

Second, the bill doesn't even address a part of the PATRIOT Act called Section 702 that covers data that crosses our borders. This section allows the government to sweep up the content of an American citizen's emails, instant messages and web browsing history just because they happen to be communicating with someone outside the U.S. In fact, the former NSA director General Keith Alexander admitted that the NSA specifically searches Section 702 data using "U.S. person identifiers." This so-called "back door search loophole" should have been closed in this bill because it violates the Fourth Amendment by getting around the warrant requirement. The notion that Americans' rights are contingent on the geography of where a call is directed is not consistent with the Constitution and highlights why this particular section needs to be changed.

Third, this bill does not require the government to destroy information obtained on Americans who are not connected to an investigation. The way this happens is the government stores the information it collected on a particular phone call, even if one of those individuals on the call is suspected of no wrongdoing. The Constitution I believe is rather clear in the principle that organizations like the NSA and the FBI should not be able to store information that is inadvertently collected on people who are not suspected of committing a crime, and at a very minimum the FREEDOM Act does not use this opportunity to shine a light on the problem.

Pericles, the Greek general of Athens, once said that "Freedom is the sure possession of those alone who have the courage to defend it." Ultimately, I believe this bill is another missed opportunity for Congress to address what the judiciary has now ruled to be the unconstitutional and unlawful actions of the Executive branch. It really matters the Second Circuit federal court in New York issued an opinion last week stating that the NSA has stretched the meaning of the text of the PATRIOT Act so that it no longer represents congressional intent and called the NSA's bulk data collection illegal. It really matters that this bill would codify actions of the NSA that were ruled to be outside the bounds of law. I think it also matters that the debate that is taking place is as old as civilization as there has always been a tension between security and freedom. And it really matters that historically those civilizations that have given up freedom in the interest of security have historically lost both. For all these reasons each one of us should care deeply about what happens next on bulk collections at the NSA—and the way this bill comes up short in protecting liberty's foundation, civil liberty.

Mr. THORNBERRY. Mr. Speaker, out of necessity to reauthorize the expiring intelligence gathering authorities, I reluctantly vote for H.R. 2048. A recent federal appeals court decision has increased our need to address these authorities. Unfortunately, their pending expiration is now forcing Congress to act hastily rather than take the necessary time to adequately analyze the court's decision and update the laws accordingly.

I recognize the distrust created by the Obama Administration's abuse of power, as well as the damage caused by recent intelligence leaks containing fragments, inaccuracies, and speculation. It is unfortunate that those actions will continue to make it more dif-

ficult to gather the information necessary to counter terrorism. It is even more alarming that this trend will inevitably make our country less safe.

Very few Americans will ever learn the full details of the considerable successes of the National Security Agency (NSA). But through the dedication and commitment of its men and women, the NSA has helped to keep our nation and its citizens safe. I remain confident in their professionalism as they strive to prevent future terrorist attacks and support our warfighters overseas.

I believe the first job of the federal government is to defend the country and protect our citizens within the framework of the Constitution, and I will continue to do all I can to contribute to that effort.

Mr. FARR. Mr. Speaker, tonight I must rise to voice my concerns with the USA Freedom Act. While I recognize the improvements this bill attempts to make with regard to mass surveillance and information gathering efforts, I simply cannot vote for this bill.

I was pleased to hear that the Second Circuit Court recently found metadata collection to be illegal and commend the bi-partisan work that resulted in a bill that attempts to adhere to the court's decision. I recognize that the USA Freedom Act includes positive changes such as tighter language dictating when the NSA can access a database of call records, new allowances that grant technology companies the right to disclose governmental inquiries to their users and increases penalties for people caught aiding in terrorist efforts.

Mr. Speaker, I am concerned that other provisions in the bill would continue to allow for large swaths of information gathering. Simply put, I cannot vote for a bill that does not protect the privacy enshrined in the Fourth Amendment and guaranteed to all Americans. The risk of faulty information collection is not a risk I am willing to take with any American's privacy. Upholding the U.S. Constitution is non-negotiable.

Mrs. CAPPS. Mr. Speaker, I would like to submit for the RECORD my strong support of H.R. 2048, the USA Freedom Act of 2015, which I am proud to cosponsor.

This bipartisan bill will go a long way to reign in the abusive bulk surveillance practices that have left many Americans concerned for their privacy protections.

Furthermore, this bill will establish additional civil liberty protections and increased transparency, accountability, and oversight for over our national security practices.

As a policymaker, I am proud to support legislation that will protect our values of privacy and civil liberties while also providing our national security officials with the targeted tools that they need to ensure the safety of all Americans.

This bill is also a testament to what we can accomplish when we come together to work in a bipartisan way to meet the needs of the American people.

I urge my colleagues to support H.R. 2048. The SPEAKER pro tempore. All time for debate has expired.

Pursuant to House Resolution 255, the previous question is ordered on the bill, as amended.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER pro tempore. The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. GOODLATTE. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

#### MESSAGE FROM THE PRESIDENT

A message in writing from the President of the United States was communicated to the House by Mr. Pate, one of his secretaries.

#### CONTINUATION OF THE NATIONAL EMERGENCY WITH RESPECT TO YEMEN—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 114-36)

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, referred to the Committee on Foreign Affairs and ordered to be printed:

*To the Congress of the United States:*

Section 202(d) of the National Emergencies Act (50 U.S.C. 1622(d)) provides for the automatic termination of a national emergency unless, within 90 days prior to the anniversary date of its declaration, the President publishes in the *Federal Register* and transmits to the Congress a notice stating that the emergency is to continue in effect beyond the anniversary date. In accordance with this provision, I have sent to the *Federal Register* for publication the enclosed notice stating that the national emergency declared in Executive Order 13611 of May 16, 2012, with respect to Yemen is to continue in effect beyond May 16, 2015.

The actions and policies of certain members of the Government of Yemen and others continue to threaten Yemen's peace, security, and stability, including by obstructing the implementation of the agreement of November 23, 2011, between the Government of Yemen and those in opposition to it, which provided for a peaceful transition of power that meets the legitimate demands and aspirations of the Yemeni people for change, and by obstructing the political process in Yemen. For this reason, I have determined that it is necessary to continue the national emergency declared in Executive Order 13611 with respect to Yemen.

BARACK OBAMA.  
THE WHITE HOUSE, May 13, 2015.

#### PAIN-CAPABLE UNBORN CHILD PROTECTION ACT

Mr. GOODLATTE. Mr. Speaker, pursuant to House Resolution 255, I call up the bill (H.R. 36) to amend title 18, United States Code, to protect pain-capable unborn children, and for other

purposes, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 255, the amendment in the nature of a substitute printed in part A of House Report 114-111 is adopted, and the bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

#### H.R. 36

*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 “Pain-Capable Unborn Child Protection Act”.

#### SEC. 2. LEGISLATIVE FINDINGS AND DECLARATION OF CONSTITUTIONAL AUTHORITY FOR ENACTMENT.

Congress finds and declares the following:

(1) Pain receptors (nociceptors) are present throughout the unborn child's entire body and nerves link these receptors to the brain's thalamus and subcortical plate by no later than 20 weeks after fertilization.

(2) By 8 weeks after fertilization, the unborn child reacts to touch. After 20 weeks, the unborn child reacts to stimuli that would be recognized as painful if applied to an adult human, for example, by recoiling.

(3) In the unborn child, application of such painful stimuli is associated with significant increases in stress hormones known as the stress response.

(4) Subjection to such painful stimuli is associated with long-term harmful neurodevelopmental effects, such as altered pain sensitivity and, possibly, emotional, behavioral, and learning disabilities later in life.

(5) For the purposes of surgery on unborn children, fetal anesthesia is routinely administered and is associated with a decrease in stress hormones compared to their level when painful stimuli are applied without such anesthesia. In the United States, surgery of this type is being performed by 20 weeks after fertilization and earlier in specialized units affiliated with children's hospitals.

(6) The position, asserted by some physicians, that the unborn child is incapable of experiencing pain until a point later in pregnancy than 20 weeks after fertilization predominately rests on the assumption that the ability to experience pain depends on the cerebral cortex and requires nerve connections between the thalamus and the cortex. However, recent medical research and analysis, especially since 2007, provides strong evidence for the conclusion that a functioning cortex is not necessary to experience pain.

(7) Substantial evidence indicates that children born missing the bulk of the cerebral cortex, those with hydranencephaly, nevertheless experience pain.

(8) In adult humans and in animals, stimulation or ablation of the cerebral cortex does not alter pain perception, while stimulation or ablation of the thalamus does.

(9) Substantial evidence indicates that structures used for pain processing in early development differ from those of adults, using different neural elements available at specific times during development, such as the subcortical plate, to fulfill the role of pain processing.

(10) The position, asserted by some commentators, that the unborn child remains in a coma-like sleep state that precludes the unborn child experiencing pain is inconsistent with the documented reaction of unborn children to painful stimuli and with the

experience of fetal surgeons who have found it necessary to sedate the unborn child with anesthesia to prevent the unborn child from engaging in vigorous movement in reaction to invasive surgery.

(11) Consequently, there is substantial medical evidence that an unborn child is capable of experiencing pain at least by 20 weeks after fertilization, if not earlier.

(12) It is the purpose of the Congress to assert a compelling governmental interest in protecting the lives of unborn children from the stage at which substantial medical evidence indicates that they are capable of feeling pain.

(13) The compelling governmental interest in protecting the lives of unborn children from the stage at which substantial medical evidence indicates that they are capable of feeling pain is intended to be separate from and independent of the compelling governmental interest in protecting the lives of unborn children from the stage of viability, and neither governmental interest is intended to replace the other.

(14) Congress has authority to extend protection to pain-capable unborn children under the Supreme Court's Commerce Clause precedents and under the Constitution's grants of powers to Congress under the Equal Protection, Due Process, and Enforcement Clauses of the Fourteenth Amendment.

#### SEC. 3. PAIN-CAPABLE UNBORN CHILD PROTECTION.

(a) IN GENERAL.—Chapter 74 of title 18, United States Code, is amended by inserting after section 1531 the following:

##### “SEC. 1532. PAIN-CAPABLE UNBORN CHILD PROTECTION.

“(a) UNLAWFUL CONDUCT.—Notwithstanding any other provision of law, it shall be unlawful for any person to perform an abortion or attempt to do so, unless in conformity with the requirements set forth in subsection (b).

“(b) REQUIREMENTS FOR ABORTIONS.—

“(1) ASSESSMENT OF THE AGE OF THE UNBORN CHILD.—The physician performing or attempting the abortion shall first make a determination of the probable post-fertilization age of the unborn child or reasonably rely upon such a determination made by another physician. In making such a determination, the physician shall make such inquiries of the pregnant woman and perform or cause to be performed such medical examinations and tests as a reasonably prudent physician, knowledgeable about the case and the medical conditions involved, would consider necessary to make an accurate determination of post-fertilization age.

“(2) PROHIBITION ON PERFORMANCE OF CERTAIN ABORTIONS.—

“(A) GENERALLY FOR UNBORN CHILDREN 20 WEEKS OR OLDER.—Except as provided in subparagraph (B), the abortion shall not be performed or attempted, if the probable post-fertilization age, as determined under paragraph (1), of the unborn child is 20 weeks or greater.

“(B) EXCEPTIONS.—Subparagraph (A) does not apply if—

“(i) in reasonable medical judgment, the abortion is necessary to save the life of a pregnant woman whose life is endangered by a physical disorder, physical illness, or physical injury, including a life-endangering physical condition caused by or arising from the pregnancy itself, but not including psychological or emotional conditions;

“(ii) the pregnancy is the result of rape against an adult woman, and at least 48 hours prior to the abortion—

“(I) she has obtained counseling for the rape; or

“(II) she has obtained medical treatment for the rape or an injury related to the rape; or

“(iii) the pregnancy is a result of rape against a minor or incest against a minor, and the rape or incest has been reported at any time prior to the abortion to either—

“(I) a government agency legally authorized to act on reports of child abuse; or

“(II) a law enforcement agency.

“(C) REQUIREMENT AS TO MANNER OF PROCEDURE PERFORMED.—Notwithstanding the definitions of ‘abortion’ and ‘attempt an abortion’ in this section, a physician terminating or attempting to terminate a pregnancy under an exception provided by subparagraph (B) may do so only in the manner which, in reasonable medical judgment, provides the best opportunity for the unborn child to survive.

“(D) REQUIREMENT THAT A PHYSICIAN TRAINED IN NEONATAL RESUSCITATION BE PRESENT.—If, in reasonable medical judgment, the pain-capable unborn child has the potential to survive outside the womb, the physician who performs or attempts an abortion under an exception provided by subparagraph (B) shall ensure a second physician trained in neonatal resuscitation is present and prepared to provide care to the child consistent with the requirements of subparagraph (E).

“(E) CHILDREN BORN ALIVE AFTER ATTEMPTED ABORTIONS.—When a physician performs or attempts an abortion in accordance with this section, and the child is born alive, as defined in section 8 of title 1 (commonly known as the Born-Alive Infants Protection Act of 2002), the following shall apply:

“(i) DEGREE OF CARE REQUIRED.—Any health care practitioner present at the time shall humanely exercise the same degree of professional skill, care, and diligence to preserve the life and health of the child as a reasonably diligent and conscientious health care practitioner would render to a child born alive at the same gestational age in the course of a natural birth.

“(ii) IMMEDIATE ADMISSION TO A HOSPITAL.—Following the care required to be rendered under clause (i), the child born alive shall be immediately transported and admitted to a hospital.

“(iii) MANDATORY REPORTING OF VIOLATIONS.—A health care practitioner or any employee of a hospital, a physician's office, or an abortion clinic who has knowledge of a failure to comply with the requirements of this subparagraph must immediately report the failure to an appropriate State or Federal law enforcement agency or both.

“(F) DOCUMENTATION REQUIREMENTS.—

“(i) DOCUMENTATION PERTAINING TO ADULTS.—A physician who performs or attempts to perform an abortion under an exception provided by subparagraph (B)(ii) shall, prior to the abortion, place in the patient medical file documentation from a hospital licensed by the State or operated under authority of a Federal agency, a medical clinic licensed by the State or operated under authority of a Federal agency, from a personal physician licensed by the State, a counselor licensed by the State, or a victim's rights advocate provided by a law enforcement agency that the adult woman seeking the abortion obtained medical treatment or counseling for the rape or an injury related to the rape.

“(ii) DOCUMENTATION PERTAINING TO MINORS.—A physician who performs or attempts to perform an abortion under an exception provided by subparagraph (B)(iii) shall, prior to the abortion, place in the patient medical file documentation from a government agency legally authorized to act on reports of child abuse that the rape or incest was reported prior to the abortion; or, as an alternative, documentation from a law enforcement agency that the rape or incest was reported prior to the abortion.

“(G) INFORMED CONSENT.—

“(i) CONSENT FORM REQUIRED.—The physician who intends to perform or attempt to perform an abortion under the provisions of subparagraph (B) may not perform any part of the abortion procedure without first obtaining a signed Informed Consent Authorization form in accordance with this subparagraph.

