By Senator Osgood

32-01390-24

A bill to be entitled

An act relating to access to contraception; creating s. 381.998, F.S.; providing a short title; providing definitions; authorizing a person to obtain contraceptives and engage in contraception; authorizing a health care provider to provide contraceptives, contraception, and contraception-related information; providing requirements for a defense to certain violations; authorizing the Attorney General, a person, or an entity to bring enforcement actions under certain circumstances; authorizing civil penalties; providing applicability and construction; providing an effective date.

WHEREAS, the right to contraception is a fundamental right, central to a person's privacy, health, well-being, dignity, liberty, equality, and ability to participate in the social and economic life of this state, and

WHEREAS, the United States Supreme Court has repeatedly recognized the constitutional right to contraception, and

WHEREAS, in *Griswold v. Connecticut*, 381 U.S. 479 (1965), the United States Supreme Court first recognized the constitutional right of married people to use contraceptives, and

WHEREAS, in *Eisenstadt v. Baird*, 405 U.S. 438 (1972), the United States Supreme Court confirmed the constitutional right of all people to legally access contraceptives regardless of marital status, and

WHEREAS, in Carey v. Population Services International, 431

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U.S. 678 (1977), the United States Supreme Court affirmed the constitutional right to contraceptives for minors, and

WHEREAS, the right to contraception has been repeatedly recognized internationally as a human right, and

WHEREAS, the United Nations Population Fund has published several reports outlining family planning as a basic human right that advances women's health, economic empowerment, and equality, and

WHEREAS, access to contraceptives is internationally recognized by the World Health Organization as advancing other human rights, such as the rights to life, liberty, expression, health, work, and education, and

WHEREAS, contraception is safe, essential health care, and access to contraceptive products and services is central to people's ability to participate equally in economic and social life, allowing people to make decisions about their families and their lives, and

WHEREAS, contraception is key to sexual and reproductive health and is critical to preventing unintended pregnancy, and many contraceptives are highly effective in preventing and treating a wide array of often severe medical conditions and decrease the risk of certain cancers, and

WHEREAS, family planning improves health outcomes for women, their families, and their communities and reduces rates of maternal and infant mortality and morbidity, and

WHEREAS, the United States has a long history of reproductive coercion, including the childbearing forced upon enslaved women, as well as the forced sterilization of Black women, Puerto Rican women, indigenous women, immigrant women,

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and disabled women, and reproductive coercion continues to occur, and

WHEREAS, the right to make personal decisions about contraceptive use is important for all people, and is especially critical for historically marginalized groups, including Black, indigenous, and other people of color; immigrants; lesbian, gay, bisexual, transgender, and queer people; people with disabilities; people with low incomes; and people living in rural and underserved areas, and

WHEREAS, many people who are part of these marginalized groups already face barriers, exacerbated by social, political, economic, and environmental inequities, to comprehensive health care, including reproductive health care, which reduce their ability to make decisions about their health, families, and lives, and

WHEREAS, policies governing pharmaceutical and insurance policies affect the accessibility of contraceptives and the settings in which contraception services are delivered, and

WHEREAS, despite the clearly established constitutional right to contraception, access to contraceptives, including emergency contraceptives and long-acting reversible contraceptives, has been obstructed in various ways, and

WHEREAS, as of June 2023, at least four states had tried to ban access to some or all contraceptives by restricting access to public funding for these products and services, and

WHEREAS, health care providers' refusals to offer contraceptives and contraception-related information on the basis of their own personal beliefs impede patients from obtaining their preferred method of contraception, and

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WHEREAS, states have attempted to define abortion expansively so as to include contraceptives in state bans on abortion and have also restricted access to emergency contraception, and

WHEREAS, in June 2022, Justice Thomas, in his concurring opinion in *Dobbs v. Jackson Women's Health Organization*, 142 S. Ct. 2228 (2022), stated that the United States Supreme Court "should reconsider all of this Court's substantive due process precedents, including *Griswold*, *Lawrence*, *and Obergefell*" and that the court has "a duty to correct the error established in those precedents" by overruling them, and

WHEREAS, in order to further public health and to combat efforts to restrict access to reproductive health care, action is necessary to protect access to contraceptives, contraception, and contraception-related information for everyone, regardless of actual or perceived race, ethnicity, sex, including gender identity and sexual orientation, income, disability, national origin, immigration status, or geography, NOW, THEREFORE,

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 381.998, Florida Statutes, is created to read:

381.998 Right to contraception.

Contraception Act."

