 8, 2021, Reps. Judy Chu (D-CA-27), Veronica Escobar (D-TX-16), Lois Frankel (D-FL-21), and Ayanna Pressley (D-MA-07) introduced H.R. 3755, the Women’s Health Protection Act (WHPA) which would create a statutory right for providers to provide abortion care, and patients to receive that care, free from medically unnecessary restrictions and bans. In recent years, a surge of anti-abortion bans and restrictions have been enacted across the country. State lawmakers, emboldened by the new makeup of the Supreme Court and the more than 230 federal judges appointed by the Trump-Pence administration, are rushing to control sexual and reproductive rights and freedoms. It’s part of a coordinated attack at the state level to restrict access to safe, legal abortion. The bill would prohibit a range of state bans and restrictions intended to make it harder for people to access safe and legal abortion services. WHPA targets state restrictions that fail to protect sexual and reproductive health and works to advance and protect the constitutionally guaranteed, personal decision to have an abortion by protecting a pregnant person’s access to care no matter where they live. WHPA would enshrine the constitutional right to abortion into federal law and bring us closer to a world where all people can make important decisions about their health, their lives, their families, and their futures free of the obstacles anti-sexual and reproductive health politicians across the country have spent decades putting in place. A vote FOR the Women’s Health Protection Act was a vote in support of sexual and reproductive health. The bill passed the House of Representatives by a vote of 218-211.</p>	<p>Y</p>	
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<p>Passed</p>	<p>March 17, 2021, H.J. Res. 17, Roll Call Vote 82 On January 21, 2021, Rep. Jackie Speier (D-CA-14) reintroduced a joint resolution to eliminate the deadline for the ratification of the Equal Rights Amendment (ERA), which prohibits discrimination based on sex. The ERA was first introduced in Congress in 1923 and passed as H.J. Res 208 in 1972. However, Congress set March 1979 as the arbitrary deadline, which was later extended by lawmakers but expired in 1982. In recent years, there has been a revived interest in adding gender equality to the Constitution. Ratification of the ERA fell short by three states in the 1970s of the three-fourths or 38 states required. Nevada and Illinois ratified the ERA, and in January 2020, Virginia brought the number of states to the 3/4 needed to add the amendment to the U.S. Constitution. Planned Parenthood strongly supports the addition of gender equality to the Constitution — as well as all laws and policies that recognize women as equal members of society, entitled to all the benefits of citizenship. An explicit prohibition against gender discrimination in the Constitution would strengthen the legal foundation that exists and enable courts to consider restrictions on abortion and contraception in the context of gender inequality. A vote FOR H.J. Res. 17 was a vote in support of sexual and reproductive health. The joint resolution passed the House by a bipartisan vote of 222-204.</p>	<p>Y</p>	
<p>Passed</p>	<p>July 15, 2022, Women’s Health Protection Act (H.R. 8296), Roll Call Vote 360 On July 7, 2022 — in response to the Supreme Court’s decision to overturn Roe v. Wade and take away the federal constitutional right to abortion — Reps. Judy Chu (D-CA-27), Lois Frankel (D-FL-21), Ayanna Pressley (D-MA-07), and Veronica Escobar (D-TX-16) introduced H.R. 8296, a modified version of the Women’s Health Protection Act (WHPA). This bill, first passed by the House on September 24, 2021, would create a statutory right for providers to provide abortion care, and patients to receive that care, free from medically unnecessary restrictions and bans. WHPA targets state restrictions that fail to protect sexual and reproductive health and works to advance and protect the personal decision to have an abortion by protecting a pregnant person’s access to care no matter where they live. WHPA would work to enshrine the right to an abortion into federal law and bring us closer to a world where all people can make important decisions about their health, their lives, their families, and their futures free of the obstacles politicians across the country have spent decades putting in place. A vote FOR the Women’s Health Protection Act was a vote in support of sexual and reproductive health. The bill passed the House by a vote of 219-210.</p>	<p>Y</p>	


