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U.S. GOVERNMENT
INFORMATION
GPO

119TH CONGRESS
2D SESSION

H. CON. RES. 122

Expressing support for the recognition of September 26, 2026, as ''World Contraception Day'' and expressing the sense of the House of Representatives regarding global and domestic access to contraception.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 1, 2026

Ms. VELÁZQUEZ (for herself and Mrs. GRIJALVA) submitted the following concurrent resolution; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Foreign Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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CONCURRENT RESOLUTION

Expressing support for the recognition of September 26, 2026, as ''World Contraception Day'' and expressing the sense of the House of Representatives regarding global and domestic access to contraception.

Whereas September 26 marks World Contraception Day, a day when organizations and individuals around the world advocate to improve awareness of contraception and the right to sexual and reproductive health;

Whereas, in 1968, the United Nations International Conference on Human Rights declared that ''parents have a basic human right to determine freely and responsibly the number and spacing of their children'';

Whereas access to contraceptives in the United States is recognized as a fundamental right under the constitutional right to privacy through the Supreme Court's decisions in Griswold v. Connecticut (381 U.S. 479 (1965)) and Eisenstadt v. Baird (405 U.S. 438 (1972));

Whereas the Centers for Disease Control and Prevention recognized family planning in its published list of the ''Ten Greatest Public Health Achievements in the 20th Century'';

Whereas target 3.7 of the United Nations Sustainable Development Goals, which was adopted by the United States and 192 other United Nations (UN) member states, calls on countries ''by 2030, to ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs'';

Whereas certain barrier methods of contraception, specifically condoms, decreases the spread of sexually transmitted infections (STIs) and could eliminate the 3,500,000 annual cases of infertility in low- and middle-income countries that are caused by untreated gonorrhea or chlamydia;

Whereas the ability of individuals to control the number and spacing of their children reduces rates of unintended pregnancies, unsafe abortions, and maternal deaths;

Whereas, in economically developing countries, public health experts estimate that access to contraceptives would result in 76,000,000 fewer unintended pregnancies, 26,000,000 fewer unsafe abortions, and 186,000 fewer maternal deaths;

Whereas, in the United States, due to discrimination, significant racial, ethnic, and socioeconomic disparities exist in sexual and reproductive health, particularly in maternal mortality and morbidity and infant mortality with Black, American Indian, and Alaska Native women two to three times more likely to die from pregnancy-related causes than White women;

Whereas contraceptive choices are unduly influenced by structural racism, gender discrimination, and socioeconomic barriers;

Whereas research shows that, both historically and today, medical racism and ableism has resulted in coercion and experimentations on Native peoples, communities of color, and immigrants, such as the forced surgical sterilization of American Indian and Alaska Native communities in the 1970s, misleading and eugenics-based birth control trials on Puerto Rican women in the 1950s, and the development of modern gynecology through the experimentation and exploitation of enslaved Black women beginning in the 1840s, and such coercion and experimentations have contributed to persistent feelings of mistrust among many communities regarding their ability to access high-quality sexual and reproductive health care;

Whereas effective contraception has been shown to be an important strategy to maintaining and improving mental health and well-being for women and other individuals who have the capacity to get pregnant;

Whereas planning, delaying, and spacing births helps people achieve their education, career, and life goals;

Whereas young women with access to the birth control pill before age 21 graduated from college in significantly

higher numbers than did women of the same era who came of age before the birth control pill was available to them;

Whereas children born to women with access to United States federally funded family planning programs, which increase access to affordable contraception and family planning services, were more likely to complete at least 12, 13, and 16 years of schooling, and had 2-percent higher family incomes as adults;

Whereas globally, access to contraception increases labor force participation, boosting economic health and prosperity of economically developing communities;

Whereas many women face challenges in accessing birth control and using it effectively, and globally, 218,000,000 women in economically developing countries have an unmet need for modern contraception;

Whereas, in the United States, one-third of adult United States women who have ever tried to obtain prescription contraception reported barriers to access;

Whereas one barrier to access is an appropriately trained, linguistically appropriate, and culturally competent reproductive health care workforce including primary care and other providers to ensure that all patients have access to a contraceptive method of their choice including highly effective reversible contraception methods;

Whereas more than 19,000,000 women of reproductive age in the United States are in need of publicly funded contraception and live in a contraceptive desert where they lack reasonable access in their county to a health center that offers the full range of contraceptive methods;

Whereas nearly half of all counties in the United States do not have a single practicing Obstetrician-Gynecologist, further limiting contraceptive access;

Whereas 12 States in America allow some health care providers to refuse to provide services related to contraception;

Whereas studies show that preventing young adults from accessing contraceptives puts teens at risk of unintended pregnancies and sexually transmitted diseases, including HIV;

Whereas emergency contraception is a safe way to prevent pregnancy after unprotected sex, but 9 States in America have adopted restrictions on emergency contraception by excluding emergency contraception from a State's family planning program, contraceptive coverage mandate, or by allowing pharmacists to refuse to dispense emergency contraceptives;

Whereas the United States joined over 100 other countries that have over-the-counter (OTC) birth control pills when a progestin-only birth control pill was approved by the Food and Drug Administration in July 2024 and is now available nationwide without a prescription;

Whereas research highlights that 39 percent of adults and 29 percent of teens would be interested in an OTC progestin-only pill, with a greater likelihood of use if covered by insurance;

