

Garamendi	Lujan Grisham	Ryan (OH)
Graham	(NM)	Sánchez, Linda
Grayson	Luján, Ben Ray	T.
Green, Al	(NM)	Sarbanes
Green, Gene	Lynch	Schakowsky
Grijalva	Maloney,	Schiff
Gutiérrez	Carolyn	Schrader
Hahn	Maloney, Sean	Scott (VA)
Hastings	Massie	Scott, David
Heck (WA)	Matsui	Serrano
Higgins	McCollum	Sewell (AL)
Himes	McGovern	Sherman
Hinojosa	McNerney	Sinema
Honda	Meeks	Sires
Hoyer	Meng	Slaughter
Huffman	Moore	Smith (WA)
Israel	Moulton	Speier
Jackson Lee	Murphy (FL)	Swailwell (CA)
Jeffries	Nadler	Takai
Johnson (GA)	Napolitano	Takano
Johnson, E. B.	Neal	Thompson (CA)
Kaptur	Nolan	Thompson (MS)
Keating	Norcross	Titus
Kennedy	O'Rourke	Tonko
Kildee	Pallone	Torres
Kilmer	Pascarell	Tsongas
Kind	Pelosi	Van Hollen
Kirkpatrick	Perlmutter	Vargas
Kuster	Peters	Veasey
Langevin	Pingree	Vela
Larsen (WA)	Pocan	Velázquez
Lawrence	Polis	Visclosky
Lee	Price (NC)	Walz
Levin	Quigley	Wasserman
Lewis	Rangel	Schultz
Lieu, Ted	Rice (NY)	Waters, Maxine
Loebach	Richmond	Watson Coleman
Lofgren	Roybal-Allard	Welch
Lowenthal	Ruiz	Wilson (FL)
Lowey	Ruppersberger	Yarmuth
	Rush	

NOT VOTING—9

Frelinghuysen	Larson (CT)	Reichert
Hudson	McDermott	Sanchez, Loretta
Kelly (IL)	Payne	Smith (TX)

□ 1357

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. McDERMOTT. Mr. Speaker, on Tuesday, September 29th I missed two votes on Ordering the Previous Question and House Resolution 444. Had I been present, I would have voted “no.”

□ 1400

WOMEN'S PUBLIC HEALTH AND SAFETY ACT

Mr. PITTS. Madam Speaker, pursuant to House Resolution 444, I call up the bill (H.R. 3495) to amend title XIX of the Social Security Act to allow for greater State flexibility with respect to excluding providers who are involved in abortions, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Mrs. WAGNER). Pursuant to House Resolution 444, the amendment printed in House Report 114-269, is adopted, and the bill, as amended, is considered read.

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

H.R. 3495

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 “Women’s Public Health and Safety Act”.

SEC. 2. INCREASING STATE FLEXIBILITY IN DETERMINING PARTICIPATION OF PROVIDERS WHO PERFORM, OR PARTICIPATE IN THE PERFORMANCE OF, ABORTIONS.

Section 1902 of the Social Security Act (42 U.S.C. 1396a.) is amended—

(1) in subsection (a)(23), by striking “subsection (g)” and inserting “subsection (g), subsection (11),”; and

(2) by adding at the end the following new subsection:

“(11) RULES WITH RESPECT TO DETERMINATION OF PARTICIPATION OF PROVIDERS WHO PERFORM, OR PARTICIPATE IN THE PERFORMANCE OF, ABORTIONS.—

“(1) IN GENERAL.—Beginning October 1, 2015, subject to paragraph (2), for purposes of this title, a State, at its option, may establish criteria with respect to the participation under the State plan (or under a waiver of the plan) of an institution, agency, entity, or person who performs, or participates in the performance of, abortions.

“(2) EXCEPTION.—Paragraph (1) shall not apply to an abortion—

“(A) if the pregnancy is the result of an act of rape or incest; or

“(B) in the case where a woman suffers from a physical disorder, physical injury, or physical illness that would, as certified by a physician, place the woman in danger of death unless an abortion is performed, including a life-endangering physical condition caused by or arising from the pregnancy itself.

“(3) DEFINITIONS.—For purposes of this subsection, the terms ‘institution’, ‘agency’, or ‘entity’ mean the entire legal institution, agency, or entity, or any part thereof, including any institution, agency, or entity that controls, is controlled by, or is under common control with such institution, agency, or entity.”.

The SPEAKER pro tempore. The gentleman from Pennsylvania (Mr. PITTS) and the gentlewoman from Colorado (Ms. DEGETTE) each will control 30 minutes.

The Chair recognizes the gentleman from Pennsylvania.

GENERAL LEAVE

Mr. PITTS. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and to include extraneous material on H.R. 3495.

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

There was no objection.

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

Madam Speaker, I rise in strong support of H.R. 3495, the Women’s Public Health and Safety Act. This bill, at its core, is about choice as well as protecting the lives of millions of unborn babies across America.

H.R. 3495 would empower States with flexibility to include or not include in their Medicaid program providers who perform or assist in the performance of elective abortions.

The Hyde amendment already makes sure that Federal Medicaid dollars do not pay for elective abortions. This bill would amend current law so that States would have the flexibility and discretion to work with qualified providers of their choice.

This bill also means States would be able to remove the largest abortion

chain from being the recipient of millions of dollars of State and Federal funds, which are allocated within their States.

Planned Parenthood has received about \$1.2 billion through Medicaid over a 3-year period, and States who wish to eliminate Planned Parenthood from this funding stream are being blocked from doing so.

All Medicaid providers ought to be held responsible for their actions. However, the current administration is interpreting current law to protect the interests of political elites over the health care of those truly in need. States should be able to work with providers who prioritize and respect life and exclude organizations whose business model is built around the destruction of life.

Planned Parenthood is the Nation’s largest abortion chain, doing over 327,653 abortions in the last reported year. That comes out to an average of 898 abortions per day every day, 37 abortions every hour, 3 abortions every 5 minutes, more than 1 abortion every 2 minutes.

I urge my colleagues to support this bill.

Madam Speaker, I reserve the balance of my time.

Ms. DEGETTE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, the new fiscal year starts in less than 36 hours, and Congress has still not passed the annual appropriations bills. If we don’t do it, the government will shut down. During the last shutdown, we lost \$24 billion and 120,000 private sector jobs. I am sure we could expect just the same now.

The debt ceiling will need to be raised within the next couple months, Madam Speaker, and many Republicans are already threatening to refuse to perform even that basic task. This would throw the international economy into chaos. It would cause the loss of tens of thousands more jobs in the United States.

Of course, the Ex-Im Bank expired in June, and our business communities are clamoring for reauthorization. Why? Well, last year the Ex-Im Bank financed deals that supported 164,000 American jobs.

I would suggest, Madam Speaker, that the U.S. House should spend this week figuring out how to avoid a political and financial catastrophe rather than once again passing a blatantly political bill stripping women of their basic healthcare rights. This latest attack targets both the women who need to see a doctor or healthcare provider as well as the providers themselves.

I wonder if the people on the other side of the aisle actually read this bill on the floor today because it is so broadly written that it would target any medical provider—doctor, hospital, clinic, you name it—that has even the most tenuous connection to the provision of a full range of women’s healthcare services.

The majority claims that this bill targets Planned Parenthood, a healthcare provider that 2.7 million Americans rely on every year. First of all, over 90 percent of the services provided by that agency are routine wellness exams, like breast exams, cervical cancer screening, and birth control and family planning services.

As we all know, because we discussed it ad nauseam last week, Planned Parenthood has received no Federal funding for abortions. In fact, no agency receives Federal funding for abortions with a very few exceptions.

This bill would, therefore, not stop any government funding of abortions. It would instead allow Federal and State funding to be cut off for any entity, not just Planned Parenthood, which performs abortions with private dollars.

That means that poor women would be blocked from the full range of healthcare services that they need not just at Planned Parenthood, but at their local hospital or their local clinic or the offices of another women's health group.

Let's call this bill what it is. It is an attempt to eliminate healthcare services for women across the board, using the Planned Parenthood witch hunt as an excuse. Let's be very clear. The investigation of the last few months has demonstrated that the videotapes the majority so heavily relies on are heavily edited, manipulated, and at times downright misleading.

We are the U.S. Congress, Madam Speaker, and we are better than that. The American public will not stand for this diversion, and neither should we. Let's defeat this ill-conceived bill. Let's direct all of our collective attention to bipartisan solutions resolving the looming fiscal disaster that we are all facing.

Madam Speaker, I reserve the balance of my time.

Mr. PITTS. Madam Speaker, in response briefly, money is fungible. Everybody knows it. In one pocket, out the other, same pair of pants. \$1.2 billion over the last 3 years in Medicaid. The videos, nobody is putting words in their mouth. It is their words, their pictures.

I yield 3 minutes to the gentlewoman from Tennessee (Mrs. BLACKBURN), vice chair of the Committee on Energy and Commerce and a distinguished leader on this issue.

Mrs. BLACKBURN. Madam Speaker, I thank the gentleman from Pennsylvania for his diligence and his consistency through the years as we have worked on this issue at the Committee on Energy and Commerce. I do rise in strong support today of the Women's Public Health and Safety Act.

There will be a lot said about this bill during the course of the day, but let's be certain in what the bill actually says. You have got two pages, and what this does is grant to the States flexibility.

Madam Speaker, what they have asked us for is flexibility. Why are they

asking us for this flexibility? Because we have four States currently in litigation over wanting to be able to determine who is and is not a Medicaid provider in their State.

So there is a premise and a basis and a reason for bringing this forward and allowing the States to have the final say in who participates in that Medicaid delivery—that is what you call good government—and sending the power and the money back to the State and local level.

This bill is necessary because the Obama administration has blocked attempts of States to remove certain providers from the program. Now, we have four States, as I said, that have had to go into court because they have tried to remove providers and CMS has blocked that action. So, therefore, they are not able to move these providers out of the program.