“(ii) CONTENT OF CONSENT FORM.—The Informed Consent Authorization form shall be presented in person by the physician and shall consist of—

“(I) a statement by the physician indicating the probable post-fertilization age of the pain-capable unborn child;

“(II) a statement that Federal law allows abortion after 20 weeks fetal age only if the mother's life is endangered by a physical disorder, physical illness, or physical injury, when the pregnancy was the result of rape, or an act of incest against a minor;

“(III) a statement that the abortion must be performed by the method most likely to allow the child to be born alive unless this would cause significant risk to the mother;

“(IV) a statement that in any case in which an abortion procedure results in a child born alive, Federal law requires that child to be given every form of medical assistance that is provided to children spontaneously born prematurely, including transportation and admittance to a hospital;

“(V) a statement that these requirements are binding upon the physician and all other medical personnel who are subject to criminal and civil penalties and that a woman on whom an abortion has been performed may take civil action if these requirements are not followed; and

“(VI) affirmation that each signer has filled out the informed consent form to the best of their knowledge and understands the information contained in the form.

“(iii) SIGNATORIES REQUIRED.—The Informed Consent Authorization form shall be signed in person by the woman seeking the abortion, the physician performing or attempting to perform the abortion, and a witness.

“(iv) RETENTION OF CONSENT FORM.—The physician performing or attempting to perform an abortion must retain the signed informed consent form in the patient's medical file.

“(H) REQUIREMENT FOR DATA RETENTION.—Paragraph (j)(2) of section 164.530 of title 45, Code of Federal Regulations, shall apply to documentation required to be placed in a patient's medical file pursuant to subparagraph (F) of subsection (b)(2) and a consent form required to be retained in a patient's medical file pursuant to subparagraph (G) of such subsection in the same manner and to the same extent as such paragraph applies to documentation required by paragraph (j)(1) of such section.

“(I) ADDITIONAL EXCEPTIONS AND REQUIREMENTS.—

“(i) IN CASES OF RISK OF DEATH OR MAJOR INJURY TO THE MOTHER.—Subparagraphs (C), (D), and (G) shall not apply if, in reasonable medical judgment, compliance with such paragraphs would pose a greater risk of—

“(I) the death of the pregnant woman; or

“(II) the substantial and irreversible physical impairment of a major bodily function, not including psychological or emotional conditions, of the pregnant woman.

“(ii) EXCLUSION OF CERTAIN FACILITIES.—Notwithstanding the definitions of the terms ‘medical treatment’ and ‘counseling’ in subsection (g), the counseling or medical treatment described in subparagraph (B)(ii) may not be provided by a facility that performs abortions (unless that facility is a hospital).

“(iii) RULE OF CONSTRUCTION IN CASES OF REPORTS TO LAW ENFORCEMENT.—The require-

ments of subparagraph (B)(ii) do not apply if the rape has been reported at any time prior to the abortion to a law enforcement agency or Department of Defense victim assistance personnel.

“(iv) COMPLIANCE WITH CERTAIN STATE LAWS.—

“(I) STATE LAWS REGARDING REPORTING OF RAPE AND INCEST.—The physician who performs or attempts to perform an abortion under an exception provided by subparagraph (B) shall comply with such applicable State laws that are in effect as the State's Attorney General may designate, regarding reporting requirements in cases of rape or incest.

“(II) STATE LAWS REGARDING PARENTAL INVOLVEMENT.—The physician who intends to perform an abortion on a minor under an exception provided by subparagraph (B) shall comply with any applicable State laws requiring parental involvement in a minor's decision to have an abortion.

“(c) CRIMINAL PENALTY.—Whoever violates subsection (a) shall be fined under this title or imprisoned for not more than 5 years, or both.

“(d) BAR TO PROSECUTION.—A woman upon whom an abortion in violation of subsection (a) is performed or attempted may not be prosecuted under, or for a conspiracy to violate, subsection (a), or for an offense under section 2, 3, or 4 of this title based on such a violation.

“(e) CIVIL REMEDIES.—

“(1) CIVIL ACTION BY A WOMAN ON WHOM AN ABORTION IS PERFORMED.—A woman upon whom an abortion has been performed or attempted in violation of any provision of this section may, in a civil action against any person who committed the violation, obtain appropriate relief.

“(2) CIVIL ACTION BY A PARENT OF A MINOR ON WHOM AN ABORTION IS PERFORMED.—A parent of a minor upon whom an abortion has been performed or attempted under an exception provided for in subsection (b)(2)(B), and that was performed in violation of any provision of this section may, in a civil action against any person who committed the violation obtain appropriate relief, unless the pregnancy resulted from the plaintiff's criminal conduct.

“(3) APPROPRIATE RELIEF.—Appropriate relief in a civil action under this subsection includes—

“(A) objectively verifiable money damages for all injuries, psychological and physical, occasioned by the violation;

“(B) statutory damages equal to three times the cost of the abortion; and

“(C) punitive damages.

“(4) ATTORNEYS FEES FOR PLAINTIFF.—The court shall award a reasonable attorney's fee as part of the costs to a prevailing plaintiff in a civil action under this subsection.

“(5) ATTORNEYS FEES FOR DEFENDANT.—If a defendant in a civil action under this subsection prevails and the court finds that the plaintiff's suit was frivolous, the court shall award a reasonable attorney's fee in favor of the defendant against the plaintiff.

“(6) AWARDS AGAINST WOMAN.—Except under paragraph (5), in a civil action under this subsection, no damages, attorney's fee or other monetary relief may be assessed against the woman upon whom the abortion was performed or attempted.

“(f) DATA COLLECTION.—

“(1) DATA SUBMISSIONS.—Any physician who performs or attempts an abortion described in subsection (b)(2)(B) shall annually submit a summary of all such abortions to the National Center for Health Statistics (hereinafter referred to as the ‘Center’) not later than 60 days after the end of the calendar year in which the abortion was performed or attempted.

“(2) CONTENTS OF SUMMARY.—The summary shall include the number of abortions performed or attempted on an unborn child who had a post-fertilization age of 20 weeks or more and specify the following for each abortion under subsection (b)(2)(B):

“(A) the probable post-fertilization age of the unborn child;

“(B) the method used to carry out the abortion;

“(C) the location where the abortion was conducted;

“(D) the exception under subsection (b)(2)(B) under which the abortion was conducted; and

“(E) any incident of live birth resulting from the abortion.

“(3) EXCLUSIONS FROM DATA SUBMISSIONS.—A summary required under this subsection shall not contain any information identifying the woman whose pregnancy was terminated and shall be submitted consistent with the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. 1320d-2 note).

“(4) PUBLIC REPORT.—The Center shall annually issue a public report providing statistics by State for the previous year compiled from all of the summaries made to the Center under this subsection. The Center shall take care to ensure that none of the information included in the public reports could reasonably lead to the identification of any pregnant woman upon whom an abortion was performed or attempted. The annual report shall be issued by July 1 of the calendar year following the year in which the abortions were performed or attempted.

“(g) DEFINITIONS.—In this section the following definitions apply:

“(1) ABORTION.—The term ‘abortion’ means the use or prescription of any instrument, medicine, drug, or any other substance or device—

“(A) to intentionally kill the unborn child of a woman known to be pregnant; or

“(B) to intentionally terminate the pregnancy of a woman known to be pregnant, with an intention other than—

“(i) after viability to produce a live birth and preserve the life and health of the child born alive; or

“(ii) to remove a dead unborn child.

“(2) ATTEMPT.—The term ‘attempt’, with respect to an abortion, means conduct that, under the circumstances as the actor believes them to be, constitutes a substantial step in a course of conduct planned to culminate in performing an abortion.

“(3) COUNSELING.—The term ‘counseling’ means counseling provided by a counselor licensed by the State, or a victims rights advocate provided by a law enforcement agency.

“(4) FACILITY.—The term ‘facility’ means any medical or counseling group, center or clinic and includes the entire legal entity, including any entity that controls, is controlled by, or is under common control with such facility.

“(5) FERTILIZATION.—The term ‘fertilization’ means the fusion of human spermatozoon with a human ovum.

“(6) MEDICAL TREATMENT.—The term ‘medical treatment’ means treatment provided at a hospital licensed by the State or operated under authority of a Federal agency, at a medical clinic licensed by the State or operated under authority of a Federal agency, or from a personal physician licensed by the State.

“(7) MINOR.—The term ‘minor’ means an individual who has not attained the age of 18 years.

“(8) PERFORM.—The term ‘perform’, with respect to an abortion, includes inducing an abortion through a medical or chemical intervention including writing a prescription

for a drug or device intended to result in an abortion.

“(9) **PHYSICIAN.**—The term ‘physician’ means a person licensed to practice medicine and surgery or osteopathic medicine and surgery, or otherwise legally authorized to perform an abortion.

“(10) **POST-FERTILIZATION AGE.**—The term ‘post-fertilization age’ means the age of the unborn child as calculated from the fusion of a human spermatozoon with a human ovum.

“(11) **PROBABLE POST-FERTILIZATION AGE OF THE UNBORN CHILD.**—The term ‘probable post-fertilization age of the unborn child’ means what, in reasonable medical judgment, will with reasonable probability be the post-fertilization age of the unborn child at the time the abortion is planned to be performed or induced.

“(12) **REASONABLE MEDICAL JUDGMENT.**—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.

“(13) **UNBORN CHILD.**—The term ‘unborn child’ means an individual organism of the species homo sapiens, beginning at fertilization, until the point of being born alive as defined in section 8(b) of title 1.

“(14) **WOMAN.**—The term ‘woman’ means a female human being whether or not she has reached the age of majority.”

(b) **CLERICAL AMENDMENT.**—The table of sections at the beginning of chapter 74 of title 18, United States Code, is amended by adding at the end the following new item:

“1532. Pain-capable unborn child protection.”

(c) **CHAPTER HEADING AMENDMENTS.**—

(1) **CHAPTER HEADING IN CHAPTER.**—The chapter heading for chapter 74 of title 18, United States Code, is amended by striking “**Partial-Birth Abortions**” and inserting “**Abortions**”

(2) **TABLE OF CHAPTERS FOR PART I.**—The item relating to chapter 74 in the table of chapters at the beginning of part I of title 18, United States Code, is amended by striking “**Partial-Birth Abortions**” and inserting “**Abortions**”.

The **SPEAKER pro tempore.** The gentleman from Virginia (Mr. **GOODLATTE**) and the gentleman from Michigan (Mr. **CONYERS**) each will control 30 minutes.

The Chair recognizes the gentleman from Virginia.

#### GENERAL LEAVE

Mr. **GOODLATTE.** Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous materials on H.R. 36, currently under consideration.

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

There was no objection.

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

Since the Supreme Court’s decision in *Roe v. Wade*, medical knowledge regarding the development of unborn babies and their capacities at various stages of growth has advanced dramatically.

To give you a sense of how much technology has advanced, here is the issue of *The New York Times* announcing the *Roe v. Wade* decision in 1973. It

contains ads for the latest in advanced technology, including a computer the size of a file cabinet you could rent for \$3,000 a month that only had one-thousandths the memory of a modern cell phone and a basic AM radio that was as big as your hand.

Thirty-five years later, in the age of ultrasound pictures, the same newspaper would report on the latest advanced research on the pain experienced by unborn children, focusing on the research of Dr. Sunny Anand, an Oxford-trained neonatal pediatrician who held an appointment at Harvard Medical School.

As Dr. Anand has testified regarding abortions: “If the fetus is beyond 20 weeks of gestation, I would assume that there will be pain caused to the fetus, and I believe it will be severe and excruciating pain.”

A few years later, the terrifying facts uncovered in the grand jury report regarding the prosecution of late-term abortionist Kermit Gosnell would contain references to a neonatal expert who said the cutting of babies’ spinal cords intended to be late-term aborted would cause them “a tremendous amount of pain.”

Congress has the power and the responsibility to acknowledge these developments in our understanding of the ability of unborn children to feel pain by prohibiting abortions after 20 weeks of pregnancy, postfertilization, the point at which scientific evidence shows the unborn can experience great suffering.

The bill before us would do just that. It also includes provisions to protect the life of the mother and additional exceptions for cases of rape and incest.

Some Members, last Congress and today, have called this bill extreme; but such claims are clearly false, as evidenced by the polls, which show astounding support for this bill.

A Quinnipiac poll found that 62 percent of people surveyed supported a ban on abortions after 20 weeks or earlier. A clear majority of men, women, Whites, Blacks, Hispanics, married people, and single people support a ban on abortion after 20 weeks or earlier.

Among women, 68 percent of women support a ban on abortion at 20 weeks or earlier, including 66 percent of single women and 71 percent of married women. Even 49 percent of the Democrats polled support a ban on abortion at 20 weeks or earlier, significantly more than those who opposed it.

A Washington Post poll similarly found 66 percent support for this bill, and a Huffington Post poll found support at 59 percent.

Today, America is one of the few countries on Earth, including North Korea and China, that allows permissive late-term abortions. These polls show the American people want to change that.

Today is the second anniversary of Kermit Gosnell’s conviction for first degree murder. Following the Gosnell trial, we were all reminded that when

late-term babies are taken from the womb and cut with scissors, they whimper and cry and flinch from pain. Unborn babies, when cut inside the womb, also whimper and cry and flinch from pain.

Delivered or not, babies are babies, and they can feel pain at least by 20 weeks. It is time to welcome young children who can feel pain into the human family, and this bill, at last, will do just that.

Finally, I would note that it is rare for the nonpartisan Congressional Budget Office to be so confident that a bill would save lives that it makes an estimate as to the number of lives that would be saved were the bill to be enacted; but the CBO did just that, conservatively estimating that this bill, if enacted, would save 2,500 lives each year. It could save many thousands more.

Let that sink in for a moment. This bill, if enacted, would probably save, at a minimum, thousands of lives per year. It would give America the gift of thousands more children and, consequently, thousands more mothers and thousands more fathers, with all the wondrous human gifts they will bring to the world in so many amazing forms, including their own children, for generations to come.

I congratulate Subcommittee on the Constitution and Civil Justice Chairman **TRENT FRANKS** for introducing this vital legislation, and I urge my colleagues to support it.

I reserve the balance of my time.

□ 1530

Mr. **CONYERS.** Madam Speaker, I yield myself such time as I may consume.

Madam Speaker and Members of the House, this legislation is a dangerous and far-reaching attack on a woman’s constitutional right to choose whether or not to terminate a pregnancy, a right that the Supreme Court guaranteed 42 years ago in the case of *Roe v. Wade*.

One of the most significant problems with this legislation is that it fails to include any exception for a woman’s health. Many serious health conditions materialize or worsen late in pregnancy, including damage to the heart and kidneys, hypertension, and even some forms of hormone-induced cancer; yet, by failing to include a health exception, H.R. 36 would force a woman to wait until her condition was nearly terminal before she could obtain an abortion to address her health condition.

In addition, H.R. 36 is unconstitutional based on longstanding Supreme Court precedent. I will explain. *Roe v. Wade*’s basic holding is that a woman has a constitutional right to have an abortion prior to the fetus’ viability. Viability is generally considered to be around 24 weeks from fertilization, not 20 weeks. By banning previability abortions, H.R. 36 is a direct challenge to *Roe v. Wade*.

In addition, Roe made clear that any regulation on abortion, even after viability, must not pose a substantial risk to the woman's health; but, as I have already noted, H.R. 36 lacks any exception to protect a pregnant woman's health. It is, therefore, not surprising that the Nation's leading civil rights organizations, medical professionals, and women's groups oppose this bill.

