To amend title 18, United States Code, to protect pain-capable unborn children, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 13, 2022

Mr. Smith of New Jersey (for himself, Mrs. Fischbach, Mr. Harris, Mrs. Cammack, Ms. Stefanik, Mr. Kelly of Pennsylvania, Mr. Jordan, Mr. Banks, Ms. Foxx, Mrs. Hartzler, Mr. Hudson, Mr. Mooney, Mr. Mann, Mr. Mullin, Mr. Long, Mr. McKinley, Mr. Budd, Mr. Rogers of Alabama, Mrs. Miller-Meeks, Mr. LAMAlFA, Mr. Carter of Georgia, Mr. Baby, Mrs. Miller of Illinois, Mr. Fleischmann, Mr. Buck, Mr. Weber of Texas, Mr. Austin Scott of Georgia, Mr. Moolenaar, Mr. Johnson of Louisiana, Mr. Norman, Mr. Jackson, Mr. Walberg, Mr. Grothman, Mr. Dunn, Mr. Reschenthaler, Mr. Aderholt, Mr. Staub, Mrs. Harshbarger, Mr. Gibbs, Mr. Moore of Alabama, Mr. Clyde, Mr. Smucker, Mr. Westerman, Mr. Rodney Davis of Illinois, Mr. Crenshaw, Mr. Luetkemeyer, Mr. Kustoff, Mr. LaHood, Mr. Cline, Mr. Fitzgerald, Mr. Bost, Mr. Rutherford, Mr. Feenstra, Mr. Johnson of South Dakota, Mr. Cole, Mr. Graves of Louisiana, Mr. Lattea, Mr. Bacon, Mr. Wenstrup, Mr. Hill, Mr. Jacobs of New York, Mr. Mast, Mrs. McClain, Mr. LaTurner, Mr. Bergman, Mr. Lamborn, Mr. Rose, Mr. Loudermill, Mr. Bucshon, Mr. Carter of Texas, Mr. Emmer, Mr. Davidson, Mr. Huizenga, Mr. Hens, Mr. Hice of Georgia, Mr. Guest, Mr. Posey, Mr. Keller, Mr. Crawford, Mr. Bishop of North Carolina, Mr. Williams of Texas, Mr. C. Scott Franklin of Florida, Mr. Joyce of Pennsylvania, Mrs. Miller of West Virginia, and Mrs. Hinson) introduced the following bill; which was referred to the Committee on the Judiciary
A BILL

To amend title 18, United States Code, to protect pain-capable unborn children, and for other purposes.

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

SECTION 1. SHORT TITLE.

This Act may be cited as the “Protecting Pain-Capa-
ble Unborn Children from Late-Term Abortions Act”.

SEC. 2. LEGISLATIVE FINDINGS AND DECLARATION OF
CONSTITUTIONAL AUTHORITY FOR ENACT-
MENT.

Congress finds and declares the following:

(1) Medical and other authorities now know
more about human prenatal development than ever
before including that—

(A) an unborn child begins to move about
in the womb and reacts to touch at approxi-
mately 8 weeks gestation;

(B) the eyes begin to form at 5 weeks ges-
tation and finish forming by 10 weeks gesta-
tion; eye movements can be detected by
ultrasound at 12 weeks gestation;

(C) by 8 to 9 weeks gestation, the unborn
child has detectable brain waves;
(D) at 9 weeks gestation, an unborn child’s diaphragm is developing, and he or she may even hiccup, and he or she is beginning to move about freely in the womb;

(E) at 9 to 11 weeks gestation, teeth as well as external genitalia begin to form;

(F) by 10 weeks gestation all of an unborn child’s organ rudiments are formed and in place, the digestive system and kidneys start to function at this time, and the unborn child will show a preference for either right handedness or left handedness;

(G) at 12 weeks gestation, an unborn child can open and close his or her fingers, starts to make sucking motions, senses stimulation from the world outside the womb, and fingernails and fingerprints begin to form; and

(H) the Supreme Court has acknowledged that, by at least 12 weeks gestation, an unborn child has taken on “the human form” in all relevant aspects (Gonzales v. Carhart, 550 U.S. 124, 160 (2007)).