The States know best the needs of their residents, and they know best which providers are providing affordable access to quality medical care and which ones are trying to skirt the law. There are no mandates in this bill. The final decision is up to the States.

The left, in their endless efforts to protect Planned Parenthood and to prevent them from being held accountable, have once again resorted to scare tactics.

I also want to touch on the issue of the community health centers, 9,000 here in our country. They meet the needs of over 24 million Americans. You take a district like mine in Tennessee, there are zero Planned Parenthood affiliates in my district—zero. There are 16 community health centers.

Contrast that with the Ninth Congressional District of Illinois, Ms. SCHAKOWSKY's district. She has 1 Planned Parenthood affiliate, and there are 44 community health centers. Ms. DEGETTE has 3 Planned Parenthood sites and 46 of the community health centers.

So what we are doing is encouraging the States to take the responsibility and make the determination of where this ought to be.

Madam Speaker, it is amazing to me. People always say: Let's make certain that we are being good stewards of the money. Planned Parenthood is now outsourcing their women's health issues. They have cut them in half over the past 7 years. It is important for us to redirect the funds and give the States the opportunity to determine who provides the service and the access.

Ms. DEGETTE. Madam Speaker, I yield 1½ minutes to the gentleman from New Jersey (Mr. PALLONE), the ranking member of the Committee on Energy and Commerce.

Mr. PALLONE. Madam Speaker, I rise in strong opposition to H.R. 3495, yet another radical GOP assault on women's health care. Unfortunately, my Republican colleagues are at it again, attempting to use any excuse to

pursue their extreme agenda. They are attacking Planned Parenthood in order to limit women's constitutionally protected right to choose what is best for them and their families.

The legislation is particularly offensive and egregious. Let me tell you what this legislation is. In the words of more than 120,000 family physicians nationwide, it represents an unprecedented level of legislative interference in the patient-physician relationship. It is not only ill-advised, it is dangerous.

This legislation would, in the words of the National Women's Law Center or the National Health Law Program, "wreak havoc on our Nation's safety net programs and millions' access to health care across the country." It represents a direct attack by Members of Congress on women's ability to control their own reproductive health.

This legislation undermines patient choice of providers and provides States unchecked authority to terminate providers from Medicaid without cause. This is a direct attack on the freedom of low-income women to choose their own trusted and qualified medical provider.

I stand, Madam Speaker, with Planned Parenthood. I stand with all the physicians and health professionals out there who provide lifesaving, preventative health services to millions of women and men every day. I stand with the hundreds of millions of Americans to say that I will not stand by silent and allow those who are committed to ending abortion access in this country use fraud and deception to cut millions of people off from their health care.

We cannot allow Republicans to win their war on women. I urge my colleagues to oppose the extreme Republican agenda and vote "no" on H.R. 3495.

I include in the RECORD two letters on this legislation, one from the American Academy of Family Physicians, and an analysis of this legislation by the National Health Law Program and the National Women's Law Center.

SEPTEMBER 28, 2015.

Hon. JOHN BOEHNER,
Speaker, House of Representatives,
Washington, DC.

Hon. NANCY PELOSI,
Minority Leader, House of Representatives,
Washington, DC.

DEAR SPEAKER BOEHNER & MINORITY LEADER PELOSI: I am writing on behalf of the 120,900 members of the American Academy of Family Physicians to express our strong opposition to the "Women's Public Health and Safety Act" (H.R. 3495), which will be considered by the House of Representatives this week. This legislation would, if enacted, expand the ability of states to selectively prohibit identified physicians and health care facilities from participating in the Medicaid program. Furthermore, this legislation represents an unprecedented level of legislative interference in the patient-physician relationship.

We are deeply concerned with the overall intent of this legislation and, more specifically, its attempts to interfere with the patient-physician relationship. Our most pointed criticism is directed at the phrase "or by

any individual or entity based on the individual's or entity's involvement in abortions." This language is not only ill-advised, it is dangerous. Health care decisions should be made by a patient in consultation with her physician(s). Patients deserve an environment that encourages open communication with their physicians on health care options appropriate for their health status. This legislation would potentially discourage and prohibit physicians from discussing a safe and legal health care service with their patients. As previously stated, this represents an unprecedented level of legislative interference in the patient-physician relationship.

Again, we urge the House to reject this legislation. The proposal represents an inappropriate and misguided intrusion into the patient-physician relationship and actually seeks to criminalize a physician for discussing a legal, safe, and appropriate health care service with their patients. This is a dangerous bill and it should not pass.

Sincerely,

REID BLACKWELDER, MD, FAAFP,

Board Chair.

SEPTEMBER 17, 2015.

DEAR REPRESENTATIVE: The National Health Law Program and the National Women's Law Center strongly oppose H.R. 3134, a bill that would wreak havoc on our nation's safety net programs and millions' access to health care across the country. It is no overstatement to say that, if H.R. 3134 were to become law, our country would face a significant public health crisis. Excluding a highly trusted and qualified provider from a network that provides critical preventative health care would do nothing more than harm those who are in need of this health care the most.

H.R. 3134 would mean that millions of low-income individuals in the Medicaid program could lose their ability to access the provider they trust and choose for high quality health care. This conflicts with, and threatens to jeopardize, a longstanding protection for Medicaid enrollees, the "freedom of choice" provision. This provision gives Medicaid recipients the right to choose to receive covered services from any qualified provider. Historically, Congress has singled out family planning for unique protection when it comes to freedom of choice. Freedom of choice is especially critical for receiving family planning services—it guarantees that women, men, and young people have ready access to family planning services they need when they need them, and from a provider they trust. H.R. 3134 attempts to eliminate Medicaid enrollees' ability to visit Planned Parenthood, whether for family planning services or the other critical services Planned Parenthood provides, such as well woman visits, testing and treatment for sexually transmitted infections, and life-saving cancer screenings. The end result could mean that Medicaid beneficiaries lose access to what may be the only source of primary and preventive care they have.

H.R. 3134 would also inflict serious harm on the chronically underfunded Title X program. Planned Parenthood is a critical component of this safety net program, as the health centers serve a disproportionate share of clients in the Title X system. While only comprising 13% of Title X clinics, Planned Parenthood clinics serve 37% of clients. Each Planned Parenthood health care center serves nearly 3,000 patients for birth control services, far more than other clinic types. Taking away Title X funding from Planned Parenthood would leave those who rely on the Title X program without a key provider that they trust and that provides the health care services they need.

Eliminating funding from Planned Parenthood would have a disproportionate impact on women of color. Hispanic and Black women more commonly access family planning or medical services from a Title X-funded clinic. And women of color make up a disproportionate share of Medicaid recipients relative to their population. Given that Planned Parenthood serves 36% of all clients who obtain care from the family planning health network, and that women of color often turn to this network for their health care, taking away such a trusted, high-quality health care provider would have inflict particular harm on women of color.

Proponents of H.R. 3134 boldly suggest that individuals would not lose services because other providers will fill in the drastic void that would be left if Planned Parenthood clinics were shut down. Historical evidence and existing gaps in our country's public safety net suggest otherwise. For example, after Texas turned its preventative care and family planning program into a state-funded program in order to exclude Planned Parenthood from its network, 30,000 fewer low-income women received health care. When Indiana defunding forced a Planned Parenthood clinic to shut its doors, it led to an HIV outbreak in the county because there was no other clinic providing HIV education and testing. The suggestion that other providers can and will step up to fill this need defies common sense.

On a closing note, while we focus on the dramatic negative impact that H.R. 3134 would have on millions of lives across our country, it is imperative to place this attack in the context of the many other attacks on women's health. For example, some members of Congress are pushing to completely eliminate or further cripple the Title X program, as reflected in the current appropriations proposals.

Not only would H.R. 3134 mean that millions of women, men, and young people would lose access to birth control, cancer screenings, breast exams, and STI and HIV testing, but it also represents a direct attack by Members of Congress on women's ability to control their own reproductive health.

We strongly urge you to vote no on H.R. 3134, and stand strong in support of the millions who receive high quality health care through the Planned Parenthood health care centers.

Sincerely,

NATIONAL HEALTH LAW
PROGRAM,
NATIONAL WOMEN'S LAW
CENTER.

□ 1415

Mr. PITTS. Madam Speaker, unfortunately, the Obama administration puts its own abortion-centered ideology ahead of women's health care.

I yield 2 minutes to the gentlewoman from Tennessee (Mrs. BLACK), an outstanding leader on this issue.

Mrs. BLACK. Madam Speaker, I rise today in strong support of H.R. 3495, the Women's Public Health and Safety Act, legislation empowering States to terminate Medicaid contracts with providers that disrespect innocent human life by performing abortions.

As we debate this bill today, the big abortion industry is in crisis mode. They have seen the same videos I have implicating Planned Parenthood, the Nation's largest abortion provider, in the trafficking of fetal tissue and organs, and they have seen the same non-partisan government report I have in-

dicating that Planned Parenthood received \$1.2 billion in Medicaid funding over a 3-year period.

So, knowing that they are losing the public opinion battle, they are taking their fight to the courts, suing States that dare to protect taxpayer dollars by exercising their right to terminate contracts with this abortion giant. Tennessee saw this tactic before when Planned Parenthood took our State to court over an abortion law back in 2000. We defeated them, but it took 14 years to do it.

Madam Speaker, let's not let that happen again. If President Obama and the congressional Democrats are so intent on blocking this legislation to combat taxpayer funding of abortion providers at the Federal level, then they should at least let States use their 10th Amendment rights to take action within their own borders without the threat of costly, politically motivated lawsuits. The Women's Public Health and Safety Act will do just that.

I urge a "yes" vote on this compassionate, pro-life, pro-woman legislation.

Ms. DEGETTE. Madam Speaker, I am pleased to yield 1½ minutes to the gentlewoman from California (Mrs. CAPPS).

Mrs. CAPPS. I thank my colleague for yielding.