In addition, 15 religious organizations noted in a letter to Members of Congress opposing nearly identical legislation in the last Congress that "the decision to end a pregnancy is best left to a woman in consultation with her family, her doctor, and her faith."

Finally, I want to be clear that, contrary to assertions made by the bill's proponents, this legislation still contains a woefully inadequate exception for victims of rape. The so-called rape exception is still based on a complete lack of understanding of the very real challenges rape survivors face and why a rape may go unreported.

It is also grounded in the distrust of women, assuming that women cannot be trusted to tell the truth or to make the best medical decisions for themselves and their families.

For adult rape survivors, the bill no longer requires that the rape be reported to law enforcement. However, a woman must still obtain counseling 48 hours prior to the abortion, and the fact that she has obtained counseling for a rape must be certified and documented in her medical file. This counseling cannot be obtained in the same facility where the abortion is provided.

For minor victims of rape or incest, an exception from the bill's onerous and unconstitutional restrictions only applies if the rape has been reported to law enforcement or "a government agency legally authorized to act on reports of child abuse," so rape is not rape unless the minor has reported it, even if that means putting her own safety at risk.

For these reasons, my colleagues, I urge opposition to this dangerous legislation, and I reserve the balance of my time.

Mr. GOODLATTE. Madam Speaker, I ask unanimous consent that the gentlewoman from Tennessee (Mrs. BLACK) be permitted to control the remainder of the time as my designee.

The SPEAKER pro tempore (Ms. Foxx). Is there objection to the request of the gentleman from Virginia?

There was no objection.

Mrs. BLACK. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, when I became a nurse more than 40 years ago, I took a vow to "devote myself to the welfare of those committed to my care," but our understanding of the science limited to the extent to which I could fulfill that promise has evolved.

During my first years of nursing, if a woman came into our hospital in labor at 32 weeks of pregnancy, our odds of saving her child were slim. However, today, babies are being saved as early

as 22 weeks into fetal development, according to a study that was just released this past week by The New York Times. What's more, there is significant evidence that, at 20 weeks of development, unborn children have the capacity to feel pain.

Sadly, while we celebrate advances in technology that prove life has value and worth before leaving the hospital, we also continue to be one of only seven nations that allow elective, late-term abortions—one of only seven nations around this world.

It is difficult to imagine a more important measure of society than how it treats the most innocent and defenseless population. By condoning the destruction of unborn life that could otherwise live outside the womb, the United States tragically fails to meet this most fundamental human rights standard.

Basic decency and human compassion demand that something has to change. Polls consistently show that upwards of 60 percent of Americans support putting an end to the dangerous and inhumane practice of late-term abortions. To be clear, we have a mandate to act.

That is why I strongly support the Pain-Capable Unborn Child Protection Act this week, which will provide Federal protection for an unborn child at 20 weeks, with exceptions to saving the life of the mother or in cases of rape and incest.

Today's vote coincides with the 2-year anniversary of the conviction of the evil abortionist, Kermit Gosnell, who killed babies born alive in his clinic and who is responsible for the death of an adult woman. Americans were rightfully outraged when they were told of his crimes.

The truth is that innocent, unborn children routinely suffer that same fate as Gosnell's victims did through "normal" late-term abortions and the government does not bat an eye. The only difference between these casualties and the loss of life that resulted in Gosnell's murder conviction is the location.

Madam Speaker, if we cannot appeal to my pro-abortion lawmakers' sense of compassion when it comes to this issue, then surely we can at least appeal to their senses of logic and fact.

Knowing that premature babies are being saved as early as 22 weeks into fetal development, there is no legitimate reason to oppose this bill. In the year 2015, the United States has no business aborting a life that can live outside the womb. Science agrees and so do the majority of Americans.

The Pain-Capable Unborn Child Protection Act will right this wrong.

Madam Speaker, I reserve the balance of my time.

Mr. CONYERS. Madam Speaker, I am pleased now to yield 3 minutes to the gentleman from Tennessee (Mr. COHEN).

Mr. COHEN. Madam Speaker, I thank the gentleman for the time.

I appreciate the good feelings and earnest arguments made by the gentle-

woman from Tennessee and the gentleman from Arizona, but the fact is this bill is patently unconstitutional because this bill is not about viability; it is a subterfuge for viability and talks about the issue of pain. Pain is not the issue; viability is the issue.

What the real issue is, politicians are not medical experts, and women should make these decisions based upon information from people they trust. Women should make these decisions based upon information from people they trust.

The information given about this bill is limited, and the fact is Dr. Anand, who was cited by my friend, the chairman of the committee, is from the University of Tennessee in Memphis, where I am from.

The fact is Dr. Anand, if he had gone further, since 2005, has turned down requests to testify in regard to this type of legislation because he doesn't think that his studies have been used properly. Abortion is not the focus, and the politicization of his work has gotten completely out of hand.

The fact is there are polls that say one thing and polls that say another. The poll that I respect most shows it to be about an even one-third split on support, opposition, and indecision.

This isn't about polls; this is supposed to be about the Constitution and upholding Roe v. Wade and medical experts and not politicians making decisions that are poll-driven and possibly favorable to their own constituencies.

The exceptions for incest are the most egregious. If a woman is pregnant because of incest, under this law, if the lady is under 18 years of age, there is one rule; but, if she is 18 years of age or older, there is another rule.

What it says is, if you are 18 or over and you are pregnant as a result of incest, then you cannot get an abortion—you cannot—but, if you are under 18, you can if you report it to the law enforcement authorities.

In the discussion last night at Rules Committee, the vice chair of Rules Committee errantly compared rape and incest. Incest does not necessarily involve rape. It involves intercourse between parties that are not legally supposed to have intercourse and issues which could result in problems for the child.

Incest should always be an exception, and the life and health of the mother should always be an exception, and the health exceptions are limited to physical and not mental and emotional, which are the most pressing for women. There is also a 48-hour waiting period in this bill.

This bill is unconstitutional and wrong. We should respect medical experts and not politicians and women to make decisions with people they trust.

Mrs. BLACK. Madam Speaker, it is my pleasure to yield 1 minute to the gentleman from Louisiana (Mr. SCALISE), our majority whip.

Mr. SCALISE. Madam Speaker, I want to thank the gentlewoman from

Tennessee for yielding and for her leadership and for all of the people that have worked so hard to bring this important bill to the House floor.

If you look at what we are doing here today, we are standing up for life of our most innocent. We are talking about babies that are more than 20 weeks in the womb. Scientific evidence shows that after 20 weeks, these babies can feel pain, and so this bill prohibits abortions after 5 months of pregnancy.

I am proud to come from Louisiana, which has the distinction of being the most pro-life State in the Nation. Our State already bans this procedure, as do many.

It is not just States we are talking about. Most nations in the world don't allow this procedure after 20 weeks. The United States will finally be joining the vast majority of other countries around the world and the vast majority of Americans who understand that it is not right to have abortions after 20 weeks.

This is an important bill. I think it is a very strong message that we are going to be sending in defense of life by passing it. I urge my colleagues to support it as well.

Mr. CONYERS. Madam Speaker, I am pleased to yield 3 minutes to the gentleman from New York (Mr. NADLER), a senior member of the House Judiciary Committee.

□ 1545

Mr. NADLER. I thank the gentleman for yielding.

Madam Speaker, I rise in opposition to H.R. 36.

For more than 40 years, the Supreme Court has clearly and consistently held that women have the constitutional right to terminate a pregnancy prior to viability or at any time to protect the life and health of the mother. This bill is unconstitutional as it violates both of those provisions.

The bill provides a narrow exemption to protect women's lives, allowing physicians to terminate pregnancy after 20 weeks only if a woman's life is at imminent risk. This exemption fails to account for the many severe health issues that may arise late in pregnancy and forces physicians to think about legal implications rather than about a patient's health.

Perhaps most cruelly, this legislation includes only a very narrow exemption for victims of rape and incest, requiring that any woman seeking an abortion after 20 weeks prove that she either reported the rape to the authorities or sought counseling services. The unfortunate reality is only 35 percent of sexual assaults are ever reported, and we know that there are many reasons for not reporting a rape: the toll our criminal justice system takes on victims, the humiliation and intimidation faced by victims of assault, and even the additional risk to their personal safety.

So why place this limit on the rape exception? What does this narrow ex-

emption say about our Republican colleagues' view of women? It is quite simple. This bill says they believe women lie. The Republicans seem to think that women are too dishonest to believe when they say they have been raped.

This bill continues a too long tradition of treating women like second class citizens. Measures introduced at the State and Federal level to restrict abortions imply that women lie about rape, that women are misinformed about their own pregnancies and must undergo invasive tests and exams, and that women are immoral for ever making the choice to terminate a pregnancy no matter what the circumstance. That is insulting. It is, frankly, none of our business.

Enough is enough. Doctors, not politicians, should be providing women guidance, support, and medical advice throughout their pregnancy, and particularly when making a deeply personal decision to terminate a pregnancy. And women, not politicians, should make that decision for themselves.

We must defeat this unconstitutional bill and continue to afford women their constitutional right enjoyed by every man, without question, to make decisions about their health care in the privacy of their doctors' offices. I urge my colleagues to vote "no" on this terrible bill.

Mrs. BLACK. Madam Speaker, it is my honor now to yield 5 minutes to the gentleman from Arizona (Mr. FRANKS), who is the sponsor of the bill.

Mr. FRANKS of Arizona. I thank the gentlewoman for yielding.

Madam Speaker, for the sake of all of those who founded this Nation and dreamed of what America could someday be, and for the sake of all of those who died in darkness so Americans could walk in the light of freedom, it is so very important that those of us who are privileged to be Members of this Congress pause from time to time and remind ourselves of why we are really all here.

Thomas Jefferson, whose words marked the beginning of this Nation, said:

The care of human life and its happiness, and not its destruction, is the chief and only object of good government.

The phrase of the Fifth Amendment capsulizes our entire Constitution. It says no person shall "be deprived of life, liberty, or property, without due process of law."

And the 14th Amendment says that no State shall "deny to any person within its jurisdiction the equal protection of the laws."

Madam Speaker, protecting the lives of all Americans and their constitutional rights, especially those that can't defend themselves, is why we are all here. Yet today, Madam Speaker, a great shadow looms over America. More than 18,000 very late-term abortions are occurring in America every year, placing the mothers at exponen-

tially greater risk and subjecting their pain-capable unborn babies to torture and death without anesthesia and without any Federal protection of any kind in the land of the free and the home of the brave.

It is the greatest human rights atrocity in the United States today, and almost every other civilized nation on Earth protects pain-capable unborn babies, at this age particularly. And every credible poll of Americans shows the American people are overwhelmingly in favor of protecting them, yet we have given these little babies less legal protection from unnecessary cruelty than the protection we have given farm animals under the Federal Humane Slaughter Act.

Madam Speaker, it just seems that we are never quite so eloquent as when we decry the crimes of a past generation, but we often become so staggeringly blind when it comes to facing and rejecting the worst of atrocities in our own time.

Thankfully, Madam Speaker, I believe the winds of change are now beginning to blow and that this tide of blindness and blood is finally turning in America because today—today—we are poised to pass the Pain-Capable Unborn Child Protection Act in this Chamber. And no matter how it is shouted down or what distortions or deceptive what-ifs, distractions, diversions, gotchas, twisting of the words, changing of subject, or blatant falsehoods the abortion industry hurls at this bill and its supporters, it remains that this bill is a deeply sincere effort, beginning at the sixth month, at their sixth month of pregnancy, to protect both mothers and their pain-capable unborn babies from the atrocity of late-term abortion on demand. Ultimately, it is one that all humane Americans can support if they truly understand it for themselves.

Madam Speaker, this is a vote all of us will remember the rest of our lives. It will be considered in the annals of history and, I believe, in the counsels of eternity, itself.

But it shouldn't be such a hard vote because, in spite of all of the political noise, protecting little unborn, pain-capable babies is not a Republican issue, and it is not a Democrat issue. It is a test of our basic humanity and who we are as a human family.

It is time that we open our eyes and let our consciences catch up with our technology. It is time for the Members of the United States Congress to open our eyes and our souls and remember that protecting those who cannot protect themselves is why we are all here. That is why we are here.

Madam Speaker, it is time for all Americans to open our eyes and our hearts to the humanity of these little pain-capable unborn children of God and the inhumanity of what is being done to them.

Mr. CONYERS. Madam Speaker, I am now pleased to yield 1 minute to the gentlewoman from Washington (Ms.



DELBENE), a distinguished member of the House Judiciary Committee.

Ms. DELBENE. Madam Speaker, I rise in strong opposition to H.R. 36, a nationwide 20-week abortion ban.

It is truly appalling to me that House leaders keep ignoring the needs of middle class families while taking up bill after bill restricting women's access to health care—and during National Women's Health Week, no less.

The legislation we are debating today is an unconscionable attack that ignores medical safety and puts women's health at risk. It creates unnecessary burdens to care for sexual assault survivors, who are already facing extraordinarily difficult circumstances, and it injects ideology into the doctor-patient relationship. It puts politicians, rather than women, in charge of their medical care.

Madam Speaker, House leaders need to stop interfering in what is a deeply personal medical decision. The American people expect better from this Chamber, and they deserve real solutions to the challenges they are facing. This bill fails women and their families, and I urge my colleagues to vote "no."

Mrs. BLACK. Madam Speaker, it is now my delight to yield 1 minute to the gentleman from Ohio (Mr. BOEHNER), the Speaker of the House.

Mr. BOEHNER. Madam Speaker, I rise today to urge the whole House to support H.R. 36, the Pain-Capable Unborn Child Protection Act.

H.R. 36 is the most pro-life legislation to ever come before this body, and it reflects the will of the American people. As such, it also reflects the contributions of many people and many perspectives.

I want to take this opportunity to thank the gentlewoman from Tennessee (Mrs. BLACK), the gentleman from Arizona (Mr. FRANKS), the gentleman from Pennsylvania (Mr. PITTS), and the gentleman from New Jersey (Mr. SMITH) for their hard work in bringing this bill to the floor. I also want to thank the gentlewoman from Washington (Mrs. McMORRIS RODGERS), our Conference chair, for her leadership in helping us shepherd this bill to the floor.

I want to take a moment to recognize all of the Americans who spoke out for this bill. Their voices have been heard. After all, they have no higher obligation than to speak out for those who can't speak for themselves, to defend the defenseless. That is what this bill does.

We know that by 5 months in the womb, unborn babies are capable of feeling pain, and it is morally wrong to inflict pain on an innocent human being. Protecting these lives is the right thing to do. Again, a majority of Americans agree.

Madam Speaker, growing up with 11 brothers and sisters, I didn't need my parents to tell me that every child is a gift from God. But let me tell you, they did, and they did it often because that

respect, that sanctity, and that dignity is everything.

A vote for this bill is a vote to protect innocent lives and to protect our dearest values for generations to come. We should all be proud to take this stance today, and I urge my colleagues to vote for this bill today.

Mr. CONYERS. Madam Speaker, I am now pleased to yield 3 minutes to the gentlewoman from Houston, Texas (Ms. JACKSON LEE), a distinguished member of the Judiciary Committee.

Ms. JACKSON LEE. Madam Speaker, I have had more than a momentous time to be in this body.

I was moved by the conviction of my friend and colleague and the Speaker, Mr. FRANKS and Mr. BOEHNER, because I know that they speak from their hearts.

