not abuse dex, odds suggest they know someone who does. And I am glad to know that H.R. 5280 has the support of key stakeholder groups, including the American Pharmacist Association, the Partnership for a Drug Free America, the Consumer Health Products Association, and the Association for Addiction Counselors. I want to acknowledge our colleagues, particularly Mr. UPTON and Mr. LARSEN, for their fine work on this legislation.

Mr. Speaker, I reserve the balance of my time.

Mr. DEAL of Georgia. Mr. Speaker, I am pleased to yield 5 minutes to the author of the legislation, Mr. UPTON.

The SPEAKER pro tempore. The gentleman from Michigan is recognized for 5 minutes.

Mr. UPTON. Thank you, Mr. Speaker, and I thank my chairman, Mr. DEAL, as well. Particularly, I want to thank Chairman BARTON and his staff; I want to thank the Republican leadership and their staff for getting this bill to the floor so quickly. I also want to thank my Democratic cosponsor, Mr. LARSEN, who I know is rushing to the floor to speak, and I know that in his district I am told that he has I think lost five individuals because of this.

Mr. Speaker, H.R. 5280 is a simple bill to ban the Internet sale of a drug called dextromethorphan, also known as DXM.

DXM is an excellent ingredient for a lot of cough syrups that are on the market and when used properly there is no danger. And I know that because I have a company in my district that makes this, and that same company came to me earlier this summer and said, we have a problem that we think you ought to be alerted to. And that is what this bill does.

There are some folks that are out there that are absolutely determined to sell this ingredient in its dry bulk form on the Internet. Sadly, kids are buying it. They are mixing it with alcohol to get high. In a massive dose, the drug can raise the blood pressure, lead to seizure or collapse into a coma and die, as we have seen in Mr. LARSEN's district and other places around the country. In fact, in the last 2 years we know that there have been at least five deaths directly attributed to this abuse.

The companies and the pharmacists that work with this ingredient on a regular basis don't want it to become the next meth. We have worked on that; we don't want another one. And they know that there is absolutely no reason to have this bulk ingredient outside of the regular channels for drug manufacturing. And that is why, as was said by Mr. PALLONE, it is endorsed by the American Pharmacist Association, the Consumer Health Care Products Association, which is the generic drug manufacturers, the Food Marketing Institute, the National Association of Chain Drug Stores, and obviously the Partnership for a Drug Free America.

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This bill allows the FDA to promulgate the rule on the sale of unfinished powder or bulk DXM. It limits the distribution of DXM to only those persons who are a valid part of the drug industry.

This bill, I think, will cut off the supply of pure DXM to those who sell it as a street drug or plan to use it to get high themselves. We need to pass this bill.

Sadly, kids are under the false impression that getting high off this is harmless because it is simply an ingredient in cough syrup. Nothing could be further from the truth. Our kids are playing Russian roulette each time they get high on DXM. Sooner or later somebody is going to die. We have seen it happen. Enough is enough. We need to end it.

I am pleased that we have had so many here in just the last 2 days coming into the office. Yesterday local CBS national radio talked about this as a terrible case that is plaguing many parts of America. Today I think it was on the Today show that they talked about this. We are acting quickly. We have recognized the problem and we are acting quickly. We need to pass this bill today and have the Senate adopt it as well.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from Washington (Mr. LARSEN).

Mr. LARSEN of Washington. Mr. Speaker, I rise in strong support of the Dextromethorphan Destruction Act.

DXM is a major ingredient in many over-the-counter cold medicines and is perfectly safe when used correctly. However, when taken in large amounts in its powdered form, it can cause hallucinations, brain damage, seizures and even death. DXM is not available to the public in its pure powder form but can be obtained.

Unfortunately, as our Nation's kids search for ways to get high, they have begun abusing both cough syrup and pure DXM purchased over the Internet. As the parent of two young boys, I am concerned about the growing number of teens consuming unfinished DXM. According for the Partnership for Drug-Free America, one out of 11 teenagers used cough medicines to get high last year. Substance abuse experts have noticed sporadic reports of teens intentionally obtaining unfinished DXM to get high by consuming large amounts of powder or mixing it with other drugs or alcohol.

In April 2005, two teenagers in my district overdosed on DXM they had purchased online and died. The investigation of their deaths showed that the teenagers had ordered the drug over the Internet from two men in Indiana who had set up shop in their garage. Three other kids from Florida and Virginia also died from overdosing on DXM they had ordered from the same two men.

This is a simple piece of legislation that requires anyone who purchases bulk DXM to be registered with the FDA. This legislation is commonsense legislation. The only people who should be buying DXM in bulk are those who manufacture cough and cold medicines. We must protect our kids from a new form of drug dealer, dealers, men like these folks in Indiana who decided they could make money by selling DXM to the two teens in my district.

This legislation send a strong message to individuals who are legally distributing DXM to our teenagers for recreational use. I urge my colleagues to vote ''yes'' for this simple, commonsense legislation that will keep our kids safer.

I also want to thank the gentleman from Michigan (Mr. UPTON) for his work in drafting this bill and making sure that it made it here to the floor today.

Mr. PALLONE. Mr. Speaker, I yield back the balance of my time.

Mr. DEAL of Georgia. Mr. Speaker, I urge adoption, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Georgia (Mr. DEAL) that the House suspend the rules and pass the bill, H.R. 5280, as amended.

The question was taken; and (two-thirds of those voting having responded in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

UNBORN CHILD PAIN AWARENESS ACT OF 2006

Mr. DEAL of Georgia. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6099) to ensure that women seeking an abortion are fully informed regarding the pain experienced by their unborn child.

The Clerk read as follows:

H.R. 6099

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Unborn Child Pain Awareness Act of 2006''.

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) At least by 20 weeks after fertilization, an unborn child has the physical structures necessary to experience pain.

(2) There is substantial evidence that by 20 weeks after fertilization, unborn children draw away from certain stimuli in a manner which in an infant or an adult would be interpreted as a response to pain.

(3) Anesthesia is routinely administered to unborn children who have developed 20 weeks or more after fertilization who undergo prenatal surgery.

(4) There is substantial evidence that the abortion methods most commonly used 20 weeks or more after fertilization cause substantial pain to an unborn child, whether by dismemberment, poisoning, penetrating or crushing the skull, or other methods. Examples of abortion methods used 20 weeks or more after fertilization include, but are not limited to the following:

(A) The dilation and evacuation (D and E) method of abortion is commonly performed in the second trimester of pregnancy. In a dilation and evacuation abortion, the unborn child's body parts are grasped with a long-toothed clamp. The fetal body parts are then torn from the body and pulled out of the vaginal canal. The remaining body parts are grasped and pulled out until only the head remains. The head is then grasped and crushed in order to remove it from the vaginal canal.

(B) Partial-birth abortion is an abortion in which the abortion practitioner delivers an unborn child's body until only the head remains inside the womb, punctures the back of the child's skull with a sharp instrument, and sucks the child's brains out before completing the delivery of the dead infant, and as further defined in 18 U.S.C. 1531.

(5) Expert testimony confirms that by 20 weeks after fertilization an unborn child may experience substantial pain even if the woman herself has received local analgesic or general anesthesia.

(6) Medical science is capable of reducing such pain through the administration of anesthesia or other pain-reducing drugs directly to the unborn child.

(7) There is a valid Federal Government interest in preventing or reducing the infliction of pain on sentient creatures. Examples of this are laws governing the use of laboratory animals and requiring pain-free methods of slaughtering livestock, which include, but are not limited to the following:

(A) Section 2 of the Act commonly known as the Humane Slaughter Act of 1958 (Public Law 85–765; 7 U.S.C. 1902) states, ''No method of slaughter or handling in connection with slaughtering shall be deemed to comply with the public policy of the United States unless it is humane. Either of the following two methods of slaughtering and handling are hereby found to be humane—

''(i) in the case of cattle, calves, horses, mules, sheep, swine, and other livestock, all animals are rendered insensible to pain by a single blow or gunshot or an electrical, chemical or other means that is rapid and effective, before being shackled, hoisted, thrown, cast, or cut; or

''(ii) by slaughtering in accordance with the ritual requirements of the Jewish faith or any other religious faith that prescribes a method of slaughter whereby the animal suffers loss of consciousness by anemia of the brain caused by the simultaneous and instantaneous severance of the carotid arteries with a sharp instrument and handling in connection with such slaughtering.''.

