schemes and other international criminal enterprises;
(B) the extent to which exploitation of older adults of the United States by inter-
national 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 in the United States.

SEC. 504. MODEL POWER OF ATTORNEY LEGISLA-
TION.

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

SEC. 505. BEST PRACTICES AND MODEL LEGISLA-
TION FOR GUARDIANSHIP PRO-
CEEDINGS.

The Attorney General shall publish best practices for improving guardianship pro-
ceedings 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 gent-
leman from Michigan (Mr. CONyers) each yield 5 legislative days within which to revise and extend their remarks and in-
clude extraneous material on S. 178, currently under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gent-
leman from Virginia?

There was no objection.

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

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 sen-
iors from financial exploitation and physical abuse. This legislation pro-
motes the investigation and prosecu-
tion of perpetrators who prey upon sen-
iors, enhances data collection, and pro-
vides resources for robust elder abuse prevention programs.

Some estimate that approximately 1 in 10 senior citizens are abused annu-
ally, pending in the United States; and 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 suffering, including 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 en-
sure that offenders who seek to exploit seniors through fraudulent email mar-
keting 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 unani-
mously, and I urge my colleagues to support this legislation in similar fash-
ion.

I want to thank the gentleman from Virginia, the ranking member of the committee, for his work on this important legis-
lation.

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 chair-
man of the Judiciary Committee for his excellent work in this area.

This legislation would increase protec-
tions for elder abuse victims, which is very important, as a vast majority of cases of abuse, neglect, and exploi-
tation of older adults in the United States often go unreported and unadressed.

Each year, nearly $3 billion is taken from older adults due to financial abuse and exploitation, and this is happen-
ing across racial, social, eco-

nomic, gender, and geographic lines.

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

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

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

Findings under this legislation in-
clude 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 de-
mentia 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 sur-
vivors. This measure would require that an annual report be submitted to Congress on the funding under the Vic-
tims of Crime Act of 1984 for victims of crimes who are elder abuse.

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 pre-
vent 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 devas-
tating consequences to the victims as well as their loved ones, and it is an affront to America’s elder adults. It in-
volves 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 exploi-
tation from further harm, and bring those perpetrators of these crimes to jus-
tice. 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 con-
some to again thank my colleagues on both sides of the aisle for their work on this important legislation to help pro-

tect senior citizens from crime.

I know, from experience, that there are many, many senior citizens who be-
come 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 col-
leagues to support the bill.

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

The SPEAKER pro tempore. The question was taken; and (two-
thirds being in the affirmative) the same was adopted.

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
be necessary to sedate the unborn child with experience of fetal surgeons who have found born children to painful stimuli and with the persistent with the documented reaction of unborn child experiencing pain is inconsistent with the pain processing.

using different neural elements available at development differ from those of adults, do not alter pain perception, while stimulation nevertheless experience pain.

use the evidence for the conclusion that a function to experience pain depends on the ability to experience pain is intended to be separate from feeling pain is intended to be separate from neurodevelopmental effects, such as altered pain sensitivity and, possibly, emotional, behavioral, and learning disabilities later in life.

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 is being performed by 20 weeks after fertilization and earlier in specialized units affiliated with children’s hospitals.

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 predominate 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.

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

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.

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.

The conclusion, 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.

The unborn child is engaging in vigorous movement in reaction to invasive surgery.

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.

It is therefore necessary 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.

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.

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.

(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 being performed by 20 weeks after fertilization and earlier in specialized units affiliated with children’s hospitals.

(4) Subjection to such painful stimuli is associated with long-term 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 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 predominate 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.

Substantial evidence indicates that children born missing the bulk of the cerebral cortex, those with hydranencephaly, nevertheless 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.

The conclusion, 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.

The unborn child is 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 therefore necessary 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.

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

(16) 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 predominate 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.

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

(18) 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.

(19) 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.

The conclusion, 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.

The unborn child is engaging in vigorous movement in reaction to invasive surgery.
paragraph (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 is 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 those 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) SIGNATURES 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.