But faith cannot be distributed on one side of the aisle. My faith, my God is no less than the Republicans'.

I speak for those who cannot be here today. I speak for mothers who suffer in corners, trying to provide for their children, but love their children and gave birth to them. I speak for those whom I sat in a room called the Judiciary Committee some years ago and listened to the pain of mothers who said: I want this child, but my doctor has advised me that my life would not have survived to take care of my other children had I not had the ability to be able to follow my doctor and my faith, praying with my husband, my faith leader, my extended family to make the decisions that would, in fact, provide for not only future children, but for my sanctity and ability to be the woman that I need to be.

Just outside this Chamber, I met the author of the song "Glory." Many of us heard it in the movie "Selma." In the opening line, it says: "One day when the glory comes, it will be ours. It will be ours."

Everybody's glory is different. But H.R. 36—besides being unconstitutional—speaks against 25,000 women in the United States who became pregnant as a result of rape. Madam Speaker, 30 percent of rapes involve women under 18. It speaks against those women because it requires a woman rape victim to report her ordeal before she can terminate a pregnancy, to go to a law enforcement officer.

It challenges their faith and their love of God. I am incensed that we challenge someone's faith. I speak for those women who cannot be here today, who love children, who love life, who are good mothers. And I take no less in the conviction of those who have spoken for my conviction and the conviction of those women.

Tiffany Campbell, when she was 19 weeks pregnant, Tiffany and her husband, Chris, learned her pregnancy was afflicted with a severe case of twin-to-twin transfusion.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mr. CONYERS. Madam Speaker, I yield the gentlewoman an additional 1 minute.

□ 1600

Ms. JACKSON LEE. Twin-to-twin transfusion syndrome is a condition where the two fetuses unequally share blood circulation. The news was devastating, but they had to make a decision that was guided by the doctor and their faith. The Campbells were told that without selective termination, they risked the loss of both fetuses. They would not have any. At 22 weeks, in consultation with their doctors—and I know their faith—they made the difficult decision to abort one fetus in order to save the other. Today the life-saving procedure for one of the fetuses would be illegal under the new 20-week ban.

Madam Speaker, I beg of my colleagues. I know there will be those who will vote, but as I stand here today, I do not condemn the conviction of my friends. But right now I am welled up with tears because I have hugged those who had nowhere else to go. And no man can stand and tell a woman what rape is and how it feels and what the results of that is. That is why the Constitution in the Ninth Amendment and the Supreme Court interpreted Roe v. Wade as it did.

The SPEAKER pro tempore. The time of the gentlewoman has again expired.

Mr. CONYERS. Madam Speaker, I yield the gentlewoman an additional 1 minute.

Ms. JACKSON LEE. I thank the gentleman. I will come to a close. But I am welled with emotion, not for killing, but for saving; not for condemnation, but for appreciation; not for judging, but for letting people know that I have constituents who are huddled in places right now in Houston, Texas, in fear, huddled because laws have prevented them from good counseling, counseling before such tragedy would happen, laws that have prevented them from having facilities in their area. They fall victim to shysters because of laws that we pass here.

I cannot see that anymore, and H.R. 36 now makes it a Federal offense and offends doctors and people of faith. So I close by simply saying that I love that song "Glory." It says: "One day when the glory comes, it will be ours. It will be ours."

But glory has to be tolerance and acceptance of people's condition. Prayerfully we must do the right thing in this Congress and vote against H.R. 36.

Madam Speaker, I rise in strong opposition to H.R. 36, the "Pain Capable Unborn Child Protection Act."

I opposed this irresponsible and reckless legislation the last time it was brought to the floor under a suspension of the rules and fell well short of the two thirds majority needed to pass.

I oppose this bill because it is unnecessary, puts the lives of women at risk, interferes with women's constitutionally guaranteed right of privacy, and diverts our attention from the real problems facing American people.

A more accurate short title for this bill would be the "Violating the Rights of Women Act of 2015."

Instead of resuming their annual War on Women, our colleagues across the aisle should be working with Democrats to build upon the “Middle-Class Economics” championed by the Obama Administration that have succeeded in ending the economic meltdown it inherited in 2009 and revived the economy to the point where today we have the highest rate of growth and lowest rate of unemployment since the boom years of the Clinton Administration.

Madam Speaker, we could and should instead be voting to raise the minimum wage to at least \$10.10 per hour so that people who work hard and play by the rules do not have to raise their families in poverty.

Instead of voting to abridge the constitutional rights of women for the umpteenth time, we should bring to the floor for a first vote comprehensive immigration reform legislation or legislations repairing the harm to the Voting Rights Act of 1965 by the Supreme Court's decision in *Shelby County v. Holder*.

The one thing we should not be doing is debating irresponsible “messaging bills” that abridge the rights of women and have absolutely no chance of overriding a presidential veto.

Madam Speaker, H.R. 36 seeks to take the misguided and mean-spirited policy that in 2013 was directed at the District of Columbia and make it the law of the land.

In so doing, the bill poses a nationwide threat to the health and wellbeing of American women and a direct challenge to the Supreme Court's ruling in *Roe v. Wade*.

Madam Speaker, one of the most detestable aspects of this bill is that it would curb access to care for women in the most desperate of circumstances.

It is these women who receive the 1.5 percent of abortions that occur after 20 weeks.

Women like Vikki Stella, a diabetic, who discovered months into her pregnancy that her fetus she was carrying suffered from several major anomalies and had no chance of survival.

Because of Vikki's diabetic, her doctor determined that induced labor and Caesarian section were both riskier procedures for Vikki than an abortion.

Because Vikki was able to terminate the pregnancy, she was protected from the immediate and serious medical risks to her health and her ability to have children in the future was preserved.

Madam Speaker, every pregnancy is different.

No politician knows, or has the right to assume what is best for a woman and her family.

These are decisions that properly must be left to women to make, in consultation with their partners, doctors, their God,

Madam Speaker, I also strongly oppose H.R. 36 because it lacks the necessary exceptions to protect the health and life of the mother.

In *Roe v. Wade*, the Court held that a state could prohibit a woman from exercising her right to terminate a pregnancy in order to protect her health prior to viability.

While many factors go into determining fetal viability, the consensus of the medical community is that viability is acknowledged as not occurring prior to 24 weeks gestation.

By prohibiting nearly all abortions beginning at “the probable post-fertilization age” of 20

weeks, H.R. 36 violates this clear and long standing constitutional rule.

Madam Speaker, the constitutionally protected right to privacy encompasses the right of women to choose to terminate a pregnancy before viability, and even later where continuing to term poses a threat to her health and safety.

This right of privacy was hard won and must be preserved inviolate.

I strongly oppose H.R. 36 and urge all members to join me in voting against this unwise measure that put the lives and health of women at risk.

Mrs. BLACK. Madam Speaker, I yield 1½ minutes to the gentlewoman from Missouri (Mrs. WAGNER).

Mrs. WAGNER. Madam Speaker, I thank the gentlewoman for yielding and for her leadership on this issue.

Madam Speaker, I rise today in support of life. Life begins at conception. We know that after 3 weeks, the baby has a heartbeat. After 7 weeks, the baby begins kicking in the womb. Believe me, as a mother of three, I know it well. By week eight, the baby begins to hear and fingerprints begin to form. After 10 weeks, the baby is able to turn his or her head, frown, and get the hiccups. By week 11, the baby can grasp with his or her hands. By week 12, the baby can suck his or her thumb. By week 15, the baby has an adult's taste buds. By week 18, that baby can flex his or her arms. And by week of 20, Madam Speaker, not only can that baby recognize the sound of his or her own mother's voice, but that baby can also feel pain.

Madam Speaker, it is not only the pain of the child that we must be concerned with, but it is also the pain of the mother.

H.R. 36, the Pain-Capable Unborn Child Protection Act, provides protections for both the woman and the child. This is not a bill restricting women's rights. This is a bill that supports and protects life. This bill is prowoman. It encourages discussion, medical treatment, and counseling for women who have been victimized. This bill is prowoman. It empowers women with a civil right of action if this law is not followed.

This bill, Madam Speaker, is prochild. It ensures that a baby born alive will be given lifesaving treatment. This bill is a prowoman and prochild solution to what our science and our values—our deeply held values—already tell us: that a baby at 22 weeks can feel pain, and that that baby deserves protection.

Madam Speaker, I am for life at all stages. I am for the life of the baby and the life of the mother. I will continue to work for the day when not only is abortion illegal but, Madam Speaker, it is unthinkable.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mr. CONYERS. Madam Speaker, I ask unanimous consent to yield the balance of my time to the gentleman from Tennessee (Mr. COHEN), and that he may control that time.

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

There was no objection.

Mr. COHEN. Madam Speaker, I yield 2 minutes to the gentleman from Rhode Island (Mr. CICILLINE).

Mr. CICILLINE. I thank the gentleman for yielding.

Madam Speaker, I rise in strong opposition to H.R. 36. Instead of considering legislation that would help to promote our economic recovery, expand educational opportunities, repair our crumbling infrastructure, or invest in science and research, our House colleagues on the Republican side continue to pursue an extreme social agenda.

I stand to strongly oppose H.R. 36, which would violate Supreme Court precedent and impose arbitrary and unconstitutional restrictions on women's healthcare decisions. Every woman in America deserves access to affordable, comprehensive health care, including full reproductive health care. H.R. 36 would ban abortions after 20 weeks even though medical professionals have explained that some deadly and severe conditions cannot be diagnosed earlier.

Madam Speaker, politicians are not medical experts and should not be making healthcare decisions for women in this country. These decisions are properly made by women in consultation with their healthcare professionals, not by a bunch of politicians in Washington.

In addition, the bill contains an unreasonably narrow exception for cases in which the woman's life is in danger or the pregnancy is the result of rape or incest: only if the woman has sought mental health counseling or reported the incident to law enforcement—even though we know that a majority of these crimes go undisclosed or unreported.

Madam Speaker, this bill is a dangerous distraction from the pressing needs facing our country. I urge my colleagues to oppose this terrible bill and leave healthcare decisions in the hands of the people they belong in, the women of this country.

Mrs. BLACK. Madam Speaker, I yield 1 minute to the gentleman from Nebraska (Mr. FORTENBERRY).

Mr. FORTENBERRY. Madam Speaker, I thank the gentlewoman from Tennessee for her leadership on this important issue.

Madam Speaker, there is a rule in the House of Representatives that any little child who is a guest of ours can come right down here and be in the well with us. Now let's assume for a moment that one of those children tripped and fell and hurt themselves and cried out in pain. There is not a Member of this body that wouldn't rush to their side and comfort them. And that is what this bill does today. It rushes to the side of children who are feeling the pain of violence of abortion.

Let's stand with them. Let's stand with women who deserve better than



the aggressive tactics of the abortion industry and their profit seeking and marketing. Let's rebuild our Nation's compassion capacity so that we can understand what is right and just by protecting the little ones who are most vulnerable. Let's do something good for America today.

Mr. COHEN. I yield 1 minute to the gentlewoman from California (Ms. LEE).

Ms. LEE. I thank the gentleman for yielding and for his leadership.

Madam Speaker, of course I rise in strong opposition to H.R. 36, which is nothing more than another ideological attack on women's reproductive rights.

This bill would institute a nationwide ban on abortion after 20 weeks with no exceptions to protect women's health. It adds unnecessary burdens and obstacles to deny medical care to women in the most desperate of circumstances, including in the instance of rape, by requiring women to seek counseling or medical treatment prior to her medical procedure. I remember the days of back-alley abortions. Many women died, and more were permanently injured before *Roe v. Wade*.

Madam Speaker, with this egregious bill, Republicans have once again decided to take us back there, to threaten physicians, for instance, with criminal prosecution. This bill is unconstitutional; it is dangerous; and it is wrong. No woman should have a politician interfering in her personal health decisions. They should always be kept private, period. And my faith is as deep as those using their faith, imposing their faith on women who must make these very difficult personal decisions.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mr. COHEN. Madam Speaker, I yield the gentlewoman an additional 30 seconds.

Ms. LEE. Instead of passing yet another bill that attacks women, we should get back to the real work that American families desperately need, like eliminating poverty, instituting real criminal justice reform, and increasing job opportunities for all.

For those who say that they support life, then why not support universal preschool, paid family medical leave, affordable child care, and support those life-affirming measures that we are trying to get passed here? So I urge a "no" vote on this outrageous attack on women.

Mrs. BLACK. Madam Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. SMITH), the chair of the Pro-Life Caucus.

Mr. SMITH of New Jersey. Madam Speaker, I thank my friend for yielding and for her extraordinary leadership. Thank you to TRENT FRANKS, Speaker BOEHNER, KEVIN MCCARTHY, CATHY MCMORRIS-RODGERS, and the gentlewoman presiding in the Chair—so many. This has been a team effort, and it will yield considerable protection when it is finally enacted into law.

Madam Speaker, the Pain-Capable Unborn Child Protection Act is land-

mark human rights law. It recognizes the compelling body of medical evidence that unborn children feel pain and seeks to safeguard and protect vulnerable children from the violence of abortion.

Dr. Anand, a leading expert in the area of fetal pain, has said: "It is my opinion 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 perceived by term newborns or older children."

Dr. Malloy testified before the Judiciary Committee and said:

When we speak of infants at 20 weeks we no longer have to rely on ultrasound imagery because premature patients are kicking, moving, and reacting and developing right before our eyes in the neonatal intensive care unit.

Today, Madam Speaker, surgeons routinely administer anesthesia to unborn children—society's littlest patients—to treat diseases and anomalies and to perform benign corrective surgeries.

Today, there are Kermit Gosnells—you remember him, the infamous abortionist who was convicted 2 years ago today in Philadelphia. They are all over America inflicting not only violence and death on very young children, but excruciating pain as well. And, you know, when it comes to pain, I don't know about you, but I feel this way, I dread it, we all seek to avoid it, we even fear it, and we go to great and extraordinary lengths to mitigate its severity and duration. This legislation protects an entire age-specific class of kids from preventable pain and death.

Madam Speaker, this is human rights legislation, and I urge my colleagues to support it.

Madam Speaker, two years ago today, Pennsylvania abortion doctor Kermit Gosnell was convicted of murder, conspiracy to kill and involuntary manslaughter and sentenced to life imprisonment.

Even though the news of Gosnell's child slaughter was largely suppressed by the mainstream media, many of my colleagues may remember that Dr. Gosnell operated a large Philadelphia abortion clinic where women died and countless babies were dismembered or chemically destroyed often by having their spinal cords snipped—all gruesome procedures causing excruciating pain to the victim.

Today, the House considers landmark legislation authored by TRENT FRANKS to protect unborn children beginning at the age of 20 weeks post fertilization from pain-filled abortions.

The Pain Capable Unborn Child Protection Act is needed now more than ever because there are Gosnells all over America, dismembering and decapitating pain-capable babies for profit.

Men like Steven Brigham of New Jersey, an interstate abortion operator—35 aborted babies were found in his freezer.

Men like Leroy Carhart, caught on video tape joking about his abortion toolkit—complete with a "pickaxe" and "drill bit"—while describing a three day long late term abortion procedure and the infant victim as "putting meat in a crock pot."

Or like Deborah Edge who wrote in an op-ed that she "saw the abortionist puncture the soft spot in the baby's head or snip his neck if it was delivered alive."