(B) Section 13(a)(3) of the Animal Welfare Act (7 U.S.C. 2143(a)(3)) sets the standards and certification process for the humane handling, care, treatment, and transportation of animals. This includes having standards with respect to animals in research facilities that include requirements—

(i) for animal care, treatment, and practices in experimental procedures to ensure that animal pain and distress are minimized, including adequate veterinary care with the appropriate use of anesthetic, analgesic, tranquilizing drugs, or euthanasia;

(ii) that the principal investigator considers alternatives to any procedure likely to produce pain to or distress in an experimental animal; and

(iii) in any practice which could cause pain to animals—

(I) that a doctor of veterinary medicine is consulted in the planning of such procedures;

(II) for the use of tranquilizers, analgesics, and anesthetics;

(III) for pre-surgical and post-surgical care by laboratory workers, in accordance with established veterinary medical and nursing procedures;

(IV) against the use of paralytics without anesthesia; and

(V) that the withholding of tranquilizers, anesthesia, analgesia, or euthanasia when scientifically necessary shall continue for only the necessary period of time.

(C) Section 495 of the Public Health Service Act (42 U.S.C. 289d) directs the Secretary of Health and Human Services, acting through the Director of the National Institutes of Health, to establish guidelines for research facilities as to the proper care and treatment of animals, including the appropriate use of tranquilizers, analgesics, and other drugs, except that such guidelines may not prescribe methods of research. Entities that conduct biomedical and behavioral research with National Institutes of Health funds must establish animal care committees which must conduct reviews at least semiannually and report to the Director of such Institutes at least annually. If the Director determines that an entity has not been following the guidelines, the Director must give the entity an opportunity to take corrective action, and, if the entity does not, the Director must suspend or revoke the grant or contract involved.

(8) There is a valid Federal Government interest in preventing harm to developing human life at all stages. Examples of this include regulations protecting fetal human subjects from risks of ''harm or discomfort'' in federally funded biomedical research, 45 C.F.R. 102(i) and 45 C.F.R. 46.201 et seq.

SEC. 3. AMENDMENT TO THE PUBLIC HEALTH SERVICE ACT.

The Public Health Service Act (42 U.S.C. 201 et seq.) is amended by adding at the end the following:

''TITLE XXIX—UNBORN CHILD PAIN AWARENESS

''SEC. 2901. DEFINITIONS.

''In this title:

''(1) ABORTION.—The term 'abortion' means the intentional use or prescription of any instrument, medicine, drug, or any other substance or device or method to terminate the life of an unborn child, or to terminate the pregnancy of a woman known to be pregnant with an intention other than—

''(A) to produce a live birth and preserve the life and health of the child after live birth; or

''(B) to remove an ectopic pregnancy, or to remove a dead unborn child who died as the result of a spontaneous abortion, accidental trauma or a criminal assault on the pregnant female or her unborn child.

''(2) ABORTION PROVIDER.—The term 'abortion provider' means any person legally qualified to perform an abortion under applicable Federal and State laws.

''(3) PAIN-CAPABLE UNBORN CHILD.—

''(A) IN GENERAL.—The term 'pain-capable unborn child' means an unborn child who has reached a probable stage of development of 20 weeks or more after fertilization.

''(B) RULE OF CONSTRUCTION.—Nothing in subparagraph (A) shall be construed as a determination or finding by Congress that pain may not in fact be experienced by an unborn child at stages of development prior to 20 weeks or more after fertilization.

''(4) PROBABLE AGE OF DEVELOPMENT.—The term 'probable age of development' means the duration of development after fertilization of the unborn child at the time an abortion is performed, as determined in the good faith judgment of the abortion provider using generally accepted medical criteria and information obtained by interviewing the pregnant woman.

''(5) UNBORN CHILD.—The term 'unborn child' means a member of the species homo sapiens, at any stage of development.

''(6) WOMAN.—The term 'woman' means a female human being whether or not she has reached the age of majority.

''(7) UNEMANCIPATED MINOR.—The term 'unemancipated minor' means an individual who is not older than 18 years and who is not emancipated under State law.

''SEC. 2902. REQUIREMENT OF INFORMED CONSENT.

''(a) REQUIREMENT OF COMPLIANCE BY PROVIDERS.—Any abortion provider in or affecting interstate or foreign commerce, who knowingly performs any abortion of a pain-capable unborn child, shall comply with the requirements of this title.

''(b) PROVISION OF CONSENT.—

''(1) IN GENERAL.—Before any part of an abortion involving a pain-capable unborn child begins, the abortion provider or his or her agent shall provide the pregnant woman involved, by telephone or in person, with the information described in paragraph (2). It may not be provided by a tape recording, but must be provided in a fashion that permits the woman to ask questions of and receive answers from the abortion provider or his agent. (In the case of the Unborn Child Pain Awareness Brochure, it may be provided pursuant to subsection (c)(2) or (c)(3)).

''(2) REQUIRED INFORMATION.—

''(A) IN GENERAL.—An abortion provider or the provider's agent to whom paragraph (1) applies shall provide the following information to the pregnant woman (or in the case of a deaf or non-English speaking woman, provide the statement in a manner that she can easily understand):

''(i) AGE OF UNBORN BABY.—The probable age of development of the unborn baby based on the number of weeks since fertilization.

''(ii) UNBORN CHILD PAIN AWARENESS BROCHURE.—An abortion provider to whom paragraph (1) applies must provide the pregnant woman with the Unborn Child Pain Awareness Brochure (referred to in this section as the 'Brochure') to be developed by the Department of Health and Human Services under subsection (c) or with the information described in subsection (c)(2) relating to accessing such Brochure.

''(iii) USE OF PAIN-PREVENTING DRUGS.—Drugs administered to the mother may not prevent the unborn child from feeling pain, but in some cases, anesthesia or other pain-reducing drug or drugs can be administered directly to the unborn child.

''(iv) DESCRIPTION OF RISKS.—After providing the information required under clauses (i), (ii), and (iii) the abortion provider shall provide the woman involved with his or her best medical judgment on the risks, if any, of administering such anesthesia or analgesic, and the costs associated therewith.

''(v) ADMINISTRATION OF ANESTHESIA.—If the abortion provider is not qualified or willing to administer the anesthesia or other pain-reducing drug to an unborn child in response to a request from a pregnant women, the provider shall—

''(I) arrange for a qualified specialist to administer such anesthesia or drug; or

''(II) advise the pregnant woman—

''(aa) where she may obtain such anesthesia or other pain reducing drugs for the unborn child in the course of an abortion; or

''(bb) that the abortion provider is unable to perform the abortion if the woman requires that she receive anesthesia or other pain-reducing drug for her unborn child.

''(vi) UNBORN CHILD PAIN AWARENESS DECISION FORM.—An abortion provider to which paragraph (1) applies shall provide the pregnant woman with the Unborn Child Pain Awareness Decision Form (provided for under subsection (d)) and obtain the appropriate signature of the woman on such form.

''(vii) RULE OF CONSTRUCTION.—Nothing in this section may be construed to impede an abortion provider or the abortion provider's agent from offering their own evaluation on the capacity of the unborn child to experience pain, the advisability of administering pain-reducing drugs to the unborn child, or any other matter, as long as such provider or agent provides the required information, obtains the woman's signature on the decision form, and otherwise complies with the affirmative requirements of the law.

''(B) UNBORN CHILD PAIN AWARENESS BROCHURE.—An abortion provider to whom paragraph (1) applies shall provide the pregnant woman with the Unborn Child Pain Awareness Brochure (referred to in this section as the 'Brochure') to be developed by the Department of Health and Human Services under subsection (c) or with the information described in subsection (c)(2) relating to accessing such Brochure.

''(C) UNBORN CHILD PAIN AWARENESS DECISION FORM.—An abortion provider to which paragraph (1) applies shall provide the pregnant woman with the Unborn Child Pain Awareness Decision Form (provided for under subsection (d)) and obtain the appropriate signature of the woman on such form.

''(c) UNBORN CHILD PAIN AWARENESS BROCHURE.—

''(1) DEVELOPMENT.—Not later than 90 days after the date of enactment of this title, the Secretary shall develop an Unborn Child Pain Awareness Brochure. Such Brochure shall:

''(A) Be written in English and Spanish.