Madam Speaker, I rise in strong opposition to this bill and to the political gamesmanship that continues to put our Nation at risk.

Today we witness yet another attack by some of our colleagues who are obsessed with ending access to Planned Parenthood, a trusted healthcare provider in my community. But today's bill takes a slightly different approach, one that cynically tells a woman that the government knows better than she does when it comes to telling her who she should trust with her health and well-being. As a woman, a mother, and a nurse, this is insulting. These attacks have to stop.

Republicans are willfully putting their heads in the sand. They think it is no big deal to shut down hundreds of clinics offering essential services not available anywhere else; they think that the rest of the safety net can easily pick up the slack, ignoring the fact that those providers themselves have said they cannot; and they think it is worth shutting down the government to achieve this goal.

Moreover, I would just like to emphasize that these women have chosen to go to Planned Parenthood for their care. Suggesting that they can just get their care from some other provider is both callous and condescending.

With all due respect to my colleagues on the other side of the aisle, which provider a woman chooses to go to for her own reproductive health care is not your decision to make—at least, it shouldn't be.

I urge my colleagues to trust women to make their own decisions. Vote "no" on this bill.

Mr. PITTS. Madam Speaker, I am very pleased to yield 3 minutes to the gentleman from Wisconsin (Mr. DUFFY), the prime sponsor of this legislation.

Mr. DUFFY. Madam Speaker, I have to tell you, I have been watching my Democrat friends across the aisle do somersaults trying to whitewash their past and rename their dinners that they have every year, their Jefferson-Jackson dinner. There is a big conversation about the Confederate flag and what it means, which I would agree with my friends across the aisle. But what they don't want to talk about is the roots of where Planned Parenthood started.

It started with Margaret Sanger, a known racist and a speaker in front of the KKK. She believed in eugenics, and she is the founder of Planned Parenthood. We should talk about the racist roots of Planned Parenthood just like with the Confederate flag and just like the Jefferson-Jackson dinner that the Democrats celebrate every year.

If you watch the videos that have come out about Planned Parenthood harvesting little baby body parts and selling those body parts for a profit, it is disgusting. This is not a debate about abortion or even non-abortion, pro-life or pro-abortion. Those who are even pro-abortion agree that these tactics are unacceptable. They have no place in our society. That Federal tax dollars should actually go to fund an institution that harvests baby body parts for sale is absolutely asinine.

You want to talk about health care? Health care doesn't mean Planned Parenthood, and Planned Parenthood doesn't mean women's health care.

You talk about defunding women's health care. There is no less money. There is the same amount of money that goes to women's health care. That is a false argument. We spend the same amount of money, but we say: You know what? When we have an organization that supports the harvest and sale of body parts, our tax dollars probably shouldn't go to it.

Or, better yet, why don't we let the States make that decision for themselves? If they say that it is an affront to our morals and our values in one State, we should say we are not going to send Federal Medicaid money to that organization. And if another State says, "You know what? We are okay with it," then let them spend their money that way, giving States back the power to choose how they use their money.

I have got to tell you that I often-times sit back and am amazed that my friends across the aisle who talk about being very compassionate and caring and loving and supporting the down-trodden can't join us in saying: We probably should at least ban abortions after 20 weeks when little babies feel pain, when little babies can survive outside the womb. We are so radical in our position that we want to support abortion up to the point of birth. We

won't even support you if there is a botched abortion and the baby is born alive and we should probably try to save it.

You can't even join us in that. It is a sellout to the radical abortion industry.

I see the rally outside. It is a rally for Planned Parenthood, which provides the largest funds to the Democratic coffers, to their campaigns.

This is not about life. This not about health care. This is not about abortion. This is about campaign money that flows from Planned Parenthood into my friends' campaigns. Sadly, I wish they would put aside their campaign concerns instead of standing for states' rights and women's health and little babies' lives.

The SPEAKER pro tempore. The Chair reminds all Members to address their remarks to the Chair.

Ms. DEGETTE. Madam Speaker, I didn't agree with much the previous speaker said, but I do agree that, from our perspective, it is about campaign money on that side.

I yield 1½ minutes to the gentlewoman from California (Ms. LEE).

Ms. LEE. I want to thank the gentlewoman for yielding, but also for her tremendous leadership on this and so many issues.

Madam Speaker, I rise in strong opposition to H.R. 3495, the so-called Women's Public Health and Safety Act.

First of all, this bill does not keep women safe, and it certainly won't keep them healthy. Instead, it would prevent individuals or organizations that provide abortion services from treating women enrolled in Medicaid, and it would simply strip women of their fundamental right to choose their own healthcare provider.

Congress already denies Federal Medicaid coverage of abortion, which is wrong, and that needs to be repealed. That is the Hyde amendment. We have got to repeal that. Now, excluding doctors from serving Medicaid patients is yet another attack on the rights of low-income women.

When in the world are you going to stop?

H.R. 3495 would deny more than 7 million women access to critical healthcare services, including contraceptive care, STI tests, lifesaving cancer screenings, and other primary care services; and it would hurt our most vulnerable communities, including low-income women and women of color.

Madam Speaker, this bill is simply wrong. It is nothing more than a shameful attempt to restrict women's constitutional rights. Politicians should never interfere with women's personal healthcare decisions, period. Stay out of our lives.

The Women's Public Health and Safety Act does just the opposite of what this bogus title says. It erodes the health and safety of women and continues the war on women.

Today I am proud to stand with Planned Parenthood and the men,

women, and children in our country. I urge a "no" vote on this bill that will severely hurt the health and safety of women.

Mr. PITTS. Madam Speaker, we should be aware that not a single penny will be cut for women's health care under this bill.

I am pleased to yield 2 minutes to the gentleman from North Carolina (Mr. PITTENGER).

Mr. PITTENGER. Madam Speaker, I stand before you in full support of H.R. 3495, the Women's Public Health and Safety Act.

This legislation amends Medicaid law to give States the freedom and flexibility to remove abortion providers from Medicaid. Taxpayer dollars should not be used for abortion, period.

This important policy is widely supported by the American people. That is why the Hyde amendment, first established in 1976, protects taxpayers from preventing the use of Federal funds for abortion. However, through the years, we have seen these groups attempt to circumvent this Federal mandate in order to further their own destructive agenda of death.

In North Carolina, Madam Speaker, there are 294 community health clinics, but only 9 Planned Parenthood abortion centers. Providing States like North Carolina with flexibility and funding will result in better, more accessible health care for all women, instead of funneling money to abortion providers like Planned Parenthood and their army of political lobbyists.

Thank you to Congressman SEAN DUFFY for his leadership on this issue.

As a nation, we must restore the value and sanctity of each and every life against this selfish culture of death. I will continue to be a voice for the voiceless and speak out against these egregious acts as long as it takes to restore the God-given promise of life.

Life is precious. As Pope Francis stated in this Chamber, we must cherish each and every one at every stage of life.

Ms. DEGETTE. Madam Speaker, I am pleased to yield 3 minutes to the distinguished gentlewoman from Wisconsin (Ms. MOORE).

Ms. MOORE. I thank the gentlewoman for yielding.

Madam Speaker, I am in opposition to this ill-conceived legislation brought forward from my good friend and colleague from Wisconsin.

I realize that good people can differ on topics, and I have been stunned by some of the discussion that has occurred on the floor today with regard to the racist roots of Planned Parenthood, with regard to so-called states' rights.

I can tell you that, as an African American and as a woman, I have heard the term "states' rights" used in ways that were not very healthy and safe for me as an African American woman. There is nothing healthy and safe about a bill that would deny

women their constitutional and human rights to control their own reproduction—to get birth control, to be protected against STDs, or to have an abortion.

I know many people in this body are fond of reality shows, but in reality, a woman is fertile for 30 to 40 years of her life, and there is nothing healthy about becoming pregnant every year for 30 to 40 years. I am one of nine kids, and that is not a healthy scenario for many women.

The reality is that this would have an adverse impact on some of the poorest women, and many of them African American, in this country. Seventy-eight percent of Planned Parenthood patients live at 150 percent or lower of the poverty level.

The reality is that 60 percent of all Americans do not want to see Planned Parenthood defunded. It is not in the interest of public health and safety for these women to be denied this basic health care.

□ 1430

Madam Speaker, we have heard about these films that are not real at all. They have been doctored, edited, and they are revisionist tapes, all in pursuit of defunding the premier organization that protects women's health.

With regard to the other community health centers, I am glad to know that my colleagues are interested in funding those centers. But this bill even puts them at risk because any ancillary service related to abortion can be deemed as unfitting for reimbursement under the Medicaid program.

My last point, Madam Speaker, is that we have seen the flexibility that States have used. We saw in Indiana where they defunded Planned Parenthood and, as a result, we saw a pandemic of HIV infestations in that State.

So I would say before I yield back, Madam Speaker, that I urge my colleagues to not go for the appeasement of the Anti-Choice Caucus so that we don't shut the government down, to use women as a gambit in this political battle.

Mr. PITTS. Madam Speaker, may I inquire how much time remains?

The SPEAKER pro tempore. The gentleman from Pennsylvania has 18 minutes remaining. The gentlewoman from Colorado has 19 minutes remaining.

Mr. PITTS. Madam Speaker, I am pleased to yield 5 minutes to the gentleman from New Jersey (Mr. SMITH), the chair of the Pro-Life Caucus.

Mr. SMITH of New Jersey. I thank my good friend for yielding.

Madam Speaker, last week Pope Francis admonished a joint session of Congress to follow the Golden Rule—to do unto others as you would have them do unto you. The Pope also said the Golden Rule compels us to protect and defend human life at every stage of development—and, of course, that includes the unborn. It is wrong to remain silent, he said, or to look the

other way when individuals are put at risk.

At the White House welcoming ceremony earlier in the day, President Obama spoke of protecting the least of these, taken from Matthew's Gospel, the 25th chapter. When President Obama says protect the least of these, he excludes millions of unborn children.