Some euphemistically call this choice, but, a growing number of Americans rightly regard it as violence against children. And huge majorities—60% according to November 2014 Quinnipiac poll—want it stopped!

Fresh impetus for the bill came from a huge study of nearly 5,000 babies—preemies—published last week in the *New England Journal of Medicine*. The next day, a *New York Times* article titled: "Premature Babies May Survive at 22 Weeks if Treated" touted the Journal's extraordinary findings of survival and hope. (Let me note that these 22 week old children referred to in the *Times* articles are the same age as the 20 week children that will be protected by this bill. The only difference is the method used to calculate age.)

Just imagine, Madam Speaker, preemies at 20 weeks are surviving as technology and medical science advance. And some like Alexis Hutchinson, featured in the *New York Times* story is today a healthy 5 year old who originally weighed in at a mere 1.1 pounds.

Thus the babies we seek to protect from harm today may survive if treated humanely, with expertise and compassion—not the cruelty of the abortion.

That is why, H.R. 36 requires that a late abortion permitted under limited circumstances provide the "best opportunity for the unborn child to survive" and that "a second physician trained in neonatal resuscitation" be "present and prepared to provide care to a child" consistent with the Born-Alive Infants Protection Act of 2002.

The Pain-Capable Unborn Child Protection Act recognizes the medical evidence that unborn children feel pain.

One leading expert in the field of fetal pain, Dr. Anand, at the University of Tennessee stated in his expert report, commissioned by the U.S. Department of Justice: "It is my opinion 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 perceived by term newborns or older children."

Surgeons today entering the womb to perform corrective procedures on unborn children have seen those babies flinch, jerk, and recoil from sharp objects and incisions.

Surgeons routinely administer anesthesia to unborn children in the womb. We now know that the child ought to be treated as a patient, and there are many anomalies, many sicknesses that can be treated while the child is still in utero. When those interventions are done, anesthesia is given.

Dr. Colleen Malloy, assistant professor, Division of Neonatology at the Northwestern University, in her testimony before the House Judiciary Committee said: "When we speak of infants at 20 weeks post-fertilization we no longer have to rely on inferences or ultrasound imagery, because such premature patients are kicking, moving and reacting and developing right before our eyes in the neonatal intensive care unit."

Dr. Malloy went on to say, "in today's medical arena, we resuscitate patients at this age and are able to witness their ex-utero growth." She says "I could never imagine subjecting my tiny patients to horrific procedures such as those that involve limb detachment or cardiac injection."

Other provisions in H.R. 36 include:

An Informed Consent Form including the age of the child; a description of the law; an explanation that if the baby is born-alive, he or she will be given medical assistance and transported to a hospital; and information about the woman's right to sue if these protections are not followed. Women deserve this information.

The woman is empowered with a Civil Right of Action, so she may sue abortion providers who fail to comply with the law. Parents are also given a civil right of action if the law is not followed with regard to their minor daughter.

In the case of a minor who is pregnant as a result of rape or incest and is having an abortion at 20 weeks or later, the abortion provider must notify either social services, or law enforcement to ensure the safety of the child and stop any ongoing abuse.

In the case of an adult who is pregnant as a result of a sexual assault and is having an abortion at 20 weeks or later, the provider must ensure that she has received medical treatment or counseling at least 48 hours prior to the abortion.

Compliance with State Laws including parental involvement requirements, and state reporting requirements is required.

The National Center for Health Statistics will issue an Annual Statistical Report (without personally identifying information) providing statistical information about abortions carried out after 20 weeks post-fertilization age.

Finally, pain, we all dread it. We avoid it. We even fear it. And we all go to extraordinary lengths to mitigate its severity and its duration.

Today, there are Kermit Gosnells all over America inflicting not only violence, cruelty, and death on very young children, but excruciating pain as well. This legislation protects an entire age specific class of kids from preventable pain—and death.

[From Americans United for Life]

#### BACKGROUND: MATERNAL HEALTH AND LATE-TERM ABORTION

##### ABORTION POSES SIGNIFICANT RISKS TO MATERNAL HEALTH BY 20 WEEKS GESTATION

A well-respected peer-reviewed journal—one which is also frequently cited by abortion advocates—notes that, “Abortion has a higher medical risk to women when the procedure is performed later in pregnancy. Compared to abortion at eight weeks of an unborn child's gestation or earlier, the relative risk increases exponentially at higher gestations.” (L.A. Bartlett et al., Risk factors for legal induced abortion-related mortality in the United States, *Obstetrics & Gynecology* 103(4):729–37 (2004)). From the Bartlett study:

“The risk of death associated with abortion increases with the length of pregnancy, from one death for every one million abortions at or before eight weeks gestation to one per 29,000 abortions at sixteen to twenty weeks and one per 11,000 abortions at twenty-one or more weeks.”

As noted in the Bartlett study, gestational age is the strongest risk factor for abortion-related mortality. Compared to abortion at eight weeks gestation, the relative risk of mortality increases significantly (by 38 percent for each additional week) at higher gestations.

In other words, a woman seeking an abortion at 20 weeks is 35 times more likely to die from abortion than she was in the first trimester. At 21 weeks or more, she is 91 times more likely to die from abortion than she was in the first trimester.

Moreover, the researchers in the Bartlett study concluded that it may not be possible to reduce the risk of death in later-term abortions because of the “inherently greater technical complexity of later abortions.” This is because later-term abortions require a greater degree of cervical dilation, with an increased blood flow in a later-term abortion which predisposes the woman to hemorrhage, and because the myometrium is relaxed and more subject to perforation.

The same exact study is relied upon by the pro-abortion Guttmacher Institute in its *Facts on Induced Abortion in the United States*. In fact, Guttmacher emphasizes the increased risk by setting it apart in the text:

The risk of death associated with abortion increases with the length of pregnancy, from one death for every one million abortions at or before eight weeks to one per 29,000 at 16–20 weeks—and one per 11,000 at 21 or more weeks.

At least two studies have now concluded that second-trimester abortions (13–24 weeks) and third-trimester abortions (25–26 weeks) pose more serious risks to women's physical health than first-trimester abortions. Other researchers confirm a substantially increased risk of death from abortions performed later in gestation, equaling or surpassing the risk of death from live birth. Researchers have also found that women who undergo abortions at 13 weeks or beyond report “more disturbing dreams, more frequent reliving of the abortion, and more trouble falling asleep.”

Further, even Planned Parenthood, the largest abortion provider in the United States, agrees that abortion becomes riskier later in pregnancy. Planned Parenthood states on its national website, “The risks [of surgical abortion] increase the longer you are pregnant. They also increase if you have sedation or general anesthesia [which would be necessary at or after 20 weeks gestation].”

When the Supreme Court decided *Roe v. Wade* in 1973, there was no evidence in the record related to medical data showing the health risks to women from abortion. The “abortion is safer than childbirth” mantra of 1973 has been refuted by the plethora of peer-reviewed studies published in the last 40 years. Specifically, recent studies demonstrate that childbirth is safer than abortion especially at later gestations.

Moreover, studies reveal that abortion carries serious long-term risks other than the risk of death. These studies reveal significant long-term physical and psychological risks inherent in abortion—risks that, as agreed by both pro-life and pro-abortion advocates, increase with advancing gestational age.

In sum, it is undisputed that the later in pregnancy an abortion occurs, the riskier it is and the greater the chance for significant complications.

Mr. COHEN. I yield 1 minute to the gentlewoman from New York (Ms. VELÁZQUEZ).

Ms. VELÁZQUEZ. Madam Speaker, I thank the gentleman for yielding.

Madam Speaker, I rise in strong opposition to this legislation, which amounts to nothing less than an assault on women's fundamental rights. This is about a woman's ability to make her own decisions in consultation with her doctor, not politicians.

Not only does this unconstitutional bill run afoul of longstanding judicial precedent, but it will also jeopardize women's health by banning abortion after 20 weeks even in cases where pregnancy complications arise from serious

health issues like pulmonary hypertension, heart condition, kidney disease, and cancer.

What about the life of the mother? Women facing desperate medical situations will see their healthcare options restricted through this unacceptable bill.

Furthermore, rape and incest victims will face additional hurdles when terminating a pregnancy. Doctors and healthcare providers will encounter threats of fines and even imprisonment when they are simply trying to provide compassionate care to women in need.

Madam Speaker, this bill inserts the government into one of the most personal decisions a woman can make and would interfere with the relationship between women and their doctors. So much for getting government off my back. I would like to see the government out of my bedroom.

Mrs. BLACK. Madam Speaker, I now yield 30 seconds to the gentleman from Pennsylvania (Mr. ROTHFUS).

□ 1615

Mr. ROTHFUS. Madam Speaker, our Declaration of Independence states that everyone is endowed by our creator with an unalienable right to life. Recognition of God-given rights is part of who we are.

Indeed, who could forget President Kennedy's words more than 50 years ago when he said:

Our rights do not come from the generosity of the State but from the hand of God.

This legislation expands protections for the right to life. It recognizes that a class of children, unborn babies older than 20 weeks who feel the pain of abortion, should be protected.

We must stand in solidarity with these vulnerable children and affirm: we will protect you.

I urge my colleagues to support H.R. 36.

Mr. COHEN. Madam Speaker, I yield 1½ minutes to the gentlewoman from Massachusetts (Ms. CLARK).

Ms. CLARK of Massachusetts. Madam Speaker, this is an outrage. We are again debating a bill that takes away women's constitutional rights.

I agree with the gentleman from Arizona that we are privileged. We are privileged to be Members of Congress and represent our districts and our country, but we are not medical experts, and we are not privileged to insert ourselves into these most personal decisions that must remain with women, their doctors, their families, and their faith.

Clearly absent from this Congress' agenda is any discussion about persistent wage inequality hurting women and their families. What about paid parental leave? or making sure families get access to quality child care? What are we doing about feeding hungry children? or making sure that every child can access education? How about anything at all concerning women that doesn't have to do with restricting reproductive rights?

Let's call this bill what it is. It is an unconstitutional bill that would force survivors of sexual assault and incest to jump through hoops in order to get the medical care they need. This bill is an insult to women and to their families.

As women and families are working hard to move this country forward, we are seeing a Republican Congress obsessed with moving us backwards.

I urge this Congress to get back to work for them and reject this unconstitutional and insulting bill.

Mrs. BLACK. Madam Speaker, I yield 30 seconds to the gentleman from Texas (Mr. BABIN).

Mr. BABIN. Madam Speaker, I rise today in strong support of H.R. 36, the Pain-Capable Unborn Child Protection Act.

This bill takes an important step to protect innocent life. Scientific evidence shows that unborn babies have the capacity to experience pain after 20 weeks. Ending these lives through abortion is both unconscionable and inhumane.

As Members of Congress, it is our duty to protect those who are defenseless. Our bill affirms the humanity of the unborn while curbing the inhumanity of abortion. As one of seven children, with five children of my own, and grandfather of 12, I ask my colleagues to support this pro-life bill.

Mr. COHEN. Madam Speaker, may I inquire as to how much time we have remaining?

The SPEAKER pro tempore. The gentleman from Tennessee has 7½ minutes remaining. The gentlewoman from Tennessee has 8½ minutes remaining.

Mr. COHEN. Madam Speaker, I yield 1 minute to the gentleman from Michigan (Mr. KILDEE).

Mr. KILDEE. Madam Speaker, I thank my friend for yielding.

Here we are again, at a time when this Congress should be focusing on the American people's top priorities, drawing our economy, creating good-paying jobs, dealing with crumbling infrastructure, dealing with the big challenges that the American people sent us to do, and we are not doing that; we continue yet another attack on women's health.

Healthcare decisions should be made between a woman and her doctor, not politicians in Washington. Let me repeat, healthcare decisions should be made between a woman and her doctor, not politicians here in Washington. We need to work together on the things we agree on. This keeps coming up over and over again.

American people, American women, deserve the respect that should be accorded to them to exercise their right of privacy and their constitutionally protected right and not have people here in this Chamber continually attack their decisions that should be made in direct personal private consultation with their physician. To do anything other than that, I think, is taking this country and this Congress in the wrong direction.

Mrs. BLACK. Madam Speaker, I yield 30 seconds to the gentleman from Alabama (Mr. ADERHOLT).

Mr. ADERHOLT. Madam Speaker, I want to thank the gentlewoman from Tennessee for her work on this bill and all of my colleagues who had a hand in it, particularly the gentleman from Arizona (Mr. FRANKS) for authoring this important legislation.

I think most people would be surprised to learn that the United States is one of only seven countries in the world that allows elective abortions to be performed after 20 weeks. Science has shown us that unborn children can feel pain. Some may argue against this; but then why would unborn babies, who are given lifesaving operations while still in the womb, routinely given anesthesia?

The Founding Fathers strongly believed that human beings are created equal and are endowed by their Creator with certain unalienable rights, among which is the right to life. It is the duty of the Members of Congress to protect those who cannot speak for themselves.

I urge my colleagues to support this bill.

Mr. COHEN. Madam Speaker, I yield 1 minute to the gentleman from California (Mr. BERA), on the day after Yogi Berra's 90th birthday—not related.

Mr. BERA. Madam Speaker, I am a doctor. I have been a doctor for over 20 years. When I graduated from medical school, I took an oath. That oath contains that promise of patient autonomy, that I am going to sit with my patients, I am going to answer their questions, and I am going to empower them to make the decisions that best fit their lives and their health care. That is sacred to the oath that I swore when I became a doctor.

This bill will make it criminal for me to do my job as a doctor. It is all about empowering our patients to make the decisions that best fit their lives, answering their questions. It is personal.

I think about this as a father of a daughter. I want my daughter to grow up in a country where she is in charge of her own healthcare decisions. When we think about limited government, none of us wants the government to come into the examining room and get between that doctor-patient relationship.

This is sacred. This is what healthcare is all about. It is about working with our patients, answering their questions, and putting them in charge of their own healthcare decisions.

This is a bad bill; this is a bill with massive government overreach. Vote against this bill, and let us do our job as doctors.

Mrs. BLACK. Madam Speaker, I yield 30 seconds to the gentleman from North Dakota (Mr. CRAMER).

Mr. CRAMER. Madam Speaker, the most basic responsibility of a government of the people, by the people, and for the people is to protect the people. We protect our senior citizens' eco-

nomic security with Social Security. We protect our country with our national security. We have a Department of Homeland Security to protect all people.

It seems that the very least we can do for the most vulnerable, defenseless, and innocent among us is to protect them with this basic right, to protect them from the imposition of the excruciating pain imposed on them by government sanction no less—abortion.

I urge all my colleagues to vote "yes" on this important bill.

Mr. COHEN. Madam Speaker, I yield 1½ minutes to the gentlewoman from New York (Mrs. CAROLYN B. MALONEY).

Mrs. CAROLYN B. MALONEY of New York. Madam Speaker, I thank the gentleman for yielding and for his leadership.

I rise in opposition to H.R. 36. It endangers women's health. It contains a woefully inadequate rape exception, is patently unconstitutional, and it contains no health exception for the mother.

The entire premise that women must provide "proof of rape" is preposterous and hurtful to women who have already faced incredible trauma. Most of us cannot begin to fathom what a woman has faced in these situations. The FBI rates rape the second worst crime, preceded only by murder, in terms of the destruction and continuing harm to the victim.