"(V) REQUIREMENT FOR DATA RETENTION.—Paragraph 164.530 of the Code of Federal Regulations, shall apply to documentation required to be placed in a patient’s medical file pursuant to subparagraph (F) of paragraph (j)(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.

"(VI) ADDITIONAL EXCEPTIONS AND REQUIREMENTS.—

"(A) 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 subparagraphs would pose a greater risk of—

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

"(II) a substantially irreversible physical injury or physical illness for a major bodily function, not including psychological or emotional conditions, of the pregnant woman.

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

"(C) RULE OF CONSTRUCTION IN CASES OF REPORTS TO LAW ENFORCEMENT.—The requirement of subparagraph (B)(ii) does 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.

"(D) COMPLIANCE WITH CERTAIN STATE LAWS.—Any physician who performs or attempts to perform an abortion in violation of an applicable State law that is in effect as the State’s Attorney General may designate, regarding reporting requirements in cases of rape or incest.

"(E) STATE LAWS REGARDING REPORTING OF RAPE AND INCEST.—The term ‘medical treatment’ and ‘counseling’ in subparagraph (B)(ii) may not perform any part of the abortion under paragraph (g) (B) shall comply with any applicable State laws requiring parental involvement in a minor’s decision to have an abortion.

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

"(G) BAR TO PROSECUTION.—A woman upon whom an abortion in violation of subsection (a) is performed or attempted may not be prosecuted or imprisoned 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.

"(IV) CIVIL REMEDIES.—

"(A) ADDITIONAL EXCEPTIONS AND REQUIREMENTS.—In the absence of a finding of personal injury, psychological or emotional injury, medical judgment, compliance with such applicable State laws and criminal convictions, or an act of fraud, the defendant may not be held liable for any claim made against him.

"(V) APPROPRIATE RELIEF.—Appropriate relief in a civil action shall include—

"(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.

"(VI) ATTORNEYS FEES FOR DEFENDANT.—The court may award appropriate attorneys fees for the prevailing plaintiff in a civil action under this subsection.

"(VII) 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 section.

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

"(IX) MEDICAL TREATMENT.—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.

"(V) DATA COLLECTION.—

"(A) DATA SUBMISSIONS.—Any physician who performs or attempts to perform 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’). Such summary 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 (Pub. L. 104-191).

"(B) CONTENTS OF SUMMARY.—The summary reported to the Center 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 described in subsection (b)(2)(B):

"(I) the probable post-fertilization age of the unborn child;

"(II) the method used to carry out the abortion;

"(III) the location where the abortion was conducted; and

"(IV) any incident of live birth resulting from the abortion.

"(VI) EXCLUSIONS FROM DATA SUBMISSIONS.—A summary required under this subsection shall not contain an identification of the woman whose pregnancy was terminated and shall be submitted consistent with the Health Insurance Portability and Accountability Act of 1996 (22 U.S.C. 1320d-2).

"(VII) 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 year following the year in which the abortions were performed or attempted.

"(VI) DEFINITIONS.—In this section the following definitions apply:

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

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

"(C) 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.

"(B) ‘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.

"(C) ‘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.

"(D) ‘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.

"(E) ‘FERTILIZATION’—The term ‘fertilization’ means the union of a spermatozoon with a human ovum.

"(F) ‘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 by any person licensed by the State.

"(G) ‘MINOR’—The term ‘minor’ means an individual who has not attained the age of 18 years.
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 who lost their lives 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, and I urge my colleagues to support H.R. 36 and establish an appropriate committee to consider the bill in the House.

Mr. Speaker, I urge my colleagues to adopt this legislation to establish a national standard for the protection of the most vulnerable members of our society, and to send a message to the world that we stand united in the face of evil.