Every day Planned Parenthood dismembers or chemically poisons to death approximately 900 unborn babies, the least of these, and hurts many women in the process.

Subsidized by half a billion dollars annually, Planned Parenthood kills a baby every 2 minutes and has terminated the lives of over 7 million infants since 1973, a staggering loss of children's lives that equates to twice the number of every man, woman and child living in the State of Connecticut.

So I rise in strong support of H.R. 3495, the Women's Health and Public Safety Act, authored by our distinguished colleague, SEAN DUFFY, to give States the authority to defund Planned Parenthood.

States, indeed, Madam Speaker, should have the freedom to choose who they subsidize and why. But the President has denied that option to at least six States so far, including Texas, Arizona, Indiana, Louisiana, Alabama, and Arkansas. The latter three States had moved to defund in the wake of the recent undercover videos by the Center for Medical Progress.

Now, because of the CMP videos, we know Planned Parenthood is also trafficking in baby body parts.

I would note parenthetically, Madam Speaker, I wrote the Trafficking Victims Protection Act to try to end the cruelty of modern-day slavery, sex trafficking, and labor trafficking. Planned Parenthood's activities are a manifestation of human trafficking, exploiting defenseless unborn children and taking body parts that they have no right to take.

It turns out Planned Parenthood has turned these babies into human guinea pigs, and it makes the abortion industry even richer.

Although much of the media continues to ignore this scandal, Planned Parenthood's meticulously crafted facade of care and compassion has been shattered. Caught on tape, Planned Parenthood's top leadership, not interns or lower level employees, show callous disregard for precious children's lives while gleefully calculating the financial gain, which begs the question: Do Americans understand the violence to children done every day in Planned Parenthood clinics?

Have my Congressional colleagues, has the President, actually watched the videos? To care for the least of these, have they watched them?

In one clip, Dr. Deborah Nucatola, Senior Director of Planned Parenthood Federation of America's Medical Services, says: "We have been very good at getting heart, lung, liver, because we

know that I am not going to crush that part."

So they crush all around that part that is desired, dismember that baby piece by piece, but they leave intact certain parts, including livers, that will then be sold.

Planned Parenthood Medical Directors' Council President Dr. Mary Gatter appears on the video nonchalantly talking about utilizing a "less crunchy"—her words—abortion method, again, to preserve body parts.

Regarding the price tag for baby body parts, she says: "Let me just figure out what others are getting. And if this in the ballpark, then it is fine." "If it is still low, then we can bump it up," she says.

Another Planned Parenthood Director, Deborah VanDerhei, says: "We are just trying to figure out as an industry"—and it is the abortion industry—"we are just trying to figure out how we are going to manage remuneration because the headlines would be a disaster."

Concern for making money, finding another revenue stream, but no concern whatsoever for that child victim who suffers when they are dismembered: arms, legs, torso, decapitated head. It is gruesome dismemberment abortions. That is what Planned Parenthood does.

One woman, Holly O'Donnell, from StemExpress, says: "She gave me the scissors and told me that I had to cut down the middle of the face." "I can't even describe what that feels like," she says.

I suspect that, if the President watches at least one of the videos and my colleagues on the other side, they would at least demand real answers concerning Planned Parenthood's inhumane behavior and violence that is directed at the least of these.

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

Mr. PITTS. Madam Speaker, I yield the gentleman an additional 2 minutes.

Mr. SMITH of New Jersey. I thank my good friend.

You know, mention has been made about Margaret Sanger. I have read three of Margaret Sanger's books. In one of them, called *The Pivot of Civilization*, she talks about the cruelty of charity of caring for indigent women who carry babies to term, that you should not give them help, that charity is cruel.

She was a racist. Read her books. Read her birth control review. I went to the Library of Congress, got many copies of it and read through it. She had many programs that talked about focusing on Blacks and others for extermination. Just read her books. And, again, *The Pivot of Civilization* is one of the worst.

Let me also say to my friends that they talk about how these videos have been doctored. Well, there is a new report that just came out called the *Coalfire Forensics Analysis*. It finds that the videos are authentic and show no evidence of manipulation or editing.

The events depicted in the missing footage fall into five common categories: commuting, waiting, adjusting recording equipment, meals, and restroom breaks.

At each interview, four devices recorded conversations, two video recorders with microphones and two audio-only devices. I ask my friends and colleagues on the other side to take a look at that analysis.

Again, you just attack the whistleblower. You attack the organization. But you don't look at the evidence.

I have watched those tapes several times and was sickened by just how inhumane these individuals are in cutting little babies into pieces in order to procure their body parts.

Seven million babies since 1973 killed in Planned Parenthood clinics. They ought to be called Child Abuse, Incorporated. It is the most unsafe place in America, for a child to be in a Planned Parenthood clinic.

I submit the Coalfire Forensics Analysis Report for the RECORD.

[Prepared by Coalfire Systems, Inc., Sept. 28, 2015]

DIGITAL FORENSICS ANALYSIS REPORT
(Delivered to Alliance Defending Freedom)
EXECUTIVE SUMMARY

In September, 2015, CGS, the prime contractor on behalf of Alliance Defending Freedom, engaged Coalfire Systems, Inc., the sub-contractor (hereinafter "Coalfire") to conduct a computer forensics analysis of certain raw video and audio data files. Coalfire's objectives for this project are to:

Forensically evaluate video and audio files provided by The Center for Medical Progress ("the Organization") through CGS ("raw" video and audio), and determine whether the raw video or audio content of the files have been edited or otherwise altered;

Compare the raw video and audio to certain files posted to YouTube ("Full Footage" videos and a "Supplemental" video) for the purpose of determining inconsistencies between the files.

The scope of Coalfire's analysis did not cover or include:

Validation of those individuals depicted in the video or audio, who recorded the video and audio files, the location where they were recorded, when they were recorded, or the purpose of the recordings;

Providing an opinion on the chain of custody prior to receipt of source materials by Coalfire;

Coalfire's analysis was limited to only the source materials received from the Organization and did not include interviews of participants in the videos or audio.

A flash drive containing recorded media was received via FedEx by Coalfire on September 17th, 2015, where it was examined using industry-standard forensic tools and techniques. The flash drive contained (i) a total of ten (10) videos with audio recorded on two (2) separate devices, and (ii) a total of eight (8) audio recordings made with two (2) audio-only devices.

Coalfire's analysis of the recorded media files contained on the flash drive indicates that the video recordings are authentic and show no evidence of manipulation or editing. This conclusion is supported by the consistency of the video file date and time stamps, the video timecode, as well as the folder and file naming scheme. The uniformity between the footage from the cameras from the two Investigators also support the evidence that the video recordings are authentic.

With regard to the "Full Footage" YouTube videos released by the Organization, edits made to these videos were applied to eliminate non-pertinent footage, including "commuting," "waiting," "adjusting recording equipment," "meals," or "restroom breaks," lacking pertinent conversation. Any discrepancies in the chronology of the timecodes are consistent with the intentional removal of this non-pertinent footage as described in this report.

Furthermore, four of the five raw video recordings, which also contained audio captured from the video recording device, are accompanied by a raw audio recording captured from a separate audio-only recording device. The raw audio-only recordings last for the duration of their associated raw videos. These raw audio recordings support the completeness and authenticity of the raw video recordings since they depict the same events within the same duration as captured from the two separate video recorders.

DIGITAL FORENSICS ANALYSIS REPORT OF
VIDEO RECORDINGS BY THE CENTER FOR
MEDICAL PROGRESS (CMP)

The Coalfire forensic analysis removes any doubt that the full length undercover videos released by Center for Medical Progress are authentic and have not been manipulated. Analysts scrutinized every second of video recorded during the investigation and released by CMP to date and found only bathroom breaks and other non-pertinent footage had been removed. Planned Parenthood can no longer hide behind a smokescreen of false accusations and should now answer for what appear to be the very real crimes revealed by the CMP investigation.—Casey Mattox, Senior Counsel, Alliance Defending Freedom

American taxpayer money should be redirected to fund local community health centers and not subsidize a scandal-ridden, billion-dollar abortion business. Planned Parenthood is an organization that cares about one thing: making a profit at the expense of women's health. The investigative videos, whose authenticity was confirmed by the report, show that Planned Parenthood is an abortion-machine whose top executives and doctors haggle and joke about the harvesting and selling of baby body parts. Women deserve far better.—Kerri Kupec, Legal Communications Director, Alliance Defending Freedom

FACTS AND FINDINGS

Forensic analysis of CMP's recorded media files indicates that the video recordings are authentic and show no evidence of manipulation or editing.

The events depicted in the missing footage fell into five common categories: commuting, waiting, adjusting recording equipment, meals, and restroom breaks.

At each interview, four devices recorded conversations (two video recorders with microphones and two audio only devices). The recordings were cross-referenced and found to be consistent.

COALFIRE V. FUSION REPORT

The Coalfire report had access to every second of released audio and video investigative footage recorded by CMP and analyzed that footage to verify and authenticate all of the videos on the CMP YouTube page.

The Fusion report had access only to four full length videos released on YouTube between July 14 and August 4, and none of the source material.

The Coalfire report also confirmed that one segment of missing video highlighted by the Fusion Report was later uploaded in full to CMP's YouTube page.

Coalfire is an internationally recognized third-party digital security and forensics

firm with experience providing evidence for civil and criminal investigations.

Fusion is a small company formed to develop material for Democratic party campaigns.

Both reports verify there is no evidence of fabrication or misrepresentative editing, nothing was dubbed or altered. Fusion's "analysis did not reveal widespread evidence of substantive video manipulation." Coalfire found the videos to be "authentic and show no evidence of manipulation or editing."

Ms. DEGETTE. Madam Speaker, I am pleased to yield 1½ minutes to the gentlewoman from New York (Mrs. CAROLYN B. MALONEY).