This is truly adding insult to injury. The majority party expects survivors to be mindful of keeping good medical paper records and to file paperwork that they, the majority, have decided that the rape victim should file. The reality is that abortions after 20 weeks are rare and represent just 1.5 percent of pregnancies that are terminated.

In almost all of these cases, the women choosing an abortion are doing so because there is a grave problem with their pregnancy and their own health that affects their fetus. Some fetuses are incompatible with life, and in some cases, going to full term would destroy a woman's ability to have future children.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mr. COHEN. I yield an additional 30 seconds to the gentlewoman.

Mrs. CAROLYN B. MALONEY of New York. Even after four decades of settled law, some of my colleagues still refuse to cede women their constitutional right and the autonomy and human dignity that goes with being allowed to make your own decisions about your own body and your own health care.

The party of individual rights and states' rights wants to go into medical, personal decisions of women in this country with their doctors.

I urge my colleagues to reject this awful bill, H.R. 36, and recognize that women are both capable and prepared to make decisions about their own bodies and their own medical care.

Mrs. BLACK. Madam Speaker, I yield 30 seconds to the gentleman from Iowa (Mr. KING).

Mr. KING of Iowa. Madam Speaker, I thank the gentlewoman for yielding.

I rise in support of H.R. 36.

I would point out that we have had an estimate of 58 million abortions in this country since *Roe v. Wade*. That is roughly 14 million by Planned Parenthood alone, and it is about 1 million abortions a year in this country.

We ended partial birth abortion for one reason: because those babies' lives were ended the moment before they could scream for their own mercy. Now, with the Pain-Capable Unborn Child Protection Act, we are going to be able to stop that abortion that is coming because we can see in 4-D ultrasound that these babies are writhing for their own mercy.

These babies need to be brought forward into us so that they can live, learn, laugh, and love so that, one day, they can stand here and celebrate the life that we gave them.

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

I would like to make note that we have the American College of Nurse-Midwives; the American Congress of Obstetricians and Gynecologists; the American Medical Student Association; the American Medical Women's Association; the American Nurses Association; the American Psychological Association; and many, many others against this bill. I would like to hear on the other side some of the medical groups that are supportive of this bill.

I reserve the balance of my time.

Mrs. BLACK. Madam Speaker, I yield 1 minute to the gentlewoman from California (Mrs. MIMI WALTERS).

Mrs. MIMI WALTERS of California. Madam Speaker, I rise today in support of H.R. 36, the Pain-Capable Unborn Child Protection Act.

This bill will protect women and children by establishing Federal legal protections from unborn babies of 20 weeks. Substantial evidence has shown that children at 20 weeks, or the fifth month of pregnancy, have the capacity to feel pain and, due to modern medicine, are increasingly likely to survive a premature birth.

Furthermore, this bill protects the health of mothers when they are at their most vulnerable state. At 20 weeks, a woman is 35 times more likely to die from abortion than she would in the first trimester. After 21 weeks, that risk of death for the mother increases almost one hundredfold.

It is fitting that this bill comes before the House floor on National Women's Health Week, a weeklong observance led by the U.S. Department of Health encouraging women to prioritize their health.

I am pleased to stand in support of this piece of women's health legislation today. This bill will empower women in their healthcare provisions and protect the lives of the innocent unborn.

□ 1630

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

Mrs. BLACK. Madam Speaker, I yield 1 minute to the gentlewoman from Missouri (Mrs. HARTZLER).

Mrs. HARTZLER. Madam Speaker, I rise today in support of the Pain-Capable Unborn Child Protection Act.

This bill protects unborn children and ensures that those born alive are given the same level of care as other premature infants.

I would like to introduce you to Micah Pickering and his parents. His mom, Danielle, recalls being told that her son, if born early, was not going to be viable at 20 weeks. She says:

We were told that our baby would not cry upon birth. We were told that he would be stillborn. We were told that, if by some miracle he survived, he had a 95 percent chance of horrible, life-altering disabilities that would likely include not walking, not talking, not even eating on his own. On the morning Micah was born, he defied all odds. We didn't know what God's will for Micah was, but we do now—it is to be a voice for all of those other babies.

I insert into the RECORD Danielle Pickering's full story and letter.

"MIRACLE MICAH"

(By Danielle Pickering, Mom)

My son was not "viable". It was a word we were coming to hate. It all started the day my water broke, at 21 weeks. I was treated as if I had a Urinary Tract Infection, instead of a rupture of membranes. I was sent home with no instructions to do anything outside of my normal routine. I worked 8 hours a day in a warehouse, I cooked meals for my husband and myself, and I went to yard sales like normal, all with my water broken. One week later, at exactly 22 weeks, I started having small contractions and bleeding. My husband and I rushed to the Emergency Room, where they confirmed that my water was at less than 1 CM, and that I would be ambulated to the University of Iowa Hospitals and Clinics for the remainder of my pregnancy.

When I was admitted my heart rate was high, baby's heart rate was high, and I was running a fever. They determined that since baby was not "viable" they would like to induce labor as they feared I had a life threatening infection. We called on everyone we knew to start praying, and within two hours I was now stable. We were then told that it was our decision to induce or to hold out and see what baby does, but they couldn't do anything at that time to stop labor. We decided to wait. We couldn't induce when we were sure this baby was not going to make it.

For the next three days we were told horrific statistics that no parent should ever have to face. We were told that our baby would not cry upon birth. We were told that he will likely be stillborn. We were told that, if by some miracle he survived he had a 95% chance of horrible life altering disabilities that would likely include not walking, not talking, not even eating on his own.

On the morning of 22 weeks and 4 days, Micah was born. He defied all odds and cried two times upon birth. This was music to this devastated mom's ears. I didn't get to see him. He was rushed away by a huge team of Doctors and Nurses dedicated to saving his life, as that was the choice we had made. You see, we were told that we didn't have to choose to intubate him and put him on a ventilator, but we had to do all we could to save this precious life. He had trusted his Mommy from conception to care and nourish him, and though my body was failing him, I

wasn't going to! I was going to fight for him. I was going to advocate for him! I was going to be the voice of this tiny, fragile little boy who already I was so in love with, and hadn't even seen yet and thanks to an anterior placenta I hadn't even felt him kick or move yet.

The second I was able to meet Micah changed my life. He was so small. I didn't know what to expect. Would he look "normal"? Could I bond with this baby? Those questions were a mess in my head as I was wheeled into his room two hours after his birth. The sight I saw was a perfectly formed baby. Lots of tubes and monitors all set up to be an artificial womb to this baby born too soon. My husband and I stood there just staring at this beautiful little boy who we were told we couldn't hold as the skin was so sensitive it would hurt him. We were told we could press lightly on the skin so we each put our hand near him. HE reached up, and held our fingers. This was the strongest grasp I would ever feel. I never knew how strong a baby was until that moment! He had a powerful grip on our hands, and now our hearts.

Micah was about to spend the next 4 months in the Neonatal Intensive Care Unit. He was going to go through heart surgery, at 2 weeks old and just over a pound. He was going to hang on to life by a thread some days. There were days I couldn't leave his room. I slept on the floor next to his warmer bed many nights, because my heart was so grieved for this tiny baby and I couldn't leave him alone. He was going to go through every ventilator they had available. He was going to be on Nitric Oxide to help his lungs. He would get scores of X-Rays and heel pricks. He was going to do something amazing—all because we were able to say "Yes, Please save our baby".

Here was this little baby who was on morphine for pain. He still had his eyes fused shut. You could see his chest vibrate from the ventilators. It was heartbreaking. Here was a boy who we would see get to take his first sneeze. His first smile. We would get to see the hiccups, from the outside. We would watch his eyes slowly unfuse. We would watch his hair grow in and we would watch his body develop. It was indescribably the most joyful time of our life.

We knew the Lord had a plan for Micah. Our prayer to God from early on was that Micah's life, Micah's story, and Micah's example would help others, and could somehow save other babies born too soon. We didn't know what the will for Micah was, but we do now. It was to be a voice for all those other babies. We didn't understand at the time that Micah was right on time, but now we do. Until you are faced with a situation like this, you cannot grasp the intensity that will become every decision. You can read every doctor report, you can get advice from everyone. You can be knowledgeable on every part of prematurity, but that does not change the fact that Micah was just as much full of life at 22.4 weeks as he now is at almost 3 years old. Every scary moment has been worth it. Every doctor visit, every oxygen tank we went through, every middle of the night phone call from Neonatologists, was worth it. We now have a very perfect almost 3 year old we get to call son, when we were preparing for empty arms. Our hearts are full because we chose to give him a chance at life.

Mrs. HARTZLER. Madam Speaker, we must protect unborn children from cruel suffering, and we must ensure that any survivors get treated like any other premature baby. I urge my colleagues to support H.R. 36.

Mr. COHEN. Madam Speaker, I yield 1½ minutes to the gentleman from Florida (Mr. DEUTCH).

Mr. DEUTCH. I thank my friend for yielding.

Madam Speaker, my Republican colleagues have no interest in preventing abortions after 20 weeks. The motivation behind H.R. 36 could not be more transparent. They want to make abortion after 20 weeks illegal and abortions before 20 weeks impossible.

Consider the story of a young woman named Josephine, who recently moved to Florida from Texas with her two kids after escaping an abusive husband.

While trying to build a stable home for her children, she was raped, and she became pregnant. She couldn't afford an abortion or a trip to her provider who was more than 80 miles away, so Josephine attempted to terminate the pregnancy herself by ingesting poison. She ended up hospitalized, needing several blood transfusions. She was still pregnant. By the time she gathered enough resources to cover her procedure and transportation to a provider nearly 80 miles away, she was 23 weeks pregnant. If this Republican majority were to have its way, Josephine would be denied access to a safe and legal abortion.

From regulating providers out of business, to requiring waiting periods, to mandating counseling and medically unnecessary ultrasounds, this Republican majority has made securing an abortion—has made exercising a woman's constitutional right—a long and expensive process. Let's reject this bill and, instead, work to ensure that all women can control their own bodies, their own health, and their own destinies.

Mrs. BLACK. Madam Speaker, I yield 1 minute to the gentleman from Maryland (Mr. HARRIS).

Mr. HARRIS. Madam Speaker, I rise today in support of H.R. 36. Let's call this bill what it is—it is a late-term abortion ban. That is what it is, and a majority of Americans agree, Madam Speaker, that late-term abortions should be illegal in this country.

Whether it is unconstitutional is not up for this body to determine. I believe the Supreme Court will rule that this is constitutional because there is a reason a majority of Americans believe that late-term abortions should be illegal—because that baby is developed at 20 weeks postfertilization, developed enough to perceive pain. That is how developed. It is developed enough to survive outside the womb. That is how developed. That is why a majority of Americans believe that that baby has rights as well. That is what we are here to do today. H.R. 36 preserves the rights of that baby to survive.

I practiced OB anesthesia for over 20 years. I was always amazed that, in the labor and delivery suite, we would deliver 21-week postfertilization babies and that, down the corridor, they would abort them. This bill says that, if that baby being aborted is born alive,

someone is going to actually resuscitate that baby. That is what we need, Madam Speaker. That is why I support H.R. 36.

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

Mrs. BLACK. Madam Speaker, I yield 1 minute to the gentlewoman from Alabama (Mrs. ROBY).

Mrs. ROBY. I thank the gentlewoman from Tennessee and everyone who has worked so hard on this bill.

Madam Speaker, I have sat here for 25 minutes—or for however long—listening to this debate, and I have been struck by the opposition to this bill's constant and consistent argument that this is about leaving these decisions to the mothers and their doctors.

What about the baby? Who is standing up for that baby who cannot speak for himself? That is what we are doing here today.

This is such an important measure on behalf of those who don't have a voice and who can feel pain. It is a shame that such a humane and compassionate measure has opposition at all, especially since great care has been taken to protect women and babies in this bill. If we won't stop abortions at 5 months, when unborn babies feel pain, when will we stop it? There have to be limits. Even those of us who want to end abortion altogether in any form support this restriction. Do you know why? It protects babies. It saves babies. It protects women. It assigns a greater value to human life.

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

Mrs. BLACK. Madam Speaker, I yield 1 minute to the gentleman from Louisiana (Mr. FLEMING).

Mr. FLEMING. I thank my good friend from Tennessee.

Madam Speaker, I rise today as a physician, as a father, and as a grandfather in support of H.R. 36, the Pain-Capable Unborn Child Protection Act.

It is no surprise that unborn children as young as 20 weeks postfertilization feel, respond to, and recoil from pain. These tiny forming human beings make faces, yawn, stretch, and suck their thumbs. I have my own granddaughter, who is now about 20 months of age. When we viewed her 4-D ultrasound, her face compared to today is almost exactly the same. It is unbelievable how humanlike, how much like a baby, a baby really is in the womb because—let's admit it—it is a child; it is a human life.

We celebrate when our friends and families post these precious ultrasound pictures. In fact, life is always a celebration, and it is only right that we should be vigilant to ensure that the womb remains the most peaceful, protected place for a child to grow and be nurtured. I urge my colleagues to support H.R. 36, which will protect children in the fifth month of development from the excruciating pain and intended violent death of an abortion.

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

Mrs. BLACK. Madam Speaker, I yield 1 minute to the gentlewoman from Utah (Mrs. LOVE).

Mrs. LOVE. Madam Speaker, I was not planning on speaking today. I didn't put my name on the list to speak today. I was actually sitting in my office, listening to the debate about this bill, and I started thinking of my three children. I started thinking about the decisions that we have to make in order to protect them, and I am disappointed that there is even opposition to this piece of legislation.

I want you to know that we, as adults, have a voice. We are able to speak. We are able to speak in opposition to things, but we have children who do not have a voice. Those babies whom we know can feel pain do not have a voice.

Now, I want everyone who is watching today—because I am not trying to convince my colleagues—to think of their children, to think of their nieces, their nephews, their grandchildren—the ones that they love. Would they inflict this kind of pain to keep them from coming into the world?

We have a moral obligation in this country to protect life, liberty, and the pursuit of happiness. It is time that we do our job—life, liberty, and the pursuit of happiness.

The SPEAKER pro tempore. The gentlewoman from Tennessee has 1 minute remaining, and the gentleman from Tennessee has 1½ minutes remaining.

Mr. COHEN. I yield myself the balance of my time.

Madam Speaker, if people, I think, listen to this debate, they would see one thing clearly in that there is a difference on the two sides—a difference in perspective and a difference as to the facts.

Some say that, clearly, the fetus feels pain. My data shows that the majority of medical opinion says that the fetus does not; and Dr. Anand, whom they cite—my research shows—has retracted his position and doesn't want to be involved in this debate, and he is an outlier.

The bottom line is there are differences—differences as to the facts as well as to the opinions. What that should say to anybody who watches this debate, Madam Speaker, is this issue shouldn't be decided by politicians but by medical experts and by women with the people they trust—medical experts, not politicians—and by women with the advice of the people they trust.

The truth of this debate came down to a lady from North Carolina who testified contrary to what she said in January. In January, she said the bill that came before this House was not a good bill and that it shouldn't come to the House. It was withdrawn because incest is incest, and it shouldn't be seen that people 18 and over couldn't get an abortion if they were victims of incest. This bill allows it. She has changed her position, and at the close of her statement, she said: I will not rest until abortion is illegal.

That is what this is about. It is the beginning of the end of abortion at 20 weeks, at 17 weeks, at 12 weeks, at 1 week, at conception. This is an anti-abortion bill. It is not about fetal pain. It is not about 20 weeks. That is what it is about. American women need to wake up.