''(B) Contain the following text: 'Your doctor has determined that, in his or her best medial judgment, your unborn child is at least 20 weeks old. There is a significant body of evidence that unborn children at 20 weeks after fertilization have the physical structures necessary to experience pain. There is substantial evidence that at least by this point, unborn children draw away from surgical instruments in a manner which in an infant or an adult would be interpreted as a response to pain. There is substantial evidence that the process of being killed in an abortion will cause the unborn child pain, even though you receive a pain-reducing drug or drugs. Under the Federal Unborn Child Pain Awareness Act of 2006, you have a right to know that there is evidence that the process of being killed in an abortion will cause your unborn child pain. You may request that anesthesia or other pain-reducing drug or drugs are administered directly to the pain-capable unborn child if you so desire. The purpose of administering such drug or drugs would be to reduce or eliminate the capacity of the unborn child to experience pain during the abortion procedure. In some cases, there may be some additional risk to you associated with administering such a drug.'

''(C) Contain greater detail on her option of having a pain-reducing drug or drugs administered to the unborn child to reduce the experience of pain by the unborn child during the abortion.

''(D) Be written in an objective and nonjudgmental manner and be printed in a typeface large enough to be clearly legible.

''(E) Be made available by the Secretary at no cost to any abortion provider.

''(2) INTERNET INFORMATION.—The Brochure under this section shall be available on the Internet website of the Department of Health and Human Services at a minimum resolution of 70 DPI (dots per inch). All pictures appearing on the website shall be a minimum of 200x300 pixels. All letters on the website shall be a minimum of 12 point font. All such information and pictures shall be accessible with an industry standard browser, requiring no additional plug-ins.

''(3) PRESENTATION OF BROCHURE.—An abortion provider or his or her agent must provide a pregnant woman with the Brochure, developed under paragraph (1), before any part of an abortion of a pain-capable child begins. The brochure may be provided—

''(A) through an in-person visit by the pregnant woman;

''(B) through an e-mail attachment, from the abortion provider or his or her agent; or

''(C) by certified mail, mailed to the woman at least 72 hours before any part of the abortion begins.

''(4) WAIVER.—After the abortion provider or his or her agent offers to provide a pregnant woman the brochure, a pregnant woman may waive receipt of the brochure under this subsection by signing the waiver form contained in the Unborn Child Pain Awareness Decision Form.

''(d) UNBORN CHILD PAIN AWARENESS DECISION FORM.—Not later than 30 days after the date of enactment of this title, the Secretary shall develop an Unborn Child Pain Awareness Decision Form. To be valid, such form shall—

''(1) with respect to the pregnant woman—

''(A) contain a statement that affirms that the woman has received or been offered all of the information required in subsection (b);

''(B) affirm that the woman has read the following statement: 'You are considering having an abortion of an unborn child who will have developed, at the time of the abortion, approximately ____ weeks after fertilization. There is a significant body of evidence that unborn children at 20 weeks after fertilization have the physical structures necessary to experience pain. There is substantial evidence that at least by this point, unborn children draw away from surgical instruments in a manner which in an infant or an adult would be interpreted as a response to pain. There is substantial evidence that the process of being killed in an abortion will cause the unborn child pain, even though you receive a pain-reducing drug or drugs. Under the Federal Unborn Child Pain Awareness Act of 2006, you have a right to know that there is evidence that the process of being killed in an abortion will cause your unborn child pain. You may request that anesthesia or other pain-reducing drug or drugs are administered directly to the pain-capable unborn child if you so desire. The purpose of administering such drug or drugs would be to reduce or eliminate the capacity of the unborn child to experience pain during the abortion procedure. In some cases, there may be some additional risk to you associated with administering such a drug.';

''(C) require the woman to explicitly either request or refuse the administration of pain-reducing drugs to the unborn child; and

''(D) be signed by a pregnant woman prior to the performance of an abortion involving a pain-capable unborn child; and

''(2) with respect to the abortion provider—

''(A) contain a statement that the provider has provided the woman with all of the information required under subsection (b);

''(B) if applicable, contain a certification by the provider that an exception described in section 2903 applies and the detailed reasons for such certification; and

''(C) be signed by the provider prior to the performance of the abortion procedure.

''(e) MAINTENANCE OF RECORDS.—The Secretary shall promulgate regulations relating to the period of time during which copies of forms under subsection (d) shall be maintained by abortion providers.

''SEC. 2903. EXCEPTION FOR MEDICAL EMERGENCIES.

''(a) IN GENERAL.—The provisions of section 2902 shall not apply to an abortion provider in the case of a medical emergency.

''(b) MEDICAL EMERGENCY DEFINED.—

''(1) IN GENERAL.—In subsection (a), the term 'medical emergency' means a condition which, in the reasonable medical judgment of the abortion provider, so complicates the medical condition of the pregnant woman so as to necessitate the immediate termination of her pregnancy to avert her death, or for which a delay would create a serious risk of substantial and irreversible impairment of a major bodily function. The term 'medical emergency' shall not include emotional, psychological or mental disorders or conditions.

''(2) REASONABLE MEDICAL JUDGMENT.—In paragraph (1), the term 'reasonable medical judgment' means a medical judgment that would be made by a reasonably prudent physician, knowledgeable about the case and the treatment possibilities with respect to the medical conditions involved.

''(c) CERTIFICATION.—

''(1) IN GENERAL.—Upon a determination by an abortion provider under subsection (a) that a medical emergency exists with respect to a pregnant woman, such provider shall certify the specific medical conditions that constitute the emergency.

''(2) FALSE STATEMENTS.—An abortion provider who willfully falsifies a certification under paragraph (1) shall be subject to all the penalties provided for under section 2904 for failure to comply with this title.

''SEC. 2904. PENALTIES FOR FAILURE TO COMPLY.

''(a) IN GENERAL.—An abortion provider who willfully fails to comply with the provisions of this title shall be subject to civil penalties in accordance with this section in an appropriate Federal court.

''(b) COMMENCEMENT OF ACTION.—The Attorney General may commence a civil action under this section.

''(c) FIRST OFFENSE.—Upon a finding by a court that a respondent in an action commenced under this section has knowingly violated a provision of this title, the court shall notify the appropriate State medical licensing authority and shall assess a civil penalty against the respondent in an amount not to exceed $100,000.

''(d) SECOND AND SUBSEQUENT OFFENSES.—Upon a finding by a court that the respondent in an action commenced under this section has knowingly violated a provision of this title and the respondent has been found to have knowingly violated a provision of this title on a prior occasion, the court shall notify the appropriate State medical licensing authority and shall assess a civil penalty against the respondent in an amount not to exceed $250,000.

''(e) PRIVATE RIGHT OF ACTION.—A pregnant woman upon whom an abortion has been performed in violation of this title, or the parent or legal guardian of such a woman if she is an unemancipated minor, may commence a civil action against the abortion provider for any knowing or reckless violation of this title for actual and punitive damages.''.

SEC. 4. PREEMPTION.

Nothing in this Act or the amendments made by this Act shall be construed to preempt any provision of State law to the extent that such State law establishes, implements, or continues in effect greater protections for unborn children from pain than the protections provided under this Act and the amendments made by this Act.

SEC. 5. SEVERABILITY.

The provisions of this Act shall be severable. If any provision of this Act, or any application thereof, is found unconstitutional, that finding shall not affect any provision or application of the Act not so adjudicated.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Georgia (Mr. DEAL) and the gentleman

from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Georgia.

GENERAL LEAVE

Mr. DEAL of Georgia. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to insert extraneous material on this bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Georgia?

There was no objection.

Mr. DEAL of Georgia. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 6099, the Unborn Child Pain Awareness Act of 2006.

This legislation is intended to ensure that women seeking an abortion are fully informed regarding the pain experienced by their unborn child. It also ensures that women will have the chance to ask questions; and, if they so choose, request that pain-reducing medicines, anesthesia, or analgesia be administered to their unborn child before the abortion takes place.

At the outset, it is important to clarify that this legislation is not about the right to have an abortion. While citizens in other parts of the world, such as in Europe and in Canada, have the opportunity to vote and express their views on the issue of whether or not abortion should be legal, the United States is the only industrialized country in the world where its citizens do not have that right. The United States Supreme Court has effectively taken it away from the American people through its decisions.

As someone who believes in the sanctity of human life, I look forward to a day when the American citizens on both sides of the abortion debate can decide the issue democratically rather than having it decided for them through judicial activism. I trust the American people to make the right decision when that day comes.