Another serious flaw, in my view, of H.R. 36 is that its narrow scope completely misconstrues the difficulties that survivors of sexual assault face and the very real reasons why a rape or incest may go unreported. For example, a study of survivors of sexual assault conducted by the National Center for Missing and Exploited Children reported that 40% of survivors did not report their assault to the police, and that only 10% of survivors received any follow-up care.

Mr. Speaker, I urge my colleagues to oppose this dangerous and mean-spirited legislation.
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 signed, 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" and kill 59 people and wound 500.

If we go back to 1791, we find 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 necessities and they quote the CBO estimates 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 blind 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.

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 all 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 arise and that 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 ourselves. 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 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 cannot 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 Frank, 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. But it doesn’t exist out 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 here, 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, 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 gentleman 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 right 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 these children are 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 subjected to unimaginable pain and to affirm life by voting in favor of this bill.

Mr. Conyers. I yield 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 Mikah Act is life-affirming legislation that shows compassion for the baby and the mom. Ten years ago, I received tough news that I was expecting a baby with Down syndrome, an extra 21st chromosome, a condition that 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 what 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 our respect for the sanctity of life, and that, and I urge my colleagues to do the same.

Mr. CONYERS. Madam Speaker, I yield 1 1⁄2 minutes to the gentleman from New York (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 3D 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, pre-maturity miracles 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 it.

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

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 fetal 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.

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 protect 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 those lives 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—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 lives that are needed? How can we support a bill that is out of step with the pro-life movement that exists in 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, 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 not a simple task. She was not a single doctor in Virginia she could go to.

Denise, as a grieving mother in the middle of an absolutely emotional crisis, said 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. Madam 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 kneeling 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 in 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 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 intensive 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 when being induced. 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, Patton’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 the 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 at 20 weeks feel pain. These children are suffering, so let’s end the pain. These children need love. Their mothers need love. 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 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. Injustice—pain—and inhumanity—of pain—we should fill them with love.

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 gentlewoman 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, you squeeze on 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, and it is violence that may be capable of experiencing pain... without question. 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 2,300 abortions—over 100 late-term abortions—to 24 weeks gestation.

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 Soper 13 clamp: “clamp the rough ridges or teeth. . .” Imagine anything you can “imagine 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 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 devise cruel and unusual means of death.”

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 baby at 20 weeks gestation is “very capable of experiencing pain... without question, (abortion) is a dreadfully painful experience...”

In an expert report prepared for the U.S. Justice Department, Dr. Karvajalp S. Anand, a pediatrician specializing in the care of critically ill newborns and children who have endured intensive research of pain and stress in the human newborn and fetus said: “...the human fetus possesses the ability to experience 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 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 procedures such as those that involve limb detachment or cardiac injection”

In an undercover video released by David Daleiden, a Planned Parenthood Medical Director explains that before beginning a late abortion he writes a medical 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 second physician trained in pertinent 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 from spontaneous gestation in the course of a natural birth.”

Moreover, “following the care required to be rendered... the child born alive shall be immediately 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, South Carolina, Virginia, Kentucky, and Kansas.

Madam Speaker, I respectfully ask that my colleagues respect unborn children as our nation’s littlest patients who like any other patient may need diagnosis and benign interventions to secure their well-being.

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 womb provides 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 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 spines chemically destroyed—will 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—disavowing that 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 the 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 gentlewoman from Nebraska (Mr. FORTENBERRY).

Mr. FORTENBERRY. Madam Speaker, I was raised on a dairy farm in 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 inclination to avoid 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 nation-wide 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 opinion 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 wrote 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 reality is 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 instinctively.

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 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 111/2 minutes.

Mr. CONYERS. 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 planning to welcome a new baby into her family. After Emilia’s baby was diagnosed with Down syndrome, she was 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, identical story: 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 vote 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—they will use to serve others and make a difference.

As a gentlewoman has 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 care 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 co-sponsor 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:
Ms. BONAMICI. Madam Speaker, 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 profound agony with no hope for this life that they so wanted. This is a bill that inflicts pain, not stops it, and I urge my colleagues to vote “no.”

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 support 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.