(2) Pain receptors (nociceptors) begin forming at 7 weeks gestational age. Nerves linking these pain receptors to the brain’s thalamus and subcortical
plate form between 12 and 20 weeks gestational age. It is no later than 16 weeks gestational age that the first contact occurs between the subcortical plate and these forming fibers.

(3) In considering the use of anesthesia for invasive medical procedures performed on the fetus, evidence has concluded that from as early as 12 weeks, and certainly by 15 weeks gestational age onward, the fetus is extremely sensitive to painful stimuli, making it necessary to apply adequate analgesia and anesthesia to prevent fetal suffering.

(4) Substantial evidence indicates that neural elements, such as the thalamus and subcortical plate, develop at specific times during the early development of an unborn child, serve as pain-processing structures, and are different from the neural elements used for pain processing by adults. Recent evidence, particularly since 2016, demonstrates that structures responsible for pain show signs of sufficient maturation from 15 weeks of gestation and thereafter.

(5) In the unborn child, application of such painful stimuli is associated with significant increases in stress hormones known as the stress response.
(6) Subjection to such painful stimuli is associated with long-term harmful neurodevelopmental effects, such as altered pain sensitivity and, possibly, emotional, behavioral, and learning disabilities later in life.

(7) 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.

(8) The assertion by some medical experts that the unborn child is incapable of experiencing pain until a point in pregnancy later than 24 weeks gestational age predominately rests on the assumption that the ability to experience pain depends on the cerebral cortex and requires nerve connections between the thalamus and the cortex. However, recent medical research and analysis, especially since 2007, provides strong evidence for the conclusion that a functioning cortex is not necessary to experience pain.

(9) Substantial evidence indicates that children born missing the bulk of the cerebral cortex, such as those with hydranencephaly, nevertheless experience pain.
(10) 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.

(11) The assertion of some medical experts that the unborn child remains in a coma-like sleep state that precludes the unborn child from 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 an unborn child with anesthesia and provide analgesia to prevent the unborn child from engaging in vigorous movement in reaction to invasive surgery.

(12) Consequently, there is substantial medical evidence that an unborn child is capable of experiencing pain at least by 15 weeks gestational age, if not earlier.

(13) Abortion carries significant physical and psychological risks to the pregnant woman, and these physical and psychological risks increase with gestational age.

(14) The majority of abortion procedures performed after 15 weeks gestation are dismemberment abortion procedures which involve the use of surgical
instruments to crush and tear the unborn child apart before removing the pieces of the dead child from the womb.

(15) Medical complications from dismemberment abortions include, but are not limited to, pelvic infection; incomplete abortions (retained tissue); blood clots; heavy bleeding or hemorrhage; laceration, tear, or other injury to the cervix; puncture, laceration, tear, or other injury to the uterus; injury to the bowel or bladder; depression; anxiety; substance abuse; and other emotional or psychological problems. Further, in abortions performed after 15 weeks gestation, there is a higher risk of requiring a hysterectomy, other reparative surgery, or blood transfusion.

(16) Subparagraphs (J) and (K) of section 2(14) of the Partial-Birth Abortion Ban Act of 2003 (Public Law 108–105; 117 Stat. 1202) find that a late-term abortion, such as a dismemberment abortion, “confuses the medical, legal, and ethical duties of physicians to preserve and promote life, as the physician acts directly against the physical life of a child” and “undermines the public’s perception of the appropriate role of a physician”.

(17) “The [United States Supreme] Court has given state and federal legislatures wide discretion to pass legislation in areas where there is medical and scientific uncertainty” that “the law need not give abortion doctors unfettered choice in the course of their medical practice, nor should it elevate their status above other physicians in the medical community,” and that “medical uncertainty does not foreclose the exercise of legislative power in the abortion context any more than it does in other contexts,” (Gonzales v. Carhart, 550 U.S. at 124).

(18) The Supreme Court has held that “It is time to heed the Constitution and return the issue of abortion to the people’s elected representatives”. (Dobbs v. Jackson Women’s Health Organization, 142 S. Ct. 2228, 2243 (2022)).

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

(20) The Supreme Court has also held that “a law regulating abortion, like other health and welfare laws, is entitled to a ‘strong presumption of validity.’ . . . It must be sustained if there is a rational
basis on which the legislature could have thought
that it would serve legitimate state interests. . . .
These legitimate interests include respect for and
preservation of prenatal life at all stages of develop-
ment . . . ; the protection of maternal health and
safety; the elimination of particularly gruesome or
barbaric medical procedures; the preservation of the
integrity of the medical profession; the mitigation of
fetal pain; and the prevention of discrimination on
the basis of race, sex, or disability.’’ (Dobbs v. Jack-
son Women’s Health Organization, 142 S. Ct. at
2239).

(21) Congress has authority to extend protec-
tion to pain-capable unborn children under the Su-
preme Court’s Commerce Clause precedents and
under the Constitution’s grants of powers to Con-
gress under the Equal Protection, Due Process, and
Enforcement Clauses of the Fourteenth Amendment.

SEC. 3. PAIN-CAPABLE UNBORN CHILD PROTECTION.

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

“§ 1532. Pain-capable unborn child protection

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

“(b) MINIMUM REQUIREMENTS FOR ABORTIONS.—

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

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

“(A) GENERALLY FOR UNBORN CHILDREN 15 WEEKS OR OLDER.—Except as provided in subparagraph (B), the abortion shall not be performed or attempted, if the probable gestational age, as determined under paragraph (1), of the unborn child is 15 weeks or greater.
“(B) EXCEPTIONS.—Subparagraph (A) does not apply if—

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

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

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

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

“(iii) the pregnancy is a result of rape against a minor or incest against a minor, and the rape or incest has been reported at any time prior to the abortion to either—
“(I) a government agency legally authorized to act on reports of child abuse; or

“(II) a law enforcement agency.

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

“(D) REQUIREMENT THAT A PHYSICIAN TRAINED IN NEONATAL RESUSCITATION BE PRESENT.—If, in reasonable medical judgment, the pain-capable unborn child has the potential to survive outside the womb, the physician who performs or attempts an abortion under an exception provided by subparagraph (B) shall ensure a second physician trained in neonatal resuscitation is present and prepared to provide care to the child consistent with the requirements of subparagraph (E).
“(E) CHILDREN BORN ALIVE AFTER ATTEMPTED ABORTIONS.—When a physician performs or attempts an abortion in accordance with this section, and the child is born alive, as defined in section 8 of title 1 (commonly known as the Born-Alive Infants Protection Act of 2002), the following shall apply:

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

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

“(iii) MANDATORY REPORTING OF VIOLATIONS.—A health care practitioner or any employee of a hospital, a physician’s office, or an abortion clinic who has knowl-
edge of a failure to comply with the re-
quirements of this subparagraph must im-
mediately report the failure to an appro-
priate State or Federal law enforcement
agency or both.

“(F) DOCUMENTATION REQUIREMENTS.—

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

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

“(G) INFORMED CONSENT.—

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

“(ii) CONTENT OF CONSENT FORM.—The Informed Consent Authorization form shall be presented in person by the physician and shall consist of—
“(I) a statement by the physician indicating the probable gestational age of the pain-capable unborn child;

“(II) a statement that Federal law allows abortion after 15 weeks probable gestational age only if the mother’s life is endangered by a physical disorder, physical illness, or physical injury, when the pregnancy was the result of rape, or an act of incest against a minor;

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

“(IV) a statement that in any case in which an abortion procedure results in a child born alive, Federal law requires that child to be given every form of medical assistance that is provided to children spontaneously born prematurely, including transportation and admittance to a hospital;
“(V) a statement that these requirements are binding upon the physician and all other medical personnel who are subject to criminal and civil penalties and that a woman on whom an abortion has been performed may take civil action if these requirements are not followed; and

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

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

“(iv) RETENTION OF CONSENT FORM.—The physician performing or attempting to perform an abortion must retain the signed informed consent form in the patient’s medical file.
“(H) Requirement for data retention.—Paragraph (j)(2) of section 164.530 of title 45, Code of Federal Regulations, shall apply to documentation required to be placed in a patient’s medical file pursuant to subparagraph (F) of subsection (b)(2) and a consent form required to be retained in a patient’s medical file pursuant to subparagraph (G) of such subsection in the same manner and to the same extent as such paragraph applies to documentation required by paragraph (j)(1) of such section.

“(I) Additional exceptions and requirements.—

“(i) In cases of risk of death or major injury to the mother.—Subparagraphs (C), (D), and (G) shall not apply if, in reasonable medical judgment, compliance with such paragraphs would pose a greater risk of—

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

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

of the pregnant woman.

“(ii) EXCLUSION OF CERTAIN FACILITIES.—Notwithstanding the definitions of

the terms ‘medical treatment’ and ‘counseling’ in subsection (g), the counseling or

medical treatment described in subparagraph (B)(ii) may not be provided by a fa-

cility that performs abortions (unless that facility is a hospital).

“(iii) RULE OF CONSTRUCTION IN CASES OF REPORTS TO LAW ENFORCE-

MENT.—The requirements of subparagraph (B)(ii) do not apply if the rape has been

reported at any time prior to the abortion to a law enforcement agency or Depart-

ment of Defense victim assistance per-

sonnel.

“(c) CRIMINAL PENALTY.—Whoever violates sub-

section (a) shall be fined under this title or imprisoned

for not more than 5 years, or both.

“(d) BAR TO PROSECUTION.—A woman upon whom

an abortion in violation of subsection (a) is performed or

attempted may not be prosecuted under, or for a con-
spiraery to violate, subsection (a), or for an offense under section 2, 3, or 4 of this title based on such a violation.

“(e) CIVIL REMEDIES.—

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

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

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

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

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

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

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

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

“(f) DATA COLLECTION.—

“(1) DATA SUBMISSIONS.—Any physician who performs or attempts an abortion described in subsection (b)(2)(B) shall annually submit a summary of all such abortions to the National Center for Health Statistics (hereinafter referred to as the ‘Center’) not later than 60 days after the end of the calendar year in which the abortion was performed or attempted.
“(2) CONTENTS OF SUMMARY.—The summary shall include the number of abortions performed or attempted on an unborn child who had a gestational age of 15 weeks or more and specify the following for each abortion under subsection (b)(2)(B)—

“(A) the probable gestational age of the unborn child;

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

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

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

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

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

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

“(g) RULE OF CONSTRUCTION.—

“(1) GREATER PROTECTION.—Nothing in this section may be construed to pre-empt or limit any Federal, State, or local law that provides greater protections for an unborn child than those provided in this section.

“(2) CREATING OR RECOGNIZING RIGHT.—Nothing in this section shall be construed as creating or recognizing a right to abortion nor shall it make lawful an abortion that is unlawful on the date of the enactment of such Act.

“(h) DEFINITIONS.—In this section the following definitions apply:
“(1) ABORTION.—The term ‘abortion’ means the use or prescription of any instrument, medicine, drug, or any other substance or device—

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

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

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

“(ii) to remove a dead unborn child.

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

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

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

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

“(6) GESTATIONAL AGE.—The term ‘gesta-
tional age’ means the age of an unborn child as cal-
culated from the first day of the pregnant woman’s
last menstrual period.

“(7) MEDICAL TREATMENT.—The term ‘med-
ical treatment’ means treatment provided at a hos-
pital licensed by the State or operated under author-
ity of a Federal agency, at a medical clinic licensed
by the State or operated under authority of a Fed-
eral agency, or from a personal physician licensed by
the State.

“(8) MINOR.—The term ‘minor’ means an indi-
vidual who has not attained the age of 18 years.

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

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

“(11) Probable gestational age of the unborn child.—The term ‘probable gestational age of the unborn child’ means what, in reasonable medical judgment, will with reasonable probability be the gestational age at the time the abortion is performed or induced.

“(12) Reasonable medical judgment.—The term ‘reasonable medical judgment’ means a medical judgment that would be made by a reasonably prudent physician in the field of obstetrics, maternal fetal medicine or neonatology who is knowledgeable about the case and the treatment possibilities with respect to the medical conditions involved.

“(13) State.—The term ‘State’ means any of the several States, the District of Columbia, or any territory or possession of the United States.

“(14) Unborn child.—The term ‘unborn child’ means an individual organism of the species homo sapiens, beginning at fertilization, until the point of being born alive as defined in section 8(b) of title 1.
“(15) WOMAN.—The term ‘woman’ means a female human being whether or not she has reached the age of majority.”.

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

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

(e) CHAPTER HEADING AMENDMENTS.—

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

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

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