But, Mr. Speaker, today rather than dealing with the legality of abortion itself, this legislation deals with the issue of informed consent for women choosing to have an abortion. The bill requires abortion providers to inform women about the pain experienced by their unborn child. It also requires women to be given a brochure and a consent form demonstrating that they have had an opportunity to make an inform decision on whether or not to administer pain mitigation to the unborn child before the abortion is performed.

A significant body of medical evidence now indicates that fetuses experience pain. Dr. Sunny Anand, a neurologist and the Nation's leading expert on fetal pain, testified that ''the human fetus possesses the ability to experience pain from 20 weeks of gestation, if not earlier, and the pain perceived by a fetus is possibly more intense than that experienced by term newborns or other children.''

Since Dr. Anand's groundbreaking research published in 1987 showed that by 20 weeks these fetuses can feel pain, other researchers have built on his work, further verifying the pain felt by the unborn. For example, just this year British researchers performed brain scans on premature babies as young as 23 weeks from fertilization and found new physiological evidence that these premature infants feel pain.

But perhaps more important than the scientific studies, we know that doctors who perform surgery on babies in the womb, as well as babies who are born prematurely, some as early as 23 weeks of gestation, routinely administer anesthesia to these children, just like an adult who is undergoing surgery.

As Dr. Jean Wright, a physician in Savannah, Georgia, who specializes in the care and anesthesia of critically ill children, testified before Congress last year, ''If you came back with me to Savannah tonight and came to our neonatal intensive care unit, we would stand between the bed of a 23-week infant, a 26-week infant, and you would not need a congressional hearing to figure out whether that infant feels pain. We roll back the sheets or blanket, and you would look to the facial expression, their response to the heel stick, you would understand that.''

As I have stated before, the problem that this legislation seeks to address is the issue of informed consent for women seeking abortions. Like most of us, women who arrive at clinics seeking abortions are usually not trained in the medical sciences. We rely on physicians to provide all of the information needed to make an informed decision.

In the case of abortion, we need to make sure that women know all the facts, including the evidence that unborn children feel pain. This is obviously for the benefit of the unborn child who may either be spared from abortion altogether or receive pain-reducing medicines.

Truly informed consent also benefits the woman who may decide against having an abortion, or may decide to use pain mitigation for the unborn child during the abortion procedure. Either way, she will be spared the severe psychological trauma that may result from making an uninformed decision.

This legislation is a commonsense measure that both pro-life and pro-choice Members should support. In fact, NARAL, a large pro-abortion organization, has publicly declared that they do not oppose the bill.

At this time, I would like to thank the lead sponsor of the bill, the gentleman from New Jersey (Mr. SMITH), for his work on this legislation and for being a stalwart in the pro-life cause in Congress. I urge my colleagues to support this legislation.

Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in opposition to H.R. 6099, the Unborn Child Pain Awareness Act of 2006. This bill mandates that a woman seeking an abortion after 20 weeks of pregnancy be given a written brochure stating that research indicates that a fetus at that stage of development will feel pain during an abortion.

This bill also requires a doctor to offer the woman anesthesia for the fetus which she may either accept or decline.

Mr. Speaker, the problem with this legislation is that the medical and scientific community has yet to reach a consensus with regard to the issue of when and if a fetus feels pain. In fact, the American College of Obstetricians and Gynecologists, along with physicians who are experts in fetal anesthesia and fetal surgery, know of no legitimate scientific data or information that supports these views. Despite this, Congress has decided to play politics with women's health.

This legislation may put women at risk. There is no evidence to show the effects on a woman by providing anesthesia directly to a fetus during an abortion. Without proper medical studies, we have no way of knowing how such procedures will affect a woman's health at the time of the abortion or in the future.

Mr. Speaker, supporters of this bill will argue that it includes an assurance that doctors who disagree with materials contained within these mandated brochures may offer their own views to patients. But what good comes from a doctor handing their patient a brochure and then conveying opposition to what is inside it? Instead of helping patients, Congress is interfering with a doctor's best medical judgment as well as the doctor-patient relationship.

Mr. Speaker, clearly written in this case by anti-choice advocates, these brochures are biased and define an abortion as ''the process of being killed.'' Normally I would support legislation which aims to offer women as much information as possible with respect to their medical decisions. Ensuring that patients have access to all of the important and relevant medical information should always be a priority for Congress, but this bill plays politics with those goals. Instead, it provides mandated, misleading information to women without proper scientific knowledge.

I urge my colleagues to vote against this bill. I think it is ill-advised. I think it sets a bad precedent for the type of information that is provided to patients. There is absolutely no reason why this should be mandated.

Mr. Speaker, I reserve the balance of my time.

Mr. DEAL of Georgia. Mr. Speaker, I yield 3 minutes to the author of this legislation, the gentleman from New Jersey (Mr. SMITH).

Mr. SMITH of New Jersey. Mr. Speaker, most, perhaps everybody in

this House today, has had to deal at one time or another with the emotional agony of a loved one dying from severe illness, an accident, or perhaps even an act of violence.

One of the questions we often ask is, Did they suffer? How much pain did they endure? Did we do everything we can to alleviate their pain?

Today, we can no longer deny, trivialize or gloss over the significant and ever-expanding body of knowledge that shows that an unborn child suffers real pain, excruciating pain, when he or she is dismembered, as in a D&E abortion, or jabbed with scissors as in a partial-birth abortion, or poisoned by an abortionist.

Not only is abortion violence against children, but we now know that the abortion act itself is painful to the baby as well. As the gentleman from Georgia pointed out a moment ago, Dr. Sunny Anand, an expert on pain for the unborn and the neonates, has pointed out that human fetuses possess the ability to experience pain from 20 weeks of gestation, if not earlier, and there is a whole growing body of evidence that clearly demonstrates that. Meanwhile, approximately 18,000 unborn children at 20 weeks or beyond, are destroyed without even the basic decency of pain relief.

Let me describe to you what one of the abortionists who now has turned pro-life, says about the D and E abortion procedure. He did about 10 abortions per week, Dr. Anthony Levatino, from New York, here is how he described this D&E method of abortion. These are his words, he did them: ''Once you have grasped something inside, squeeze on the clamp to set the jaws and pull hard, really hard. You feel something let go and out pops a fully formed leg about 4–5 inches long. Reach in again and grasp whatever you can. Set the jaw and pull really hard once again and out pops an arm about the same length.

□ 1130

Reach in again and again with that clamp and tear out the spine, intestines, heart, and lungs. The toughest part of a D&E abortion is extracting the baby's head. ''The head of the baby that age is about the size of a plum,'' he goes on to say, ''and is now free floating inside the uterine cavity. You can be pretty sure you have hold of it when the Sopher clamp is spread about as far as your fingers will allow. You will know you have it right when you crush down on the clamp and see a pure white gelatinous material issued from the cervix. That was the baby's brains. You can then extract the skull pieces. If you have a really bad day,'' he goes on to say, ''like I often did, a little face may come out and stare right back at you.''

Mr. Speaker, this is a hideous, barbaric abuse of children. And, yes, sadly we are not stopping it with this legislation. I wish we had the ability to protect these children from this kind of child abuse. We need to affirm both patients, mother and baby. That is what prenatal care is all about. Our legislation is simply informed consent, requiring that a brochure, not unlike those booklets given to women in many States of the union that describe the growth of an unborn child and any problems she may experience, be given to her since she has the right to know this very important information.

Abortion methods kill, Mr. Speaker, and we need to at least allow that child pain medication information be conveyed to the mother.

Most—perhaps everyone in the House today—has had to deal at one time or another with the emotional agony of a loved one dying from severe illness, an accident or perhaps even an act of violence.

One of the questions we often ask is how much did they suffer? How much pain? Did we do everything possible to alleviate that pain?

Today, we can no longer deny, trivialize, or gloss over the significant and ever expanding body of knowledge that shows that an unborn child suffers real pain—excruciating pain—when he or she is dismembered as in a D & E abortion, or jabbed with scissors in a partial birth abortion, or poisoned by an abortionist.

Not only is abortion violence against children but we now know that abortion is painful to the baby as well.

In expert testimony provided to the Northern District of the US District Court in California during the partial birth abortion trials, Dr. Sunny Anand, Director of the Pain Neurobiology Lab at Arkansas Children's Hospital Research Institute said, ''the human fetus possesses the ability to experience pain from 20 weeks of gestation, if not earlier, and the pain perceived by a fetus is possibly more intense than that perceived by term newborn's or older children.''