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. Imagine 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 allies and to dangerous self-induced abortions. We must support the 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 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 fail to live up to 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 1/2 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 particularly 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 so painful about this bill is that there is an exception in this bill for rape victims only when they report to law enforcement officials, 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 undeniably 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 reproductive health. 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. It is truly disheartening that I have to ask my colleagues to vote “no” on a bill that we should be focused on protecting 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 ask the 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 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 difficult 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 horrid 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 colleague 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.

To recall, 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 my colleague, 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.

I oppose this bill because it puts the lives of women at risk, 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 circumstances. This is the 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 be born at 20 weeks and 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. Madam Speaker, 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 the 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.

Ms. JACKSON LEE. Madam Speaker, 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, punishes 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 re-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.

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.

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
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.

Constitutionally, 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).

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 to believe in 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. To further compound her pain, the patient's husband 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 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 our 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.

If we truly are what we do, who are we if we purposely bring unthinkably painful 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 in the most unlikeliest of places, the most endangered child.

I urge our colleagues to support it today.
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 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. With the help of extraordinary medical advances, we now know with great certainty that babies in the womb, starting at the fifth month of pregnancy, do indeed feel pain.

It is extraordinarly heartbreaking when a woman has been 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, she is a miracle, with 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 of 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 from limb to 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 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 punishes the federal government squarely between a woman and her doctor. It forces doctors to choose. Dr. Liz went on to work with families like the Franks for 20 years.

Deserve to live. This means during dismemberment abortion procedures pull children apart limb from limb, the fetus has conditions or diagnoses that are incompatible with life.

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

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 the third time, and was read the third time.

MOTION TO RECOMMIT

Ms. BROWNLEY of California. Madam Speaker, I have a motion to recommit the bill to the Committee on the Judiciary with instructions to report the bill 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 gentleman 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, is working as a nurse 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 have been 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 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’s father 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 medical 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, an outcome that would be likely.

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 bills that, among other provisions, would allow companies to charge women higher premiums and label pregnancy as a pre-existing condition. This bill would force Pam to carry pregnancies to term even when the mother, her future ability to bear children, or her ability to care for her family is not in question.

The House has considered legislation that would eliminate women’s essential health benefits, like maternity care and mammograms. The House has also considered legislation that would 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 reconsider 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 baby can feel pain.

Last week, I, too, had the opportunity to meet the little boy this bill was named for, Micah. 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 of 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 unapologetically 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 reconsider 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 reconsider.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to reconsider. The previous question was taken from the Speaker 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 reconsider will be followed by a 5-minute vote on passage of the bill, if ordered, and suspending the rules and passing S. 742.

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
Aguilar  Elision
Bass  Rangel
Beatty  Raoul
Bera  Rayburn (FL)
Beyrer  Retty (CT)
Bishop (GA)  Ryan
Blumenauer  Shanker
Broun  Frankel (FL)
Bunt Rochester  Prang (FL)
Boyce, Brendan F.  Fudge
Brady (PA)  Gabbard
Brown (MD)  Gallego
Brownley (CA)  Garamendi
Bustos  Garcia
Bustos  Grijalva
Butler-Girard  Green (FL)
Capuano  Green, Gene
Cardall  Grueskin
Carbajal  Hanabusa
Carson (IN)  Hastings
Castro (TX)  Heck
Cass Culp
Chu, Judy  Higgins (NY)
Cicilline  Hoyle
Clarke (MA)  Huffman
Clarke (NY)  Hoyer
Clay  Hurt
Clay (OK)  Jackson Lee
Cleaver  Jayapal
Clyburn  Jeffries
Coleman  Johnson (GA)
Connolly  Johnson, E. B.
Connors  Kaptur
Gconye  Keating
Correa  Kelly (IL)
Costa  Kennedy
Courtesty  Koskinen
Crist  Kildee
Crowley  Kildee
Cyris  Kilmer
Cureton  King
Cveney  Kinzinger
Crespin  Kind
Crossley  Krishnamoorthi
Curtis  Kuster (OH)
Cwitowski  Lake
Davila  Langevin
DelBene  Larson (WA)
DeLauro  Larson (CT)
Demings  Lawrence
Dennis  Lawson (FL)
DePasquale  Lee
DeSaulnier  LeMieux
Dembine  Loebsack
DeSaulnier  Lowenthal
Deutch  Lowy
Dingell  Loudermilk
Doggett  Lucas