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

Mrs. BLACK. Madam Speaker, during the course of this debate, we have heard more than a few mischaracterizations against this legislation. In truth, this is just a modest, compassionate bill that does not in any way change abortion law for the first 5 months of pregnancy.

As a nurse for more than 40 years, I know that late-term abortion is not health, and it is not caring. It takes an innocent life we know can feel pain inside the womb and a life that is increasingly viable outside the womb. This is a human rights issue, and we have the responsibility to act. Therefore, I urge a "yes" vote on H.R. 36.

I yield back the balance of my time.

Mr. BLUM. Madam Speaker, I rise today in support of H.R. 36, the Pain-Capable Unborn Child Protection Act.

As a father of five children, I understand the precious joy children bring to the world. I firmly believe as a Member of Congress, I should defend the sanctity of life. I believe it is morally imperative to protect those who are unable to protect themselves.

As a cosponsor of the bipartisan legislation, I am confident this is a step in the right direction to protecting unborn children at the moment that they can feel pain. It is important that Congress continue to pursue legislation that protects the right to life.

I believe that most constituents in Iowa agree with me. According to a recent Quinnipiac poll, 62% of Americans support a ban on abortions after 20 weeks or earlier. Of women polled, 68% supported this bill's proposed ban on abortions.

I will continue to defend the lives of the unborn and I urge my colleagues in the Senate to act on this measure.

Mr. FARR. Madam Speaker, there are countless reasons why my colleagues should reject H.R. 36, the misnamed Pain-Capable Unborn Child Protection Act. I am unequivocally opposed to the substance of the bill and the process by which it arrived on the House Floor today.

According to the Centers for Disease Control and Prevention (CDC), a little over one percent of abortions that are performed annually are resulting from pregnancies over 21 weeks. There are a variety of reasons why abortion care may become necessary at this stage of a pregnancy. Some may not know that they are pregnant; some, barred by public funding bans on abortion, need time to gather the funds for the procedure; and sadly, a large majority of these abortions are medically necessary due to severe fetal anomalies or risks to the mother's health. Doctors must be allowed to offer their patients the best care possible. Tragically, doctors in violation of this bill, were it to become law, could face jail time. The new version of H.R. 36 puts even more burdens on doctors in an all out effort to prevent them from performing the procedure so

women will have nowhere to go for abortion services.

As you'll recall, H.R. 36 was introduced on the very first day of the new 114th Congress and just two months later, the Republican Majority rushed this anti-family bill to the House Floor. However, with Members of its own party rejecting H.R. 36, the bill was pulled from the floor the night before it was to be debated on and another anti-choice bill was put in its place. It has taken over a month to make a bad bill even worse? The revised bill also forces adult rape survivors either to report the crime or to seek medical care at least 48 hours prior to getting an abortion. In order for a woman to comply with this requirement, not only does a woman have to see a provider other than the one providing the abortion, but she cannot see any provider in the same facility where abortions are performed.

While we recently marked the 42nd anniversary of the Roe v. Wade decision allowing women to make their own reproductive choices, this legislation is nothing but a transparent attempt to restrict their choices once again. It takes any medical decision that should be made by a woman on the advice of her doctor and puts it into the hands of legislators. Now, I know there are several House Members who are also doctors, but I had no idea so many Members—medical or otherwise—feel empowered to take this decision on to themselves rather than leaving these reproductive decisions to the person doing the reproducing: the individual woman. I am particularly surprised that so many men feel comfortable making personal bodily medical decisions for women.

Madam Speaker, H.R. 36 is simply outrageous. This bill is unconstitutional and a blatant attempt to challenge Roe v. Wade at the expense of the reproductive health of our nation's women. And they claim there is no war on women. How can they say that when they try to pass bills like this?

Mrs. CAPPS. Madam Speaker, I rise in strong opposition to H.R. 36, the so-called "Pain-Capable Unborn Child Protection Act".

I am disappointed that yet again, Congress is debating and voting on this severely flawed legislation. H.R. 36 ignores the health issues and real life situations that women can face during pregnancy.

This bill is not based on sound science. And it is certainly not based on the real experiences of American women and families. This bill is simply yet another attack on women's health.

Women want—and need—to make their own personal health care decisions in consultation with their doctor and spiritual advisor—not their Member of Congress. It is time to start trusting our nation's women and families to make their own personal health care decisions.

Instead of this political attack on women's personal decision making, we should be focusing on empowering women by expanding education opportunities, ensuring equal pay for equal work and increasing access to quality child care—these are the things that really matter to women and their families. And these are the things that are going to strengthen working families and our economy.

We have many critical issues facing this nation that Congress should be focused on and this is certainly not one of them.

Again, I would like to state my strong opposition to this misguided and out of touch piece

of legislation and I urge my colleagues to vote no on H.R. 36.

The SPEAKER pro tempore. All time for debate has expired.

Pursuant to House Resolution 255, the previous question is ordered on the bill, as amended.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

#### MOTION TO RECOMMIT

Ms. BROWNLEY of California. Madam Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. Is the gentlewoman opposed to the bill?

Ms. BROWNLEY of California. I am in its current form.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

Ms. Brownley of California moves to recommit the bill H.R. 36 to the Committee on the Judiciary with instructions to report the same to the House forthwith with the following amendment:

Page 6, line 11, insert after "life" the following: "or health".

Page 6, beginning on line 12, strike "whose" and all that follows through "conditions" on line 17.

Page 11, line 13, insert after "life" the following: "or health".

Page 11, beginning on line 14, strike "by" and all that follows through "injury" on line 15.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from California is recognized for 5 minutes in support of her motion.

□ 1645

Ms. BROWNLEY of California. Madam Speaker, this is the final amendment to H.R. 36, which will not kill the bill or send it back to committee. If adopted, the bill will immediately proceed to final passage, as amended.

My amendment would ensure that nothing in the bill would prevent a woman from terminating her pregnancy after 20 weeks if her health were at risk. Only 1.1 percent of abortions performed in the United States occur after the 20-week mark. These rare procedures are often the most medically difficult and dangerous cases where women—many of whom want and have dreamed of being parents—are faced with impossible decisions.

As it is written, H.R. 36 would force a doctor to wait until a condition becomes life threatening before performing an abortion. It shows no concern for the long-term health of the mother, her future ability to bear children, or her right to make her own medical decisions.

It ignores that there are very real and very serious reasons why a woman may need an abortion later in pregnancy. For example, pregnant women with severe fetal anomalies or women whose amniotic sacs rupture prematurely and cannot support the fetus



would be forced to give birth. The bill also treats doctors as criminals for providing care that has been the law of the land for 42 years, and it puts doctors' safety at risk by requiring public disclosure of doctors who provide abortion care around the country.

Both the American Medical Association and the American Congress of Obstetricians and Gynecologists understand that there is no appropriate one-size-fits-all solution. They oppose bills not based on sound science and that interfere with the physician's ability to provide the highest quality of care.

H.R. 36 does more than endanger the health and lives of women. It also robs rape victims of their constitutionally protected right to choose. The bill's revised rape exception continues to question rape victims' honesty by requiring that adult rape victims obtain counseling or medical treatment 48 hours before obtaining an abortion and prohibits both services from being performed by a woman's regular OB/GYN. By placing these onerous burdens on women, this bill revictimizes women who have already been traumatized and denies women the right to choose their own doctor.

Further, many women, especially victims of abuse, do not report rape for fear of reprisal. The National Institute of Justice estimates that only 35 percent of women report rape. Forcing a survivor to report her sexual assault before she can terminate a pregnancy resulting from rape or incest denies her basic rights.

If we are serious about reducing the number of abortions, we should improve access to birth control and family planning, we should support comprehensive sexual education, we should do anything but pass this misguided, misinformed, and ill-conceived legislation.

Instead of bills that harm women, we should work together on bipartisan legislation to help women and families, including passing legislation that provides equal pay for equal work, access to child care, and paid family leave. We should also pass a transportation bill, fix our crumbling infrastructure, create jobs, and strengthen the economy. Backward bills, not based in science, that fail to respect a woman's right to privacy and right to make her own health decisions have no place in local, State, or Federal legislation.

I urge my colleagues to vote "yes" on the motion to recommit, vote "yes" to protect women's health, vote "yes" for a woman's right to choose.

I yield back the balance of my time. Mrs. McMORRIS RODGERS. I rise in opposition to the motion to recommit.

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

Mrs. McMORRIS RODGERS. Madam Speaker, we hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable rights, and among these rights are the

rights of life, liberty, and the pursuit of happiness.

The bill before the House today affirms what a majority of Americans believe, that over halfway through a pregnancy, an unborn baby deserves the full protection of the law and the Constitution.

As a mother of three and a legislator, I have always believed that every life has value, every life deserves the opportunity to reach its full potential. We live in an extraordinary time in which we are not bound by the conditions of our birth. We are not sentenced by our circumstance. And we should not be defined by what limits us but empowered by what we can become. As lawmakers, it is our responsibility to ensure that our laws reflect that.

Medical science continues to evolve to create greater potential for life. Emerging research is challenging what we thought to be true of the earliest stages of human life. Just last week, The New York Times highlighted a study that showed a growing number of premature infants surviving after the point at which this bill would make abortion illegal.

As a society, we need to ask whether we want to move forward with a better standard of living or if we want to rely on the outdated scientific research of the past. I want to legislate for the future, and the future will be defined by how we use the advancements taking place today to protect and improve human life.

Those who represent the future are already there. There was a recent poll that 57 percent of millennials support this legislation, and they echo the voice of America. Sixty percent of Americans—Democrats, Republicans, Independents—support the Pain-Capable Unborn Child Protection Act.

Abortion is really a symptom of larger challenges that exist in our society, and these challenges demand attention of lawmakers. Pretending that there is a one-size-fits-all approach to abortion ignores the complex circumstances that surround each woman who is forced to consider choosing an abortion.

This bill recognizes that at the halfway point of a pregnancy, a baby who has developed 5 months, those circumstances are increasingly more unique. Research shows that abortion becomes riskier to a woman's health the later it occurs in pregnancy.

We should not trivialize the decision to undertake an abortion at 20 weeks by suggesting that it should be made without additional medical or emotional support. We should write laws that empower women to make these decisions. We should support laws that show compassion for women. We should trust individuals to make the best decisions for themselves. We want to empower every single person to reach their full potential.

This country has made great strides in empowering all people, no matter

where they started. That is why I am here, to stand as a fierce protector of every life. The human rights and dignity of each person should be reflected in every single piece of legislation we bring to the floor.

This bill asks us to consider whether we, as a society, will tolerate abortion at any point of development, even though we know babies can feel pain at 20 weeks and survive outside the womb. This bill asks us to consider if it is compassionate to maintain a system that does nothing to offer emotional or medical support for a woman facing the most difficult decision of choosing an abortion 5 months into her pregnancy.

These are questions that we must ask, and I am prepared to answer them by supporting the Pain-Capable Unborn Child Protection Act, and I urge my colleagues to reject the motion to recommit.

I yield back the balance of my time.

The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to recommit.

The question was taken; and the Speaker pro tempore announced that the yeas appeared to have it.

Ms. BROWNLEY of California. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 and clause 9 of rule XX, this 15-minute vote on the motion to recommit will be followed by 5-minute votes on passage of H.R. 36, if ordered; passage of H.R. 2048; and agreeing to the Speaker's approval of the Journal, if ordered.

The vote was taken by electronic device, and there were—yeas 181, nays 246, not voting 5, as follows:

[Roll No. 222]

YEAS—181

Adams	Courtney	Grijalva
Aguilar	Crowley	Guítez
Ashford	Cummings	Hahn
Bass	Davis (CA)	Hastings
Beatty	Davis, Danny	Heck (WA)
Becerra	DeFazio	Higgins
Bera	DeGette	Himes
Beyer	Delaney	Honda
Bishop (GA)	DeLauro	Hoyer
Blumenauer	DelBene	Huffman
Bonamici	DeSaulnier	Israel
Brown (FL)	Deutch	Jackson Lee
Brownley (CA)	Dingell	Jeffries
Bustos	Doggett	Johnson (GA)
Butterfield	Doyle, Michael	Johnson, E. B.
Capuano	F.	Kaptur
Cárdenas	Duckworth	Keating
Carney	Edwards	Kelly (IL)
Carson (IN)	Ellison	Kennedy
Cartwright	Engel	Kildee
Castor (FL)	Eshoo	Kilmer
Castro (TX)	Esty	Kind
Chu, Judy	Farr	Kirkpatrick
Cicilline	Fattah	Kuster
Clark (MA)	Foster	Langevin
Clarke (NY)	Frankel (FL)	Larsen (WA)
Clay	Fudge	Larson (CT)
Cleaver	Gabbard	Lawrence
Clyburn	Galleo	Lee
Cohen	Garamendi	Levin
Connolly	Graham	Lewis
Conyers	Grayson	Lieu, Ted
Cooper	Green, Al	Loehsack
Costa	Green, Gene	Lofgren

Lowenthal	Pelosi	Sires	Shimkus	Trott	Whitfield	Long	Peterson	Smith (MO)
Lowe	Perlmutter	Slaughter	Shuster	Turner	Williams	Loudermilk	Pittenger	Smith (NE)
Lujan Grisham	Peters	Smith (WA)	Simpson	Upton	Wilson (SC)	Love	Pitts	Smith (NJ)
(NM)	Pingree	Speier	Smith (MO)	Valadao	Wittman	Lucas	Poe (TX)	Smith (TX)
Luján, Ben Ray	Pocan	Swalwell (CA)	Smith (NE)	Wagner	Womack	Luetkemeyer	Poliquin	Stefanik
(NM)	Polis	Takai	Smith (NJ)	Walberg	Woodall	Lummis	Pompeo	Stewart
Lynch	Price (NC)	Takano	Smith (TX)	Walden	Yoder	MacArthur	Posey	Stivers
Maloney,	Quigley	Thompson (CA)	Stefanik	Walker	Yoho	Marchant	Price, Tom	Stutzman
Carolyn	Rangel	Thompson (MS)	Stewart	Walorski	Young (AK)	Marino	Ratcliffe	Thompson (PA)
Maloney, Sean	Rice (NY)	Titus	Stivers	Walters, Mimi	Young (IA)	Massie	Reed	Thornberry
Matsui	Richmond	Tonko	Stutzman	Weber (TX)	Young (IN)	McCarthy	Reichert	Tiberi
McCollum	Royal-Ballard	Torres	Thompson (PA)	Webster (FL)	Zeldin	McCauly	Renacci	Tipton
McDermott	Ruiz	Tsongas	Thornberry	Wenstrup	Zinke	McClintock	Ribble	Trott
McGovern	Ruppersberger	Van Hollen	Tiberi	Westerman		McHenry	Rice (SC)	Turner
McNerney	Rush	Vargas	Tipton	Westmoreland		McKinley	Rigell	Upton
Meeks	Ryan (OH)	Veasey				McMorris	Roby	Valadao
Meng	Sánchez, Linda	Vela				Rodgers	Roe (TN)	Wagner
Moore	T.	Velázquez	Barletta	Brady (PA)		McSally	Rogers (AL)	Walberg
Moulton	Sanchez, Loretta	Visclosky	Boyle, Brendan	Capps		Meadows	Rogers (KY)	Walden
Murphy (FL)	Sarbanes	Walz	F.	Hinojosa		Meehan	Rohrabacher	Walker
Nadler	Schakowsky	Wasserman				Messer	Rokita	Walorski
Napolitano	Schiff	Schultz				Mica	Rooney (FL)	Walters, Mimi
Neal	Schrader					Miller (FL)	Ros-Lehtinen	Weber (TX)
Nolan	Scott (VA)	Waters, Maxine				Miller (MI)	Roskam	Webster (FL)
Norcross	Scott, David	Watson Coleman				Moolenaar	Ross	Wenstrup
O'Rourke	Serrano	Welch				Mooney (WV)	Rothfus	Westerman
Pallone	Sewell (AL)	Wilson (FL)				Mullin	Rouzer	Westmoreland
Pascrell	Sherman	Yarmuth				Mulvaney	Royce	Whitfield
Payne	Sinema					Murphy (PA)	Russell	Williams
						Neugebauer	Ryan (WI)	Wilson (SC)
						Newhouse	Salmon	Wittman
						Noem	Sanford	Womack
						Nugent	Scalise	Woodall
						Nunes	Schweikert	Yoder
						Olson	Scott, Austin	Yoho
						Palazzo	Sensenbrenner	Young (AK)
						Palmer	Sessions	Young (IA)
						Paulsen	Shimkus	Young (IN)
						Pearce	Shuster	Zeldin
						Perry	Simpson	Zinke

NOT VOTING—5

□ 1721

Messrs. McKINLEY and MARINO changed their vote from “yea” to “nay.”