Passed	<p>July 15, 2022, Ensuring Access to Abortion Act (H.R. 8297), Roll Call Vote 362 On July 7, 2022, Reps. Lizzie Fletcher (D-TX-07), Marilyn Strickland (D-WA-10), and Jamie Raskin (D-MD-08) introduced H.R. 8297, the Ensuring Women’s Right to Reproductive Freedom Act, which would prohibit states from interfering with a person’s ability to access abortion services in a state other than where they live. Additionally, H.R. 8297 would prohibit states from retaliating against health care providers who provide abortion services to out-of-state residents, as well as individuals who help another person travel to another state to obtain an abortion. This is a necessary protection in the days following the Supreme Court decision <i>Dobbs v. Jackson Women’s Health Organization</i>, as state abortion bans went into effect, anti-abortion rights groups and lawmakers began working to hold people hostage in their states with laws that would block them from crossing state lines to access abortion care. This is a stepping stone in their ultimate goal to ban abortion nationwide. We believe bodily autonomy must be protected, and that includes having the freedom to make personal health care decisions that impact our lives, health, and futures. The Ensuring Women’s Right to Reproductive Freedom Act reaffirms the right to travel and prohibits interference with the provision, access, or assistance of abortion across state lines. A vote FOR the Ensuring Access to Abortion Act was a vote in support of sexual and reproductive health. The bill passed the House by a vote of 223-205.</p>	Y	
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Passed	<p>July 21, 2022, Right to Contraception Act (H.R. 8373), Roll Call Vote 385 On July 14, 2022, Reps. Kathy Manning (D-NC-06), Nikema Williams (D-GA-05), Sara Jacobs (D-CA-53), and Angie Craig (D-MN-02) introduced H.R. 8373, the Right to Contraception Act. This bill would protect an individual's right to obtain contraceptives, as well as the right for health care providers to provide contraceptives and information related to contraception. For more than 50 years, the constitutional right to contraception has been protected by the Supreme Court's decision in <i>Griswold v. Connecticut</i>. The Supreme Court decision to overturn <i>Roe v. Wade</i>, however, has made clear that all our rights are at risk — including access to birth control. Protecting access to birth control is absolutely critical to ensure people can make decisions about our own lives, bodies, and futures. Contraception not only allows individuals to make their own decisions about if and when to have a child, but also has other health benefits, including treatment for medical conditions including endometriosis. Almost everyone uses birth control at some point in their lives, but birth control is not one-size-fits-all. People must have the ability to access the specific type of birth control method that works for them. No one method is best for everyone, and some people may prefer different methods at different times in their lives, depending on their relationship status, medical status, or other needs. The more safe and effective birth control options there are available, the better. A vote FOR the Right to Contraception Act was a vote in support of sexual and reproductive health. The bill passed the House by a vote of 228-195.</p>	Y	
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116th Congress (2019-2020)


Result	Description	Vote	
Passed	<p>May 17, 2019, H.R. 5, Roll Call Vote 217 On March 13, 2019, Congressman David Cicilline (D-RI) reintroduced the Equality Act (H.R. 5), a bill that would prohibit discrimination based on sex, sexual orientation, and gender identity in areas including public accommodations and facilities, education, federal funding, employment, housing, credit, and the jury system. The LGBTQ community has historically been among our nation’s most vulnerable, even within our health care system. While some states have moved to ban discrimination, in 30 states, LGBTQ people can be fired, refused housing, or denied services simply because of who they are. The Equality Act would expand already existing anti-discrimination laws to include LGBTQ people to ensure every LGBTQ person living in the United States is guaranteed equal protection under the law. A vote FOR H.R. 5 was a vote in support of sexual and reproductive health. The bill passed the House by a bipartisan vote of 236-173.</p>	Y	✓
Passed	<p>February 13, 2020, H.J. Res. 79, Roll Call Vote 70 On November 8, 2019, Congresswoman Jackie Speier (D-CA-14) introduced H.J. Res 79, a joint resolution to eliminate the deadline for the ratification of the Equal Rights Amendment (ERA), which prohibits discrimination based on sex. The ERA was first introduced in Congress in 1923 and passed as H.J. Res 208 in 1972. However, Congress set March 1979 as the deadline, which was later extended by lawmakers but expired in 1982. In recent years, there has been a revived interest in adding gender equality to the Constitution. In the 1970s, 35 states ratified the ERA, falling short of the 38 required. In the last few years, Nevada and Illinois ratified the ERA, and in January 2020, Virginia brought the number of states to the 3/4 required to add the amendment to the U.S. Constitution. The ERA still faces hurdles. Planned Parenthood strongly supports the enshrinement of gender equality in the Constitution — as well as all laws and policies that recognize women as equal members of society entitled to all the benefits of citizenship. An explicit prohibition against sex discrimination in the Constitution would strengthen the existing legal foundation for courts to find that restrictions on abortion and contraception perpetuate gender inequality. A vote FOR H.J. Res. 79 was a vote in support of sexual and reproductive health. The joint resolution passed the House by a bipartisan vote of 232-183.</p>	Y	✓



<p>Passed</p>	<p>June 26, 2020, H.R. 51, Roll Call Vote 122Congresswoman Eleanor Holmes Norton (D-DC) introduced H.R. 51, the Washington, D.C. Admission Act. Jan. 3, 2019, a bill to admit most of the District of Columbia to the union as the State of Washington, Douglass Commonwealth — the country's 51st state. Planned Parenthood advocates for public policies that guarantee access to the essential health services its health centers provide. In Washington, D.C., these services often fall prey to political gamesmanship, leaving more than 7,500 patients a year subjected to the whims of Congress. Planned Parenthood patients in D.C. deserve stability in both their government and in the health care they receive from the provider of their choice. Admitting D.C. as the 51st state will help to provide the dependable access to health care they deserve. 700,000 people call D.C. home. D.C. residents pay federal taxes and serve in the armed forces, but they are denied a voice in the U.S. Senate and a vote in the U.S. House of Representatives. Nearly half of D.C. residents are Black, and the District's lack of congressional representation and local autonomy contribute to the systemic silencing of Black voices across all areas of policy in the U.S. and in the District itself. While residents do have some autonomy to elect their own mayor and council, all laws passed by the locally elected officials are subject to a congressional review period — something that doesn't exist for any other state or city. It's not uncommon to see members of Congress or the president take advantage of this oversight — especially during the federal appropriations process, when lawmakers opposed to sexual and reproductive health from across the country often seize the opportunity to push politically motivated anti-sexual and reproductive health policies on the residents of the District. The only way to safeguard D.C.'s freedom to enjoy the same representation in Congress as their fellow Americans and have full control of the laws and budgets passed by their locally elected officials is to put D.C. on equal footing with the rest of the union by granting statehood. A vote FOR H.R. 51 was a vote in support of sexual reproductive health. The bill passed the House by a vote of 232-180.</p>	<p>Y</p>	
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Failed	<p>September 17, 2020, Motion to Recommit, Roll Call Vote 194 On September 17, 2020, as the House of Representatives was debating H.R. 2694, the Pregnant Workers Fairness Act (PWFA), Rep. Virginia Foxx (R-NC-05) proposed a Motion to Recommit (MTR), a procedural move intended to delay or water down the underlying legislation. The PWFA would require employers to make reasonable accommodations for pregnant people and would help ensure workers don't face discrimination or retaliation based on their pregnancy-related needs. Rep. Foxx's MTR would have added a broad religious exemption to the PWFA which would have undermined the bill's protections and emboldened discrimination against pregnant workers, such as those who are pregnant and not married, same-sex couples, and more. All pregnant workers deserve basic and reasonable workplace accommodations and no one should have to choose between their health and their economic security. Adding a religious exemption to this legislation would have hurt pregnant workers trying to keep themselves and their pregnancies healthy. A vote AGAINST the Motion to Recommit was a vote in support of sexual reproductive health. The MTR failed the House by a vote of 177-266. Notes: On Sep. 21, 2020 Rep. Cleaver entered the following statement into the record regarding his vote on this matter. The scorecard has been updated to reflect this statement: Madam Speaker, for the floor votes on Thursday, September 17, 2020, I regrettably erred when casting my vote for roll call 194, the Motion to Recommit with Instructions H.R. 2694, the Pregnant Workers Fairness Act. I had intended to vote "no" on roll call vote 194, against the Motion to Recommit.</p>	N	
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Passed	<p>October 2, 2020, H. Res. 1153, Roll Call Vote 217</p> <p>In the weeks leading up to this October 2, 2020 vote, allegations surfaced that immigrant detainees at Georgia's Irwin County Detention center had been subject to forced sterilization and other abuses of their reproductive rights. In response to these allegations, Rep. Pramila Jayapal (D-WA-07) with Reps. Annie Kuster (D-NH-02), Sheila Jackson Lee (D-Texas), Sylvia Garcia (D-TX-18), and Lois Frankel (D-FL-21), introduced H. Res. 1153 condemning unwanted, unnecessary medical procedures on individuals without their full, informed consent. This resolution also calls for additional accountability, oversight and transparency to protect people in U.S. Immigration and Customs Enforcement custody and recognizes that everyone deserves to make their own reproductive health care decisions. Planned Parenthood believes everyone must have full autonomy over their bodies and that racial equity is essential to the fight for reproductive freedom. Our vision for racial equity is a world where Black, Latino, Asian American, Indigenous, and other communities of color have bodily autonomy and full access to their sexual and reproductive rights — as well as the resources to make decisions for their lives and their families. A world where people of all identities, backgrounds, nationalities, and immigration statuses have the opportunity to choose their own path to a healthy and meaningful life. Planned Parenthood strongly supported H. Res. 1153 condemning unwanted, unnecessary medical procedures on individuals without their full, informed consent. A vote FOR the resolution was a vote in support of sexual and reproductive health. The resolution passed the House by a vote of 232-157.</p>	Y	✓