Mrs. CAROLYN B. MALONEY of New York. I thank my good friend for her leadership and for yielding.

Madam Speaker, I stand in strong opposition to this ironically titled bill, Women's Public Health and Safety Act. Let's be honest. We all know that this bill in no way protects the health and safety of women. In fact, it does quite the opposite.

This bill is aimed squarely at restricting a woman's constitutionally protected freedom to make her own reproductive health choices. This bill is not based on facts. This bill is not based on the health needs of women. This bill is pure politics and ideologically driven.

It is shameful that Congress is considering a bill that would leave vulnerable women's access to comprehensive health care at the mercy of the extreme fringe of the far right.

This is another attempt to put politics between a woman and her doctor and a thinly veiled attempt to destroy a woman's right to choose. This bill is so vaguely worded and so broadly written that it will have devastating and far-reaching effects on women's health.

States would be allowed to exclude any provider, any entity, that has ever provided an abortion or has ever had any sort of association or involvement with an abortion. This bill puts women's lives in danger, and it is a chilling and a most dangerous precedent.

Madam Speaker, I urge a strong "no" vote. Instead, stand for a women's right to make her own personal health care choices.

Planned Parenthood should be celebrated, not demonized. It is the largest healthcare provider for vulnerable women in this great country of ours.

Mr. PITTS. Madam Speaker, I would just remind the gentlewoman that abortion is not health care.

I yield 2 minutes to the gentlewoman from Missouri (Mrs. HARTZLER), a great leader in the Pro-Life movement.

Mrs. HARTZLER. Madam Speaker, protecting innocent unborn lives is paramount to defining who we are as a people and as a nation. Killing innocent babies before they even have a chance at life is unconscionable, let alone turning around and selling the fetal tissue for profit.

Planned Parenthood is the Nation's largest provider of abortion. This abortion chain received \$1.2 billion of taxpayer money through Medicaid over a

3-year period. Planned Parenthood last reported that over \$500 million of their annual revenue comes from government funding. This is reprehensible.

No Federal dollars should go to any institution in the business of harvesting and selling baby parts of aborted children.

Can you imagine what people would say in this country if this practice occurred with our beloved pets? Most of us have cats and dogs. Would we stand for them to be killed and their body parts harvested and sold for profit?

Where is the outrage that this is happening to our country's babies, our unborn children?

I continue to fight to defund Planned Parenthood at the Federal level, and I encourage all State and local governments to also stop funding Planned Parenthood.

In light of the recent undercover videos, three States have attempted to end their Medicaid contracts with Planned Parenthood and the Obama administration said disqualifying Planned Parenthood because of its abortion business violated Federal Medicaid law.

Well, today's bill amends the Medicaid law to empower States with the ability to exclude abortion providers from Medicaid.

Given the horrific nature of the videos showing the shameful lengths that Planned Parenthood will go to in order to harvest and sell fetal organs, I am hopeful that each and every State would exercise this option.

I urge my colleagues to vote for this bill, which is critical to the fight to protect innocent lives.

Ms. DEGETTE. Madam Speaker, I yield 1½ minutes to the gentlewoman from California (Ms. JUDY CHU).

Ms. JUDY CHU of California. Madam Speaker, another day, another attack by Republicans on women's health care in the House of Representatives. But this one is different. It goes beyond the typical attacks on women and endangers their health and the health of entire communities.

By holding Medicaid hostage, this bill seeks to intimidate doctors and hospitals into not providing a safe and constitutionally protected service.

□ 1445

I am appalled by how far Republicans are willing to go. The language in the bill is so vague that it would allow States to exclude entire providers from the Medicaid program. Minority and low-income women would be disproportionately impacted and would stand to lose access to critical health services like birth control and family planning.

It is time to stop the attacks. Women must be free to make their own healthcare choices in consultation with their doctors and without threats from Republican politicians in Washington, and we must have as one of those choices Planned Parenthood.

For many, it is the only place they can turn to for even the most basic

care. Women—especially low-income women—turn to Planned Parenthood for affordable and dependable primary care services. They fill a vital gap that community health centers can't fill by themselves. We are all better off because of their cancer screenings, STI testing, and wellness exams.

Republicans are trying to hold our health care hostage by using baseless attacks to shut down Planned Parenthood, using heavily doctored videos. It is time to stop using health care as a weapon to bully women.

We must vote against this bill.

Mr. PITTS. Madam Speaker, I yield 4 minutes to the gentleman from Maryland (Mr. HARRIS), another leader on this issue.

Mr. HARRIS. Madam Speaker, look, this bill is very simple. This bill just says that States actually can be partners with the Federal Government and Medicaid. The Federal Government, the Secretary of HHS, doesn't get to tell a State which providers they think are inadequate—yes, inadequate.

Planned Parenthood is not a comprehensive health provider in my district. In the Lower Eastern Shore of Maryland, they closed the Planned Parenthood in April and said on the Web site: "You can get services Monday through Friday at the center in Easton, 45 minutes up the road."

Madam Speaker, if you go up the road today, they are closed. In fact, the center in Easton, funded with Federal dollars, is open 2 days a week. That clinic is empty the rest of the time. Federal dollars are paying for an empty clinic that doesn't deliver comprehensive care.

Madam Speaker, you may have heard somewhere that Planned Parenthood provides mammograms. Nonsense. Even Planned Parenthood executives say they don't have a mammogram machine in the entire system. They don't provide mammograms.

The only method for breast cancer screening that actually results in decreased deaths from breast cancer, the only method—mammograms—they don't even provide at Planned Parenthood. They say: Oh, but you can be referred.

Actually, Madam Speaker, the law is you don't need a referral for a mammogram screening. That is the law. You don't need a referral. Any woman can go get a mammogram screening as long as she is within the screening guidelines without a referral.

So exactly what is this magic that Planned Parenthood provides?

The gentlewoman from New York said it fills a gap that community health centers can't fill. Nonsense. Community health centers can provide mammograms. They can provide breast cancer screenings, cervical cancer screenings, contraceptives, birth control.

The only thing they don't do is they don't provide abortions outside the limits of the Hyde amendment, and they don't sell baby body parts.

Oh, that is right. I guess if selling baby body parts is what is important about women's health care, then you are right. You have got to go to a Planned Parenthood to get it. You can't get it at a community health center.

Remember, there are 13,000 community health centers providing the broad range, the truly broad range, of health care, not health care that you have to leave, by the way. Maybe you approach some age, you are younger than some age, and you don't go to Planned Parenthood because it is not comprehensive care. Community health centers are. They were designed that way.

The Affordable Care Act I am no particular fan of. But the fact of the matter is it set these up to be truly comprehensive primary care centers. And there are 20 times as many as there are Planned Parenthoods.

And you know what? My community health center in my district, if you call today, they are actually open. If you call tomorrow, they are open. But Planned Parenthood isn't. If you call Thursday, Planned Parenthood is open for 7½ hours. My community health center is open 8½ hours. If you call Friday, you are out of luck with Planned Parenthood. Madam Speaker, we are paying Planned Parenthood to keep an empty office open that doesn't even provide comprehensive care in my clinic.

Now, the gentlewoman from New York said that, in this bill, you could not provide an abortion. That is nonsense. Read the bill. It says, as long as you provide abortions consistent with the Hyde amendment—that is a rape or incest exclusion or the life of the mother. In fact, the gentlewoman was wrong.

She said lives are threatened. No, Madam Speaker. If lives are threatened, specifically, this bill says the State can choose to fund that provider and can do that.

Madam Speaker, the bottom line is Planned Parenthood—there is only one thing that it does that you don't get—again, I will reiterate—that you don't get—in a community health center.

You can get an abortion usually at any stage of pregnancy for any reason, and you can get your baby's body parts sold in the trafficking of body parts that we saw in those films.

Are those films doctored? They are not doctored. Anyone can go look on the Web site. They are raw footage. People are talking about a Lamborghini from the profits of baby body parts. If that isn't repulsive to us, what is? All this bill does is it allows States to defund that.

Ms. DEGETTE. Madam Speaker, I yield myself 30 seconds to point out that the gentleman is absolutely correct. Planned Parenthood does not provide mammograms. They do provide breast cancer screenings.

But under this bill, if there is a hospital or a clinic that does provide mammograms and they also provide

abortions, well, then, the States could prevent funding.

So, ironically, under the terms of this bill up for discussion today, mammograms could be prevented. I don't think that is the intention of the rider of this bill.

I yield 1½ minutes to the gentleman from Texas (Mr. GENE GREEN), a senior member of the Energy and Commerce Committee.

Mr. GENE GREEN of Texas. I thank my colleague from Colorado for yielding to me.

Madam Speaker, I rise in opposition to H.R. 3495, the so-called Women's Public Health and Safety Act.

Women's health care is more than mammograms. I know at the Planned Parenthood in my district over 80 percent of the care they provide is for women's health and not abortion.

This bill would give States the right to exclude a healthcare provider who performs abortion care from their Medicaid program.

Medicaid provides premium care to millions of low-income women and families alike. Excluding providers from Medicaid without cause is another ill-masked attempt to impede reproductive rights.

This bill, as it is named, is claiming to provide safe public health care for women. By excluding quality healthcare providers, such as Planned Parenthood, the quality of available services will drop. As a result, women's health will be detrimentally harmed.

That was proved in a study by a Texas agency after 2011. This is yet one more attempt to defund Planned Parenthood which, if successful, would hurt millions of women in communities across the country.

H.R. 3495 is contradictory to the views of the majority of Americans. Three out of four American women support publicly funded family planning centers and believe these centers have a positive impact on public health.

By passing this bill, we are harming the millions of women who rely on publicly funded family planning care. I urge my colleagues to vote against this damaging bill.

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

Ms. DEGETTE. Madam Speaker, I yield 2 minutes to the distinguished gentleman from New York (Mr. NADLER).