Whereas the affordability of OTC contraception, including birth control pills and emergency contraception, is essential for equitable access;

Whereas research shows that 64 percent of survey respondents who were interested in continued use of OTC pro-

gestin-only pills indicated that their interest in using an OTC oral contraceptive was related to cost-savings because they could save money not having to see a provider;

Whereas variation in prices of emergency contraception across pharmacies, distributors, and manufactures can make it out of reach for those who need it most;

Whereas, according to the UN, globally, 19 percent of governments apply one or more restrictions on contraceptive access, including restrictions on the age and marital status of the person seeking access to contraception, parental consent, and restrictions on access to emergency contraceptive pills or sterilization;

Whereas researchers have found some women of color experience implicit and explicit racism when interacting with the medical system, lack of quality information about effective family planning methods, and an inability to access or afford reproductive health care;

Whereas, while comprehensive sex education has been proven to reduce rates of unintended pregnancy and STIs, and include outcomes of appreciation of sexual diversity, dating and intimate partner violence prevention, development of healthy relationships, prevention of child sex abuse, improved social and emotional learning, and increased media literacy, only 22 States and the District of Columbia require sex education to include information on birth control and just 36 States and the District of Columbia require sex education to be taught in schools at all;

Whereas, globally, many countries have made advances in developing policies to improve access to comprehensive sex education, however, there remain significant gaps be-

tween global and regional policies and implementation on the ground such as limited teacher training capacity;

Whereas reproductive justice is the human right to maintain personal bodily autonomy, have children, not have children, and parent one's children in safe and sustainable communities;

Whereas existing research highlights uninsured women were 30 percent less likely to report using prescription contraceptive methods than women with private or public health insurance and women identify affordability among the top three factors in determining which contraception to use;

Whereas LGBTQ+ individuals, particularly transgender individuals undergoing transition, experience unique barriers to contraception access such as fragmentation of health services, discrimination from providers, and insurance issues, all of which can be exacerbated by racism and intersecting oppression;

Whereas there are continued efforts to defund or eliminate contraceptive programs and falsely conflate emergency contraceptives and intrauterine devices with abortion, even though they are proven to reduce unintended pregnancies;

Whereas people of color, Native people, immigrant communities, and people with disabilities have been exploited in the service of contraceptive development, and have been coerced into using contraception, or sterilized against their will, yet still face barriers to accessing contraception when they need it; and

Whereas Congress has repeatedly recognized the importance of women's ability to access contraceptives through sup-

port for the Medicaid program, TRICARE, title X of the Public Health Service Act, and the Federal Employees Health Benefits Program: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That—

(1) it is the sense of Congress that Congress and the Trump administration should take further steps to ensure that all people have universal, expansive, high-quality access to free or affordable contraception;

(2) Congress and the Trump administration should ensure all people capable of pregnancy have the autonomy to decide whether to have children, the number and spacing of their children, and to have medically accurate information, education, and access to health services to make these decisions and pursue reproductive justice;

(3) Congress and the Trump administration should examine and support ways to expand comprehensive access to contraception, including studying contraceptive deserts, new evidence-based methods and innovations, and whether Federal policy solutions can address these issues;

(4) Congress and the Trump administration should ensure people have access to affordable, comprehensive, consistent insurance coverage for all

their reproductive health care needs, including contraception without a prescription or cost sharing and abortion;

(5) Congress and the Trump administration should expand training of counseling, provision, and follow-up care for all forms of highly effective reversible contraception methods to primary care physicians to increase access to the most effective forms of birth control available;

(6) Congress aligns with the scientific perspective that ''contraception'' includes all current and future Food and Drug Administration-approved, -granted, or-cleared methods, including those available by prescription and over-the-counter, and the World Health Organization defines contraception to include female and male sterilization, the intrauterine device, the implant, injectables, oral contraceptive pills, external and internal condoms, vaginal barrier methods (including the diaphragm, cervical cap, and spermicidal foam, jelly, cream, and sponge), lactational amenorrhea method, emergency contraception, and other modern methods not reported separately (for example, the contraceptive patch or vaginal ring);

(7) Congress and the Trump administration should ensure that laws governing contraception access are evidence-based and grounded in accurate medical information;

(8) Congress and the Trump administration should work to end reproductive health disparities, including with regard to ethnicity, race, disability, immigration status, gender identity, and sexual orientation;

(9) Congress and the Trump administration should work to end gender-based violence, which disproportionately affects women, including transgender women;

(10) Congress and the Trump administration should expand comprehensive and gender-inclusive sex education and patient-centered counseling, which includes accurate, age-appropriate information about one's body, sexual and reproductive health, methods of contraception, access, and human rights;

(11) Congress and the Trump administration should ensure that United States foreign assistance includes support for contraception services, safe abortion services, and quality postabortion care, and domestic assistance includes support for contraception services through title X family planning pro-

viders and Centers for Medicare and Medicaid Services;

(12) this Congress does not support any policies that undermine the effectiveness of domestic and global programs and supports additional funding for global and domestic programs that increase access to contraception such as those under title X, Medicaid, the Indian Health Service, 638 clinics, TRICARE, Federal health care providers, and the United States Agency for International Development's Office of Population and Reproductive Health; and

(13) Congress and the Trump administration should expand access and coverage for over-the-counter birth control and other forms of contraception without requiring a prescription.

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