Lujan, Ben Ray  Lynch
Anita  Carolyn B.
Bereuter  Madeleine, Jean
Matsui  McCollum
McDonald  McConnell
McGovern  McNerney
Meeks  Meng
Menendez  Moore
Moulton  Murphy (FL)
Nadler  Napolitano
Neal  Nolan
Norton  O’Halleran
O’Rourke  Palma
Pelosi  Panetta
Parscale  Pascrell
Payne  Pataki
Pelosio  Furlong
Peters  Pingree
Pocan  Polis
Price (NC)  Quigley
Raskin  Rice (NY)
Richmond  Ritchie
Roybal-Allard  Ruiz
Ruppersberger  Rush
Ryan (OH)  Sanehjelm
Sanchez  Sarbanes
Schakowsky  Schiff
Schneider  Schrader
Scheidt  Scott (VA)
Scott, David  Serrano
Serrano (CA)  Sheu-Porter
Sherrill  Sherman
Sinema  Sims

The Chair notes that a quorum is present, and the Yeas are ordered.
Messrs. BUCHSHON, 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 had it to have it.

RECORDED VOTE

Mr. CONYERS. Madam Speaker, I demand a recorded vote. A recorded vote was ordered.

The SPEAKER pro tempore. This A recorded vote was ordered.

Mr. FOSTER. Madam Speaker, I was un-
The result of the vote was announced as above recorded.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will now call on the 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 Cybersecurity and Communications Response Act of 2015—continuation. 

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:

(Yeas—417)

YEAS—417

Abraham Butterfield Davidson
Adams Byrne Davis (CA)
Adelson Calvert Davis, Danny
AgUILA Capuano Davis, Rodney
Allen Carbajal DeFazio
Amodei Carney Delzette
Arrington Carson (IN) Delaney
Babin Carter (GA) DeLauro
Bacon Carter (TX) Del Bene
Banks (IN) Carterwright Demings
Barletta Castor (FL) Denham
Barr Castor (TX) Dent
Barragan Chabot DeSantis
Barton Cherry DeSaulnier
Baum Ch. Judy DelAria
Beatty Cicilline Deutsch
Bera Clark (MA) Diaz-Balart
Berman Clarke (NY) Dingell
Bishop (NY) Cleaver Donovan
Bishop (GA) Clyburn Doyle, Michael
Bishop (MI) Cofman P
Bishop (UT) Cobel Duffy
Black Cole Duncan (SC)
Blackburn Collins (GA) Duncan (TN)
Bluemel Collins (NY) Dunn
Blumenauer Conner Ellison
Blunt Rochester Comstock Emmer
Bonamici Conaway Engel
Bost Connolly Ehho
Boyle, Brendan F Connors Espaillat
Bullock Cook Estes (KS)
Brady (PA) Cooperetsy (CT)
Brady (TX) Corona Evans
Brat CostaFarrell
Brooks (AL) Costello (PA)Paso
Brooks (IN) Courtney Ferguson
Brown (MD) Cummings Fitzpatrick
Brownley (CA) Crawford Flechtmann
Buchanan Cruz Flores
Buck Crowley Fortenbury
Buchanon Cuellar Foster
Budd CalabronFox
Buergers CunninghamFrankel (FL)
Bustos Carbelo (FL)Franks (AZ)