Mr. NADLER. Madam Speaker, despite its puffed-up name, this bill has nothing to do with protecting women's health or safety. The bill the Republicans pass today would cut off access to health care for millions of American families who rely on Medicaid.

This bill would cut off Medicaid reimbursement for any service, Planned Parenthood or any doctor or hospital or clinic or local health center that performs or is involved in any way with abortions.

If this bill passes, a woman seeking prenatal care for a planned pregnancy

could suddenly be cut off from her doctor if that doctor also provides abortion services or even referral to abortion services.

A child with a life-threatening illness could be turned away from his hospital because the hospital chair expressed views supportive of abortion.

A senior citizen with a chronic illness could suddenly find his or her prescription lapsed with no way to refill it because his or her doctor is somehow involved with abortion.

My colleagues continue to insist that this bill won't interrupt care, that these families, children, and seniors will just see different doctors, will go to different hospitals.

How many of my colleagues have ever been on Medicaid? How many of them have ever been turned away by a doctor or told they have to wait months for an appointment because the doctor simply cannot afford to accept any more Medicaid patients?

This bill would dramatically worsen the shortage of Medicaid doctors and lengthen wait times for patients, putting more people at risk and increasing healthcare costs in the long term. If their overarching goal is dismantling Medicaid as we know it, this bill is a strong first step.

If we really want to talk about a culture of life, we should be bringing bills to the floor to encourage more doctors to serve in high-need areas to give every child access to the highest quality health care.

We should be talking about increasing funding for WIC and SNAP to make sure parents, babies, and children aren't going to bed hungry at night.

We should be talking about expanding education programs that target low-income students. We should be talking about funding public housing programs to provide stability to families.

We should be talking about lowering student loan debt to ensure parents can give their kids every opportunity without a crushing burden of debt.

What we should not be doing is cutting doctors and hospitals and clinics and community healthcare centers out of Medicaid and putting more lives at risk.

This bill is just another blatant attempt to intimidate doctors and hospitals into ending abortion services. Under the guise of promoting life, this bill puts more lives at risk.

I urge my colleagues to vote "no."

Mr. PITTS. Madam Speaker, I reserve the balance of my time to close.

Ms. DEGETTE. Madam Speaker, I yield 1½ minutes to the distinguished gentleman from California (Mr. BERA).

Mr. BERA. I thank my colleague from Colorado.

Madam Speaker, I rise in opposition to another bill restricting women's access to health care. The so-called Women's Public Health and Safety Act is not about public health, and it is certainly not about safety.

This is a bill that takes away individual rights. It is a bill that would

significantly restrict a woman's access to health care, where they want to go.

This is fundamentally about individual rights and an individual's ability to choose where they want to get health care. It is another example of politicians coming into the exam room and making decisions.

Now, my colleagues on the right, Madam Speaker, often will say they want to stand for individual rights. Well, Planned Parenthood has not broken any laws, to my knowledge.

If an individual patient wants to go get their care at Planned Parenthood, that is their right. Planned Parenthood is providing access to care. They are doing exactly what their name says: planning and helping families decide when they are ready to start a family, planning parenthood. We should be protecting that fundamental individual right.

As a doctor, I find it offensive when the government comes into my exam room and tells patients what they can and cannot do. Fundamentally to the practice of medicine, I have to answer my patients' questions, empower them to make the choices that they want to, and let them make those choices.

Again, patients should be able to choose their provider. Congress should not be picking and choosing who people can go see. This is about individual rights and preserving that right.

I am proud to stand with Planned Parenthood. I am proud to fight to preserve those individual rights. As a doctor, we have got to protect access to care.

Ms. DEGETTE. Madam Speaker, may I inquire as to the time remaining?

The SPEAKER pro tempore. The gentlewoman has 10½ minutes remaining. The gentleman from Pennsylvania has 5 minutes remaining.

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

Mr. CICILLINE. I thank the gentlewoman for yielding.

Madam Speaker, today we are debating H.R. 3495, which should be called the Yet Another Radical Republican Assault on Women's Health Care Act.

This bill undermines the long-standing Freedom of Choice providers provision of the Medicaid statute that protects the rights of Medicare patients to seek care from any willing, qualified provider.

This bill contains language that is so broad that it gives States unchecked authority to deny access to any providers it defines as participating in the performance of abortion.

This bill is the latest in a long line of radical Republican efforts to defund Planned Parenthood and deny women access to the high-quality health care services it provides.

Madam Speaker, here are the facts: Each year Planned Parenthood provides essential care to 2.7 million men and women. One in five American women have visited Planned Parenthood at least once.

There are 1.5 million young people and adults who participate in Planned Parenthood's educational programs on reproductive health.

Each year 700 Planned Parenthood clinics across the United States provide 900,000 cancer screenings to help detect cervical and breast cancer, 400,000 Pap tests, and 500,000 breast exams.

□ 1500

Madam Speaker, the cruel irony of this bill is that if it becomes law, these services, not abortion services, will be put at risk because Planned Parenthood is already prohibited from using Federal funds to provide abortion services except in very limited circumstances. In providing the critical services I just described, Planned Parenthood saves lives.

Madam Speaker, I want to close by noting the very articulate and powerful testimony that Cecile Richards offered in the House Oversight and Government Reform Committee today. It was disturbing that so many Members of this Chamber treated her with such condescension and disrespect.

At some point, Madam Speaker, the Republican Party will need to end this war on women and recognize that the question of whether women have a right to make their own healthcare decisions is a matter of settled law, and threatening to shut down the government unless we agree to deny millions of women access to high-quality health care is reckless and irresponsible.

I urge my colleagues to vote "no."

Ms. DEGETTE. Madam Speaker, I yield 2 minutes to the distinguished gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE. I thank the gentlewoman from Colorado for her leadership, and I thank the gentleman, Mr. PITTS, because in actuality this is not a debate on people's conscience and what you believe in. It is a debate and a question of the law.

First of all, the underlying legislation that we have before us is likely to be ruled unconstitutional, and it is likely to be so because it meets the very four corners of why the Supreme Court ruled the Texas law to be unconstitutional, and I venture to say that this bill was a copy of the Texas law.

In 2014 and 2015, the Texas legislators tried to stop reproductive healthcare clinics by requiring them to have a hospital-style surgery center building and staffing requirements, leaving only seven clinics to provide health care, the same thing where they threatened the same kind of thing which would only leave 10 healthcare providers. Guess what, Madam Speaker; in 2014 and 2015, the Supreme Court of the United States ruled it unconstitutional and stopped the legislature in their tracks. That is what is going to happen to this legislation as well.

Let me be very clear: Planned Parenthood does not engage in selling body parts. Yes, as under the law, they

do deal with fetal tissue research, which has saved millions of lives.

Under the 1993 NIH Revitalization Act, it is unlawful for any person to knowingly acquire, receive, or otherwise transfer any human fetal tissue for valuable consideration if the transfer affects interstate commerce. They do not do this. The reason I know that is there has been no Department of Justice investigation, no Health and Human Services investigation, and, in actuality, Mr. Daleiden, who is not the FBI and not the Department of Justice, has, in fact, engaged in a deleterious, dastardly, and deceitful investigation, even stealing—stealing—the ID of one of his fellow high school students.

So I am against this bill, and I am against it for the good things that Planned Parenthood does. For example, in my State, there are 38 clinics; 150,000 young women are being served, 108,000 on contraceptives, and others are STI.

Let me finish, Madam Speaker, by saying mammograms are not done in your doctor's office. You get a referral, and you go to a place where you can get a mammogram with a radiologist.

If we would only discuss facts, we would know that the underlying bill should be opposed. I oppose it, and I ask my colleagues to oppose it.

Madam Speaker, I rise in strong opposition to the Rule and the underlying bill.

I strongly oppose this latest attempt by the Republican House majority to undermine women's rights.

Despite its title, the Women's Public Health and Safety Act," H.R. 3495 is nothing more than the latest string of attacks on women's health.

Instead of wasting time fueling politically-charged attacks on health care services for women, and attempting to roll back women's constitutionally protected rights, this House should be advancing legislation that will reform our broken immigration and criminal justice systems.

And as we approach yet another deadline for piecemeal fiscal fixes, we should be focused on passing a comprehensive and cost-savings budget.

Yet, we are here today debating a bill that threatens millions of American's access to preventative care and could end up costing taxpayers hundreds of millions of dollars if enacted.

However, we know this bill will not become law given the President's clear Statement of Administrative Policy issued yesterday to veto this measure.

As such, HR 3495 is simply being offered here today as a shameless political decoy to attack the legal rights of women.

If enacted, H.R. 3495 would give states unchecked power to exclude women's health care providers from participating in Medicaid.

Hampering women's health and safety, this bill would enable states that are hostile to women's right to abortion, and to Planned Parenthood, to freely target women's health care providers for exclusion from Medicaid.

The United States Supreme Court ruled over 40 years ago, in *Roe v. Wade* (410 U.S. 113 (1973)), that a woman's constitutional right to privacy includes her right to abortion.

Since this landmark decision, abortion rates and risks have substantially declined, as have

the number of teen and unwanted pregnancies.

However, politicians continue to try to sneak around the Constitution and four decades of Supreme Court precedent with sham laws that do nothing to improve women's health care and only make it more difficult, if not impossible, to obtain safe and legal abortion.

Restricting all access to reproductive and women's health services only exacerbates a woman's risk of an unintended pregnancy and fails to accomplish any meaningful overthrow of *Roe v. Wade*.

In recent years, state policymakers have passed hundreds of restrictions on abortion care under the guise of protecting women's health and safety.

Fights here in Congress have been no different.

In my state of Texas a law that would have cut off access to 75 percent of reproductive healthcare clinics in the state was challenged before the U.S. Supreme Court in 2014 and 2015.

On October 2, 2014, the Supreme Court struck down as unconstitutional a Texas law that required that all reproductive healthcare clinics that provided the full range of services would be required to have a hospital-style surgery center building and staffing requirements.