Failed	Cole Amdt #1 - Allowing doctors to refuse medical care to patients based on their personal beliefs [2019] (6/9/2019)	Against	✓
Failed	Roby Amdt #9 - Interfering with the doctor-patient relationship. [2019] (6/9/2019)	Against	✓
Failed	Lesko Amdt #78 - Striking the requirement that no less than \$750 million of Global Health Programs funding be made available for international family planning/reproductive health programs. [2019] (6/15/2019)	Against	✓
Passed	Speier Amdt #6 - Establishing a high-quality family planning educational program across all branches of the military. [2019] (7/9/2019)	For	✓

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Result	Description	Vote	
Passed	<p>January 24, 2017, No Taxpayer Funding for Abortion and Abortion Insurance Full Disclosure Act (H.R. 7), Roll Call vote 65 This House approved a bill, sponsored by Congressman Chris Smith (R-NJ-04), is nothing more than a thinly-veiled attempt to take away the comprehensive private health insurance coverage that millions of people have and to make the Hyde amendment and other federal abortion bans permanent. This bill would eliminate abortion coverage for millions, make the harmful Hyde law permanent - impacting low income people and disproportionately affecting people of color - and undermine a person's ability to make personal decisions about their own health care. Since 1976 with the passage of the Hyde amendment, the federal government - as well as some states - have barred public funds from being used to pay for abortion procedures except in the case of rape, incest, or if the pregnant person's life is in danger. Not only would the law seek to make Hyde permanent, the bill goes much further and would result in an unprecedented new restriction on access to abortion coverage in the private health insurance market. Today, the majority of private health insurance plans offer comprehensive coverage that includes abortion. But this bill would take private comprehensive abortion coverage away from people — even in circumstances where a person needs an abortion to prevent severe, permanent damage to their health. A vote AGAINST H.R. 7 was a vote in support of sexual and reproductive health. The bill passed the House by a vote of 238-183.</p>	N	

<p>Passed</p>	<p>February 16, 2017, Disapproving the Final Rule Protecting Providers' Participation in the Title X Family Planning Program (HJ Res 43), Roll call vote 99In December 2016, the U.S. Department of Health and Human Services (HHS) issued a final rule protecting patient access to trusted reproductive health providers under the Title X program, the nation's only family planning program. In response to state attempts to ban abortion providers from Title X, the rule reinforces that sexual and reproductive health providers cannot be prohibited from serving people under the program for reasons that are unrelated to their ability to provide Title X care, including birth control and cancer screenings. This rule reiterates longstanding federal law and became effective on January 18, 2017. Introduced on January 30, 2017 by Congressman Diane Black (R-TN-06), H.J. Res. 43 would nullify a Department of Health and Human Services rule regarding subrecipients of family planning grants, administered under the nation's family planning program, Title X. While framed as a 'states rights' issue by proponents, this resolution is an attempt by Congressional leadership to embolden anti-sexual and reproductive health state politicians to take away people's health care - specifically the 4 million people who rely on Title X for birth control and other care - despite the fact that Title X had helped to ensure more than 4 million people have health care in this country. Planned Parenthood strongly supports the Title X program and opposes any attempts to repeal or scale back the program. A vote AGAINST H.J. Res. 43 was a vote in support of sexual and reproductive health. The resolution passed the House by a vote of 230-188.</p>	<p>N</p>	
<p>Passed</p>	<p>May 4, 2017, American Health Care Act (H.R. 1628), Roll Call vote 256The American Health Care Act or AHCA, sponsored by Congressman Diane Black (R-TN-06), is yet another legislative attempt to block people who receive health coverage through Medicaid from accessing basic health care services at Planned Parenthood health centers. This bill would deny women, men, transgender, non-binary, and young people access to the preventive care they deserve at the provider they choose. The AHCA completely undermines the Affordable Care Act (ACA) - the single greatest advancement for sexual and reproductive health in generations. This bill would overhaul and gut the Medicaid program, which will have a disproportionate impact on low-income people. It also attempts to restrict private insurance from covering abortion and is a blatant attempt to intimidate sexual and reproductive health providers and block access to care. A vote AGAINST the AHCA was a vote in support of sexual and reproductive health. The bill narrowly passed the House by a vote of 217-213.</p>	<p>N</p>	