In testimony before the Virginia State Senate, Dr. Jean Wright of Emory University School of Medicine said ''Aspects of pain architecture begin as early as six to seven weeks, mature and are identified by their anatomy, their physiology, and the coordination of responses so that by 20–22 weeks of gestation, the evidence reveals a developed system of pain perception and response. . . . The ability to modulate or blunt the pain response does not develop until the last weeks of pregnancy and the first few weeks of infancy, leading us to believe that the pain perceived in the fetus is greater than that in the full-term infant.

Dr. Anand further describes before the court that the'' highest density of pain receptors per square inch of skin in human development occurs in utero,'' while still in the womb, ''from 20 to 30 weeks gestation. During this period, the epidermis is still very thin, leaving nerve fibers closer to the surface of the skin than in older neonates and adults.''

He went on to explain that the pain inhibitory mechanisms, in other words fibers which dampen and modulate the experience of pain, do not begin to develop until 32 to 34 weeks of gestation. Thus, Dr. Anand concludes, a fetus 20 to 32 weeks of gestation would experience a much more intense pain than older infants or children or adults when these groups are subjected to similar types of injury.

Dr. Anand points out on the question of fetal consciousness that more than 3 decades of research show that preterm infants are actively perceiving, learning and organizing information, and are constantly striving to regulate themselves, their environment and their experiences. All preterm infants actively approach and favor experiences that are developmentally supporting and actively avoiding experiences that are disruptive.

Additionally a recent British study measured blood flow and oxygen in the part of the brain that feels pain while blood was drawn during a heel lance. The results showed a surge of blood and oxygen in the sensory area of their brains, meaning the pain was processed in the higher levels of the brain. Indicating that these little boys and girls do feel pain.

Meanwhile approximately 18,000 unborn children at 20 weeks or beyond are destroyed without the basic decency of pain relief. That means that twice every hour a baby is destroyed without pain alleviation by methods that include the D and E abortion.

The Unborn Child Pain Awareness Act is a modest but necessary expansion of informed consent.

To date several states have enacted informed consent laws that convey in booklet form to the mother the facts concerning development of an unborn baby as well as risks associated with abortions.

Our bipartisan legislation simply ensures that new information concerning pain capable in unborn babies be conveyed as well.

Under HR 6099, a woman considering an abortion at or past 20 weeks fertilization must simply be given an HHS produced brochure describing the most accurate and up to date information on unborn child pain. After that, the mother is given a decision form on which she may either request or decline pain relieving drugs for her baby prior to the abortion.

Is it our hope that this additional information may dissuade a woman from allowing her child to be killed? Absolutely.

I—we—believe good medicine should affirm the value, and dignity of every human life. We need to affirm both patients—mother and child.

For the child dismembered by hideous and abusive abortion methods like the D & E abortion that happen every day—the little girl or boy at least shouldn't be made to suffer.

Here's how Dr. Anthony Levatino, a former abortionist describes the painful D & E abortion.

''Once you have grasped something inside, squeeze on the clamp to set the jaws and pull hard—really hard. You feel something let go and out pops a fully formed leg about 4–5 inches long. Reach in again and grasp whatever you can. Set the jaw and pull really hard once again and out pops an arm about the same length. Reach in again and again with that clamp and tear out the spine, intestines, heart and lungs. . . The toughest part of a D&E abortion is extracting the baby's head. The head of the baby that age is about the size of a plum and is now free floating inside the uterine cavity. You can be pretty sure you have hold of it if the [Sopher] clamp is spread about as far as your fingers will allow. You will know you have it right when you crush down on the clamp and see a puer white gelatinous material issued from the cervix. That was the baby's brains. You can then extract the skull pieces. If you have a really bad day like I often did, a little face may come out and stare back at you.''

Mr. PALLONE. Mr. Speaker, I yield 2½ minutes to the gentlewoman from California (Mrs. CAPPS).

Mrs. CAPPS. Mr. Speaker, I thank my colleague for yielding.

Mr. Speaker, I rise in opposition to H.R. 6099 for many reasons.

Most glaringly is the fact that this bill is even up on the floor to begin with. We have not passed our spending bills. We have not fixed the looming physician fee reimbursement crisis, physicians who treat pain every day. We have not increased the minimum wage. We are inflicting pain on so many hardworking Americans. We have not adequately provided for our veterans' health care. I am thinking of veterans coming back from Iraq with relentless pain and the many unmet needs. These are issues that affect millions and millions of Americans every day.

Yet instead we are considering H.R. 6099, which may affect about 1 percent of the abortions performed annually in the United States and which we know will not be considered in the Senate and therefore never signed into law. We are wasting time today on a bill that is laden with rhetoric but very little science. It is opposed by many of the most reputable advocates for women's health, those on the front line of service to women and babies who would best know. This includes, as my colleague has said, the American College of Obstetricians and Gynecologists, who represent medical doctors serving the health needs of American women.

The legislation before us today proposes to insert narrow personal views into the private conversations between women and their doctors. As a health provider myself, I would shudder at the thought of having to communicate something that is absent of scientific consensus to patients. This is especially true when the legislation targets pregnancies that are for the most part being terminated because of health risks to the mother or fetus. Isn't that conversation already excruciating enough for a woman and her family without the government's unwarranted intrusion?

I urge my colleagues to vote ''no'' today on this bill both because you believe in medical integrity and also because you believe that it is our job to put America's true priorities first and foremost.

Mr. DEAL of Georgia. Mr. Speaker, I am pleased to yield 1¼ minutes to my colleague from Georgia, a physician, Dr. GINGREY.

Mr. GINGREY. Mr. Speaker, I thank my colleague, Chairman DEAL from Georgia, for yielding.

This slow-talking Georgia physician can't say a whole lot in a minute, but I hope my words will strike a nerve.

Just as the author's poster showed the striking of many nerves in this procedure called late-term abortion on these infants, the youngest of our children, I want to just relay to my colleagues an experience, a life-changing experience, if you will. We have twin granddaughters, identical twin granddaughters, born at 26 weeks. They will be soon celebrating their 10th birthday. So we watched them for 80 days in the neonatal intensive care nursery, and the neonatalogist would come by every day and say we are not going to stick their heel again today because it is too painful and we are going to make sure that we only draw blood when it is absolutely necessary. And I, as a physician, having delivered many of these premature, immature male infants, offer anesthesia before a circumcision procedure. It is required as part of an informed consent. So this is what this bill is about. It is informed consent carried to its logical extent, and it is an act of compassion.

I commend the gentleman for the bill because this is simply trying to make sure that the informed consent is there. And even the National Abortion Rights League does not oppose this bill, and I commend them for that.

I support wholeheartedly the legislation, and I commend Representative SMITH for this bill.

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the gentleman from California (Mr. WAXMAN).

Mr. WAXMAN. Mr. Speaker and my colleagues, this bill represents the triumph of ideology and politics over science. The Congress of the United States is going to tell doctors to give a brochure with information that scientists do not believe is accurate. The American College of Obstetricians and Gynecologists opposes this bill, and this is the professional society of physicians who know the most about the care of pregnant women, and they have stated they know of no legitimate scientific information that supports the statement that a fetus experiences pain. Well, let me repeat that. This organization says they know of no legitimate scientific information that supports the statement that a fetus experiences pain. So the Congress in this bill would tell doctors that they have to inform a woman of something that most of these doctors do not believe to be scientifically accurate. It is bad enough to interfere with the doctor-patient relationship, but to tell doctors that they have to give their patients inaccurate medical information would not just be meddlesome. It is completely out of line. It would be a dangerous precedent where we ask doctors to tell patients something that is scientifically not valid in the most personal of decisions of people's lives.

If we really care about women's informed consent, we should not force doctors to misinform them.

I urge opposition to this bill. I regret that we have a scientific matter just as we did in other cases like the right to life case in Florida where the Congress wants to tell people what to do, not just the women but their doctors, and this is an example of ideology and politics, not good science informing our decisions. I urge strong opposition to the bill.

Mr. DEAL of Georgia. Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. PITTS).

