

118TH CONGRESS
1ST SESSION

S. 2152

To authorize grants to eligible entities to pay for travel-related expenses and logistical support for individuals with respect to accessing abortion services, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 22, 2023

Ms. BALDWIN (for herself, Mrs. MURRAY, Mr. MERKLEY, Mr. BLUMENTHAL, Ms. SMITH, Mr. PADILLA, Mr. SANDERS, Ms. HIRONO, Ms. DUCKWORTH, and Mr. BROWN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To authorize grants to eligible entities to pay for travel-related expenses and logistical support for individuals with respect to accessing abortion services, and for other purposes.

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 “Reproductive Health
5 Travel Fund Act of 2023”.

6 **SEC. 2. FINDINGS.**

7 Congress finds as follows:

1 (1) On June 24, 2022, in its decision in *Dobbs*
2 *v. Jackson Women’s Health Organization* (142 S.
3 Ct. 2228 (2022)) (referred to in this section as the
4 “*Dobbs decision*”), the Supreme Court overruled
5 *Roe v. Wade* (410 U.S. 113 (1973)), eliminating the
6 constitutional right to abortion and reversing dec-
7 ades of precedent recognizing the constitutional
8 right to terminate a pregnancy.

9 (2) While abortion has never been available to
10 all even under *Roe v. Wade*, the *Dobbs decision* has
11 decimated access for millions of people in the United
12 States. More than half of States have already
13 banned abortion or are likely to do so. In fact, just
14 100 days after the *Dobbs decision* was announced,
15 66 clinics across 15 States had already been forced
16 to stop offering abortion services.

17 (3) As expected, the implications of the *Dobbs*
18 decision will fall hardest on people who already face
19 barriers to health care access due to systemic bar-
20 riers and discrimination, particularly Black people,
21 Indigenous people, and other people of color, people
22 with disabilities, people in rural areas, young people,
23 people with documentation barriers, LGBTQ+ peo-
24 ple, people who are parenting, people with complex

1 medical needs who require hospital-based care, and
2 people having difficulty making ends meet.

3 (4) Abortion bans prevent many people from ac-
4 cessing care they want and need. An estimated
5 10,670 fewer people accessed abortions at clinics in
6 the first 2 months immediately following the Dobbs
7 decision.

8 (5) People have always had abortions and al-
9 ways will, even in the face of legal, financial, and
10 logistical barriers, or criminalization. While some
11 will self-manage their abortions, and have the option
12 of using pills that are medically safe and effective,
13 many others are traveling hundreds of miles out of
14 State, or are forced to carry pregnancies to term.

15 (6) Just months after the Dobbs decision, one-
16 third of women of reproductive age in the United
17 States faced excessive travel times for abortion. For
18 residents of States that had banned abortion, travel
19 times increased by more than 4 hours on average.
20 Black women faced the greatest impact, with 40 per-
21 cent needing to drive at least 1 hour for abortion
22 care after the decision, versus 15 percent before the
23 decision.

24 (7) Longer travel times lead to a host of other
25 burdens for abortion patients, including the cost of

1 transportation, food, lodging, childcare, and lost
2 wages.

3 (8) Abortion funds and practical support funds
4 (referred to in this section as “funds”) are commu-
5 nity-based organizations that support people in over-
6 coming financial and logistical barriers to abortion
7 care.

8 (9) Funds work together to remove financial
9 and logistical barriers to abortion access and have
10 been doing this work for decades. Some of these bar-
11 riers are transportation, food, lodging, childcare,
12 translation, doula services, among other barriers.

13 (10) Many funds are led by people who have
14 had abortions themselves, including a growing base
15 of Black and Brown leaders who have themselves
16 faced abortion obstacles and understand the complex
17 circumstances individuals may face.

18 (11) Abortion funds have a history of being
19 under-resourced and rely mostly on volunteer time
20 and energy to support communities.

21 (12) Abortion and practical support funds hold
22 some of the closest ties to people who are having
23 abortions and have the first-hand experience, up-to-
24 date and on-the-ground knowledge, and the regional

1 and national connections needed to support abortion
2 seekers financially, emotionally, or logistically.

3 (13) More and more States are seeking to ban
4 abortion or enact extreme restrictions, significantly
5 limiting the circumstances in which abortions are
6 available. Furthermore, people have been prevented
7 from seeking care because of the confusion created
8 by abortion restrictions, which has contributed to a
9 chilling effect for people seeking legal care out of
10 State. People seeking abortions often do not have a
11 full understanding of the abortion laws in their
12 State and people calling abortion funds for support
13 often ask if they are doing something illegal by trav-
14 eling to get care. Abortion funds serve to mitigate
15 this confusion and directly connect people to accu-
16 rate information.

17 (14) Clinics in States where abortion is legal
18 and more accessible continue to receive an influx of
19 people seeking abortions. Provider shortages, to-
20 gether with this rapid increase in patients, is caus-
21 ing longer waits for appointments, particularly for
22 clinics near States with bans, many of which have
23 had waiting times of more than 3 weeks.