(1) This section may be cited as the "Right to

(2) As used in this section, the term:

(a) "Contraception" means an action taken to prevent pregnancy, including the use of contraceptives or fertility

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awareness-based methods and sterilization procedures.

- (b) "Contraceptive" means any drug, device, or biological product intended for use in the prevention of pregnancy, whether specifically intended to prevent pregnancy or for other health needs, which is legally marketed under the Federal Food, Drug, and Cosmetic Act, such as oral contraceptives, long-acting reversible contraceptives, emergency contraceptives, internal and external condoms, injectables, vaginal barrier methods, transdermal patches, and vaginal rings or other contraceptives.
- (c) "Health care provider" has the same meaning as in s. 381.00321(1).
- (d) "Political subdivision" has the same meaning as in s.
 1.01(8).
- (3) (a) A person may obtain contraceptives and engage in contraception, and a health care provider may provide contraceptives, contraception, and contraception-related information.
 - (b) This subsection does not limit any of the following:
- 1. Expressly, effectively, implicitly, or as implemented, 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 is provided.
- 2. Access to contraceptives, contraception, or contraception-related information.
- (c) For a defense against a claim that a limitation or requirement violates a health care provider's or patient's rights under paragraph (b), a party must establish, by clear and

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convincing evidence, all of the following:

- 1. The limitation or requirement significantly advances the safety of contraceptives, contraception, and contraception-related information.
- 2. The safety of contraceptives, contraception, and contraception-related information or the health of patients cannot be advanced by a less restrictive alternative measure or action.
- (4) (a) The state or any political subdivision may not administer, implement, or enforce any law, rule, regulation, standard, or other provision having the force and effect of law in a manner that:
- 1. Prohibits or restricts the sale, provision, or use of any contraceptives that have been approved by the federal Food and Drug Administration for contraceptive purposes.
- 2. Prohibits or restricts any person from obtaining or aiding another person in obtaining any contraceptives approved by the federal Food and Drug Administration or using any contraceptive method.
- 3. Exempts any contraceptives approved by the federal Food and Drug Administration from any other general law in a way that would make it more difficult to sell, provide, obtain, or use those contraceptives or contraceptive methods.
- (b) This section does not supersede or otherwise affect any provision relating to coverage under group health plans or group or individual health insurance coverage and may not be construed as requiring the provision of specific benefits under these plans or coverage.
 - (c) An individual or entity who is subject to a limitation

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or requirement that violates this section has an affirmative
defense to any cause of action brought under this section
against the individual or entity.

- (5) (a) This section must be liberally construed to effectuate its purposes.
 - (b) This section does not:
- 1. Authorize the state or a political subdivision to interfere with a health care provider's ability to provide contraceptives or contraception-related information or a person's ability to obtain contraceptives or to engage in contraception.
- 2. Authorize or sanction the conduct of any sterilization procedure without the patient's voluntary and informed consent.
- (6) (a) The Attorney General may commence a civil action on behalf of the state against any person that violates or enforces a limitation or requirement that violates this section. In any civil action brought under this paragraph, the Attorney General may compromise and settle the action as he or she determines is in the best interest of the state.
- (b) Any person or entity, including a health care provider or patient, adversely affected by an alleged violation of this section may commence a civil action against any person that violates, implements, or enforces a limitation or a requirement that violates this section.
- (c) A health care provider may commence an action for relief on its own behalf, on behalf of the health care provider's staff, and on behalf of the health care provider's patients who are or may be adversely affected by an alleged violation of this section.

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(d) If a court finds that there has been a violation of this section, the court must hold unlawful and set aside the limitation or requirement. In any action under this section, the court may award appropriate equitable relief, including temporary, preliminary, or permanent injunctive relief.

- (e) The court shall award to any prevailing plaintiff attorney fees and costs. Unless a court determines an action is frivolous, the court may not hold a plaintiff liable to a defendant for attorney fees and costs in an action under this section.
 - Section 2. This act shall take effect July 1, 2024.