Mr. PITTS. Mr. Speaker, recent advances in ultrasound technology have shown that unborn babies have the ability to recognize and respond to positive and negative stimuli. In fact, researchers, scientists now know that unborn children smile and cry. For years doctors have thought that babies learn to smile from mimicking their parents. However, researchers now know that an unborn child can be seen smiling in the womb months before it was thought babies could make such expressions.

One of the London-based researchers, Dr. Stuart Campbell, said: ''It is remarkable that a newborn baby does not smile for about 6 weeks after birth. Before birth most babies smile frequently. This may indicate a baby's calm, trouble-free existence in the womb, and the relatively traumatic first few weeks after the birth when the baby is reacting to a strange, new environment.''

Another group of researchers in New Zealand were testing the effects of maternal smoking and drug use on unborn children. The co-author of the study, Dr. Edward Mitchell of the University in Auckland, stated that the research shows the baby has the necessary sensory and brain development to process the offending sound and recognize it as something negative.

Researchers observed deep inhalations and exhalations, open mouth, quivering chin, with the low decibel noise on the abdomen. There were many experiments that were done, but if unborn children can recognize positive and negative stimuli in utero, imagine the excruciating pain that must be felt during abortions.

I urge you to support the Unborn Child Pain Awareness Act.

Mr. PALLONE. Mr. Speaker, I yield myself 1 minute.

Mr. Speaker, I just want to point out that this bill is on the Suspension Calendar, which is normally reserved for bills that are of an uncontroversial nature, and it is clear just from the statements that have already been made on our side of the aisle that this is a very controversial bill. There are a lot of feelings back and forth on the issue within the medical community, as has been explained by Mrs. CAPPS and Mr. WAXMAN. There is a huge controversy over whether there is a need for this information and whether or not the type of pain that is described actually exists. So I would contend that it really does not belong on the Suspension Calendar, and that is the main reason, I think, why I would urge Members to vote against the bill.

Mr. Speaker, I reserve the balance of my time.

Mr. DEAL of Georgia. Mr. Speaker, I am pleased to yield 1 minute to another physician, Dr. WELDON of Florida.

Mr. WELDON of Florida. Mr. Speaker, I thank my colleague from Georgia for yielding.

I rise to speak in support of this legislation and just raise the point, based on my review of the medical literature as a physician and these are very well published reports, there is abundant evidence that the neuropathways that generate pain responses are present at 20 or 22 weeks, possibly well before that. Indeed, one of the most well respected researchers in this field who is trained in anesthesia and pediatrics, Dr. Kanwaljeet Anand, testified that human fetuses possess the ability to experience pain from 20 weeks of gestation.

I might also add that the new emerging field of fetal surgery, where we are actually repairing spina bifida, for example, in unborn babies as young as 16 weeks of age, there is actually a textbook about how you deliver anesthesia to these babies, and it is recommended and it is necessary to prevent movement because they experience pain.

Now, the other side may quote from a very bad study published in JAMA. It was basically published by the abortion industry. To me it was a disgrace to the Journal of JAMA that they would actually let something like that be published trying to make the contrary claim.

But I think the scientific evidence is overwhelming and this legislation is very, very badly needed. And I applaud the gentleman from New Jersey for introducing this bill and the gentleman from Georgia for bringing it forward, and I encourage all my colleagues to vote in favor of this important legislation.

Mr. PALLONE. Mr. Speaker, I reserve the balance of my time.

Mr. DEAL of Georgia. Mr. Speaker, I yield 1 minute to the gentleman from Iowa (Mr. KING).

Mr. KING of Iowa. Mr. Speaker, I thank the gentleman from Georgia for yielding.

As always, I consider it a privilege to address this body and address you, Mr. Speaker. Especially I consider it a privilege to address you, Mr. Speaker.

I come to the floor to stand in support of the Unborn Child Pain Awareness Act. It is a bit of bizarre debate from my perspective. I believe the debate should be on what instant life begins rather than how we might kill an unborn baby and especially on how we would avoid perhaps inflicting pain on an unborn baby that is about to be killed, and I am talking about 20 to 22 weeks and beyond.

We have a law in this country called the Humane Slaughter Act, which says that an animal cannot be slaughtered unless it is rendered unconscious in a rather painless way. We also have a law called the Animal Welfare Act, which gives the Secretary of Agriculture authority to regulate how laboratory animals might be euthanized in a compassionate, humane fashion. And we can't raise up an unborn baby to this level?

It is astonishing to me that we are here and that there are people that oppose this bill. It is high time it has been brought to the floor. It is a baby step, if you will, Mr. Speaker. And I applaud the gentleman from New Jersey for being the lead on the Unborn Child Pain Awareness Act.

Mr. PALLONE. Mr. Speaker, I reserve the balance of my time.

Mr. DEAL of Georgia. Mr. Speaker, I yield 1 minute to the gentleman from Ohio (Mr. CHABOT).

Mr. CHABOT. Mr. Speaker, I thank the gentleman for yielding and I thank CHRIS SMITH for his leadership on many pro-life issues and this one specifically.

□ 1145

I would urge my colleagues to support this legislation. I would like to quote Ronald Reagan, who stated, ''Medical science doctors confirm that when the lives of the unborn are snuffed out they often feel pain, pain that is long and agonizing.''

The topic of pain in the unborn, including whether or how early and to what extent an unborn baby feels that pain, ignites heated debate. Yet 77 percent of individuals who were surveyed not too long ago by Zogby indicated that they favored this type of legislation, that mothers ought to be aware of the pain that their unborn infants can suffer through one of these terrible procedures. And as chairman of the Subcommittee on the Constitution, we held hearings on this. And I would state unequivocally that I believe that this legislation is constitutional, and I would urge my colleagues to support it.

As Mr. KING mentioned, we have laws about slaughtering cattle in this country. We are talking about unborn children. Let's protect them. Let's let the mothers know the pain that these unborn children could go through.

Mr. PALLONE. Mr. Speaker, I yield myself 1 minute.

Mr. Speaker, again, in response to the previous speaker, I think the point should be made that right now, under the current law, there's nothing to prevent a physician from advising a woman their opinion in the manner of pain that might be inflicted on the fetus. The problem is that legislation is imposing a mandate, a mandate that is based on evidence that simply is not scientifically proven. And that is why we have various medical organizations, most notably of course, the American College of Obstetricians and Gynecologists, and these are the people that are experts on anesthesia. And they say again, I quote, ''that there is no legitimate scientific data or information that supports the view this legislation purports with regard to the pain of the fetus.''

And that is the problem here. This is a mandate, Mr. Speaker, and I think it is a mistake to mandate that this be done when the science is not clear. And again, this is a bill on the Suspension Calendar. I would urge my colleagues to vote against it. We don't know what the true science is.

Mr. DEAL of Georgia. Mr. Speaker, I yield 1 minute to the gentleman from Missouri (Mr. AKIN).

Mr. AKIN. Mr. Speaker, my colleague, my Democrat colleague, on the other side of the aisle there is making reference, I believe, to a study that was done. The lead author of that was Susan Lee, who is a lawyer for NARAL. That is not exactly a credible witness.

And what we have on the other side of the argument, you have Dr. Myers and Dr. Bulich. They are authors of the textbook ''Anesthesia for Fetal Intervention and Surgery.'' They are professors at Harvard Medical School. And what they are explaining is that as we do these different routine operations to little children, before they are born, what we are doing is we are administering anesthesia because we understand that they feel pain. This is common practice in the medical community. And I am really amazed that anybody would be opposed to the idea of simply giving a mother a choice, a choice as to whether to administer anesthesia to her child. I mean, I hear these people. They say they are prochoice, and here is something that is choice, you can administer anesthesia; oh, no, we are against that. You might impose on giving them this opportunity to administer anesthesia. I can't understand why anybody could oppose it.

Mr. PALLONE. Mr. Speaker, I reserve the balance of my time.

Mr. DEAL of Georgia. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from Arizona (Mr. FRANKS).

Mr. FRANKS of Arizona. Mr. Speaker, a great man once said that a society is measured by how it treats those in the dawn of life, those in the shadows of life, and those in the twilight of life.

Because they are hidden, both in the dawn and in the shadows of life, we kill 400 late-term unborn children every day in America using methods that cause such agonizing pain to the child that it would be illegal under Federal law if it was done to an animal.

This bill would call upon abortionists to offer an anesthetic to assuage this agony to these children. Mr. Speaker, if we, as a human family in America, cannot find that much humanity within ourselves, if this human rights atrocity of dismembering our own children alive is truly who we are, then the patriot's dream is lost, Mr. Speaker. Those lying out in Arlington National Cemetery have died in vain, and twilight has fallen upon all of us.