This requirement meant that only 7 clinics would be allowed to continue to provide a full spectrum of reproductive healthcare to women.

Any woman facing an unintended pregnancy needs to be able to make her own decisions and weigh all her options—and these laws take those options away.

Texas has 268,580 square miles, only second in size to the state of Alaska.

The impact of the law in implementation would have ended access to reproductive services for millions of women in my state.

In 2015, the State of Texas once again threatened women's access to reproductive health care when it attempted to shutter all but 10 healthcare providers in the state of Texas.

The Supreme Court once again intervened on the behalf of Texas women to block the move to close clinics in my state.

It seems every month we are faced with a new attack on women's access to reproductive health care, often couched in deceptive terms and concern for women's health and safety.

And in fact we are here today supposedly to talk about the safety of women—But we know that's not really the case.

If my colleagues were so concerned about women's health and safety, they would be promoting any one of the number of evidence-based proactive policies that improve women's health and well-being.

Instead, they are proposing yet another attempt to ban abortion.

That is their number one priority. This is certainly not about protecting women's health, it's about politics.

We must separate the personal views of abortion from the legal issues and fundamental constitutional rights.

Undisputable, every woman has the constitutional right to make personal health care decisions so basic that it must be equally protected for all.

Yet, this bill provides an outright pathway to discriminate against poor and minority women.

H.R. 3495 would give states broad discretion to exclude any person, institution, agency

or entity that “performs or participates in the performance of abortions” from participating in Medicaid.

According to policy experts and advocates, such as the ACLU and National Partnership for Women and Families, this extreme measure would mean that not only would all such women’s health care providers be cut out of Medicaid, but states could also attempt to use it to eliminate a wide range of other health care providers, with serious and devastating consequences for low-income patients.

Restricting access to women’s reproductive health care providers makes it increasingly difficult—and sometimes impossible—for women who have decided to end a pregnancy to get the safe, legal, high-quality care they need.

The result is not the elimination of abortions, but higher costs, longer delays, and extra steps for women seeking abortion care, and in the process punish women for their decision to exercise their constitutional right to end a pregnancy.

History tells us that unsafe and late-term abortions did not cease to exist without adequate access to clinical service. Rather, the exact opposite—as we know limited and restricted access only leads to unsafe and dangerous practices.

Today, countless women in states like Texas and Mississippi, Wisconsin, Alabama, Tennessee, and Louisiana—where state laws are already gravely impacting women’s access to health care providers—women are being forced to travel upwards of hundreds of miles or cross state lines to access their constitutional right to an abortion.

These restrictions create sharp disparities in access to care that are troublingly reminiscent of the time before *Roe v. Wade*, when access depended on a woman’s social status, where she lived or her ability to travel to another state.

In an effort to undermine what they could not otherwise overturn, politicians are attempting to “turn back the clock” to the pre-*Roe* era by shuttering reproductive health care clinics and cutting off women’s access to safe and legal abortion care.

Yet, far too many women who cannot afford to travel elsewhere will face an impossible choice between carrying an unintended pregnancy to term or seeking drastic options outside the law.

A right that only exists on paper is no right at all.

Simply, restricting a women’s right and access to legal abortion services discriminately endangers the lives of women.

Congress should be doing everything it can to ensure that women have access to preventive care, not eliminating it.

This is a legislative assault on all progressive health care, service, and advocacy organizations who aim to provide vital care and services to women and men across this country.

Hundreds of thousands have already spoken up, including leading groups and communities such as the growing voice of our millennial generation.

For instance, the nearly 60,000 OB-GYN physicians and partners in women’s health warn that this bill would scare providers away from providing comprehensive, compassionate care to women, in a time where America desperately needs more ob-gyns participating in Medicaid programs.

Physicians and experts in the field have long argued that these damaging measures serve no medical purpose, interfere in the doctor/patient relationship, and do nothing to promote women’s health.

My colleagues should not be closing the door to health care services.

Rather, my colleagues should be doing more to connect our youth and women to services that help them reduce their risk of unintended pregnancies and STD’s, and improve their overall health through preventative screenings, education and planning, and not restricting their access to lawfully entitled family planning and private health services.

Ms. DEGETTE. Madam Speaker, I yield 1½ minutes to the distinguished gentleman from California (Mr. FARR).

Mr. FARR. I thank the gentlewoman for yielding.

Madam Speaker, there has been a lot of talk here about a bill that is only two pages long. You have heard a lot of talk about and a lot of misstatements of fact about Planned Parenthood. But guess what; this bill is really about giving the States the ability to hurt women, and it never even mentions Planned Parenthood. It never mentions any of the procedures that you have heard about here on the floor. It merely gives the States the ability to wipe out clinics that serve women.

So it isn’t about abortion procedures. It isn’t about Planned Parenthood. It is about taking away access to health care. This bill gives the authority to States to cut off all of those services if they specialize in health care for women.

When is this war on women going to stop? Your party ought to be ashamed of its reputation in this country now that it is really taking on women on all issues. So on behalf of my wife, my daughter, and my granddaughter, who will need access to women’s services—hopefully not abortion, but if necessary, maybe—I would hope that this war on women would stop and that all of us would vote against it.

Oppose this legislation.

Ms. DEGETTE. Madam Speaker, I yield myself such time as I may consume.

We have heard a lot of emotion today, Madam Speaker, and a lot of ideas and ugly things being thrown around, but as a lawyer with legal training, I did something radical. I actually read this bill. It didn’t take me very long, because, as Mr. FARR pointed out, it is only two pages long.

I want to talk about what this bill would really do because this bill would do far, far more than its proponents claim that it would do.

Let me say, first of all, there is no Federal money that is spent on abortion in most cases in the United States. This has been the law of the land for a long time. I disagree with that law because I think it limits full reproductive health for women who can least afford it, but that is the law of the land.

So what are we talking about here? What we are talking about is States

being able to deny money to anybody who is directly or indirectly involved with abortion services with nongovernmental money, with private money from women and their family, with insurance money, with nongovernmental money.

So here is how this bill would work. A State could decide that, if a hospital provided abortions with nongovernment money, it simply wasn’t going to authorize State money or Medicaid money to that hospital. I don’t mean just Medicaid money for women’s services; I mean all Medicaid money or State money, all money for services.

This bill could say that an OB-GYN who has co-privileges at a hospital that provides abortion could now not serve any—any—Medicaid patients. This bill would say that a doctor who provides services at a neighborhood healthcare clinic who has privileges at a hospital that provides abortion could now be banned from taking Medicaid patients. That is how broad this bill is written.

Madam Speaker, what this would do is it would allow States to terminate all government funds to any entity that directly or indirectly provides abortions with nongovernment dollars.

So what would this do? Well, 72 million people in this country are on Medicaid right now. These people are men, these people are women, and these people are children. These people are people who take women’s medical services and those who don’t need them. These 72 million Americans risk the loss of all of their healthcare services under Medicaid because of this radical bill.

Now, okay, let’s say that won’t really happen. Let’s say that is just an overbroad interpretation of the bill. So then our colleagues on the other side say, well, let’s just limit ourselves to community health centers. If we use this bill to deny funding for Planned Parenthood, everyone will go to community health centers. Let’s see how that would work.

Right now, we have 24 million patients in this country in community health centers. The community health centers themselves tell us, for every one of those 24 million patients they are taking, right now they are turning away seven people. So we have 4.2 million Planned Parenthood patients. Let’s say those 4.2 Planned Parenthood patients decide to go to the community health clinics. That is not going to work.

They tried this in Louisiana. In Louisiana, a Federal judge found there would be 29 providers for 5,000 women to get healthcare services. That is untenable, that is unacceptable, and it puts our Nation’s women’s health at risk.

Listen, since we have been debating this bill today, we are 1 hour closer to a government shutdown, and we have done nothing to make sure we are not going to do that. I would suggest that we refocus our efforts, that we stop beating up Planned Parenthood, that we stop beating up women’s health,

that we get together collectively and we say: How are we going to keep this government open? How are we going to work together to make sure every man and woman in this country has a good job, good health insurance, and that they can provide for their families? That is what we are elected to do, and that is what I commit myself to do on behalf of this body.

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

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

Madam Speaker, we have heard lots of arguments here on the floor. We have heard about abortion being a healthcare issue. Abortion is not a healthcare issue. Abortion is the most violent form of death known to mankind: death by dismemberment and decapitation. It is horrific.

These video clips that we have seen show the graphic nature of what they are doing to these little unborn babies in Planned Parenthood clinics and the harvesting of their body parts.

You call that humane? It is horrific. It is barbaric.

Why is this bill necessary? Currently, CMS is bullying States, telling them they must include providers of elective abortions in their Medicaid programs. This bill empowers States with the needed flexibility to design their Medicaid programs in a manner that is consistent with pro-life values in a State.

The gentleman talked about patients. Well, a lot of unborn babies are treated as patients in their mother's womb. One lady talked about, what about individual rights? Well, what about the rights of these little patients in the womb?

Madam Speaker, this bill merely gives States the flexibility to choose to establish criteria regarding the participation in its Medicaid program of entities or persons who perform or participate in the performance of elective abortions.

Under this bill, low-income women and men will still have access to more than 13,000 federally qualified health centers in rural health center sites, in addition to at least 1,200 private and free charitable clinics. In contrast, Planned Parenthood has some 665 clinics. They can find health care near them because these federally qualified and rural health centers are 20 to every 1 Planned Parenthood clinic.

We have the list of the Members here. Some of the Members who have spoken may have one Planned Parenthood clinic. They may have 56, 44—the list varies—community health centers who would get that redistributed money and provide real health care, as Dr. HARRIS said.

This bill gives States the flexibility to design their Medicaid programs in a manner they choose to serve their Medicaid patients. So I strongly urge support for H.R. 3495, the Women's Public Health and Safety Act.

Madam Speaker, I ask unanimous consent that the question of adopting a

motion to recommit on H.R. 3495 may be subject to postponement as though under clause 8 of rule XX.