PRELIMINARY

Fudge
Gabard
Gage
Gallagher
Gallego
Garzamendi
Garon
Gianforte
Gibbs
Gohmeert
Gomez
Gonzalez (TX)
Goodlatte
Gosar
Gotttheimer
Goody
Granger
Graves (GA)
Graves (LA)
Graves (MO)
Green, Al
Green, Gene
Grifﬁth
Grothman
Guthrie
Hagenabeck
Hall
Hastings
Hartler
Heck
Hensarling
Herrera Beutler
Hice, Jody B.
Higgins (NY)
Hinojosa
Hollingsworth
Horn
Hoyer
Huffman
Huizenga
Hunter
Hurd
Jackson Lee
Jayapal
Jeffries
Jenkins (KS)
Jenkins (NV)
Johnson (GA)
Johnson (LA)
Johnson (OH)
Johnson, R. E.
Johnson, Sam
Jordan
Joyce (OH)
Kaptur
Katko
Keating
Kilmer
Kind
King (IA)
King (NY)
Kiminger
Knutson
Koch
Kong
Kosakowski
Kuster (NH)
Kustoff (TN)
Lahood
LaMalfa
Lamarbrough
Lance
Langevin
Larsen (WA)
Larsen (CT)
Latta
Lawrence
Leach
Lee
Levin
Levin (IA)
Lewis (MD)Lehtinen
Lipinski
LoBiondo
Lowery
Luekenmeyer
Maberry
Mack
MacFarland
Maloney
Maloney, Carolyn B.
Maloney, Sean
Maloney, Stephen
Marino
Marshall
Marrero
Matsuki
Matson
Mayer
McClintock
McCullion
McGovern
McHenry
McInerney
McKernan
McSally
Meadows
Meek
Messner
Mitchell
Mooney (NV)
Mooney (WV)
Moore
Morgan
Moran
Morr
Mostowy
Moulton
Moulton
Mullen
Murphy (FL)
Murphy, Paul (PA)
Nader
Napolitano
Neal
Newhouse
Noem
Norman
North
Norcross
Norman
Nunes
O’Halloran
O’Rourke
Olsen
Palazzo
Palone
Palone
Panetta
Parscale
Payne
Pelia
Perlmuter
Perry
Petersen
Peterson
Pittenger
Pulford
Pocan
Poe (TX)
Polin
Polis
Poe
Porter
Powers
Price (NC)
Price (OK)
Purcell
Pyle
Reichert
Reichert
Renacci
Ricchetti
Roe
Rokita
Romney, Thomas
Ros-Lehtinen
Ross
Ross
Roybal-Allard
Royce (CA)
Rush
Ruppersberger
Russell
Rutherford
Ryan (OH)
Ryan (RI)
Santos
Sanford
Sarbanes
Saxleay
Schakowsky
Schiff
Schneider
Schwartz
Scott, VA
Scott, Austin
Scott, David
Sensenbrenner
Serrano
Sessions
Sewell (AL)
Shoe-Porter
Shea-Porter
Sherman
Shelby
Shuster
Shimkus
Shuster
Sinema
Sires
Slaughter
Smith (MD)
Smith (NC)
Smith (NJ)
Smith (TX)
Smith (WA)
Smucker
Soto
Spencer
Steakley
Stewart
Stivers
Souer
Swalwell (CA)
Takano
Taylor
Tenney
Thompson (CA)
Thompson (MI)
Thompson (PA)
Thornberry
Tiberi
Tyler
Tutrock
Tusas
Turner
Upton
Valadao
Vargas
Veasey
Vela
Velasquez
Visclosky
Wagner
Walberg
Walden
Walker
Walorski
Walters, Keith
Walters, Mitti
Walsworth
Wasserman Schultz
Waters, Maxine
Watson Coleman
Weber (TX)
Weber (FL)
Welch
Westrup
Westerman
Williams
Wilson (FL)
Wilson (SC)
Wittman
Womack
Woodall
Woods
Yoder
Young (AL)
Young (IA)
Yost
Zeldin

REPORT ON RESOLUTION PROVIDING 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 was born prematurely at 20 weeks. He 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...