I urge my colleagues to pass this legislation.

Mr. PALLONE. Mr. Speaker, I reserve the balance of my time.

Mr. DEAL of Georgia. Mr. Speaker, I am pleased to yield 1 minute to the gentlewoman from Florida (Ms. ROS-LEHTINEN).

Ms. ROS-LEHTINEN. Mr. Speaker, I rise in strong support of H.R. 6099, The Unborn Child Pain Awareness Act introduced by my colleague, Congressman CHRIS SMITH.

This pro-information legislation ensures that women seeking an abortion are fully informed of the pain experienced by their unborn child at 20 weeks after fertilization.

In addition, the bill gives a woman the opportunity to request pain medication for her child during the abortion procedure.

Mr. Speaker, administering pain medication to an unborn child at 20 weeks of development is not a novel concept. Unborn children undergoing surgery in a mother's womb are given an anesthetic directly, and premature babies of the same age are given pain relieving drugs during medical operations.

At a minimum, a woman should be given the opportunity to request the same pain-easing medication for her unborn child.

It is time for us to do the right thing and arm women with all of the facts on abortion. I urge my colleagues to support this commonsense legislation.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may use.

Mr. Speaker, I just wanted to read the text of this brochure. As I have said before, the problem with this legislation is it is a mandate, a mandate that the woman receive this brochure. And then it mandates in the legislation what the brochure should consist of. And I won't read the whole text, but let me just read part of it. It says, ''There is a significant body of evidence that unborn children at 20 weeks after fertilization have the physical structures necessary to experience pain. There is substantial evidence that at least by this point, unborn children draw away from surgical instruments in a manner which in an infant or an adult would be interpreted as a response to pain.''

And then it goes on to say, ''You may request that anesthesia or other pain-reducing drugs or drugs are administered directly to the pain-capable unborn child if you so desire.''

And then, ''In some cases, there may be some additional risk to you associated with administering such a drug.''

Now, you know, it is clear here that even the authors of this are not saying that this is definitive, only that there is a significant body of evidence that there may be pain experienced. And, it is also clear that the authors of the legislation understand that there may be some additional risk associated to the woman in administering such a drug. So again, this is, to think that you are going to mandate this in a brochure, when the scientific evidence of the impact on the fetus is not clear, and when there is the possibility, a real one, it is mentioned in here, that there may be additional risk to the woman, I think is just really the wrong thing to do to have this as a mandate that something has to be done.

And again, we are putting it on the Suspension Calendar, which is supposedly for noncontroversial measures. And again, I would urge my colleagues, we should not be putting this on the Suspension Calendar. We should not be mandating something that is not clear and where there may actually be additional risk to the woman herself. I think it is simply a mistake.

I would urge my colleagues to vote against this measure.

Mr. Speaker, I reserve the balance of my time.

Mr. DEAL of Georgia. Mr. Speaker, I am pleased to yield 1 minute to the gentlewoman from North Carolina (Ms. FOXX).

Ms. FOXX. Mr. Speaker, it is imperative we take appropriate measures to inform every woman who is seeking an abortion of the development of the unborn child to feel pain in her womb at least 20 weeks after fertilization. We have taken action to ensure that the pain of livestock and laboratory animals is reduced and prevented, yet when it comes to the unborn child we hesitate.

Every day unborn children have pain inflicted upon them, such as poisoning and even dismemberment, when a woman chooses to abort. All of this is without pain medicine. Studies show that fetuses respond to touch by 8 weeks' gestation, and respond to sound by 20 weeks. If an unborn child can recognize the positive and negative stimuli in the womb, I can't imagine the excruciating pain that must be felt during an abortion.

Today women are not fully informed of the extremely painful death their child will endure during an abortion. At minimum, we must act to ensure that abortion providers are legally obligated to inform every woman about her right to request pain-reducing medicine for her baby.

Life is a gift from God and should be respected. I hope my colleagues will join me in recognizing the pain unborn children experience during abortion by supporting this bill.

Mr. PALLONE. Mr. Speaker, I reserve the balance of my time.

Mr. DEAL of Georgia. Mr. Speaker, I am pleased to yield 1 minute to the gentlewoman from Texas (Ms. SEKULA GIBBS), who is the third physician to speak on this issue in favor of the legislation.

Ms. SEKULA GIBBS. Mr. Speaker, I rise today to support the Unborn Child Pain Awareness Act. This bill is designed to provide information to women who are seeking late-term abortions.

As a physician who believes in the sanctity of life, I would rather be voting to ban abortions that are late term, but this bill is a step in the right direction.

And also, as a physician who has practiced for over 20 years, I support informed consent, and this is really what the bill is about. It is about giving women the information that their unborn fetus can experience pain. And the growing body of evidence suggests strongly, and this body of evidence is growing and has grown from the time I have been in medical school till now, that supports that fetuses do feel pain. And it gives women the option, the same kind of option that we have whenever our tooth is going to be extracted. Do you want anesthesia for that? The same kind of option whenever you have a skin biopsy. Do you want anesthesia for that? So it is an informed opportunity for the woman to make this decision. And if anesthesia is now routinely given to women when their fetus is undergoing surgery, it is appropriate to allow them the same choices now.

Mr. PALLONE. Mr. Speaker, I yield myself 1 minute.

Again, in response to the previous speaker, and I respect her opinion, but there is nothing under the current law that doesn't allow a woman to have the option of anesthesia in the manner in which the gentlewoman describes. The problem here is that we are mandating that they be given a brochure that provides information that is not scientifically proven. We are not in any way, neither would I suggest, that any woman not be able to opt for that kind of anesthesia. But the issue here is whether we should be mandating that they be given a brochure that is not at all clear, from a scientific point of view, as to whether or not that pain is going to be felt and what the impact might be on the woman herself. I just think that what the proponents of this bill are suggesting is a mandate for something that is unclear. And that is the wrong thing to do in this circumstance. I think it creates a lot of confusion on the part of women who are in that position, and it should simply be left up to the doctor.

Mr. Speaker, I reserve the balance of my time.

Mr. DEAL of Georgia. Mr. Speaker, I would say to Mr. PALLONE that I am prepared to yield the remaining time to Mr. SMITH who will conclude the debate on our side, if he has no other speakers.

Mr. PALLONE. Mr. Speaker, if I could just ask to make a minute closing remark myself, and then I will yield back the time.

The SPEAKER pro tempore. The Chair recognizes the gentleman from New Jersey.

Mr. PALLONE. Mr. Speaker, I just wanted to say again, and again I respect my colleagues, particularly my colleague from New Jersey, who I know truly believes in this issue and has spent a great deal of time on the issue throughout his career, but I really think that in this case, that we are making a huge mistake.

First of all, this is on the Suspension Calendar. It should not be. This is a very controversial issue. It is still a huge controversy in the scientific community, and for us to mandate that every woman in this situation has to get what may be, in fact, misinformation, I think is wrong. And so I would urge my colleagues to vote this bill down, that it not be on the Suspension Calendar.

Mr. Speaker, I yield back the balance of my time.

Mr. DEAL of Georgia. Mr. Speaker, I yield the balance of the time to Mr. SMITH from New Jersey.

□ 1200

Mr. SMITH of New Jersey. The Unborn Pain Child Awareness Act is a modest but necessary expansion of informed consent. Let me remind my colleagues that in State after State throughout the country these booklets like the one in my hand that describe fetal development are given to the woman prior to an abortion. These kinds of informed consent booklets have been vigorously opposed by the abortion lobby, and we know for a fact from former as well as current-day abortionists do not discuss the baby's pain. They rarely will talk about anything that is even remotely connected with the humanity of the unborn child. It is just not part of what they convey to the woman.

Let me also point out to my colleagues that the 2005 JAMA article that is being pushed by members and the press has been part of a slick disinformation campaign and is true junk science. The authors of that study failed to point out that their conflict of interest. Susan Lee is a medical student who was previously employed as a lawyer for NARAL, and Eleanor Drey, runs the largest abortion clinic in San Francisco, where they do 600 D and E or late-term abortions every year, those hideous abortions where the baby is dismembered and she has been a very strong advocate of partial birth abortion. Eleanor Drey too did not disclose as one of the authors of that study her affiliation. Talk about conflict of interest, and the study is riddled with holes.