<p>Passed</p>	<p>September 14, 2017, H.Amdt.432 to the Make America Secure and Prosperous Appropriations Act, H.R. 3354, Roll Call 518 On September 14, 2017, Congressman Gary Palmer (R-AL-06) proposed an amendment to the Make America Secure and Prosperous Appropriations Act (H.R. 3354) in an attempt to allow bosses in the District of Columbia to interfere with their employees' personal reproductive health care decisions. This amendment seeks to overturn Washington, D.C.'s Reproductive Health Non-Discrimination Amendment Act (RHNDA) which unanimously passed the D.C. Council - Washington, D.C.'s locally elected legislative body - in December 2014 and was signed into law by Mayor Muriel Bowser (D) in January 2015. RHNDA protects people in the District of Columbia from workplace discrimination based on their personal reproductive health care choices like using in vitro fertilization or birth control or having had an abortion . The Palmer Amendment would block this commonsense law passed by the democratically elected D.C. Council. If this amendment were to become law, it would effectively overturn the D.C. law and open employees up to workplace discrimination or even termination for their private reproductive health care decisions. A vote AGAINST the amendment was a vote in support of sexual and reproductive health. The amendment passed the House by a vote of 214-194.</p>	<p>N</p>	
<p>Passed</p>	<p>September 14, 2017, Make America Secure and Prosperous Appropriations Act, H.R. 3354, Roll Call 528 On September 14, 2017, the House voted on the Make America Secure and Prosperous Appropriations Act (H.R. 3354) to fund the federal government for fiscal year 2018. This bill included many provisions harmful to sexual and reproductive health, including language to "defund" Planned Parenthood and the total elimination of funding for the Title X Family Planning program, which millions of people have relied on since it was enacted in the 1970's for basic and preventive care. Additionally, H.R. 3354 eliminates funding the Teen Pregnancy Prevention Program (TPPP), drastically cuts funding for international family planning, and codifies the harmful global gag rule which prohibits federal funding for non-governmental organizations that provide abortion counselling or referrals, or advocate to decriminalize abortion or expand abortion services. A vote AGAINST H.R. 3354 was considered a vote in support of sexual and reproductive health. The bill passed the House by a vote of 211-198.</p>	<p>N</p>	

<p>Passed</p>	<p>October 3, 2017, H.R. 36, Roll Call vote 549 On January 3, 2017, the same day the 115th Congress convened for the first time, Congressman Trent Franks (R-AZ-08), introduced the deceptive and misleadingly named “Pain-Capable Unborn Child Act” which would ban all abortions at 20 weeks with very limited exceptions. The bill was brought to the floor of the House for a vote several months later. H.R. 36 denies a person access to an abortion after 20 weeks, even if they have experienced severe, dangerous health complications as a result of her pregnancy. It would also subject a doctor to criminal penalties for performing a safe, legal medical procedure. This bill adds significant barriers for survivors of sexual assault seeking safe and legal abortion – potentially requiring three separate appointments with two separate health care providers over the course of 48 hours. This bill also shames survivors of incest by denying them an exception if they are over the age of 18 and continues to require a person under the age of 18 to report to law enforcement or a government agency before they can receive a safe and legal abortion. A vote AGAINST H.R. 36 was a vote in support of sexual and reproductive health. The bill passed the House by a vote of 237-189.</p>	<p>N</p>	
<p>Passed</p>	<p>January 19, 2018, H.R. 4712, Roll Call Vote 36 On December 21, 2017, Congressman Marsha Blackburn (R-TN-07) reintroduced the Born-Alive Abortion Survivors Protection Act (H.R. 4712), a blatant attempt to politicize sexual and reproductive health. The ultimate goal of supporters of H.R. 4712 is to promote a political agenda of banning safe, legal abortion in the United States. This bill would amend current law to apply new criminal penalties and severely overreach into the practice of medicine. This legislation specifically targets abortion and injects politicians into the patient-physician relationship, disregarding providers’ training and clinical judgment and undermining their ability to determine the best course of action with their patients. The rigid set of requirements the legislation places on physicians is meant to intimidate abortion providers from providing people with the care they need. A vote AGAINST H.R. 4712 was a vote in support of sexual and reproductive health. The bill passed the House by a vote of 241-183.</p>	<p>N</p>	