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

There was no objection.

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

Mr. POE of Texas. Madam Speaker, as Congress works to defund the nation's largest abortion provider—Planned Parenthood,

Following a number of undercover videos revealing potential baby part sales,

It is only right that we allow states to defund abortion providers as well.

If the governor of a state believes that funding these organizations goes against the will of the people, they should be permitted to do so.

That includes funding through Medicaid.

H.R. 3495, the Women's Public Health and Safety Act bill simply gives states the flexibility to do just that.

Women should receive the best healthcare,

But they should not be put at risk, along with their unborn children, by organizations who are driven by profit.

The federal government and state governments should not be forced to have blood on their hands.

We do not need to fund Planned Parenthood, which killed over 327,000 babies in 2013 alone.

And states do not need to do this either.

Instead, we should be sending this money to health centers that truly have the patients in mind.

How many more Planned Parenthood scandals do we need before they are cut off from federal and state dollars?

How many more mothers will be lied to and babies killed as a result of continued funding?

Planned Parenthood and other abortion providers, for that matter, must be defunded.

It is our role to protect the most vulnerable among us—

Unborn children and mothers and families in crisis alike.

I urge a YES vote on H.R. 3495, the Women's Public Health and Safety Act.

And that's just the way it is.

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

Pursuant to House Resolution 444, 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. SINEMA. Madam Speaker, I have a motion to recommit at the desk.

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

Ms. SINEMA. Madam Speaker, I am opposed.

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

The Clerk read as follows:

Ms. Sinema moves to recommit the bill H.R. 3495 to the Committee on Energy and Commerce with instructions to report the same to the House forthwith with the following amendment:

At the end of the bill, add the following:

SEC. 3. RULE OF CONSTRUCTION.

Nothing in the amendments made by this Act shall be construed as prohibiting health care services from being provided to a woman by an institution, agency, entity, or person, so long as such services are provided to protect the health of the woman.

Mr. PITTS (during the reading). Madam Speaker, I reserve a point of order against the motion to recommit.

The SPEAKER pro tempore. A point of order is reserved.

The Clerk will read.

The Clerk continued to read.

□ 1515

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

Ms. SINEMA. Madam Speaker, this motion to recommit is the final amendment to the bill. It will not kill the bill or send it back to committee. If this amendment is adopted, the bill will immediately proceed to final passage, as amended.

This motion is straightforward and commonsense. The motion ensures that nothing in this bill prohibits a woman's access to healthcare services. This amendment protects the health of American women.

I believe a woman's personal healthcare decisions should be decided by the woman, her family, and her doctor. Women and their families should be able to make these decisions free from government interference.

Despite our political differences, protecting the health, safety, and independence of American women is something that most of us in this Chamber can readily support. It is what the American people want and believe.

The American people and people in my home State of Arizona want Congress to put aside partisanship and focus on solving our country's great challenges. They want Congress to focus on growing our economy, creating opportunity for hardworking families, making college affordable, reforming the VA, and strengthening our military and national security. The list goes on and on.

It is no surprise that Republicans and Democrats alike think that Congress is a mess, but Congress doesn't have to be a mess. Congress can produce results when it puts partisanship aside and works for the American people.

Earlier this year, we worked together to find a real solution to the long-term challenge of reimbursing doctors through Medicaid. We replaced the SGR and protected seniors' access to health care. That is the kind of success we can achieve for the American people if we work together.

We also worked together to help prevent veteran suicide and improve access to mental health care for veterans. The Clay Hunt SAV Act, which passed with the support of every Member of Congress, is an important step toward ending the epidemic of veteran suicide in our country. That is the kind of

work we can do for our veterans when we work together.

We worked together to pass the 21st Century Cures Act to encourage biomedical innovation and the development of lifesaving treatments and cures. This creative, bipartisan approach cuts through red tape, allowing innovators to focus on lifesaving discoveries rather than government bureaucracy. These are the solutions we can create when we work together.

Last night, we passed the PACE Act, which enables employees at small- and medium-sized businesses to keep their health insurance plans. This is the kind of bipartisan work we can accomplish.

If we work together, we can get things done for the American people. We can find a long-term sustainable solution to funding our highways and infrastructure; we can pass a budget that creates jobs and opportunity, grows our economy, and improves our national security; and we can reform our broken Tax Code so it provides certainty, encourages job growth, and enables us to compete on a global scale.

Instead, I've watched Congress fight once again in a partisan way, without a bipartisan solution on the horizon. This is not what Arizonans want. It is not what the American people want.

I offer this motion today to stand for something we all agree on, protecting the health of women, and I ask my colleagues to support this reasonable motion.

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

Mr. PITTS. Madam Speaker, I withdraw my reservation of a point of order.

The SPEAKER pro tempore. The reservation of the point of order is withdrawn.

Mr. PITTS. Madam Speaker, I claim the time in opposition to the gentleman's motion.

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

Mr. PITTS. Madam Speaker, today, under the Obama administration's interpretation of Federal statute, States are forced to include in their Medicaid program providers who perform elective abortions, whether they like it or not.

The Women's Public Health and Safety Act is a commonsense measure that would allow a State to choose to establish criteria regarding the participation in its Medicaid program of entities or persons who perform or participate in the performance of elective abortions.

Unlike what some Members on the other side of the aisle have said, this bill will not harm women's access to health care. Rather, this gives States more tools to design a Medicaid program that fully serves low-income women and men.

The Women's Public Health and Safety Act would put States back in the driver's seat and let each State design

their Medicaid program in a manner that best meets the needs and respects the choices and values of the people within their States.

This bill should be supported by every Member who believes the States should be strong, full partners in the operation of the Medicaid program. If State taxpayers do not want to include abortion providers in their Medicaid program, they should not be forced to include them.

I urge the Members strongly to vote "no" on 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. SINEMA. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

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

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 3 o'clock and 21 minutes p.m.), the House stood in recess.

□ 1545

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mrs. WAGNER) at 3 o'clock and 45 minutes p.m.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has passed without amendment a bill of the House of the following title:

H.R. 3614. An act to amend title 49, United States Code, to extend authorizations for the airport improvement program, to amend the Internal Revenue code of 1986 to extend the funding and expenditure authority of the Airport and Airway Trust Fund, and for other purposes.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, and the order of the House of today, proceedings will resume on questions previously postponed.

Votes will be taken in the following order:

The motion to recommit on H.R. 3495; and

Passage of H.R. 3495, if ordered.

The first electronic vote will be conducted as a 15-minute vote. Any remaining electronic vote will be conducted as a 5-minute vote.

WOMEN'S PUBLIC HEALTH AND SAFETY ACT

The SPEAKER pro tempore. The unfinished business is the vote on the motion to recommit on the bill (H.R. 3495) to amend title XIX of the Social Security Act to allow for greater State flexibility with respect to excluding providers who are involved in abortions, offered by the gentlewoman from Arizona (Ms. SINEMA), on which the yeas and nays were ordered.

The Clerk will redesignate the motion.

The Clerk redesignated the motion.

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

The vote was taken by electronic device, and there were—yeas 184, nays 242, not voting 8, as follows:

[Roll No. 523]

YEAS—184

Adams	Fattah	Moulton
Aguilar	Foster	Murphy (FL)
Ashford	Frankel (FL)	Nadler
Bass	Fudge	Napolitano
Beatty	Gabbard	Neal
Becerra	Gallego	Nolan
Bera	Garamendi	Norcross
Beyer	Graham	O'Rourke
Bishop (GA)	Grayson	Pallone
Blumenauer	Green, Al	Pascarell
Bonamici	Green, Gene	Payne
Boyle, Brendan	Grijalva	Perlosi
F.	Gutiérrez	Perlmutter
Brady (PA)	Hahn	Peters
Brown (FL)	Hastings	Pingree
Brownley (CA)	Heck (WA)	Pocan
Bustos	Higgins	Polis
Butterfield	Himes	Price (NC)
Capps	Hinojosa	Quigley
Capuano	Honda	Rangel
Cárdenas	Hoyer	Rice (NY)
Carney	Huffman	Richmond
Carson (IN)	Israel	Roybal-Allard
Cartwright	Jackson Lee	Ruiz
Castor (FL)	Jeffries	Ruppersberger
Castro (TX)	Johnson (GA)	Rush
Chu, Judy	Johnson, E. B.	Ryan (OH)
Ciциlline	Kaptur	Sánchez, Linda
Clark (MA)	Keating	T.
Clarke (NY)	Kennedy	Sanchez, Loretta
Clay	Kildee	Sarbanes
Cleaver	Kilmer	Schakowsky
Clyburn	Kind	Schiff
Cohen	Kirkpatrick	Schrader
Connolly	Kuster	Scott (VA)
Conyers	Langevin	Scott, David
Cooper	Larsen (WA)	Serrano
Costa	Lawrence	Sewell (AL)
Courtney	Lee	Sherman
Crowley	Levin	Sinema
Cuellar	Lewis	Sires
Cummings	Lieu, Ted	Slaughter
Davis (CA)	Loeb sack	Smith (WA)
Davis, Danny	Lofgren	Speier
DeFazio	Lowenthal	Swalwell (CA)
DeGette	Lowe y	Takai
Delaney	Lujan Grisham	Takano
DeLauro	(NM)	Thompson (CA)
DelBene	Luján, Ben Ray	Thompson (MS)
DeSaulnier	(NM)	Titus
Deutch	Lynch	Tonko
Dingell	Maloney,	Torres
Doggett	Carolyn	Tsongas
Doyle, Michael	Maloney, Sean	Van Hollen
F.	Matsui	Vargas
Duckworth	McCollum	Veasey
Edwards	McDermott	Vela
Ellison	McGovern	Velázquez
Engel	McNerney	Visclosky
Eshoo	Meeks	Walz
Esty	Meng	Wasserman
Farr	Moore	Schultz