Finally, what the legislation does, and let us be clear, it just requires the informed consent brochure from the Department of Health and Human Service and that the mother be given an informed consent form to sign.

Ms. SLAUGHTER. Mr. Speaker, today I rise in opposition to H.R. 6099, the so-called Unborn Child Pain Awareness Act. While this bill purports to represent the findings of the scientific community, it is merely sensationalistic junk science.

This bill would force doctors to violate their Hippocratic oath by mandating that they provide women with incorrect, unsupported information. It misleads women into believing that they need general anesthesia for an abortion. By glossing over the established risks of general anesthesia, this bill puts women's health at risk.

But don't take my word for it—look to the science. An August 2005, Journal of the American Medical Association study states ''for pregnant women, general anesthesia is associated with increased morbidity and mortality, particularly because of airway-related complications and increased risk of hemorrhage from uterine atony.''

The American College of Obstetricians and Gynecologists said it best in their statement against this bill. ''Requiring a physician to provide a patient with information that is not supported by scientific fact violates the established doctrine of medical informed consent.''

As a scientist myself, I am embarrassed that this body would even consider something so egregiously devoid of fact and scientific proof—something that blatantly puts women's health at risk. But I'm not the only scientist opposed to this bill.

The American Academy of Physician Assistants, the American College of Obstetricians and Gynecologists, the American Public Health Association, the American Society for Reproductive Medicine, the Association of Reproductive Health Professionals, the National Association of Nurse Practitioners in Women's Health—to name a few. All these groups oppose H.R. 6099. In total there are over 30 scientific, medical and advocacy organizations that are against this bill.

This bill is nothing but pure political pandering at the expense of science and women's health. Let's stop letting politics trump science. I urge a ''no'' vote on this bill.

Mrs. MALONEY. Mr. Speaker, last month, I attended the Supreme Court oral arguments on the so-called Partial Birth Abortion bill. You may recall that like the bill we have before us today, that bill included Congressional findings that found no basis in medical fact or science. The bill we are debating today is pseudoscience. The American College of Obstetricians and Gynecologists, in consultation with physicians who are experts in fetal anesthesia and fetal surgery, knows of no legitimate scientific data or information that supports the statement that a fetus experiences pain. Requiring a physician to provide a patient with information that is not supported by scientific fact violates the established doctrine of medical informed consent. This bill is a clear attempt by the current antichoice majority to once again chip away at a woman's right to choose.

H.R. 6099 does not inform women who are seeking abortions, it misinforms them. It forces doctors and nurses to distribute a brochure filled with biased language written by antichoice politicians, most of whom have no medical experience. This bill has nothing to do with improving women's healthcare or increasing access to medical information. It is just one more attempt for politicians to impose themselves on the unique and important doctor-patient relationship, which should remain private.

Mr. Speaker, in these last days of the 109th Congress, the anti-choice majority is lobbing a parting shot at American women. We shouldn't be wasting our time on bills that impede access to healthcare and impose further burdens on women seeking abortions.

I urge my colleagues to vote against H.R. 6099, a bill where the science is unproven and the result is harmful.

Mr. SHAYS. Mr. Speaker, I rise in opposition to H.R. 6099 because I believe it is a woman's choice whether to terminate a pregnancy, and oppose legislation requiring health care practitioners to tell a patient information that may or may not be true.

I am concerned about the precedent we are setting by having the Federal government mandate by law the medical advice doctors offer their patients. It seems to me the last thing physicians want or need is more federal intrusion into their practices.

I support a woman's right to choose whether to terminate a pregnancy subject to the restrictions of Roe v. Wade. Abortion is a very personal decision. While a woman's doctor, clergy, friends, family and public officials may have an opinion, the ultimate decision rests solely with her. I would like to see abortion remain safe and legal, yet rare.

Mr. FORTENBERRY. Mr. Speaker, thank you for this opportunity to champion the principle of informed consent, which should concern each and every one of us here today. I also want to thank Mr. Smith yet again for his courageous and tireless dedication to the most vulnerable persons among us, the unborn. His leadership on human rights is a constant inspiration.

For over 30 years, our society has been torn apart by the issue of abortion. There may be very few of us who have not been affected by the emotional and physical pain of abortion, as experienced by millions of women, children, and families throughout the country.

Modern therapeutic and diagnostic technologies make it increasingly more difficult to deny the essential humanness of unborn children. These technologies and sound, scientific research have enabled us to conclude beyond a reasonable doubt that unborn children are able to experience excruciating pain from 20 weeks of gestation.

It is my hope that one day we will all choose to open our hearts and minds to the unborn and face the reality of abortion for what it is. Until that day, let us at the very least work to ensure that women are given the medical facts about fetal pain. Women deserve this respect.

Mr. STARK. Mr. Speaker, Republicans are apparently so concerned about the pain of unborn children that they are willing to promote junk science and have Congress dictate the contents of a brochure given to all women seeking to have an abortion. Where is the sense of urgency for children once they are actually born? What has this Congress done to address increasing rates of child poverty and hunger, decreasing access to health care, and the abysmal state of education and child care in this country?

Inevitably, my Republican colleagues say it's a ''state issue'' or that there's not enough evidence that federal action would work. I guess this bill proves that if the issue is important enough to the Christian Right, federalism and evidence get tossed aside. If only the needs of children or the demands of voters had similar power to break through right wing ideology. This is a fitting end to the Congress that found the time to meddle with Terri Schiavo and vote against the fabricated war on Christmas but couldn't make time to finish nine appropriations bills.

Mr. Speaker, the jig is up on this pathetic excuse for governing. Let's begin a new direction for America by voting against this divisive bill.

Mr. MORAN of Virginia. Mr. Speaker, I rise in strong opposition to the Unborn Child Pain Awareness Act, which purports to provide

women important information related to their health, but instead will substitute ideology for scientific evidence.

The House of Representatives is again legislating morals and is poking its nose where it doesn't belong.

This bill will require that family planning providers inform a patient seeking a legal abortion after 20 weeks that there is ''substantial evidence'' that a fetus may feel pain during an abortion procedure.

These women would be required to read and sign a form drafted by Congress, which states that ''there is substantial evidence'' that the abortion will cause pain to the fetus and they will be offered medications intended to reduce pain administered directly to the fetus.

There is an ongoing debate in the scientific community on this issue. Many scientists believe that there is too little information on the effectiveness of medications administered directly to a fetus.

In fact, a federal court found in 2004, ''the issue of a fetus feeling pain is unsettled in the scientific community . . . there is no consensus of medical opinion on this issue,'' and ''much of the debate is based upon speculation and inference.''

Proponents of this bill are claiming compassion for the unborn and using biased ''scientific'' information to prove their misguided ideology.

What would be compassionate is for this body to consider legislation such as the Prevention First Act, which would help to reduce the number of unintended pregnancies.

This is what we should be considering.

In reality, the goal of the Unborn Child Pain Awareness Act is not one based on compassion.

The goal is to undermine a woman's right to choose and to make what is a difficult decision for many women, increasingly more difficult.

I urge all my colleagues to vote against this measure.

Mr. ETHERIDGE. Mr. Speaker, I rise today in opposition to H.R. 6099, the Unborn Child Pain Awareness Act. H.R. 6099 is another heavy-handed attempt by the majority to intrude into the doctor-patient relationship. This legislation would proscribe a consent form that states as medical fact unsubstantiated studies which have no consensus in the medical community.

This legislation is meant to further undermine the U.S. Supreme Court's Roe vs. Wade decision regarding a woman's right to privacy and her ability to make personal medical decisions. Once again, instead of allowing a controversial bill such as this one full and clear debate, the House leadership is trying to sneak one by the American people on one of the last days of a lame-duck session in a desperate attempt to score political points with those factions who wish to deprive women of their rights. And by putting it on the Suspension Calendar, they have denied Members the opportunity to offer substantive amendments on these important issues.

I urge my colleagues to vote against this legislation so that we may consider it, as well as substantive amendments that could improve it, in the 110th Congress.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Georgia (Mr. DEAL) that the House suspend the rules and pass the bill, H.R. 6099.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those voting have responded in the affirmative.

Mr. DEAL of Georgia. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this question will be postponed.

N O T I C E

Incomplete record of House proceedings.

Today's House proceedings will be continued in the next issue of the Record.