Ms. KAPTUR, Mr. HASTINGS, and Ms. MOORE changed their vote from “nay” to “yea.”

So the motion to recommit was rejected.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Mr. CONYERS. Madam Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 242, noes 184, answered “present” 1, not voting 5, as follows:

[Roll No. 223]

AYES—242

Abraham	Cramer	Guthrie
Aderholt	Crawford	Hardy
Allen	Crenshaw	Harper
Amash	Cuellar	Harris
Amodei	Cuberson	Hartzler
Babin	Curbelo (FL)	Heck (NV)
Barr	Davis, Rodney	Hensarling
Barton	Denham	Herrera Beutler
Benishek	DeSantis	Hill
Bilirakis	DesJarlais	Holding
Bishop (MI)	Diaz-Balart	Hudson
Bishop (UT)	Donovan	Huelskamp
Black	Duffy	Huizenga (MI)
Blackburn	Duncan (SC)	Hultgren
Blum	Duncan (TN)	Hunter
Bost	Ellmers (NC)	Hurd (TX)
Boustany	Emmer (MN)	Hurt (VA)
Brady (TX)	Farenthold	Issa
Brat	Fincher	Jenkins (KS)
Bridenstine	Fitzpatrick	Jenkins (WV)
Brooks (AL)	Fleischmann	Johnson (OH)
Brooks (IN)	Fleming	Johnson, Sam
Buchanan	Flores	Jolly
Buck	Forbes	Jones
Bucshon	Fortenberry	Jordan
Burgess	Fox	Joyce
Byrne	Franks (AZ)	Katko
Calvert	Garrett	Kelly (PA)
Carter (GA)	Gibbs	King (IA)
Carter (TX)	Gibson	King (NY)
Chabot	Gohmert	Kinzinger (IL)
Chaffetz	Goodlatte	Kline
Huizenga (MI)	Gosar	Knight
Hultgren	Gowdy	Labrador
Hunter	Granger	LaMalfa
Hurd (TX)	Collins (GA)	Lamborn
Hurt (VA)	Collins (NY)	Lance
Issa	Comstock	Langevin
Jenkins (KS)	Coffman	Latta
Jenkins (WV)	Cole	Lipinski
Johnson (OH)	Collins (GA)	LoBiondo
Johnson, Sam	Conaway	
Jolly	Cook	
Jones	Costello (PA)	
Jordan		
Joyce		
Rice (SC)		

NOES—184

Adams

Esty

Maloney, Sean

Aguilar

Farr

Matsui

Ashford

Fattah

McCollum

Bass

Foster

McDermott

Beatty

Frankel (FL)

McGovern

Becerra

Frelinghuysen

McNerney

Bera

Fudge

Meeks

Beyer

Gabbard

Meng

Bishop (GA)

Gallego

Moore

Blumenauer

Garamendi

Moulton

Bonomaci

Graham

Murphy (FL)

Brown (FL)

Grayson

Nadler

Brownley (CA)

Green, Al

Napolitano

Bustos

Green, Gene

Neal

Butterfield

Grijalva

Nolan

Capuano

Gutiérrez

Norcross

Cárdenas

Hahn

O'Rourke

Carney

Hanna

Pallone

Carson (IN)

Hastings

Pascrell

Cartwright

Heck (WA)

Payne

Castor (FL)

Higgins

Pelosi

Castro (TX)

Himes

Perlmutter

Chu, Judy

Honda

Peters

Ciçilline

Hoyer

Pingree

Clark (MA)

Huffman

Pocan

Clarke (NY)

Israel

Polis

Clay

Jackson Lee

Price (NC)

Cleaver

Jeffries

 Quigley || Clyburn | Johnson (GA) | Rangel |
Cohen	Johnson, E. B.	Rice (NY)
Connolly	Kaptur	Richmond
Conyers	Keating	Royal-Ballard
Cooper	Kelly (IL)	Ruiz
Costa	Kennedy	Ruppersberger
Courtney	Kildee	Rush
Crowley	Kilmer	Ryan (OH)
Cummings	Kind	Sánchez, Linda
Davis (CA)	Kirkpatrick	T.
Davis, Danny	Kuster	Sanchez, Loretta
DeFazio	Larsen (WA)	Sarbanes
DeGette	Larson (CT)	Schakowsky
Delaney	Lawrence	Schiff
DeLauro	Lee	Schrader
DelBene	Levin	Scott (VA)
Dent	Lewis	Scott, David
DeSaulnier	Lieu, Ted	Serrano
Deutch	Loeb sack	Sewell (AL)
Dingell	Loftgren	Sherman
Doggett	Lowenthal	Sinema
Dold	Lowey	Sires
Doyle, Michael	Lujan Grisham	Slaughter
F.	(NM)	Smith (WA)
Duckworth	Luján, Ben Ray	Speier
Edwards	(NM)	Swalwell (CA)
Ellison	Lynch	Takai
Engel	Maloney,	Takano
Eshoo	Carolyn	Thompson (CA)

Thompson (MS)	Veasey	Waters, Maxine
Titus	Vela	Watson Coleman
Tonko	Velázquez	Welch
Torres	Visclosky	Wilson (FL)
Tsongas	Walz	Yarmuth
Van Hollen	Wasserman	
Vargas	Schultz	

## ANSWERED "PRESENT"—1

Hice, Jody B.

## NOT VOTING—5

Barletta	Brady (PA)
Boyle, Brendan F.	Capps
	Hinojosa

## ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining.

□ 1732

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

## MOMENT OF SILENCE IN RECOGNITION OF NATIONAL POLICE WEEK

(Mr. REICHERT asked and was given permission to address the House for 1 minute.)

Mr. REICHERT. Madam Speaker, this is National Police Week, and Friday is Peace Officers Memorial Day. Today I have with me my two good friends who have served in law enforcement. There are some others, I think, in our body who have had that experience. So I brought some backup today with me.

Every year we take a moment to recognize our law enforcement officers across this great Nation, the men and women who wear the uniform, who wear the badge, who protect our families and our communities.

This year, 273 names will be added to the memorial wall—273 names. Already this year we have lost 44 police officers in the line of duty—44 already this year. That is one police officer dying in the line of duty every 3½ days—every 3½ days.

Madam Speaker, these men and women deserve our praise. They deserve our thanks, and they deserve the recognition that we can give them today on the floor of the House. There are families here who have lost loved ones. At the service on Friday, the President will be there to address them.

We rise today, the three of us together, to ask for a moment of silence to honor those who have lost their lives in the line of duty.

The SPEAKER pro tempore. Members will rise, and the House will observe a moment of silence.

## UNITING AND STRENGTHENING AMERICA BY FULFILLING RIGHTS AND ENSURING EFFECTIVE DISCIPLINE OVER MONITORING ACT OF 2015

The SPEAKER pro tempore. Without objection, 5-minute voting will continue.

There was no objection.

The SPEAKER pro tempore. The unfinished business is the vote on the passage of the bill (H.R. 2048) to reform the authorities of the Federal Government to require the production of certain business records, conduct electronic surveillance, use pen registers and trap and trace devices, and use other forms of information gathering for foreign intelligence, counterterrorism, and criminal purposes, and for other purposes, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the passage of the bill.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 338, nays 88, not voting 6, as follows:

[Roll No. 224]

YEAS—338

Abraham	Curbelo (FL)	Jeffries
Adams	Davis (CA)	Jenkins (KS)
Aderholt	Davis, Rodney	Jenkins (WV)
Aguilar	Delaney	Johnson (GA)
Allen	DeLauro	Johnson (OH)
Amodei	DeBene	Johnson, E. B.
Ashford	Denham	Johnson, Sam
Babin	Dent	Jolly
Barr	DeSantis	Joyce
Barton	DeSaulnier	Kaptur
Beatty	Deutch	Katko
Becerra	Diaz-Balart	Keating
Benishek	Dingell	Kelly (IL)
Bera	Dold	Kelly (PA)
Beyer	Donovan	Kennedy
Bilirakis	Doyle, Michael F.	Kildee
Bishop (GA)		Kilmer
Bishop (MI)	Duckworth	Kind
Bishop (UT)	Duffy	King (NY)
Black	Ellmers (NC)	Kinzinger (IL)
Blackburn	Engel	Kirkpatrick
Bonamici	Enshoo	Kline
Bost	Esty	Knight
Boustany	Farenthold	Kuster
Brady (TX)	Fincher	LaMalfa
Bridenstine	Fleischmann	Lamborn
Brooks (IN)	Flores	Lance
Brown (FL)	Forbes	Langevin
Brownley (CA)	Portenberry	Larsen (WA)
Buchanan	Foster	Larson (CT)
Buck	Fox	Latta
Bucshon	Frankel (FL)	Lawrence
Bustos	Franks (AZ)	Levin
Butterfield	Frelinghuysen	Lipinski
Byrne	Fudge	LoBiondo
Calvert	Gallego	Loeb
Cárdenas	Garamendi	Lofgren
Carney	Gibbs	Long
Carson (IN)	Goodlatte	Loudermilk
Carter (GA)	Gowdy	Love
Carter (TX)	Graham	Lowey
Cartwright	Granger	Lucas
Castor (FL)	Graves (MO)	Luetkemeyer
Chabot	Green, Gene	Lujan Grisham
Chaffetz	Grothman	(NM)
Chu, Judy	Guthrie	Lujan, Ben Ray
Cicilline	Gutiérrez	(NM)
Clay	Hahn	Lynch
Clyburn	Hardy	MacArthur
Coffman	Harper	Maloney,
Cohen	Hartzler	Carolyn
Cole	Heck (NV)	Maloney, Sean
Collins (GA)	Heck (WA)	Marchant
Collins (NY)	Hensarling	Marino
Comstock	Higgins	Matsui
Conaway	Hill	McCarthy
Connolly	Himes	McCaul
Conyers	Holding	McCollum
Cook	Hoyer	McDermott
Cooper	Hudson	McHenry
Costa	Huffman	McKinley
Costello (PA)	Huizenga (MI)	McMorris
Courtney	Hultgren	Rodgers
Cramer	Hunter	McNerney
Crawford	Hurd (TX)	McSally
Crenshaw	Hurt (VA)	Meehan
Cuellar	Israel	Meeks
Culberson	Issa	Meng
Cummings	Jackson Lee	Messer

Mica	Roby	Stutzman
Miller (FL)	Rogers (AL)	Swalwell (CA)
Miller (MI)	Rogers (KY)	Thompson (CA)
Moolenaar	Rokita	Thompson (MS)
Mooney (WV)	Rooney (FL)	Thompson (PA)
Moore	Ros-Lehtinen	Thornberry
Moulton	Roskam	Tiberi
Mullin	Ross	Tipton
Murphy (FL)	Rothfus	Titus
Murphy (PA)	Rouzer	Tonko
Nadler	Roybal-Allard	Torres
Napolitano	Royce	Trott
Neugebauer	Ruiz	Tsongas
Newhouse	Ruppersberger	Turner
Noem	Russell	Upton
Nolan	Ryan (OH)	Valadao
Norcross	Ryan (WI)	Vargas
Nunes	Sánchez, Linda T.	Veasey
O'Rourke	Sanchez, Loretta	Vela
Olson	Sarbanes	Visclosky
Palazzo	Scalise	Wagner
Palmer	Schiff	Walberg
Pascrell	Schrader	Walden
Paulsen	Scott (VA)	Walker
Payne	Scott, Austin	Walorski
Pearce	Scott, David	Walters, Mimi
Pelosi	Sensenbrenner	Walz
Perlmutter	Sessions	Wasserman
Peters	Sewell (AL)	Schultz
Peterson	Sherman	Webster (FL)
Pittenger	Shimkus	Welch
Pitts	Shuster	Wenstrup
Poliquin	Simpson	Westerman
Pompeo	Sinema	Westmoreland
Price (NC)	Sires	Whitfield
Price, Tom	Slaughter	Williams
Quigley	Smith (MO)	Wilson (FL)
Ratcliffe	Smith (NE)	Wilson (SC)
Reed	Smith (NJ)	Wittman
Reichert	Smith (TX)	Womack
Renacci	Smith (WA)	Yarmuth
Ribble	Speier	Young (AK)
Rice (NY)	Stefanik	Young (IA)
Rice (SC)	Stewart	Young (IN)
Richmond	Stivers	Zeldin
Rigell		Zinke

## NAYS—88

Amash	Gohmert	Neal
Bass	Gosar	Nugent
Blum	Graves (GA)	Pallone
Blumenauer	Graves (LA)	Perry
Brat	Grayson	Pingree
Brooks (AL)	Green, Al	Pocan
Burgess	Griffith	Poe (TX)
Capuano	Grijalva	Polis
Clark (MA)	Guinta	Posey
Clarke (NY)	Hanna	Rangel
Clawson (FL)	Harris	Roe (TN)
Cleaver	Hastings	Rohrabacher
Crowley	Herrera Beutler	Rush
Davis, Danny	Hice, Jody B.	Salmon
DeFazio	Honda	Sanford
DeGette	Huelskamp	Schakowsky
DesJarlais	Jones	Schweikert
Doggett	Jordan	Serrano
Duncan (SC)	King (IA)	Takai
Duncan (TN)	Labrador	Takano
Edwards	Lee	Van Hollen
Ellison	Lewis	Velázquez
Emmer (MN)	Lieu, Ted	Waters, Maxine
Farr	Lowenthal	Watson Coleman
Fattah	Lummis	Weber (TX)
Fitzpatrick	Massie	Woodall
Fleming	McClintock	Yoder
Gabbard	McGovern	Yoho
Garrett	Meadows	
Gibson	Mulvaney	

## NOT VOTING—6

Barletta	Brady (PA)	Hinojosa
Boyle, Brendan F.	Capps	
	Castro (TX)	

## ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. YOUNG of Iowa) (during the vote). There are 2 minutes remaining.

□ 1746

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for: