

schemes and other international criminal enterprises;

(B) the extent to which exploitation of older adults of the United States by international criminal enterprises has resulted in the incarceration of these citizens of the United States in foreign countries; and

(C) the total annual number of elder abuse cases pending in the United States; and

(2) the results of intervention by the United States with foreign officials on behalf of citizens of the United States who are elder abuse victims in international criminal enterprises.

#### SEC. 503. OUTREACH TO STATE AND LOCAL LAW ENFORCEMENT AGENCIES.

The Attorney General shall submit to the Committee on the Judiciary of the Senate and the Committee on the Judiciary of the House of Representatives a report on efforts by the Department of Justice to conduct outreach to State and local law enforcement agencies on the process for collaborating with the Federal Government for the purpose of investigating and prosecuting interstate and international elder financial exploitation cases.

#### SEC. 504. MODEL POWER OF ATTORNEY LEGISLATION.

The Attorney General shall publish model power of attorney legislation for the purpose of preventing elder abuse.

#### SEC. 505. BEST PRACTICES AND MODEL LEGISLATION FOR GUARDIANSHIP PROCEEDINGS.

The Attorney General shall publish best practices for improving guardianship proceedings and model legislation relating to guardianship proceedings for the purpose of preventing elder abuse.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Virginia (Mr. GOODLATTE) and the gentleman from Michigan (Mr. CONYERS) each will control 20 minutes.

The Chair recognizes the gentleman from Virginia.

#### GENERAL LEAVE

Mr. GOODLATTE. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days within which to revise and extend their remarks and include extraneous material on S. 178, currently under consideration.

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

There was no objection.

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

Mr. Speaker, S. 178, the Elder Abuse Prevention and Prosecution Act, takes several steps to protect American seniors from financial exploitation and physical abuse. This legislation promotes the investigation and prosecution of perpetrators who prey upon seniors, enhances data collection, and provides resources for robust elder abuse prevention programs.

Some estimate that approximately 1 in 10 senior citizens are abused annually, but only 1 in 23 cases of elder abuse are reported to authorities each year. At least \$2.9 billion is taken from older adults each year due to financial abuse and exploitation.

The abuse of these vulnerable victims causes devastating physical, mental, emotional, and financial consequences to the victims and their loved ones, and we must combat this injustice.

This bill requires each U.S. Attorney's Office to appoint an elder justice coordinator and requires the FBI to provide specialized training to agents relating to the investigation of elder abuse crimes. It mandates that both the Department of Justice and the Federal Trade Commission designate an elder justice coordinator.

It strengthens criminal laws to ensure that offenders who seek to exploit seniors through fraudulent email marketing are appropriately punished, and it enhances data collection on crimes against senior citizens so we can one day understand the full scope of this problem.

I believe it was Mahatma Gandhi who said: "A nation's greatness is measured by how it treats its weakest members." We must ensure that appropriate measures are taken to protect our senior citizens, and that is precisely what this bill aims to do.

This bill passed the Senate unanimously, and I urge my colleagues to support this legislation in similar fashion.

I want to thank the gentleman from Michigan, the ranking member of the committee, for his work on this important legislation.

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

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

Mr. Speaker, I rise today in support of S. 178, the Elder Abuse Prevention and Prosecution Act. I thank the chairman of the Judiciary Committee for his excellent work in this area.

This legislation would increase protections for elder abuse victims, which is very important, as a vast majority of cases of abuse, neglect, and exploitation of older adults in the United States often go unreported and unaddressed.

Each year, nearly \$3 billion is taken from older adults due to financial abuse and exploitation, and this is happening across all racial, social, economic, gender, and geographic lines.

This important measure increases protections for victims by, first, ensuring support for Federal cases involving elder abuse. This support will include the requirement that the Attorney General designate at least one assistant United States attorney to serve as an elder justice coordinator in every judicial district to prosecute, train, assist with, and conduct public outreach on elder abuse.

Additionally, this measure would also require that the Executive Office for United States Attorneys operate an elder abuse resource group and a working group to advise the Justice Department on elder abuse issues.

Secondly, this measure would require the establishment of best practices for local, State, and Federal data collection to focus on elder abuse, including, for example, the total number of Federal investigations of elder abuse and locations where cases are filed.

Findings under this legislation include the fact that older adults who are

abused are three times more likely to die earlier than older adults of the same age who are not abused, and that up to half of all older adults with dementia will experience abuse.

For these reasons, a third component of this measure that I find extremely important and valuable is the enhanced victim assistance to elder abuse survivors. This measure would require that an annual report be submitted to Congress on the funding under the Victims of Crime Act of 1984 for victims of crimes who are elders.

And finally, this measure adds a new definition of "telemarketing and email marketing" under the telemarketing statute to protect victims of such scams, which typically involve elders.

We must do everything possible to support victims of elder abuse and prevent the abuse from occurring in the first place. And so for these several reasons, I am very pleased to support the bill with the chairman of the committee.

Mr. Speaker, Members of the House, the elder abuse problem has devastating consequences to the victims as well as their loved ones, and it is an affront to America's older adults. It involves the exploitation of some of our most vulnerable citizens.

This measure includes a multipronged approach to prevent elder abuse and exploitation, protect the victims of elder abuse and exploitation from further harm, and bring the perpetrators of these crimes to justice. Accordingly, I am pleased to urge my colleagues to support this measure.

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

Mr. GOODLATTE. Mr. Speaker, I yield myself such time as I may consume to again thank my colleagues on both sides of the aisle for their work on this important legislation to help protect senior citizens from crime.

I know, from experience, that there are many, many senior citizens who become victims of online, on-telephone, and other forms of fraud perpetrated upon them; and this legislation helps to provide resources and appropriate punishments, to detect the people who perpetrate these crimes and to bring them to justice, and I urge my colleagues to support the bill.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Virginia (Mr. GOODLATTE) that the House suspend the rules and pass the bill, S. 178.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

#### PAIN-CAPABLE UNBORN CHILD PROTECTION ACT

Mrs. HANDEL. Mr. Speaker, pursuant to House Resolution 548, I call up

the bill (H.R. 36) to amend title 18, United States Code, to protect pain-capable unborn children, and for other purposes, and ask for its immediate consideration.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 36

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

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Pain-Capable Unborn Child Protection Act".

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

Congress finds and declares the following:

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

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

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

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

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

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

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

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

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

(10) The position, asserted by some commentators, that the unborn child remains in a coma-like sleep state that precludes the unborn child experiencing pain is inconsistent with the documented reaction of unborn children to painful stimuli and with the experience of fetal surgeons who have found it necessary to sedate the unborn child with anesthesia to prevent the unborn child from engaging in vigorous movement in reaction to invasive surgery.

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

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

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

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

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

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

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

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

"(b) REQUIREMENTS FOR ABORTIONS.—

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

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

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

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

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

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

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

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

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

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

"(II) a law enforcement agency.

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

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

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

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

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

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

"(F) DOCUMENTATION REQUIREMENTS.—

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

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

"(G) INFORMED CONSENT.—

"(i) CONSENT FORM REQUIRED.—The physician who intends to perform or attempt to perform an abortion under the provisions of

subparagraph (B) may not perform any part of the abortion procedure without first obtaining a signed Informed Consent Authorization form in accordance with this subparagraph.

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

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

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

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

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

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

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

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

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

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

“(I) ADDITIONAL EXCEPTIONS AND REQUIREMENTS.—

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

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

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

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

“(iii) RULE OF CONSTRUCTION IN CASES OF REPORTS TO LAW ENFORCEMENT.—The requirements of subparagraph (B)(ii) do not apply if the rape has been reported at any time prior to the abortion to a law enforcement agency

or Department of Defense victim assistance personnel.

“(iv) COMPLIANCE WITH CERTAIN STATE LAWS.—

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

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

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

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

“(e) CIVIL REMEDIES.—

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

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

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

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

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

“(C) punitive damages.

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

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

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

“(f) DATA COLLECTION.—

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

“(2) CONTENTS OF SUMMARY.—The summary shall include the number of abortions performed or attempted on an unborn child who

had a post-fertilization age of 20 weeks or more and specify the following for each abortion under subsection (b)(2)(B)—

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

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

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

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

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

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

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

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

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

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

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

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

“(ii) to remove a dead unborn child.

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

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

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

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

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

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

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

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

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

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

“(12) **REASONABLE MEDICAL JUDGMENT.**—The term ‘reasonable medical judgment’ means a medical judgment that would be made by a reasonably prudent physician, knowledgeable about the case and the treatment possibilities with respect to the medical conditions involved.

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

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

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

“1532. Pain-capable unborn child protection.”.

(c) **CHAPTER HEADING AMENDMENTS.**—

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

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

The **SPEAKER** pro tempore. Pursuant to House Resolution 548, the gentlewoman from Georgia (Mrs. **HANDEL**) and the gentleman from Michigan (Mr. **CONYERS**) each will control 30 minutes.

The Chair recognizes the gentlewoman from Georgia.

GENERAL LEAVE

Mrs. **HANDEL**. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 36.

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

There was no objection.

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

Mr. Speaker, I rise today in support of H.R. 36, the Pain-Capable Unborn Child Protection Act, also known as Micah’s Law.

This bill prohibits most elective abortions at 20 weeks after fertilization and thereafter. That is the beginning of the fifth month of pregnancy. That is the point in a pregnancy when a substantial body of medical evidence shows that a baby in the womb can feel pain.

H.R. 36 is humane legislation for innocent babies and for mothers. It in-

cludes exceptions for the life of the mother and exceptions in the case of rape and incest. Additionally, this bill imposes criminal liability only on the medical professional performing that abortion, not on the mother.

Mr. Speaker, there is broad consensus within the medical community babies at 5 months in the womb are not only able to feel pain, they can hear music. They can even respond to human voices.

America is one of only seven countries in the world that still allows elective late-term abortions, joining North Korea and China.

Today, we understand so much more about a baby’s development during a pregnancy. Voluntarily terminating the life of an innocent baby when we know that baby can feel pain can no longer be acceptable, and a majority of Americans agree.

Hearts and minds are changing. How many of us have marveled at the vivid sonogram images of a soon-to-be-born son, niece, or grandchild? How many of us have been amazed and so very grateful that babies born early, as early as 20 weeks, have a very real chance of survival?

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Mr. Speaker, this bill reflects today’s medical understanding about a baby’s ability to feel pain. Micah’s Law reflects those changing hearts and minds of Americans. Micah’s Law reflects the higher aspirations of this Nation, a truly moral nation, to foster a culture of life.

Mr. Speaker, I urge my colleagues to join me in supporting H.R. 36.

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

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

Mr. Speaker, I want to begin my remarks today by extending my condolences to the family and friends of the 59 individuals killed in the shooting in Las Vegas, and I express my best hopes for the recovery of the more than 500 persons who were injured.

This Congress has a responsibility to find a way to prevent tragedies like this, as well as the daily incidents of gun violence in our communities, but instead of considering legislation to prevent gun violence, the House is spending today pushing a 20-week abortion ban that will disproportionately hurt women and families who face some of the most medically complex situations imaginable.

So it is with great pleasure that I oppose H.R. 36, because it is a dangerous and far-reaching attack on a woman’s constitutional right to choose whether or not to terminate a pregnancy.

Roe v. Wade’s basic holding is that a woman has a constitutional right to have an abortion prior to the fetus’ viability, which is generally considered by the experts to be around 24 weeks from fertilization. By banning previability abortions, H.R. 36 is a direct challenge to Roe.

Another serious flaw, in my view, of H.R. 36 is that its narrow rape exception completely misconstrues the difficult challenges that survivors of sexual assault face and the very real reasons why a rape or incest may go unreported. So by requiring that a rape or incest survivor provide documentation to corroborate her statement that she was raped, the bill’s sponsors seem to be saying that maybe women cannot be trusted to tell the truth about sexual assault, and they certainly cannot be trusted to make their own private healthcare decisions.

I urge my colleagues to oppose this dangerous and mean-spirited legislation.

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

Mrs. **HANDEL**. Madam Speaker, I yield 3 minutes to the gentleman from Virginia (Mr. **GOODLATTE**), my esteemed colleague, the Judiciary Committee chairman.

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

To give you a sense of how much technology has advanced, the issue of The New York Times announcing the Roe v. Wade decision, in 1973, contained ads for the latest in technology, including a computer the size of a file cabinet that you could rent for \$3,000 a month that only had a fraction, thousandths, of the memory of a modern cellphone, and a basic AM radio that was as big as your hand.

At the time, there was nothing like the stunningly detailed images of unborn children that are so commonly celebrated on social media today.

Close to 45 years later, in the age of ultrasound pictures, the same newspaper reported on the latest research on the pain experienced by unborn children, focusing on that of Dr. Sunny Anand, an Oxford-trained neonatal pediatrician who held an appointment at Harvard Medical School.

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

Congress has the power, and the responsibility, to acknowledge these developments in our understanding of the ability of unborn children to feel pain by prohibiting abortions after 20 weeks’ pregnancy postfertilization, the point at which scientific evidence shows the unborn can experience great suffering. The bill before us does just that, and, in doing so, it saves lives.

In fact, the nonpartisan Congressional Budget Office is so confident that this bill would save lives that it took the rare step of estimating the number of lives that would be saved if this bill is enacted. The CBO conservatively estimates that this bill would

save over 2,000 lives each year, giving America the gift of thousands more children with all the wondrous human gifts they will bring to the world in so many amazing forms for generations to come.

Madam Speaker, I would like to thank Judiciary Committee member TRENT FRANKS for introducing this vital legislation. I urge my colleagues to support this bill both on behalf of unborn children and on behalf of the voters you represent, who overwhelmingly support this legislation.

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

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

Madam Speaker, I appreciate the time to speak on this important subject. While it is important, it is also embarrassing somewhat to us, because I listen to the other side, and the first thing that the chairman does over here is he shows a New York Times ad. And because of The New York Times ad at the time of Roe v. Wade, he suggests that we should turn over Roe v. Wade because it is antiquated.

Well, in 1791, the Second Amendment was adopted, and we had pistols, and we had guns that you could shoot one bullet at a time; and yesterday, we had a man in Las Vegas with guns who could shoot “da da da da da da da da da da” and kill 59 people and wound 500.

If you get me an ad from 1791, those weapons were not in that ad, but do they talk about changing the Second Amendment, do they talk about protecting Americans from that type of violence? No. They come here and talk about protecting the unborn, forgetting about the rights of women guaranteed them by Roe v. Wade, the law of the land, which is the law of the land that says viability comes at 24 weeks.

They talk about what they say are medical experts and a substantial body of medical evidence. What they don't tell you is the American College of Obstetricians and Gynecologists are against this bill, and there is no medical group or medical society in this country that is for this bill, but they know more about medicine and about pain for the unborn than do the doctors and the scientists.

They bring this to us, an unconstitutional bill, an unconstitutional bill that the CBO estimates will cost us from \$65 million to \$335 million over 10 years. Their concern about the budget goes out the window.

The truth of the matter is this goes back to the Rules Committee debate on this bill. We were told: It is popular; the polls show people want this.

This is a political bill that has had no hearing in the Judiciary Committee, had no markup in the Judiciary Committee. That is called regular order, something we were promised by the Speaker, a new day in Congress. We were going to have opportunities for both sides to debate, the kind of things JOHN MCCAIN, a great American hero,

sees as wrong in the Senate, which is just as wrong in the House: two sides coming together to debate, to vote, to amend, to discuss. No.

It comes straight to the floor because it is politically popular, more politically popular this week than having a bill to allow for silencers for weapons, which was going to be the bill du jour for this week, but it was pulled.

Instead, we got this unconstitutional law that flies in the face of Roe v. Wade, takes rights away from women and treats them without exceptions that are necessary to make a law proper concerning rape and incest.

The SPEAKER pro tempore (Mrs. WAGNER). The time of the gentleman has expired.

Mr. CONYERS. Madam Speaker, I yield an additional 30 seconds to the gentleman.

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

The bottom line is, this bill is unconstitutional, an attack on women's rights, an attack on the Constitution, and we should be looking at changes in our laws about guns and violence, at least mental health, something to respond to what happened in Las Vegas, instead of another moment of silence.

Mrs. HANDEL. Madam Speaker, I yield 5 minutes to the gentleman from Arizona (Mr. FRANKS), my colleague and the lead sponsor of Micah's Law.

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

Thomas Jefferson, whose words marked the beginning of this Nation, said: “The care of human life and happiness, and not their destruction, is the first and only object of good government.”

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

The 14th Amendment says, no State shall “deny to any person within its jurisdiction the equal protection of the laws.”

Madam Speaker, protecting the lives of all innocent Americans and their constitutional rights is why we are really all here, and yet today a great and tragic shadow looms over America.

More than 18,000 very-late-term abortions are occurring in America every year, placing the mothers at exponentially greater risk and subjecting their little, pain-capable unborn babies to torture and death without anesthesia or Federal protection of any kind; this in the land of the free and the home of the brave. It is the greatest and most

insidious human rights atrocity in the United States today.

Almost every other major civilized nation on Earth protects pain-capable unborn babies at this age, and every credible poll of the American people shows that they are overwhelmingly in favor of protecting them, and yet we have given these little babies less legal protection from unnecessary cruelty than the protection we have given farm animals under the Federal Humane Slaughter Act.

Madam Speaker, it seems like we are never quite so eloquent as when we decry the crimes of a past generation. And how is it that sometimes we are so staggeringly blind when it comes to facing and rejecting the worst atrocities in our own time?

Today, Madam Speaker, I am especially thankful, because the winds of change are now beginning to blow and the tide of blindness and blood is finally turning in America.

There is a new leader who lives in the White House, and he is deeply committed to protecting the least of these, our little brothers and sisters.

Madam Speaker, today we are poised to pass the Pain-Capable Unborn Child Protection Act in this Chamber. No matter how it is shouted down or what distortions or deceptive what-ifs, distractions, divisions, gotchas, twisting of words, twisting of subject, or blatant falsehoods the abortion industry hurls at this bill and its supporters, this bill is a deeply sincere effort, beginning at their sixth month of pregnancy, to protect both mothers and their pain-capable unborn babies from the atrocity of late-term abortion on demand, and ultimately it is a bill all humane Americans will support if they truly understand it for themselves.

□ 1615

Madam Speaker, this will be a vote that all of us remember for the rest of our lives. It will be a time now for the U.S. Senate to find the courage and humanity to take a stand for these, the most helpless of all human victims. The Senate's action will be considered in the annals of history and, I believe, in the counsels of eternity itself.

Madam Speaker, passing this bill really shouldn't be so hard because, in spite of all the political noise, protecting little pain-capable, unborn children and their mothers is not a Republican issue and it is not a Democratic issue. It is a test of our basic humanity and who we are as a human family.

It is time for the Members of the U.S. House and the U.S. Senate to open our eyes and our souls and remember that protecting those who cannot protect themselves is why we are really all here. It is time for us, all of us as Americans, Madam Speaker, to open our eyes and our hearts to the humanity of these little pain-capable children of God and the inhumanity of what is being done to them.

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

from Colorado (Ms. DEGETTE), the co-chair of the Pro-Choice Caucus.

Ms. DEGETTE. Madam Speaker, I thank the gentleman and also Ms. JAYAPAL for allowing me to speak today.

Madam Speaker, I rise for my former district director Chris and his wife, Bridget. This is their story.

Bridget was pregnant with their very much-wanted second child. After the 20th week, they were stunned to learn that the brain stem of the fetus was not attached, and if the baby even survived, then the newborn would likely die within hours. Doctors told the family, if they wanted more children, it would be a good idea to end the pregnancy. After consulting with their minister, they decided to do so.

The happy ending is that a year or so later another child was born, and she is happy and healthy today.

As co-chair of the Pro-Choice Caucus, I know that difficult circumstances always surround these highly personal decisions, and I don't think that the U.S. Congress is the body that should impose its opinion.

Just imagine the horrible choices families would have to make if H.R. 36 became law. Ninety-nine percent of abortions are conducted before the 20-week mark. Virtually all the rest are just like this situation.

Madam Speaker, I urge the body to reject this bill and to move on to important issues that are facing this country.

Mrs. HANDEL. Madam Speaker, I yield 1 minute to the gentleman from Wisconsin (Mr. RYAN), the Speaker of the House.

Mr. RYAN of Wisconsin. Madam Speaker, I thank the gentlewoman for yielding, and I thank her for her leadership.

I would also say to the last speaker, this affects that 1 percent that she was referring to.

Madam Speaker, life is precious. We are reminded of this in ways wonderful; we are reminded of this in ways difficult. Today, I rise in support of life. I rise in support of Micah's Law. I rise in recognition that advancements in technology today both reveal more about the stages of life as well as show us the promise for preserving it.

As unpleasant as it may be, technology reveals something to us about suffering. It now shows us that the unborn can feel pain inside the womb.

The science is in and the science is real. At 20 weeks old, ultrasound images reveal that unborn babies respond to unwanted stimuli—to pain—the same exact way adults do: they recoil; they contract.

In cases of abortion, these unborn babies are feeling pain. They suffer. That is really hard to hear, and it is really hard to say. But now that we are seeing scientific evidence and proof that these babies are in pain, the question is: What do we do about it?

We can't claim ignorance. Their pain is no longer invisible to us, and we can-

not say, as a society, with a good and upright conscience, that we can just continue to ignore it.

The Pain-Capable Unborn Child Protection Act, sponsored by our colleague TRENT FRANKS, protects these babies by restricting abortion to 20 weeks after fertilization occurs, the point at which science has proven a baby can feel pain.

It is easy to turn a blind eye to the pain of others. For a moment, you think that if we just ignore it, it will go away and it doesn't exist. But our hearts and our minds are always going to remind us.

We cannot stop the pain of the world by turning away from it. We must not turn away from the pain of the most vulnerable among us, the ones who have nowhere to run to.

Madam Speaker, our humanity shines brightest when we stand up for those who are suffering, when we protect people from pain. I simply ask my colleagues, I implore my fellow Americans, let's be moved by this suffering. Let's also be inspired by life.

Mr. CONYERS. Madam Speaker, I yield 1 minute to the gentlewoman from Washington (Ms. JAYAPAL), a member of the Judiciary Committee.

Ms. JAYAPAL. Madam Speaker, I rise to strongly urge a "no" vote on H.R. 36, and I rise today for Gina.

Gina, who lives in Seattle, found out at her 20-week ultrasound that the baby had multiple fetal anomalies, both cardiac and brain, that were fatal. The baby would either die before birth or within the first few days or weeks of life.

Gina decided to end the pregnancy, her constitutional right to make decisions about her own body. If Gina were in a different State with restrictive laws, she would not have been able to get the evidence-based and compassionate care that she deserved. This important, very personal decision was made between Gina and her doctor.

The Supreme Court has made it clear that it is her right, and yet our Republican colleagues continue to try to take that right away from Gina and other women in her position.

This bill not only takes healthcare decisions out of the hands of patients, but, Madam Speaker, it could penalize doctors with up to 5 years in prison for performing these abortions. This is unconscionable.

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

Mr. CONYERS. I yield the gentlewoman an additional 30 seconds.

Ms. JAYAPAL. Madam Speaker, Gina and all women deserve to have access to care that is comprehensive and compassionate. Madam Speaker, on their behalf, I urge my colleagues to vote "no" on H.R. 36. We must stop these bans and support women like Gina to continue to have their constitutional rights and to make decisions about their own bodies.

Mrs. HANDEL. Madam Speaker, I yield 1 minute to the gentlewoman

from North Carolina (Ms. FOXX), chairwoman of the Education and the Workforce Committee.

Ms. FOXX. Madam Speaker, I thank my colleague from Georgia for her leadership on this issue.

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

The United States currently stands alongside North Korea, China, and Vietnam as one of only seven countries that allow elective abortion to occur after 20 weeks postfertilization.

At this point in their life, unborn babies have a well-developed brain and nervous system as well as pain receptors. This fetal development is observed by surgeons who routinely see these unborn children react to pain. In fact, doctors administer anesthesia to these children in the womb during fetal surgeries.

I am proud to support this bill, also known as Micah's Law, because we must care for these unborn children, not cruelly inflict pain and deny them their inherent dignity by treating them as objects.

One day, I hope that a cultural life will take hold in the United States and that all children will be protected under the law. However, until that day comes, it remains my solemn duty to stand up for life. Regardless of the length of this journey, I will continue to speak for those who cannot.

Madam Speaker, I urge my colleagues to vote to protect the Nation's most vulnerable children and ensure they are not subject to unimaginable pain and to affirm life by voting in favor of this bill.

Mr. CONYERS. Madam Speaker, I yield 1½ minutes to the gentleman from Florida (Mr. DEUTCH), a senior member of the Judiciary Committee.

Mr. DEUTCH. Madam Speaker, today I rise for Phil and his wife, to tell their story.

Phil and his wife tried to get pregnant for several years. After fertility treatment, they were thrilled when his wife finally became pregnant with identical twins. Sadly, their twins were diagnosed with twin-twin transfusion syndrome, a deadly complication.

At week 21, Phil and his wife learned the devastating and frightening news that not only would both twins die, but that without an abortion, his wife was at serious risk of suffering a ruptured uterus.

Their options were limited. Their doctor could not perform an abortion because he was affiliated with a Catholic hospital, and Phil's wife was unable to fly due to her high-risk pregnancy. Instead, they drove from their home in Missouri to Kansas to terminate the pregnancy by induced labor and delivery.

Phil and his wife were devastated. After the twins' deaths, Phil participated in a baptism and grieved their loss.

Phil wants lawmakers to know: "Decisions about abortion need to be made



with the families and with the best medical information available." As he rightly puts it: "There is no one-size-fits-all situation for all pregnancies." Placing government limitations on the constitutionally protected healthcare options of American women and their families will only add heartache and tragedy to these most difficult and painful decisions.

Madam Speaker, on behalf of Phil and his family, I urge my colleagues to vote "no" on H.R. 36.

Mrs. HANDEL. Madam Speaker, I yield 1 minute to the gentlewoman from Washington (Mrs. MCMORRIS RODGERS.)

Mrs. MCMORRIS RODGERS. Madam Speaker, I thank the gentlewoman from Georgia for her leadership on this legislation, and I rise to support life.

Madam Speaker, this is about the values that define us as Americans. We see the potential in every life, and that includes the unborn. The Micah Act is life-affirming legislation that shows compassion for the baby and the mom.

Ten years ago, I received tough news that our son had Down syndrome, an extra 21st chromosome. The doctors told us it would be a long road ahead.

Today, I see more clearly. Too often others try to define a baby's future before they are even born. Part of being an American is not letting others define us.

I look at our son, Cole, and I see a healthy 10-year-old working his way through fifth grade. His life is different than we imagined—in a good way. He lights up a room. People are drawn to him. He plays sports and is in Cub Scouts. He is living a full life with huge potential.

Madam Speaker, I am proud to support this legislation that reflects our values and protects the sanctity of life, and I urge my colleagues to do the same.

Mr. CONYERS. Madam Speaker, I yield 1½ minutes to the gentleman from New York (Mr. NADLER), a senior member of the Judiciary Committee.

Mr. NADLER. Madam Speaker, I thank the gentlemen for yielding the time to me.

Madam Speaker, more than 40 years ago, the Supreme Court held that women have the constitutional right to terminate a pregnancy prior to viability or at any time to protect the life and health of the mother. This bill is flatly unconstitutional on both counts.

The Supreme Court has blocked every other 20-week ban because 20 weeks is well before the point of viability. Further, the bill includes no exception for the health of the mother, only waiving the ban if a woman's life is at imminent risk, in clear violation of a woman's constitutional rights.

Shamefully, the bill places new and cruel restrictions even on women accessing abortion after rape or incest.

Once again, the Republicans are proclaiming the falsehood that 20-week-old fetuses can feel pain, contrary to the conclusions of every reputable researcher in the field.

What about women like Danielle from New York, who found out in the 29th week of her pregnancy that her baby's brain was dangerously deformed and that, if she and the baby were to survive the pregnancy, the baby would only live a short, extremely painful life.

Danielle and her husband had two young children and faced a heart-breaking decision: Should they put Danielle and their family through the pain and suffering of a dangerous pregnancy and birth and allow their baby to suffer and die in pain, or should she terminate the pregnancy and mourn their baby as a family?

The Constitution guarantees Danielle the right to make that choice with her family and her doctors. It does not grant that right to the politicians sitting in this room.

□ 1630

I will close with Danielle's words: "What my husband and I experienced was just so horrible. Unless people have walked in my shoes, they don't understand. I did what was right for my son and my family, and it's no one else's business."

On behalf of Danielle, I urge my colleagues to vote "no" on this horrible bill. We must stop the bans.

Mrs. HANDEL. Madam Speaker, I yield 1 minute to the gentleman and physician from Tennessee (Mr. ROE).

Mr. ROE of Tennessee. Madam Speaker, as a proud cosponsor, I rise today in support of H.R. 36, the Pain-Capable Unborn Child Protection Act.

Before coming to Congress, I worked as an OB/GYN physician for over 30 years, where I had the tremendous privilege to see life at all stages of development. Today's technology, like 3-D and 4-D ultrasound, has given us a window into that miracle that shows the unborn child is a living, feeling human being.

Due to medical achievements, premature babies are surviving and thriving after being born earlier and earlier, including babies born at or before 20 weeks, the 20-week cutoff by this bill. I can give you case after case. I have watched these children grow up in my hometown.

As a physician who has delivered almost 5,000 babies, it is unconscionable to me that our government allows innocent lives capable of feeling pain and enjoying life to be terminated. It is our responsibility as legislators to stand up and protect these lives who do not have a voice. This bill is an important step toward that goal, and I vote for life.

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

Ms. DELBENE. Madam Speaker, today I rise for Stephanie from my district. This is her story.

Stephanie and her husband were building their family. They had one beautiful daughter when she got pregnant for the second time, a planned and wanted pregnancy.

But at 19 weeks, Stephanie got heart-breaking news. Her fetus had a devastating fatal birth defect. Based on her age, medical history, and test results, she was strongly advised to terminate the pregnancy.

Stephanie ultimately decided not to carry the pregnancy to term. She told me, through tears, that her daughter needed her mother, and it wasn't worth the risk. It is a profoundly difficult situation for any family, but it was their decision.

H.R. 36 punishes women like Stephanie. It takes personal medical decisions out of families' hands and lets politicians decide. It also places a cruel burden on survivors of sexual assault and child abuse. It is unacceptable.

On behalf of Stephanie, I urge my colleagues to vote "no." We must stop the bans.

Mrs. HANDEL. Mr. Speaker, I yield 1 minute to the gentleman from Iowa (Mr. KING).

Mr. KING of Iowa. Mr. Speaker, I am privileged to address the House of Representatives on this issue, as I seek to do on each pro-life issue that we have come before this Congress.

This is a powerful piece of legislation that has had a lot of hands on it to produce good work; and the difference in this debate that you hear here, Mr. Speaker, is anecdotes on this side, looking for exceptions that might sway, somehow, the people on the side that understand the rule is this: life begins at the moment of conception.

Human life is sacred in all of its forms, and these little babies that are 20-weeks mature can and have and do survive outside the womb, and they can feel pain inside the womb. And doctors that are doing surgery on pregnant mothers give anesthetic to those children because they don't want them flinching in the womb and suffering while they do the surgery.

How can we support a ghastly procedure of abortion on demand to end the life of the miracles that we need to put this country in the right condition?

Sixty-five percent of the babies 22 to 26 weeks old survive that are born premature. As I said, we know they feel pain.

So I applaud everyone who has done the work on this. I stand solidly with the entire pro-life movement we have in this country. We have a long ways to go to get to where we need to be, but this is a step in the right direction.

Mr. CONYERS. Mr. Speaker, I am pleased to yield 1 minute to the distinguished gentleman from Virginia (Mr. MCEACHIN).

Mr. MCEACHIN. Mr. Speaker, today I rise to share Denise's story. Already a mother of two young children, Denise was expecting her third child. Until her 20-week scan, all her tests had come back perfectly. Her entire family was eagerly awaiting a baby boy.

The scan revealed that her son's brain had several severe deformities. He was also showing signs of other complications. It was the most painful and devastating day of Denise's life.

She spoke to numerous doctors and specialists. She spoke to her family and sought the guidance of counselors and professionals.

Ultimately, she and her husband decided to end the pregnancy. But finding a provider and arranging for the procedure was very difficult. There was not a single doctor in Virginia she could go to.

Denise, as a grieving mother in the middle of an absolutely emotional crisis, found herself desperately calling doctors and hospitals all over the country to access the medical care she needed. Thanks to a family friend, she was ultimately able to find a provider in a major city within driving distance. H.R. 36 would have denied her that chance.

On behalf of Denise and others like her, I urge my colleagues to vote “no” on H.R. 36. We must stop the bans.

Mrs. HANDEL. Mr. Speaker, I yield 1 minute to the gentlewoman from Missouri (Mrs. WAGNER).

Mrs. WAGNER. Mr. Speaker, today I rise because our family will welcome its first grandchild in the coming months. This is her 17-week ultrasound, and I cannot wait to meet her. This child is already known by her mother, Julia, quoting Psalm 139: “For You created my inmost being; You knit me together in my mother’s womb.”

Mr. Speaker, this child is a gift from God, a gift that we have far too often abandoned in this country.

Today, we know so much more. We know that, after 3 weeks, my granddaughter had a heartbeat. After 7 weeks, she began kicking her mother, like any good Wagner child would. By week 12, she could suck her thumb, and at week 20, my granddaughter knew the sound of her mother’s voice and could feel pain.

Mr. Speaker, I stand for life, from conception to natural death. I stand for H.R. 36, the Pain-Capable Unborn Child Protection Act. And on behalf of my granddaughter, I will continue to fight for the day when abortion is not only illegal, but it is unthinkable.

Mr. CONYERS. Mr. Speaker, I am pleased to yield 1 minute to the gentlewoman from North Carolina (Ms. ADAMS).

Ms. ADAMS. Mr. Speaker, today I rise for Dr. Danielle. Here’s her story.

Dr. Danielle recently had three patients drive from North Carolina to Washington, D.C., to access abortion care. One patient from Winston was diagnosed with Edwards’ syndrome just before 20 weeks. Edwards’ syndrome has no treatment, and it is usually fatal before birth or within the first year of life.

Given the 72-hour waiting period in North Carolina, the patient would have passed State limits for when she could access abortion. She had to drive more than 6 hours to the Washington, D.C., area for her care.

North Carolina already has an awful 20-week ban. We don’t need this ban nationwide.

On behalf of Dr. Danielle and the women she helped, I urge my colleagues to vote “no” on H.R. 36. Stop the bans.

Mrs. HANDEL. Madam Speaker, I yield 1 minute to the gentleman from California (Mr. MCCARTHY).

Mr. MCCARTHY. Madam Speaker, last week I had the pleasure of meeting a young boy named Micah Pickering. He was cute and shy and, you know, as young boys often are, he would give me a high five, play around and run to where everybody had to catch him.

Now, he gave me this bracelet. You see, it says: “Miracles for Micah.” And you know what? He is a miracle. He is strong. He was born prematurely at only 20 weeks. He spent the first 128 days of his life in a neonatal intensive care unit.

Though he could fit in the palm of your hand, his parents couldn’t hold him at first. His skin was so sensitive, the slightest touch would cause little Micah intense pain. It didn’t matter where he was. If he was in that intensive care unit, or if he was still waiting for that expected date to be born, he could feel, and he wanted to live.

The fact is that children at 20 weeks feel pain. Science increasingly shows it. The European Journal of Anesthesiology describes how it is critical to administer anesthesia during fetal surgery procedures.

You know, a standard text on human development, Patten’s Foundations of Embryology, shows how the basics of the nervous system are formed by week 4.

Dr. Ronald Brusseau, of Boston’s Children’s Hospital, wrote that by week 18, children have developed sensory receptors for pain.

Two independent studies in 2006 used brain scans and showed unborn children respond to pain. These children have noses, eyes, and ears. You can hear their heartbeats and feel them move. They are human.

The Pain-Capable Unborn Child Protection Act—I like to call it Micah’s Law—is called what it is because children like Micah feel pain. Those children are strong, just like Micah is strong, and those children should be protected.

Now, I have to admit, Madam Speaker, across the aisle I do hear some beautiful speeches filled with compassion for the voiceless, the defenseless, and the marginalized. They are trying to speak for those who can’t speak for themselves.

But what about Micah? What about the thousands of others like him, the same age he was born? What about the millions who were never given a chance?

Look into Micah’s face—I think we all should—and tell me he isn’t human. Look at him when he was born and tell me that child doesn’t have a right to live.

We should care for the voiceless, for those whose cries of pain are never heard. We should care for the defense-

less, for those who will only be saved if we act to protect them.

We should care for the marginalized, for those who have their very humanity denied, even as their noses, eyes, ears, and heartbeats, every movement are visible testaments of their lives.

These children need love. Their mothers need love. Let’s end the pain. These children are suffering, so let’s end the pain. These children want to live, so let’s end their pain.

Micah is a beautiful kid, and there are millions of Micahs who will never smile; Micahs who will never walk; Micahs who will never scrape their knees and get into trouble; Micahs who will never learn to read; Micahs who will never fall in love and have children of their own; Micahs who will never have the chance to tell their mother and father: “I love you.”

We will never know those Micahs. Our lives are poorer because their lives were cut short. But there are more. Instead of pain—instead of pain—we should fill them with love.

□ 1645

Mr. CONYERS. Madam Speaker, I yield 1 minute to the gentlewoman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. Madam Speaker, I thank the gentleman for yielding to me.

Madam Speaker, I rise for Tori. This is her story:

Tori and her husband planned her pregnancy carefully to make sure that her maternity leave worked with her graduate studies, and they were thrilled that the plan right for their family came together and they were pregnant.

At 20 weeks, during a routine ultrasound, they were devastated to learn that the fetus carried a rare disorder that resulted either in the death of the infant shortly after delivery, or a very shortened lifespan wrought with profound disability. Their situation was now out of control. It is one decision that no parent ever wants to have to make.

Their decision was agonizing: end the pregnancy after 20 weeks or watch their child die or suffer.

Madam Speaker, on behalf of Tori, I urge my colleagues to vote “no” on H.R. 36. We must stop the bans.

Mrs. HANDEL. Madam Speaker, I yield 1 minute to the gentleman from New Jersey (Mr. SMITH).

Mr. SMITH of New Jersey. Madam Speaker, a former abortionist, Dr. Levatino testified before Congress and described how he and other abortionists actually kill helpless babies. He killed 1,200 of them. He said: “Imagine, if you can, that you are a pro-choice OB-GYN like I was. Using a Sopher 13-inch clamp with rows of ridges or teeth, grasp anything you can inside the womb. Once you grasp something inside, squeeze on the clamp, set the jaws and pull hard—really hard. You feel something let go, and out pops a fully formed leg about 6 inches long.



Reach in again and grasp anything you can, and out pops an arm. Reach in again, and again, and again with the clamp, and tear out the spine, the intestines, the heart and lungs.”

Even if pain wasn’t present, Madam Speaker, dismembering a child is violence against children, and it is inhumane. But these babies actually suffer excruciating pain during the abortion.

Dr. Colleen Malloy from Northwestern University has said: “In today’s medical arena, we resuscitate patients at 20 weeks and are able to witness their ex-utero growth. I could never imagine subjecting my tiny patients to horrific procedures such as those that involve limb detachment.”

Madam Speaker, I urge my colleagues to support H.R. 36.

Overwhelming majorities of Americans—some 60–64% according to pollsters—support legal protection for pain-capable unborn children.

Today we know that unborn babies not only die but suffer excruciating pain during dismemberment abortion—a cruelty that rips arms and legs off a helpless child.

A former abortionist, Dr. Anthony Levatino, testified before Congress that he had performed 1,200 abortions—over 100 late-term abortions up to 24 weeks.

Dr. Levatino described what the abortionist actually does to the helpless child. “Imagine if you can that you are a pro-choice obstetrician/gynecologist like I was.” Using a Sopher 13” clamp with rows of ridges or teeth, “grasp anything you can” inside the womb. “Once you’ve grasped something inside, squeeze on the clamp to set the jaws and pull hard—really hard. You feel something let go and out pops a fully formed leg about six inches long. Reach in again and grasp anything you can . . . and out pops an arm.” He noted that “a second trimester D&E abortion is a blind procedure.” He said, “Reach in again and again with that clamp and tear out the spine, intestines, heart and lungs.”

Madam Speaker, even U.S. Supreme Court Justice Kennedy gets it. In his dissent to the U.S. Supreme Court’s 2000 *Stenberg v. Carhart* decision, Justice Kennedy observed that in D&E dismemberment abortions, “The fetus, in many cases, dies just as a human adult or child would: It bleeds to death as it is torn limb from limb. The fetus can be alive at the beginning of the dismemberment process and can survive for a time while its limbs are being torn off.” Justice Kennedy added in the Court’s 2007 opinion in *Gonzales v. Carhart* that D&E abortions are “laden with the power to devalue human life . . .”

Even if pain wasn’t present, dismembering a child is violence against children and inhumane. But these babies actually suffer.

Dr. Robert White, professor of neurosurgery at Case Western Reserve University said an unborn child at 20 weeks gestation “is fully capable of experiencing pain . . . without question, (abortion) is a dreadfully painful experience . . .”

In an expert report prepared for the U.S. Justice Department, Dr. Kanwaljeet S. Anand, a pediatrician specializing in the care of critically ill newborns and children who has conducted intensive research of pain and stress in the human newborn and fetus said: “. . . the human fetus possesses the ability to experi-

ence pain from 20 weeks gestation, if not earlier, and the pain perceived by the fetus is possibly more intense than that perceived by term newborns or older children . . .” Why? Dr. Anand points out that “the highest density of pain receptors per square inch of skin in human development occurs in utero from 20 to 30 weeks gestation . . . Thus, a fetus at 20 to 32 weeks of gestation would experience a much more intense pain than older infants or children or adults.”

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

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

In an undercover video released by David Daleidan, a Planned Parenthood Medical Director explains that before beginning a late abortion she completes a clinical documentation form that says “I intend to utilize dismemberment techniques for this procedure.”

Notice the words—“dismemberment techniques”—in order to “extract the fetus in multiple parts.”

But seriously, we’ve known much of this for years. In 2006 I authored the Unborn Child Pain Awareness Act that garnered 250 votes in favor—including 40 Democrats—to 162 against. I remember thinking on the day of the vote: “how can anyone vote to refuse to make child pain information part of informed consent?”

Congressman TRENT FRANKS has authored four extraordinarily important bills over the years to actually protect pain-capable babies in federal law from the violence of abortion including Pain-Capable Unborn Child Protection Acts that passed the House of Representatives in 2013 and again in 2015. Tragically, President Obama vowed to veto this child protection legislation and the Senate failed to even pass it. However, should the House pass H.R. 36 today and if the Senate passes it as well, President Trump has said he would sign it.

Not only will babies be protected by federal law at five months and the pain suffered by these babies averted, but H.R. 36 requires that a late abortion permitted under limited circumstances provide the “best opportunity for the unborn child to survive” and that “a second physician trained in neonatal resuscitation” be “present and prepared to provide care to a child” to the same degree as the Born-Alive Infants Protection Act of 2002.

Thus, “any health care practitioner present at the time shall humanely exercise the same degree of professional skill, care, and diligence to preserve the life and health of the child as a reasonably diligent and conscientious health care practitioner would render to a child born alive at the same gestational age in the course of a natural birth.”

Moreover, “following the care required to be rendered . . . the child born alive shall be im-

mediately transported and admitted to the hospital.”

Sixteen states have enacted pain-capable unborn child laws that closely parallel the bill before us today. These include Ohio, Texas, Nebraska, Idaho, Oklahoma, Alabama, Georgia, Louisiana, Arkansas, North Dakota, South Dakota, West Virginia, Wisconsin, South Carolina, Kentucky and Kansas.

Madam Speaker, I respectfully ask that my colleagues respect unborn children as our nation’s slightest patients who like any other patient may need diagnosis and benign interventions to treat disability or disease.

And preemies are surviving earlier and healthier as technology and medical science advance. Micah Pickering is a healthy 5 year old today. He was born prematurely at 20 weeks and was the size of this M&M candy bag. Micah is the face of the pro-life movement. That is why the bill before us today is “Micah’s Law.”

A recent study of nearly 5,000 babies published in the *New England Journal of Medicine* confirmed that nearly a quarter of the premature babies born at 22 weeks survived. (Let me note that the 22 weeks gestational age referred to in the study is equivalent to 20 weeks fetal age using the age dating system employed by H.R. 36).

Researchers at Children’s Hospital of Philadelphia (CHOP) are developing a technology that they hope—in a decade—will be the new standard of care for extremely premature infants. Building a bridge between the mother’s womb and the outside world, the artificial wombs provide a soft, sterile, fluid filled environment for the child to continue to grow.

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

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

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

The Pain Capable Unborn Child Protection Act, Micah’s Law, is needed now more than ever because there are Gosnells all over America, dismembering and decapitating pain-capable babies for profit. The bill protects kids from preventable pain—and death.

Mr. CONYERS. Madam Speaker, I yield 1 minute to the gentlewoman from California (Ms. SPEIER).

Ms. SPEIER. Madam Speaker, it is always hard for me to understand why our colleagues on the other side of the aisle embrace junk science, whether it is around global warming, where 99 percent of the scientists say, yes, it is happening, or in this case.

We have the Royal College of Obstetricians and Gynaecologists from 2010 indicating that “connections from the periphery to the cortex is not intact until 24 weeks. The cortex is necessary for pain perception.”

In 2012, ACOG, in the Journal of American Medical Association embraced that statement. So the vast majority of physicians and scientists say there is not pain perception at 20 weeks.

But let me talk about Dr. Jenn and Sammi. Sammi was 17, terrified, and pregnant when she went to a “clinic” that ended up being a crisis pregnancy center. The center gave Sammi a free, private ultrasound, which was actually broadcast throughout the clinic for all to see—a violation, I might say, of HIPAA. When Sammi said she wanted to end the pregnancy, the center called her almost daily saying she would die, get sick, and go to hell.

The SPEAKER pro tempore (Mrs. WAGNER). The time of the gentlewoman has expired.

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

Ms. SPEIER. The center also lied about her due date, telling Sammi it was too late for an abortion. Finally, Sammi called her mom, who flew her to California to see Dr. Jenn.

On behalf of Dr. Jenn and Sammi, I urge my colleagues to vote “no” on H.R. 36.

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

Mr. FORTENBERRY. Madam Speaker, Maddie Brinckerhoff was an early feminist author and lecturer from the Midwest, where I live, and she had this to say about abortion: “It is evidence that either by education or circumstances that she”—the woman—“has been greatly wronged.”

In this spirit, Madam Speaker, I think there is an opportunity here to perhaps bring Congress together around a humane proposition that requires thoughtful but necessary reflection on the deepest meanings of pain.

We all know pain. But pain teaches us profound lessons about suffering, sacrifice, patience, and the redemptive healing possibilities of encountering one another in our vulnerability as humans living in the interdependency of community. Pain is something from which we naturally recoil, but it also enables us to build compassion toward those who are weak, or dependent, or alone.

Madam Speaker, in letting our natural impulse to respond to another who is in pain, we can grasp what it means to be truly ourselves, to be truly human, and to care deeply about everyone, and to really internalize what is at issue here.

Mr. CONYERS. Madam Speaker, I yield 1 minute to the gentlewoman from California (Ms. LEE).

Ms. LEE. Madam Speaker, I rise in opposition to H.R. 36, which is a nationwide 20-week abortion ban. I would like to share a story about Lindsey, a woman from California.

Lindsey ended her pregnancy at 24 weeks, after a devastating diagnosis. When Lindsey had her 12-week

ultrasound, everything looked completely normal. But the picture was different at the 21-month anatomy scan. Lindsey and her husband learned that their baby girl had lethal skeletal dysplasia. Lindsey sought out additional opinions from three maternal-fetal specialists. They all agreed that her lungs were not developing properly and she would not survive. Lindsey and her husband chose to end the pregnancy at 24 weeks.

Lindsey wants lawmakers to know: “If I had to carry her to term, she would not have survived. As her mother, it is my right to spare her suffering, and that is what I did.”

The cruel ban on the floor today would only make these heart-wrenching situations worse for families like Lindsey’s. On behalf of Lindsey, I urge my colleagues to vote “no” on H.R. 36. Republicans should stop playing politics with women’s lives and focus on the real problems facing this government and this country, and stop interfering in the private lives of women. We must stop this ban.

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

Mrs. BLACK. Madam Speaker, it is difficult to imagine what could be more important than establishing who is protected under the law and who is not; who is given a chance of life and who is denied it.

As technology continues to evolve, the more we can celebrate the ability we have to save a baby at just 20 weeks after conception is truly remarkable. I remember when I first became a nurse some 40 years ago. I vowed to devote myself to the welfare of those committed to my care, whether they were born or unborn. I am still committed to that today. And 40 years later, the science tells us that after 20 weeks of pregnancy, unborn babies are able to feel pain inside the womb.

The Pain-Capable Unborn Child Protection Act protects those who cannot protect themselves when handed a death sentence.

Madam Speaker, there are currently seven countries in the world that allow elective late abortions, countries such as North Korea and China.

Why in the world is the United States on a list of countries characterized as human rights abusers?

Our Nation can do better than that.

I have seen how special care is given to reduce the pain of these precious premature babies at 20 weeks in the NICU. Unborn children in the womb at this stage should be protected, too, and we must pass the Pain-Capable Unborn Child Protection Act to give these unborn children a chance to see the light of day.

Mr. CONYERS. Madam Speaker, how much time remains on each side?

The SPEAKER pro tempore. The gentleman from Michigan has 11½ minutes remaining and the gentlewoman from Georgia has 10½ minutes remaining.

Mr. CONYERS. Madam Speaker, I yield 1 minute to the gentlewoman from Massachusetts (Ms. CLARK).

Ms. CLARK of Massachusetts. Madam Speaker, today I rise for Emilia. This is her story:

Eighteen years ago, Emilia was pregnant with her second child. She was happily married, financially secure, and eager to welcome a new baby into her family. After Emilia’s baby was diagnosed with Down syndrome, she was even more determined to raise her baby with love and compassion.

Imagine her devastation when, after a 20-week ultrasound, the baby was diagnosed with fetal hydrops and a battery of tests revealed her baby would not survive to term. Emilia made a wrenching decision to terminate her pregnancy rather than have her baby suffer.

Emilia’s hospital didn’t provide abortion services, so she went to Boston and had to pass through a wall of picketers that told her she was a murderer.

In the waiting room, she realized every other patient had the same story: no one was carrying a healthy baby. Every woman there was experiencing profound loss.

Under a 20-week ban, none of these moms can make a decision for their families with their doctors. We would make that decision for them in Congress.

On behalf of Emilia, I urge my colleagues to vote “no” on H.R. 36. We must stop the ban.

Mrs. HANDEL. Madam Speaker, I yield 1 minute to the gentleman from North Carolina (Mr. WALKER).

Mr. WALKER. Madam Speaker, I thank Representative HANDEL for yielding.

As a former minister and as an American, even as a human being, I believe that every boy and girl is conceived with God-given potential and unique talents and abilities—abilities they will use to serve others and make a difference.

Let me put it this way: I know a young man named Luke. Luke’s mother was in for a surprise when, at only 24 weeks into her pregnancy, her baby boy decided it was time to meet the world. To make a long story short, Luke worked through complications with his family, and he serves in our district office in North Carolina.

Every life is an opportunity. Every life is precious.

A little earlier we were challenged by the accusation that Republicans only are concerned about budget. It goes out the window when it comes to this issue.

You know what?

You are right. We don’t put a price on life. We cherish it.

Madam Speaker, I am a proud cosponsor of the Pain-Capable Unborn Child Protection Act, and I encourage my colleagues to support it.

Mr. CONYERS. Madam Speaker, I yield 1 minute to the gentlewoman from Florida (Ms. FRANKEL).

Ms. FRANKEL of Florida. Madam Speaker, today I rise for Donna. This is her story:

She said it was a miracle. At age 41, she was finally pregnant. Early blood tests and ultrasound showed a healthy fetus. Donna was filled with the joy of an expectant mother. Then tragedy struck. Her fetus stopped growing at 26 weeks. An ultrasound showed anencephaly, a fetus without a brain, a fetus that could not sustain life on its own.

Madam Speaker, this 20-week abortion bill is cruel punishment for women like Donna, forcing them to face weeks of pregnant agony with no hope for the life that they so wanted. This is a bill that inflicts pain, not stops it, and I urge my colleagues to vote "no."

Mrs. HANDEL. Madam Speaker, I yield 1 minute to the gentleman from Texas (Mr. BABIN).

Mr. BABIN. Madam Speaker, as the father of 5 and the grandfather of 13, I rise today in strong support of H.R. 36, the Pain-Capable Unborn Child Protection Act, also known as Micah's Law, named after Micah Pickering.

Micah was born prematurely at 22 weeks of age. In fact, the same age and exact stage of development that the current despicable policy permits for legal, on-demand abortion.

After receiving intensive care in his infancy, Micah is now an active, healthy, and happy kindergartner. Micah is living proof that we need to pass H.R. 36. Congress needs to take this crucial step to ensure the protection of thousands of innocent lives every year, innocent lives just like precious Micah.

The scientific evidence is overwhelming that, by at least 20 weeks of age, unborn babies can feel excruciating pain during typical abortion procedures. This is both cruel and inhumane. As Members of Congress, it is our duty and our moral obligation to pass this commonsense legislation.

We must protect the most defenseless. Enough is enough. I urge my colleagues to join me in supporting this critical bill to protect the sanctity of every human life. God knows it is time.

Mr. CONYERS. Madam Speaker, I yield 1 minute to the gentlewoman from Oregon (Ms. BONAMICI).

Ms. BONAMICI. Madam Speaker, today I rise for Eva, an Oregon doctor who is one of the compassionate providers women turn to when facing an unintended or dangerous pregnancy.

Oregon has rejected restrictions on abortions, but because of bans or restrictions in other States, Dr. Eva provides healthcare services, including abortion, to women from around the country.

□ 1700

One patient was a high school senior who could not get an abortion in her home State. She spent weeks saving every penny she could to buy a plane ticket and pay for the procedure.

Instead of making women fly across the country, instead of debating this bill, and instead of cutting programs like the Teen Pregnancy Prevention

Program, which my colleagues on the other side of the aisle have done, we should be focused on preventing unintended pregnancies, and we should be expanding access to comprehensive reproductive care, something the Oregon Legislature did when they passed the landmark Reproductive Health Equity Act.

Madam Speaker, when abortion is banned, it does not go away. It drives women to unsafe back alleys and to dangerous self-induced abortions. We must stop efforts to stand between women and their healthcare providers. Please vote "no" on H.R. 36.

Mrs. HANDEL. Madam Speaker, I yield 1 minute to the gentleman from Illinois (Mr. HULTGREN).

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

Multiple scientific studies indicate that, by 20 weeks after fertilization, an unborn child's brain and nervous system have developed sufficiently for that child to feel pain. The United States stands among only a handful of nations that permit elective abortions after 20 weeks. It should pain us all that we fall into the same camp as North Korea and China.

The Pain-Capable Unborn Child Protection Act will moderate our extreme position and ensure we protect the most vulnerable, like Micah Pickering, a lively 5-year-old I met last week. Micah was born prematurely at the same age children would be protected under H.R. 36. Micah was able to survive and thrive after spending nearly 4 months in the neonatal intensive care unit. He is now in kindergarten, and I found out when talking to him that we share a love of Legos.

The bottom line is this: 20 weeks is halfway through a pregnancy. It is too late to end the life of an unborn baby. It violates what Americans want, it violates science, and it violates our country's most enduring values.

Madam Speaker, I urge passage of Micah's Law, H.R. 36.

Mr. CONYERS. Madam Speaker, I yield 1½ minutes to the gentlewoman from Wisconsin (Ms. MOORE).

Ms. MOORE. Madam Speaker, I thank the gentleman from Michigan for yielding.

Madam Speaker, I rise for a second time today in strident opposition to H.R. 36.

This bill is unconstitutional, and it is an overt attempt to challenge women's constitutional right to a safe and legal abortion.

It is really disturbing that funding for the Children's Health Insurance Program and community health centers has expired, but yet this majority is focusing on doubling down on their crusade against women's healthcare.

Let's talk about pain a little bit here. What is especially painful about this bill is that there is an exception in this bill for rape victims only when they report to law enforcement offi-

cials, thus resurrecting the debunked legitimate rape argument.

Many women can't report rape for a variety of reasons, probably also including the sanctimonious social stigma that their Congressman or Congresswoman would place upon them. So this bill underhandedly revictimizes vulnerable rape survivors.

Madam Speaker, I am a survivor of rape. That is painful. This bill is a cruel and ruthless attempt to undermine women and attack our rights to govern our bodies, and I urge all of my colleagues to vote against this unconstitutional bill.

Mrs. HANDEL. Madam Speaker, I yield 1 minute to the gentleman from Georgia (Mr. ALLEN).

Mr. ALLEN. Madam Speaker, I thank the gentlewoman from Georgia for yielding.

Madam Speaker, I rise today to urge my colleagues to support the Pain-Capable Unborn Child Protection Act.

We have a responsibility to defend the most vulnerable in our Nation, and that is exactly what this legislation does: it protects unborn children from abortion at 5 months.

It is truly disheartening that I have to beg many of my colleagues to support a bill like this when it is scientifically proven that unborn babies feel pain after 5 months. Premature infants in the NICU are protected from pain. Children in the womb should be protected from pain also.

I will always fight for the right to life, and I believe we have a responsibility to defend all innocent lives. In fact, this is close to home. I have four children: one son and three daughters. I have had to see both my wife and each one of my daughters experience difficult pregnancies and make difficult choices. I can't imagine life without my four children and my 12 beautiful grandchildren.

Every child should be given a chance at life. New life is created by God, and we must give a voice to these precious babies who cannot speak for themselves. Our Nation can and must protect the most vulnerable among us.

Mr. CONYERS. Madam Speaker, I yield 1 minute to the gentleman from California (Mr. CARBAJAL).

Mr. CARBAJAL. Madam Speaker, I thank Chairman CONYERS for yielding to me.

Madam Speaker, today I rise for Katie in California and in support of women everywhere who have relied on access to safe abortion procedures in their lifetime.

When Katie and her husband found out as newlyweds that Katie was pregnant, they were overjoyed. Eighteen weeks later, they discovered that the fetus had multiple severe health problems, including spina bifida and a tethered spinal cord. This news was heart-breaking, and Katie and her husband made the decision to end the pregnancy at 22 weeks.

Katie wants lawmakers in Washington to know that it is not their

right to make this decision for her or other women. She says that it is a horrific situation, and until you have been through it, you have no idea, and you can't make that decision for someone else.

On behalf of Katie, I urge my colleagues to vote "no" on H.R. 36. We must stop the bans.

Mrs. HANDEL. Madam Speaker, I yield 1 minute to the gentleman from Alabama (Mr. ADERHOLT).

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

It is a long title for a bill; however, we are talking about protecting unborn children. As it has been obvious here today, it is always difficult to talk about this issue, but when we talk about pain-capable unborn children, we are referring to, in particular, children who are still in the womb at 20 weeks.

As it has been pointed out by my colleagues time and time again, scientists have proven that unborn children, even at 20 weeks old, are capable of feeling pain. The goal of this legislation is to protect these children by ensuring that they cannot be aborted.

Today, if a physician performs an in utero surgery on a 20-week-old unborn child, the standard protocol for the child is to be treated as a patient, not just a blob of tissue. That child would be given an injection of pain medication before the surgery, and this is above and beyond the anesthesia given to the mother before the surgery.

These babies have demonstrated to medical experts that they respond to painful stimuli because they flinch and they recoil from sharp objects.

Madam Speaker, I urge my colleagues to vote "yes" on this legislation when it comes to the floor. Let's do the right thing and protect unborn children.

Mr. CONYERS. Madam Speaker, I yield 2 minutes to the gentlewoman from Texas (Ms. JACKSON LEE), who is a senior member on the Judiciary Committee.

Ms. JACKSON LEE. Madam Speaker, I thank the gentleman for yielding.

Mr. CONYERS and I can remember the same type of hearings and the same type of legislation many years ago, again denying women their constitutional rights. I can see as clear as I can see you, Madam Speaker, the women who were sitting and begging us not to undermine them, their doctor, and their faith.

So I rise today to say to my friends on the other side of the aisle: You have got it wrong. There are no mass abortions. There is no call for mass abortions. The women that are undergoing these procedures are women who have prayed and who have looked to their faith, their doctor, and their family.

So I oppose this bill because it puts the lives of women at risk, it interferes with women's constitutionally guaranteed right of privacy, and it diverts attention from the real problem facing

American women. Let us reauthorize SCHIP. People are crying about that in my district. How outrageous.

One of the most detestable aspects of this bill is that it would curb access to care for women in the most desperate of circumstances. It is these women who receive the 1.5 percent of abortions that occur after 20 weeks.

What number did I say? 10? 20? 1.5, and this is not diminishing the aspects of this.

But it is those women who have prayed. They have sought doctors' help, and they, as well, have sought their family's consultation.

We are making a mockery of these women. These women are not standing on the street corner saying, "I want to have an abortion." They have a serious situation, like April Salazar.

At 18 weeks, she and her husband found out that their baby had a lethal diagnosis, and if she carried the pregnancy to term and he was born alive, he would die shortly from suffocation. It is not pain of getting him out—he would die. April hoped the news wasn't true, so she requested more tests to confirm the diagnosis. At 21 weeks she had an abortion. This bill would have stopped April.

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

Mr. CONYERS. Madam Speaker, I yield the gentlewoman from Texas an additional 30 seconds.

Ms. JACKSON LEE. This would have stopped April, her husband, her family, her God, and her doctor from making the decision.

Even the exceptions are bogus because you frighten these women. The idea of Jeni, in my home State, where they had a 2-day waiting period listening to a mandatory script about abortion and a sign-off from two separate doctors. Once you start this, you are taking it away from women who have sought their faith leader, their doctor, and their family.

This is a bad bill. We need to do some important things. I would hope with the carnage of Las Vegas, to save lives, we would ban assault weapons and we would not have that gentleman having 42 guns in his home and in his possession. That is what we need to fight to save lives, not this bill that undermines the rights of women and their faith and their doctor.

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

I opposed this irresponsible and reckless legislation the last time it was brought to the floor.

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

A more accurate short title for this bill would be the "Violating the Rights of Women Act of 2017."

Instead of resuming their annual War on Women, our colleagues across the aisle should be working with Democrats to help

build the ravaged communities hit by hurricanes Harvey, Irma, and Maria.

Madam Speaker, we could and should instead be voting reauthorize the important SCHIP program that has helped families get on their feet for years.

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

The one thing we should not be doing is debating irresponsible "messaging bills" that abridge the rights of women and poses a nationwide threat to the health and wellbeing of American women and a direct challenge to the Supreme Court's ruling in *Roe v. Wade*.

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

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

Women like Jeni from Texas, who, at 21 weeks, was told that her fetus had multiple severe defects.

Jeni could end the pregnancy or wait for the fetus to miscarry or die.

There was no way that the pregnancy would end in a live, healthy baby.

Jeni and her husband chose to terminate the pregnancy, but because they live in Texas, they were forced to endure several cruel restrictions: a two-day waiting period, listening to a mandatory script about abortion, and a sign-off from two separate doctors.

Madam Speaker, every pregnancy is different.

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

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

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

In *Roe v. Wade*, the Court held that a state could not prohibit a woman from exercising her right to terminate a pregnancy in order to protect her health prior to viability.

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

By prohibiting nearly all abortions beginning at "the probable post-fertilization age" of 20 weeks, H.R. 36 violates this clear and long standing constitutional rule.

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

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

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

I would like to include in the RECORD stories from two women:

April Salazar, New York: "It would have been too hard for me to carry to term, and it

seemed pointless to make the baby suffer too when she would never survive."

At 18 weeks, April and her husband found out that their baby had lethal skeletal dysplasia. He would never be able to breathe on his own. If she carried the pregnancy to term and he was born alive, he would die shortly after of suffocation. April hoped the news wasn't true, so she requested more tests to confirm the diagnosis, which took two weeks. At 21 weeks, she had an abortion. April shares her story because she has found that it can change opinions. Several people she knows personally who previously had been anti-abortion told her that they would have done the same thing she did.

Julie Bindeman, Maryland: "Everything about a later termination is already so incredibly difficult even just picking up the phone to make the appointment. The 20-week ban adds another hurdle. It's just cruel."

Julie's doctor told her and her husband that their son's brain had a serious abnormality, a diagnosis that they confirmed with tests, more ultrasounds, and an MRI. If the baby survived birth, he would never speak, walk, or have conscious thoughts based upon what had developed in his brain. Julie and her husband decided to end the pregnancy, and the soonest they could get the appointment was at 22 weeks. Julie could not find a surgeon in Maryland at that time willing to perform the procedure, so she had to be induced for labor and delivery. Her baby was born alive and died very shortly after.

Mrs. HANDEL. Madam Speaker, I yield 1 minute to the gentleman from Kansas (Mr. MARSHALL).

Mr. MARSHALL. Madam Speaker, for the past 25 years, I have had the privilege of delivering over 5,000 babies. I am absolutely convinced that babies can feel pain at 14 weeks. At 16 weeks, they can recognize their mom's voice, their brother's voice, and their sister's voice.

Once or twice a year, I have been in that delivery room and have been forced to deliver a very premature baby, a 22-week or a 24-week baby. We are doing everything we can to save the life of that baby, calling in pediatricians and anesthesia people, doing everything heroically possible.

How can we live in a world where we are trying to save that baby's life in one room, and just down the road there are people killing that baby, tearing it apart limb by limb and decapitating it? What type of a world do we live in these days? How can both of those situations exist in this same country?

We have to ban these late-term abortions.

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

Mrs. HANDEL. Madam Speaker, I yield 1 minute to the gentleman from Indiana (Mr. MESSER).

Mr. MESSER. Madam Speaker, I thank the gentlewoman for yielding.

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

Our Nation has long recognized that we are all endowed by our creator with certain inalienable rights, chief among them is the right to life. I am unapologetically pro-life because all human life has dignity and should be protected, especially the lives of defenseless unborn children.

Today the House is taking a critical but seemingly uncontroversial step forward in protecting life by prohibiting abortions after 20 weeks of pregnancy, or put another way, when unborn children can feel pain.

Currently, the United States is one of only seven countries worldwide, including North Korea, that still allow late-term abortions. This bill would end these horrific procedures.

I pray that one day our Nation will protect all unborn children, but this important bill is a big step forward towards that goal.

Mr. CONYERS. Madam Speaker, I yield 1 minute to the gentleman from New York (Mr. ENGEL).

□ 1715

Mr. ENGEL. Today, I rise for Dr. Erica of New York. This is her story.

Dr. Erica's patient was raped by an unknown assailant. The patient's emotions surrounding the pregnancy were extremely complex. She desperately wanted to have a child but felt guilt, shame, and isolation after being raped.

She ultimately decided to continue the pregnancy. She believed it would help her grieve and grasp onto something positive after such a traumatic experience.

But then the patient went in for a scan at 20 weeks and was devastated to learn that the fetus had multiple lethal anomalies. This patient had to face yet another agonizing decision. Ultimately, she decided to end the pregnancy.

Thankfully, Dr. Erica was able to help this patient through the most difficult time in her life. I want to share her words: "As a physician, it is my job to guide the patient through the risks, benefits, and alternatives of all options available to her. It is not my job to place judgment on patients that only serve to punish women who are already suffering, and it certainly is not the job of the legislature to interfere with the patient-physician relationship."

On behalf of Dr. Erica and the women she helps, I urge my colleagues to vote "no." We must support every woman's right to make reproduction choices for herself.

Mrs. HANDEL. Madam Speaker, I yield 1 minute to the gentleman from Florida (Mr. MAST).

Mr. MAST. Madam Speaker, this legislation does stir a great number of emotions in me. I do know what it is to protect life, take life, and to see life lost, and our role should always be to protect the innocent.

But I also know that our role as a society has been to subsidize the genocide of our unborn, and that reflects how desensitized we have become to the true value of a child each year, as we kill hundreds of thousands of the most innocent among us: unborn children who smile, who grab, and who are self-aware and feel pain.

If we truly are what we do, then who are we if we purposely bring unthinkable pain to a baby boy or baby girl

just before their life is snuffed out of them?

This legislation is a leap forward for our collective conscience as a nation, and it is a strong step forward in returning value to life that we see, especially the most unique life that exists out there: that special creature that was created by God.

Mr. CONYERS. Madam Speaker, how much time remains on both sides?

The SPEAKER pro tempore. The gentleman from Michigan has 2½ minutes remaining, and the gentlewoman from Georgia has 2½ minutes remaining.

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

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

Mr. JOHNSON of Louisiana. Madam Speaker, as a proud cosponsor of this legislation, I rise towards the end of this long debate to reiterate a central idea: the reason behind this legislation is because of what we stand for as Americans.

The Declaration of Independence, as we know, is our Nation's birth certificate, and it states very succinctly in the second paragraph what has come to be known as the American's Creed: "We hold these truths to be self-evident: that all men are created equal; that they are endowed by their Creator with certain unalienable rights; that among these are life, liberty, and the pursuit of happiness."

The reason that the Founders put the right to life first, listed as our most fundamental freedom, is because they understood that we are made in the image of a holy God.

Our creator, who gave us those unalienable rights, is the one who made each and every one of us. Because of that, there is a central truth that comes through: every single person, every single life, is of inestimable dignity and value. Your value is not related in any way to where you went to school, what you make for a living, how good-looking you are, how talented you are, what your fortune was in life, whether or not you have a physical disability. Your value is inherent in who you are as a creation of the God who made you.

That is the reason we stand for this. It is the reason the bill is so important. We urge our colleagues to support it today.

Mr. CONYERS. Madam Speaker, I yield myself the balance of my time.

Madam Speaker, in closing, H.R. 36 is a dangerous and unconstitutional bill that demonstrates a fundamental distrust of women to make private decisions that are best for themselves and their families. It is, therefore, unsurprising that this legislation is strongly opposed by the Nation's leading civil rights organizations, the medical profession, and women's groups.

In addition, 36 religious organizations noted in a letter to Members opposing this bill that the decision to end a pregnancy must be left to an individual woman, in consultation with her

family, doctors, and any others she chooses to involve, in keeping with her personal beliefs.

Madam Speaker, for these reasons, I urge my colleagues to please oppose this dangerous legislation, and I yield back the balance of my time.

Mrs. HANDEL. Madam Speaker, I yield myself the balance of my time.

Madam Speaker, we have heard many impassioned stories this afternoon.

Much has changed since *Roe v. Wade* was upheld in the 1970s. We have made extraordinary medical advances. Today, we know with great certainty that babies in the womb, starting at the fifth month of pregnancy, do indeed feel pain.

It is extraordinarily heartbreaking when an unborn baby is diagnosed with a severe and life-threatening abnormality, still that baby deserves a right to life and right to dignity.

My sister was born with no esophagus and given little hope to live. By the grace of God and a miracle, within just weeks of her birth, a new technology, a new treatment came forward. Today, she is the proud mother of my two nieces.

Madam Speaker, this is a good bill. It is a just bill. It is a moral bill to do what we are called to do, not just as Americans but as human beings: to protect lives of the most innocent.

Madam Speaker, I rise in support and urge every colleague to vote in support of this bill, and I yield back the balance of my time.

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

H.R. 36 would prohibit the performance or attempted performance of an abortion after 20 weeks, and harshly punishes physicians who violate the law. This bill has narrow exemptions for the life of a mother (rape and incest) but there are no exemptions in the bill for conditions where the fetus has conditions or diagnoses that are incompatible with life.

We have spent the entirety of this Congress defending women's reproductive rights and fighting against plans that would eliminate funding and access to the health care providers of a woman's choosing. This bill is yet another attack on a woman's right to decide what is best for her and her body. A woman, not a politician, must be able to make health decisions that are best for her own circumstances.

H.R. 36 ignores that every pregnancy is different and compromises a woman's right to the health care she is legally entitled to. It punishes women who are already in difficult situations. The Supreme Court has repeatedly ruled that neither a state nor the federal government can ban safe and legal abortion services pre-viability.

I support a woman's legal right to opt for or against an abortion. The decision is private. It's a matter of faith and it's a matter of conscience, and our Constitution recognizes this.

What I do not support is a bill that takes away a woman's Constitutional right. The Pain-Capable Unborn Child Protection Act is a shameful attempt to impose a radical political agenda on women. It strips away their individual liberties and puts their health at serious

risk. This bill is wrong, this bill is dangerous, and this House should reject it.

Mr. WEBER of Texas. Madam Speaker, the science is clear, as dismemberment abortion procedures pull children apart limb from limb, the baby feels pain. The baby recoils as the instruments get closer. The fight or flight instinct is there. If that isn't proof of life, I don't know what is. These late term abortions must end.

My position on this matter is well-known. It has long been my mission to protect the unborn.

A vast majority of Americans agree, late term abortions are wrong. Period. Full stop.

This bill isn't just for the sake of the babies. This bill protects their mothers. At 20 weeks, this horrendous procedure is risky and subjects mothers to serious dangers.

Lives are at stake, both for mothers and their babies.

I support this bill, and urge my colleagues on both sides of the aisle, in both chambers to do the same. Thank you Mr. FRANKS for introducing this important piece of legislation.

Ms. DELAURO. Madam Speaker, today, I rise for Dr. Liz. This is her story. Laura and Mark, a couple in Connecticut, sought prenatal care from Dr. Liz. When Laura was 20 weeks pregnant, they came in for an ultrasound.

The couple was devastated when the scan showed that their baby was affected by anencephaly, meaning absence of brain development. Dr. Liz remembers watching the joy and laughter leave Laura and Mark as they absorbed this news.

They sought refuge with their families and clergy, and jointly made the difficult decision to end the pregnancy rather than endure 20 more weeks, a delivery, and the certain death of the child soon thereafter.

Every family should be able to make their own decisions about reproductive health. Instead, this bill puts the federal government squarely between a woman and her doctor. It even threatens providers like Dr. Liz with five years in jail if they perform a legal, constitutional, and sometimes medically necessary procedure.

H.R. 36 is nothing more than a cruel attempt to deny women their constitutional rights. The Ninth Circuit struck down Idaho's 20-week ban in 2015, and also struck down a similar law from Arizona in 2013.

We must stop the attacks on women's health. I urge my colleagues to vote no on H.R. 36.

Mr. ESTES of Kansas. Madam Speaker, I rise today in support of H.R. 36, the Pain-Capable Unborn Child Protection Act. This bill would prohibit late term abortions on unborn babies who can feel pain. As we now know, babies can feel pain as early as 20 weeks. This means during dismemberment abortion and induction abortions, babies feel the pain from these procedures, while in the womb. We are one of seven countries that still allows late term abortions, putting us in the company with North Korea and China.

In fact, one of my staffers great niece was born at 26 weeks, weighing just 2 lbs, 11 oz. It's unconscionable that we allow babies such as her niece to be aborted. This bill is one step closer to achieving our goal of protecting these innocent lives. I urge my colleagues to support this bill and to protect the sanctity of life.

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

Pursuant to House Resolution 548, the previous question is ordered on the bill.

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

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

#### MOTION TO RECOMMIT

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

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

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

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

The Clerk read as follows:

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

Page 6, line 21, insert after "life" the following: "or health".

Page 6, beginning on line 22, strike "whose" and all that follows through "conditions" on page 7, ending in line 3.

Page 11, line 20, insert after "life" the following: "or health".

Page 11, beginning on line 21, strike "by" and all that follows through "injury" on line 22 and insert "or".

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

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

Madam Speaker, as many of my colleagues know, I am a mom. I have two wonderful children. I am so very proud of them because both of them have decided to pursue careers that will save lives. My daughter, Hannah, currently lives in Africa, working for an NGO to fight poverty and AIDS. My son, Fred, is a doctor at Northwestern.

Looking around this room, I see many other moms. We know the amazing joy that comes with parenthood. Most of us have been fortunate that our children were born without complications. Unfortunately, for some women, this is not always the case.

Throughout this debate, Members have been sharing the stories of women who wanted to be moms, but who found themselves in unimaginable situations and who were forced to make one of the most gut-wrenching decisions of their lives—whether to terminate her pregnancy due to health risks.

This is much like one woman from Michigan, who I will call Pam.

Pam was already raising children and was excited and proud to be pregnant with another child. But Pam's pregnancy was causing her heart to fail. She consulted with multiple specialists, who all told her that her own health was in jeopardy if the pregnancy continued.



Pam's doctors advised her that the safest option was to terminate the pregnancy. But it was a very difficult decision for Pam and her family to make, as anyone in this room can surely imagine.

Pam, of course, had to think about her children, her family, and her own life. Imagine what that decision must be like. Just take a moment and think about that.

Now, imagine finding out that politicians in Washington, D.C., have told Pam that she was not allowed to make that decision on her own, with her family. Imagine that: politicians putting her health in jeopardy, telling a woman and her family that the government was going to criminalize a doctor providing her care, that her children might not have a mother while growing up. That is what this bill would do.

As currently written, H.R. 36 shows no concern for the long-term health of the mother, her future ability to bear children, or her ability to care for her family. This bill would force women to carry pregnancies to term, even when their health is at risk. Even if the fetus has no chance of survival, this bill would require a woman to go to full term. Imagine what that would be like.

Madam Speaker, my amendment simply adds the health of the mother to the existing exemptions in this bill.

Without my amendment, H.R. 36 devalues the health and well-being of women and puts their life at risk. It tells our mothers, our daughters, our nieces, and our granddaughters that decisions about their long-term health are not their own.

This is not the first bill that has been brought to the floor that shows disregard for women and their families. This bill fits a disturbing pattern.

Just this year, the House has considered legislation that tells women that they need to get their employer's permission if they want affordable birth control.

The House has considered bills that would eliminate women's essential health benefits, like maternity care and mammograms.

The House has considered legislation to cut funding for women's healthcare centers.

The House has also considered legislation that would allow insurance companies to charge women higher premiums and label pregnancy as a pre-existing condition.

Tomorrow, we will consider a budget that decimates programs that are critical to the health and welfare of women and families so that we can give a massive tax cut to the wealthiest 1 percent.

Just take one moment to think about those priorities.

Madam Speaker, bills like this one disrespect and devalue women. I urge my colleagues to vote "yes" on the motion to recommit, and I yield back the balance of my time.

Mrs. ROBY. Madam Speaker, I rise in opposition.

The SPEAKER pro tempore. The gentlewoman from Alabama is recognized for 5 minutes.

Mrs. ROBY. Madam Speaker, I am grateful for the opportunity to share my strong support for the Pain-Capable Unborn Child Protection Act, or Micah's Law.

My colleagues who oppose this bill adamantly defend a mother's ability to have a late-term abortion and a doctor's ability to perform it. But, Madam Speaker, I have heard no mention of the third person in the room: the unborn baby.

I am astounded that the opposition chooses to focus solely on the two individuals who can speak for themselves, with no mention of the one who cannot. That is exactly what we are here to do today. We are here to speak up for those who can't speak for themselves. We are here to defend those who cannot defend themselves.

Our bill seeks to do this by restricting abortions after 20 weeks, or at the 6th month of pregnancy, the point at which research shows the unborn babies can feel pain.

Last week, I, too, had the opportunity to meet the little boy this bill was named for: Micah Pickering. As many of you know, he was born at 22 weeks and spent 4 long months in intensive care.

□ 1730

Micah survived, and this year he is in kindergarten. You see, children like Micah, who are born prematurely, are treated as patients. Special care is given to reduce their pain and increase their chances for survival, just as it should be.

So, Madam Speaker, my question to those who would oppose this bill is this: What is the difference between a baby born at 6 months outside the womb and a baby at 6 months inside the womb? How can one be treated like a miracle they are created to be and the other be treated like medical waste? If a baby like Micah can survive outside the womb given the appropriate care, shouldn't we give other babies like him the same protection and chance to live?

I have listened to my colleagues on the other side call this bill extreme. I say to oppose this bill is extreme. If we won't stop abortions at 6 months of pregnancy when a baby feels pain, when will we stop them?

We have to draw a line somewhere. To say aborting a little baby who can actually feel the pain of the procedure being forced upon them crosses the line is a gross understatement.

Madam Speaker, I am unabapologetically pro-life, and I oppose abortion at any stage. I will always fight to grant greater protections for life under the law. As a society, I pray that we will start assigning greater value to life at all stages in this country.

Madam Speaker, so often we get caught up in the policies of this issue

and we forget that these are babies, for goodness' sake. They feel pain, and we need to protect them. That is why I urge my colleagues to oppose this motion to recommit and join me in supporting this underlying bill.

Madam Speaker, 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 noes appeared to have it.

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

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 and clause 9 of rule XX, this 15-minute vote on the motion to recommit will be followed by a 5-minute vote on passage of the bill, if ordered, and suspending the rules and passing S. 782.

The vote was taken by electronic device, and there were—yeas 187, nays 238, not voting 8, as follows:

[Roll No. 548]

YEAS—187

Adams	Doyle, Michael	Lujan, Ben Ray
Aguilar	F.	Lynch
Barragán	Ellison	Maloney,
Bass	Engel	Carolyn B.
Beatty	Eshoo	Maloney, Sean
Bera	Españillat	Matsui
Beyer	Esty (CT)	McCollum
Bishop (GA)	Evans	McEachin
Blumenauer	Frankel (FL)	McGovern
Blunt Rochester	Fudge	McNerney
Bonamici	Gabbard	Meeks
Boyle, Brendan	Galleo	Meng
F.	Garamendi	Moore
Brady (PA)	Gomez	Moulton
Brown (MD)	Gonzalez (TX)	Murphy (FL)
Brownley (CA)	Gottheimer	Nadler
Bustos	Green, Al	Napolitano
Butterfield	Green, Gene	Neal
Capuano	Grijalva	Nolan
Carbajal	Gutiérrez	Norcross
Cárdenas	Hanabusa	O'Halleran
Carson (IN)	Hastings	O'Rourke
Cartwright	Heck	Pallone
Castor (FL)	Higgins (NY)	Panetta
Castro (TX)	Hoyer	Pascarell
Chu, Judy	Huffman	Payne
Ciilline	Jackson Lee	Pelosi
Clark (MA)	Jayapal	Perlmutter
Clarke (NY)	Jeffries	Peters
Clay	Johnson (GA)	Pingree
Cleaver	Johnson, E. B.	Pocan
Clyburn	Kaptur	Polis
Cohen	Keating	Price (NC)
Connolly	Kelly (IL)	Quigley
Conyers	Kennedy	Raskin
Cooper	Khanna	Rice (NY)
Correa	Kildee	Richmond
Costa	Kilmer	Roybal-Allard
Courtney	Kind	Ruiz
Crist	Krishnamoorthi	Ruppersberger
Crowley	Kuster (NH)	Rush
Cuellar	Langevin	Ryan (OH)
Cummings	Larsen (WA)	Sánchez
Davis (CA)	Larson (CT)	Sarbanes
Davis, Danny	Lawrence	Schakowsky
DeFazio	Lawson (FL)	Schiff
DeGette	Lee	Schneider
Delaney	Levin	Schrader
DeLauro	Lewis (GA)	Scott (VA)
DeBene	Lieu, Ted	Scott, David
Demings	Loeb sack	Serrano
DeSaulnier	Lofgren	Sewell (AL)
Deutch	Lowenthal	Shea-Porter
Dingell	Lowey	Sherman
Doggett	Lujan Grisham,	Sinema
	M.	Sires

Slaughter	Tonko	Wasserman
Smith (WA)	Torres	Schultz
Soto	Tsongas	Waters, Maxine
Speier	Vargas	Watson Coleman
Suozi	Veasey	Welch
Swalwell (CA)	Vela	Wilson (FL)
Takano	Velázquez	Yarmuth
Thompson (CA)	Visclosky	
Thompson (MS)	Walz	

## NAYS—238

Abraham	Gosar	Olson
Aderholt	Gowdy	Palazzo
Allen	Granger	Palmer
Amash	Graves (GA)	Paulsen
Amodei	Graves (LA)	Pearce
Arrington	Graves (MO)	Perry
Babin	Griffith	Peterson
Bacon	Grothman	Pittenger
Banks (IN)	Guthrie	Poe (TX)
Barletta	Handel	Poliquin
Barr	Harper	Posey
Barton	Harris	Ratcliffe
Bergman	Hartzler	Reed
Biggs	Hensarling	Reichert
Billirakis	Herrera Beutler	Renacci
Bishop (MI)	Hice, Jody B.	Rice (SC)
Bishop (UT)	Higgins (LA)	Roby
Black	Hill	Roe (TN)
Blackburn	Holding	Rogers (AL)
Blum	Hollingsworth	Rogers (KY)
Bost	Hudson	Rohrabacher
Brady (TX)	Huizenga	Rokita
Brat	Hultgren	Rooney, Francis
Brooks (AL)	Hunter	Rooney, Thomas
Brooks (IN)	Hurd	J.
Buchanan	Issa	Ros-Lehtinen
Buck	Jenkins (KS)	Roskam
Bucshon	Jenkins (WV)	Ross
Budd	Johnson (LA)	Rothfus
Burgess	Johnson (OH)	Rouzer
Byrne	Johnson, Sam	Royce (CA)
Calvert	Jones	Russell
Carter (GA)	Jordan	Rutherford
Carter (TX)	Joyce (OH)	Sanford
Chabot	Katko	Scalise
Cheney	Kelly (MS)	Schweikert
Coffman	Kelly (PA)	Scott, Austin
Cole	King (IA)	Sensenbrenner
Collins (GA)	King (NY)	Sessions
Collins (NY)	Kinzinger	Shimkus
Comer	Knight	Shuster
Comstock	Kustoff (TN)	Simpson
Conaway	Labrador	Smith (MO)
Cook	LaHood	Smith (NE)
Costello (PA)	LaMalfa	Smith (NJ)
Cramer	Lamborn	Smith (TX)
Crawford	Lance	Smucker
Culberson	Latta	Stefanik
Curbelo (FL)	Lewis (MN)	Stewart
Davidson	Lipinski	Stivers
Davis, Rodney	LoBiondo	Taylor
Denham	Love	Tenney
Dent	Lucas	Thompson (PA)
DeSantis	Luetkemeyer	Thornberry
DesJarlais	MacArthur	Tiberi
Diaz-Balart	Marchant	Tipton
Donovan	Marino	Trott
Duffy	Marshall	Turner
Duncan (SC)	Massie	Upton
Duncan (TN)	Mast	Valadao
Dunn	McCarthy	Wagner
Emmer	McCaul	Walberg
Estes (KS)	McClintock	Walden
Farenthold	McHenry	Walker
Faso	McKinley	Walorski
Ferguson	McMorris	Walters, Mimi
Fitzpatrick	Rodgers	Weber (TX)
Fleischmann	McSally	Webster (FL)
Flores	Meadows	Wenstrup
Fortenberry	Meehan	Westerman
Fox	Messer	Williams
Franks (AZ)	Mitchell	Wilson (SC)
Frelinghuysen	Moolenaar	Wittman
Gaetz	Mooney (WV)	Womack
Gallagher	Mullin	Woodall
Garrett	Murphy (PA)	Yoder
Gianforte	Newhouse	Yoho
Gibbs	Noem	Young (AK)
Gohmert	Norman	Young (IA)
Goodlatte	Nunes	Zeldin

## NOT VOTING—8

Bridenstine	Kihuen	Rosen
Foster	Long	Titus
Himes	Loudermilk	

□ 1755

Messrs. BUCSHON, MURPHY of Pennsylvania, and DENHAM changed their vote from “yea” to “nay.”

Messrs. BISHOP of Georgia and KEATING changed their vote from “nay” to “yea.”

So the motion to recommit was rejected.

The result of the vote was announced as above recorded.

Stated for:

Mr. FOSTER. Madam Speaker, I was unavoidably detained. Had I been present, I would have voted “yea” on rollcall No. 548.

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

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

## RECORDED VOTE

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

A recorded vote was ordered.

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

The vote was taken by electronic device, and there were—ayes 237, noes 189, not voting 7, as follows:

[Roll No. 549]

## AYES—237

Abraham	Duncan (SC)	King (IA)
Aderholt	Duncan (TN)	King (NY)
Allen	Dunn	Kinzinger
Amash	Emmer	Knight
Amodei	Estes (KS)	Kustoff (TN)
Arrington	Farenthold	Labrador
Babin	Faso	LaHood
Bacon	Ferguson	LaMalfa
Banks (IN)	Fitzpatrick	Lamborn
Barletta	Fleischmann	Lance
Barr	Flores	Latta
Barton	Fortenberry	Lewis (MN)
Bergman	Lipinski	Lipinski
Biggs	Franks (AZ)	LoBiondo
Bilirakis	Gaetz	Love
Bishop (MI)	Gallagher	Lucas
Bishop (UT)	Garrett	Luetkemeyer
Black	Gianforte	MacArthur
Blackburn	Gibbs	Marchant
Blum	Gohmert	Marino
Bost	Goodlatte	Marshall
Brady (TX)	Gosar	Massie
Brat	Gowdy	Mast
Brooks (AL)	Granger	McCarthy
Brooks (IN)	Graves (GA)	McCaul
Buchanan	Graves (LA)	McClintock
Buck	Graves (MO)	McHenry
Bucshon	Griffith	McKinley
Budd	Grothman	McMorris
Burgess	Guthrie	Rodgers
Byrne	Handel	McSally
Calvert	Harper	Meadows
Carter (GA)	Harris	Meehan
Carter (TX)	Hartzler	Messer
Chabot	Hensarling	Mitchell
Cheney	Herrera Beutler	Moolenaar
Coffman	Hice, Jody B.	Mooney (WV)
Cole	Higgins (LA)	Mullin
Collins (GA)	Hill	Murphy (PA)
Collins (NY)	Holding	Newhouse
Comer	Hollingsworth	Noem
Comstock	Hudson	Norman
Conaway	Huizenga	Nunes
Cook	Hultgren	Olson
Costello (PA)	Hunter	Palazzo
Cramer	Hurd	Palmer
Crawford	Issa	Paulsen
Cuellar	Jenkins (KS)	Pearce
Culberson	Jenkins (WV)	Perry
Curbelo (FL)	Johnson (LA)	Peterson
Davidson	Johnson (OH)	Pittenger
Davis, Rodney	Johnson, Sam	Poe (TX)
Denham	Jones	Poliquin
DeSantis	Jordan	Posey
DesJarlais	Joyce (OH)	Ratcliffe
Diaz-Balart	Katko	Reed
Donovan	Kelly (MS)	Reichert
Duffy	Kelly (PA)	Renacci

Rice (SC)	Sensenbrenner	Valadao
Roby	Sessions	Wagner
Roe (TN)	Shimkus	Walberg
Rogers (AL)	Shuster	Walden
Rogers (KY)	Simpson	Walker
Rohrabacher	Smith (MO)	Walorski
Rokita	Smith (NE)	Walters, Mimi
Rooney, Francis	Smith (NJ)	Weber (TX)
Rooney, Thomas	Smith (TX)	Webster (FL)
J.	Smucker	Wenstrup
Ros-Lehtinen	Stefanik	Westerman
Roskam	Stewart	Williams
Ross	Stivers	Wilson (SC)
Rothfus	Taylor	Wittman
Rouzer	Tenney	Womack
Royce (CA)	Thompson (PA)	Woodall
Russell	Thornberry	Yoder
Rutherford	Tiberi	Yoho
Sanford	Tipton	Young (AK)
Scalise	Trott	Young (IA)
Schweikert	Turner	Zeldin
Scott, Austin	Upton	

## NOES—189

Adams	Frelinghuysen	Neal
Aguilar	Fudge	Nolan
Barragan	Gabbard	Norcross
Bass	Gallego	O'Halleran
Beatty	Garamendi	O'Rourke
Bera	Gomez	Pallone
Beyer	Gonzalez (TX)	Panetta
Bishop (GA)	Gottheimer	Pascarell
Blumenauer	Green, Al	Payne
Blunt Rochester	Green, Gene	Pelosi
Bonamici	Grijalva	Perlmutter
Boyle, Brendan	Gutiérrez	Peters
F.	Hanabusa	Pingree
Brady (PA)	Hastings	Pocan
Brown (MD)	Heck	Polis
Brownley (CA)	Higgins (NY)	Price (NC)
Bustos	Hoyer	Quigley
Butterfield	Huffman	Raskin
Capuano	Jackson Lee	Rice (NY)
Carbajal	Jayapal	Richmond
Cárdenas	Jeffries	Roybal-Allard
Carson (IN)	Johnson (GA)	Ruiz
Cartwright	Johnson, E. B.	Ruppersberger
Castor (FL)	Kaptur	Rush
Castro (TX)	Keating	Ryan (OH)
Chu, Judy	Kelly (IL)	Sánchez
Cicilline	Kennedy	Sarbanes
Clark (MA)	Khanna	Schakowsky
Clarke (NY)	Kildee	Schiff
Clay	Kilmer	Schneider
Cleaver	Kind	Schrader
Clyburn	Krishnamoorthi	Scott (VA)
Cohen	Kuster (NH)	Scott, David
Connolly	Langevin	Serrano
Conyers	Larsen (WA)	Sewell (AL)
Cooper	Larson (CT)	Shea-Porter
Correa	Lawrence	Sherman
Costa	Lawson (FL)	Sinema
Courtney	Lee	Sires
Crist	Levin	Slaughter
Crowley	Lewis (GA)	Smith (WA)
Cummings	Lieu, Ted	Soto
Davis (CA)	Loebach	Speier
Davis, Danny	Lofgren	Suozi
DeFazio	Lowenthal	Swalwell (CA)
DeGette	Lowe	Takano
Delaney	Lujan Grisham,	Thompson (CA)
DeLauro	M.	Thompson (MS)
DelBene	Luján, Ben Ray	Tonko
Demings	Lynch	Torres
Dent	Maloney,	Tsongas
DeSaulnier	Carolyn B.	Vargas
Deutch	Maloney, Sean	Veasey
Dingell	Matsui	Vela
Doggett	McCollum	Velázquez
Doyle, Michael	McEachin	Visclosky
F.	McGovern	Walz
Ellison	McNerney	Wasserman
Engel	Meeks	Schultz
Eshoo	Meng	Waters, Maxine
Espallat	Moore	Watson Coleman
Esty (CT)	Moulton	Welch
Evans	Murphy (FL)	Wilson (FL)
Foster	Nadler	Yarmuth
Frankel (FL)	Napolitano	

## NOT VOTING—7

Bridenstine	Long	Titus
Himes	Loudermilk	
Kihuen	Rosen	

□ 1802

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

#### ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will remind all persons in the gallery that they are here as guests of the House and that any manifestation of approval or disapproval of proceedings is in violation of the rules of the House.

#### PROVIDING RESOURCES, OFFICERS, AND TECHNOLOGY TO ERADICATE CYBER THREATS TO OUR CHILDREN ACT OF 2017

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill (S. 782) to reauthorize the National Internet Crimes Against Children Task Force Program, and for other purposes, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Virginia (Mr. GOODLATTE) that the House suspend the rules and pass the bill, as amended.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 417, nays 3, not voting 13, as follows:

[Roll No. 550]  
YEAS—417

Abraham	Butterfield	Davidson
Adams	Byrne	Davis (CA)
Aderholt	Calvert	Davis, Danny
Aguilar	Capuano	Davis, Rodney
Allen	Carbajal	DeFazio
Amodeli	Cárdenas	DeGette
Arrington	Carson (IN)	Delaney
Babin	Carter (GA)	DeLauro
Bacon	Carter (TX)	DelBene
Banks (IN)	Cartwright	Demings
Barletta	Castor (FL)	Denham
Barr	Castro (TX)	Dent
Barragán	Chabot	DeSantis
Barton	Cheney	DeSaulnier
Bass	Chu, Judy	DesJarlais
Beatty	Cicilline	Deutch
Bera	Clark (MA)	Diaz-Balart
Bergman	Clarke (NY)	Dingell
Beyer	Clay	Doggett
Bilirakis	Cleaver	Donovan
Bishop (GA)	Clyburn	Doyle, Michael
Bishop (MI)	Coffman	F.
Bishop (UT)	Cohen	Duffy
Black	Cole	Duncan (SC)
Blackburn	Collins (GA)	Duncan (TN)
Blum	Collins (NY)	Dunn
Blumenauer	Comer	Ellison
Blunt Rochester	Comstock	Emmer
Bonamici	Conaway	Engel
Bost	Connolly	Eshoo
Boyle, Brendan	Conyers	Españolat
F.	Cook	Estes (KS)
Brady (PA)	Cooper	Esty (CT)
Brady (TX)	Correa	Evans
Brat	Costa	Farenthold
Brooks (AL)	Costello (PA)	Faso
Brooks (IN)	Courtney	Ferguson
Brown (MD)	Cramer	Fitzpatrick
Brownley (CA)	Crawford	Fleischmann
Buchanan	Crist	Flores
Buck	Crowley	Fortenberry
Bucshon	Cuellar	Foster
Budd	Culberson	Fox
Burgess	Cummings	Frankel (FL)
Bustos	Curbelo (FL)	Franks (AZ)

Frelinghuysen	Loeb	Rothfus
Fudge	Lofgren	Rouzer
Gabbard	Love	Roybal-Allard
Gaetz	Lowenthal	Royce (CA)
Gallagher	Lowe	Ruiz
Gallego	Lucas	Ruppersberger
Garamendi	Luetkemeyer	Rush
Garrett	Lujan Grisham,	Russell
Gianforte	M.	Rutherford
Gibbs	Luján, Ben Ray	Ryan (OH)
Gohmert	Lynch	Sánchez
Gomez	MacArthur	Sanford
Gonzalez (TX)	Maloney,	Sarbanes
Goodlatte	Carolyn B.	Scalise
Gosar	Maloney, Sean	Schakowsky
Gottheimer	Marchant	Schiff
Gowdy	Marino	Schneider
Granger	Marshall	Schrader
Graves (GA)	Mast	Schweikert
Graves (LA)	Matsui	Scott (VA)
Graves (MO)	McCarthy	Scott, Austin
Green, Al	McCaul	Scott, David
Green, Gene	McClintock	Sensenbrenner
Griffith	McCollum	Serrano
Grijalva	McEachin	Sessions
Grothman	McGovern	Sewell (AL)
Guthrie	McHenry	Shea-Porter
Gutiérrez	McKinley	Sherman
Handel	McMorris	Shimkus
Harper	Rodgers	Shuster
Harris	McNerney	Simpson
Hartzler	McSally	Sinema
Heck	Meadows	Sires
Hensarling	Meehan	Slaughter
Herrera Beutler	Meng	Smith (MO)
Hice, Jody B.	Messer	Smith (NE)
Higgins (LA)	Mitchell	Smith (NJ)
Higgins (NY)	Moolenaar	Smith (TX)
Hill	Mooney (WV)	Smith (WA)
Holding	Moore	Smucker
Hollingsworth	Moulton	Soto
Hoyer	Mullin	Speier
Hudson	Murphy (FL)	Stefanik
Huffman	Murphy (PA)	Stewart
Huizenga	Nadler	Stivers
Hultgren	Napolitano	Suozi
Hunter	Neal	Swalwell (CA)
Hurd	Newhouse	Takano
Issa	Noem	Taylor
Jackson Lee	Nolan	Tenney
Jayapal	Norcross	Thompson (CA)
Jeffries	Norman	Thompson (MS)
Jenkins (KS)	Nunes	Thompson (PA)
Jenkins (WV)	O'Halleran	Thornberry
Johnson (GA)	O'Rourke	Tiberi
Johnson (LA)	Olson	Tipton
Johnson (OH)	Palazzo	Torres
Johnson, E. B.	Pallone	Trott
Johnson, Sam	Palmer	Tsongas
Jordan	Panetta	Turner
Joyce (OH)	Pascrell	Upton
Kaptur	Paulsen	Valadao
Katko	Payne	Vargas
Keating	Pearce	Veasey
Kelly (IL)	Pelosi	Vela
Kelly (MS)	Perlmutter	Velázquez
Kelly (PA)	Perry	Visclosky
Kennedy	Peters	Wagner
Khanna	Peterson	Walberg
Kildee	Pingree	Walden
Kilmer	Pittenger	Walker
Kind	Pocan	Walorski
King (IA)	Poe (TX)	Walters, Mimi
King (NY)	Poliquin	Walz
Kinzinger	Polis	Wasserman
Knight	Posey	Schultz
Krishnamoorthi	Price (NC)	Waters, Maxine
Kuster (NH)	Quigley	Watson Coleman
Kustoff (TN)	Raskin	Weber (TX)
Labrador	Ratcliffe	Webster (FL)
LaHood	Reed	Welch
LaMalfa	Reichert	Wenstrup
Lamborn	Renacci	Westerman
Lance	Rice (NY)	Williams
Langevin	Rice (SC)	Wilson (FL)
Larsen (WA)	Richmond	Wilson (SC)
Larson (CT)	Roby	Wittman
Latta	Roe (TN)	Womack
Lawrence	Rogers (AL)	Woodall
Lawson (FL)	Rogers (KY)	Yarmuth
Lee	Rohrabacher	Yoder
Levin	Rokita	Yoho
Lewis (GA)	Rooney, Thomas	Young (AK)
Lewis (MN)	J.	Young (IA)
Lieu, Ted	Ros-Lehtinen	Zeldin
Lipinski	Roskam	
LoBiondo	Ross	

#### NAYS—3

Amash	Hastings	Massie
Biggs	Kihuen	Rosen
Bridenstine	Long	Titus
Hanabusa	Loudermilk	Tonko
Himes	Meeks	
Jones	Rooney, Francis	

#### NOT VOTING—13

□ 1810

So (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

#### PERSONAL EXPLANATION

Ms. ROSEN. Madam Speaker, on October 3rd, on rollcall votes 546, 547, 548, 549, and 550, I was not present because I was tending to my community in Las Vegas, in the aftermath of the deadliest mass shooting in United States history. Had I been present, I would have voted "Nay" on rollcall vote 546, "Nay" on rollcall vote 547, "Yea" on rollcall vote 548, "Nay" on rollcall vote 549, and "Yea" on rollcall vote 550.

#### REPORT ON RESOLUTION PRO- VIDING FOR CONSIDERATION OF H. CON. RES. 71, CONCURRENT RESOLUTION ON THE BUDGET FOR FISCAL YEAR 2018

Mr. WOODALL, from the Committee on Rules, submitted a privileged report (Rept. No. 115-339) on the resolution (H. Res. 553) providing for consideration of the concurrent resolution (H. Con. Res. 71) establishing the congressional budget for the United States Government for fiscal year 2018 and setting forth the appropriate budgetary levels for fiscal years 2019 through 2027, which was referred to the House Calendar and ordered to be printed.

#### RESTRICTING ABORTIONS AFTER 20 WEEKS

(Ms. TENNEY asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. TENNEY. Mr. Speaker, I rise today in support of the Pain-Capable Unborn Child Protection Act, a measure that will restrict abortions after 20 weeks.

Substantial scientific evidence has proven that abortions inflict pain on unborn children who have reached the age of 20 weeks. It has also been proven that, at 20 weeks, an unborn child is capable of surviving outside the womb.

Just last week, I had the honor of meeting Micah Pickering, who had been born prematurely at 20 weeks. Micah is now a vibrant 5-year-old boy who is living a full and healthy life.

Currently, the United States is one of only seven countries that allow abortions after 20 weeks. This bill is a commonsense measure that will protect our next generation and end the egregious practice of late-term abortions.

During my time as a member of the New York State Assembly, I was the