24 (15) When people are not able to access an
25 abortion when they need it, they are often forced to

1 seek an abortion much further into their pregnancy.
2 This increases costs exponentially. Barriers to abor-
3 tion care after the Dobbs decision have led to an in-
4 creasing complexity in the cases that abortion funds
5 are managing. People who are forced to cross State
6 lines for abortion care may need support for coordi-
7 nating and paying for higher logistical barriers (such
8 as transportation, lodging, meals, childcare, medica-
9 tion) to access the abortion care they want, need,
10 and deserve. For many, the increased financial bur-
11 den will push abortion care completely out of reach
12 without financial and logistical assistance for ap-
13 pointment costs and travel.

14 (16) Funds often collaborate to fully meet the
15 needs of people who are facing barriers to their
16 abortion care, including by filling any remaining
17 funding gaps or referring a caller traveling across
18 regions to another fund. A national network of al-
19 most 100 abortion and practical support funds has
20 demonstrated these funds are uniquely positioned to
21 lead at this moment and need support.

1 **SEC. 3. GRANTS TO PAY FOR TRAVEL EXPENSES AND**
2 **LOGISTICAL SUPPORT FOR INDIVIDUALS AC-**
3 **CESSING ABORTION SERVICES.**

4 (a) **IN GENERAL.**—The Secretary of the Treasury
5 (referred to in this section as the “Secretary”) may award
6 grants to eligible entities to pay for travel-related expenses
7 and logistical support for individuals with respect to ac-
8 cessing abortion services.

9 (b) **TIMING.**—Beginning not later than 30 days after
10 the date of enactment of this Act, the Secretary shall so-
11 licit applications for grants under this section.

12 (c) **USE OF FUNDS.**—

13 (1) **PERMISSIBLE USES.**—An eligible entity re-
14 ceiving a grant under this section shall use the grant
15 for travel-related expenses and logistical support for
16 individuals with respect to accessing abortion serv-
17 ices, which may include any of the following ex-
18 penses and support:

19 (A) Round trip travel to the location where
20 the abortion services are provided.

21 (B) Lodging.

22 (C) Meals.

23 (D) Childcare.

24 (E) Translation services.

25 (F) Doula care.

1 (G) Patient education and information
2 services.

3 (H) Lost wages.

4 (2) ORGANIZATIONAL COSTS.—An eligible enti-
5 ty receiving a grant under this section may use up
6 to, but not more than, 15 percent of the grant funds
7 to cover organizational costs such as—

8 (A) community outreach efforts;

9 (B) physical infrastructure construction
10 and maintenance;

11 (C) website development and maintenance;

12 and

13 (D) increasing staff capacity and training.

14 (3) IMPERMISSIBLE USES.—An eligible entity
15 receiving a grant under this section shall not use the
16 grant for costs of an abortion procedure.

17 (d) APPLICATIONS.—To seek a grant under this sec-
18 tion, an eligible entity shall submit to the Secretary an
19 application at such time, in such manner, and containing
20 such information as the Secretary determines appropriate.

21 (e) PRIORITY.—In selecting the recipients of grants
22 under this section, the Secretary shall give priority to eligi-
23 ble entities that—

1 (1) serve individuals who live in a jurisdiction
2 that has banned or severely restricted access to
3 abortion;

4 (2) serve individuals who travel to a jurisdiction
5 other than the one where they live to be provided
6 abortion services; or

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

11 (f) ANNUAL REPORTS TO CONGRESS.—

12 (1) IN GENERAL.—Not later than 180 days
13 after the date of enactment of this Act, and annually
14 thereafter, the Secretary shall submit to Congress a
15 report on the program under this section.

16 (2) CONFIDENTIALITY.—The reports under
17 paragraph (1) shall not include any individually
18 identifiable information.

19 (g) PREEMPTION.—

20 (1) IN GENERAL.—The provisions of this sec-
21 tion shall supersede any provision of State, Tribal,
22 territorial, or local law that would have the effect of
23 prohibiting any use of funds provided for under this
24 section.

1 (2) PROHIBITION ON FEDERAL COOPERATION
2 IN ANTIABORTION PROCEEDINGS.—No Federal agen-
3 cy or official engaged in carrying out the program
4 under this section may cooperate with any State,
5 Tribal, territorial, or local antiabortion proceeding,
6 including any antiabortion investigation, prosecution,
7 or civil lawsuit, relating to the activities carried out
8 under such program or any individual or entity re-
9 ceiving or providing services under such program.

10 (h) DEFINITIONS.—In this section:

11 (1) The term “eligible entity”—

12 (A) means a nonprofit organization, or a
13 community-based organization, that assists in-
14 dividuals seeking an abortion through pro-
15 grams, services, or activities that are unbiased
16 and medically and factually accurate; and

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

19 (2) The term “nonprofit organization” means
20 an organization that—

21 (A) is described in subsection (c)(3) of sec-
22 tion 501 of the Internal Revenue Code of 1986;
23 and

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

1 (i) AUTHORIZATION OF APPROPRIATIONS.—To carry
2 out this section, there is authorized to be appropriated
3 \$350,000,000 for each of fiscal years 2024 through 2028.

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