

June 4, 2024

(202) 378-8863

RE: Scorecard Advisory – S.4381, the so-called “Right to Contraception Act”

Dear Senator:

The National Right to Life Committee (NRLC), the federation of state right-to-life organizations, opposes abortion, infanticide, euthanasia, and assisted suicide. Since its inception, National Right to Life has taken no position on contraception.

That said, S.4381, the so-called “Right to Contraception Act,” goes far beyond its purported scope, includes provisions related to the funding of abortion providers, and contains language that could expand the use of drugs to induce an abortion weeks or months into a pregnancy.

This legislation has gone through none of the regular political processes and has been drafted to extend far past merely “guaranteeing contraception.” If this legislation had been intended to only address contraception, Democrats could have included specific language ensuring S.4381 would not apply to abortion. However, any such language is absent. S.4381 is blatant political maneuvering designed to protect funding for abortion providers and expand access to chemical abortions.

For these reasons, the National Right to Life Committee opposes the “Right to Contraception Act” (S.4381) and will include votes related to S.4381 in our scorecard of key right-to-life votes of the 118th Congress.

Provisions related to funding of abortion providers

Section (4)(b) states that “The statutory rights specified in subsection (a) shall not be limited or otherwise infringed through any limitation or requirement that— (1) expressly, effectively, implicitly, or as implemented singles out the provision of contraceptives, contraception, or contraception-related information; health care providers who provide contraceptives, contraception, or contraception-related information; or facilities in which contraceptives, contraception, or contraception-related information are provided.”

If an abortion provider were to also provide contraception, as is the case at Planned Parenthood facilities, then this provision would mean that any attempt to reduce or remove their funding would be in conflict with this provision. Further, laws that exclude or minimize the involvement of an abortion provider (who also provides contraception) in state or federal programs could be viewed as “singling out” an organization and therefore overridden by this legislation.

Problematic Definition that Could Include Abortion

In S.4381, “contraceptives” have been defined so broadly that it may include abortion-causing drugs which could be used weeks or months into a pregnancy.

S.4381 states, “The term “**contraceptive**” **means any drug**, device, or biological product intended for the use in the prevention of pregnancy, whether specifically used to prevent pregnancy **or for other health needs**, that is approved, cleared, authorized, or licensed under section 505, 510(k), 513(f)(2), 515, or 564 of the Federal Food, Drug, and Cosmetic Act ([21 U.S.C. 355](#), 360(k), 360c(f)(2), 360e, 360bbb–3) or section 351 of the Public Health Service Act ([42 U.S.C. 262](#)).” (emphasis added)

The term “contraceptive” is so broadly defined that it can mean anything that COULD be used to prevent pregnancy. This definition of contraception could include chemical abortion drugs like mifepristone. While mifepristone is not currently used in the U.S. as an emergency contraceptive, nothing in this bill requires on-label usage. There are numerous studies that assess the use of mifepristone as an emergency contraceptive. Under this bill, mifepristone could be labeled as a contraceptive.

If something is considered a contraceptive, it could then be used not merely for contraception, but “for other health needs.” S.4381 proponents will claim “other health needs” include things like the use of contraceptives to treat heavy bleeding, cystic ovaries, and so on. While these are appropriate “other health needs,” the phrase is undefined. The sweeping clause, “other health needs” could include drugs that cause an abortion in a pregnant woman if a provider determines that a woman has a “health need” for an elective abortion weeks or months into a pregnancy. Under these definitions, state laws regulating chemical abortion (in-person visits to date pregnancy, physician-only requirements, and so on) could be viewed as impeding access to the drug.

In addition, there is nothing in this bill to prevent emergency contraceptive drugs like “Ella,” an anti-progesterone drug, from being given off-label, far outside the window manufacturers recommend – after a woman has been pregnant for several weeks.

Because S.4381, the so-called “Right to Contraception Act” includes the abortion-related problems described above, ***the National Right to Life Committee opposes this legislation and will include votes related to S.4381 in our scorecard of key right-to-life votes of the 118th Congress.***

Should you have any questions, please contact us at (202) 378-8863, or via e-mail at jpopik@nrlc.org. Thank you for your consideration of NRLC’s position on this important matter.



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